Coordinated Access to Housing and Supports Evaluation: Final Evaluation Report

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Executive Summary

1. Coordinated Access to Housing and Supports Pilot: Context

This report presents findings from an evaluation of the Shelter, Support and Housing Administration (SSHA) Coordinated Access to Housing and Supports (CAHS) Pilot. The CAHS Pilot, from January 2017 through October 2018, aimed to support households to exit homelessness through coordinated access to a menu of financial and non-financial supports. Drawing upon pilot statistics, discussions with City staff, focus groups with partner agencies, and interviews with CAHS clients, the report assesses the pilot's effectiveness and presents recommendations for the pilot's transition into an ongoing program.

1.1. History and services

Coordinated Access to Housing and Supports is one component of the City's Housing First approach to ending homelessness. Toronto's CAHS pilot was initiated by the City's Shelter, Support and Housing Administration (SSHA) in January 2017 and is currently transitioning to a full-scale program, with expansion of supports.

The CAHS Pilot implemented a coordinated referral system through a single point of access at SSHA for five services:

- Housing Allowance (HA), a non-repayable, portable monthly benefit paid to tenants to help cover the cost of rent in the private market.
- Bridging Grant (BG), a one-time non-repayable grant of up to $2500 to cover the costs of last month's rent.
- Follow-Up Supports (FUS), case management services delivered by independent community-based agencies, with a focus on housing stabilization.
- The Furniture Bank (FB), an independent charity that distributes donated furniture to households exiting homelessness.
- Voluntary Trusteeship (VT), a voluntary service delivered by community-based agencies, through which a trustee manages financial matters.

1.2. Program administration & referrals

The CAHS pilot has been offered in partnership with numerous entities within and outside the City. Referring partners include more than 160 City-operated and funded shelters, programs, and community agencies. Follow-Up Supports and Voluntary Trusteeship are provided by 21 community agencies.

SSHA receives referrals to CAHS services through a single point of access. During the pilot, referrals were received via an email inbox, housingfirst@toronto.ca, monitored by SSHA staff. The program is currently transitioning to an online format. Two teams process incoming CAHS referrals: one is responsible for referrals to HA and BG, while another

administers referrals to FUS, FB and VT[1]. These teams receive, review, and process these referrals within very rapid timelines, aiming to respond within 24-48 hours. Access to CAHS has expanded considerably since the beginning of the pilot, but staffing for the SSHA teams administering referrals remained constant.

a. Housing Allowance (HA) and Bridging Grant (BG)

To be eligible for HA and BG, clients must meet a number of criteria, including:

- Experienced continuous and absolute homelessness (staying in shelters, drop-ins, or on the street) in Toronto for a period of at least six months, with no gaps of more than 30 days;
- Have filed the previous year's tax return;
- Have a documented agreement to rent a unit in the private market in Toronto.

Referring workers at partner agencies identify eligible clients, assist clients to complete a Form 1 referral form and assemble the required documentation, and send application packages to the Site Lead to be verified and forwarded to SSHA.

b. Follow-Up Supports (FUS), Furniture Bank (FB), and Voluntary Trusteeship (VT)

FUS referrals employ the Housing Support Assessment Tool (HSAT) or the Housing Support Screening Tool (HSST) to rate the level of support the applicant requires (high or moderate). The SSHA team matches the applicant with the appropriate follow-up agency based on geographic area, level of support, and area of specialization. Upon receiving the referral, the follow-up worker begins the transfer process within one week.

2. Key Findings

2.1. The CAHS Pilot provided almost 5000 referrals to more than 3500 households.

As shown in Table 1, a total of 4971 referrals were submitted through the pilot, for 3561 unique households[2]. The HA was the most-referred benefit via CAHS, with a total of 1905 referrals submitted during the pilot period. This was followed by the FB, with 1331 referrals, and the BG with 1103 referrals.

Table 1: Referrals submitted via CAHS pilot

Type	2017 Referrals	2018 Jan-Oct Referrals	Jan 17 – Oct 18 Pilot Total Referrals	% of Referrals	% of Households
Housing Allowance	**1012**	**893**	**1905**	**38%**	**53%**
Bridging Grant	**652**	**451**	**1103**	**22%**	**31%**
Follow Up Supports	**156**	**354**	**510**	**10%**	**14%**
Furniture Bank	**312**	**1019**	**1331**	**27%**	**37%**
Volunteer Trusteeship	**62**	**60**	**122**	**2%**	**3%**

[1] During the Pilot, FB referrals were made via SSHA. The Furniture Bank now has a portal through which partner organizations can make referrals directly.

[2] Findings in Table 1 represent referrals submitted through the pilot. Not all referrals are approved, and not all clients follow-up on referrals; therefore, there were fewer services delivered than referrals received during the pilot period.

Total Referrals	**2194**	**2777**	**4971**	**100%**	
Total Households Referred	**1540**	**2021**	**3561**		

Almost two-thirds of households referred (63%) were headed by working-aged adults. More than half (58%) were single-person households, while 32% included dependents. Three in four households referred via the program were receiving social assistance, with 54% receiving OW and 21% ODSP.

The top four agencies providing referrals to CAHS are COSTI, Family Residence, Sojourn House, and Birkdale Residence. These agencies provided one-third of all CAHS referrals during the pilot period. All four serve families with children, and COSTI and Sojourn House serve refugee claimants.

2.2. Program statistics show that CAHS services—especially financial supports—were effective in enabling clients to exit long-term homelessness and remain housed.

Among CAHS Pilot clients whose files could be tracked through the SMIS shelter database, the average time spent accessing shelter and/or respite services (as recorded in SMIS) before obtaining housing was 300 days, or approximately 10 months. Once housed, 92.3% of households receiving a HA and/or BG did not return to shelter for at least six months.[3]

2.3. CAHS financial supports cost considerably less than shelter stays.

The average HA value allocated during the pilot period was $500 per month, while the average value of BG issued was $1507. Based on these amounts, as shown in Table 2 below, the average total cost of CAHS financial supports is $7007 per household in the first year.

Table 2: Per-night costs of CAHS financial supports vs. shelter use

Time period	Per-household cost: CAHS financial supports	Per-person cost: Shelter	Per-household cost savings: CAHS vs. shelter	Cost of shelter for 1206 individuals	Cost savings: CAHS vs. shelter for 1206 Housing Allowance referrals (individuals and households)
Per night	$19	$105	-$86	$126,630	- $103,716
Per month	$584	$3194	-$2610	$3,851,964	- $3,147,660
Per year	$7007	$38,325	-$31,318	$46,219,950	-$37,769,508

Based on a bed-night cost of $105[4], shelter use costs $3194 per month and $38,325 per year per person. It costs $86 less per night to house an entire household using CAHS

[3] Excludes returns within one month of housing.
[4] Source: SSHA

financial supports than to place one individual in a shelter. One year of CAHS financial supports for a household costs less than 67 shelter bed-nights for an individual[5].

Of the 1905 HA referrals during the CAHS Pilot, 1206 were matched through SMIS. The city saved $103,716 for each night this group spent housed instead of in a shelter. HA recipients had spent an average of 400 nights, or approximately 13 months, per household in shelter before being housed through CAHS. The estimated total cost of shelter use for this group was $50,652,000. The comparable cost of providing a HA and BG for the same time period is $8,504,400.

2.4. Clients and partner agencies agree that CAHS services are critical in enabling households to exit homelessness and maintain housing.

There was consensus among partner agencies and clients that the program's components are critical in enabling people to obtain and retain housing. HA and BG were seen to be particularly vital in enabling exits from homelessness, and HA was also rated most important for maintaining housing. While Follow-Up Supports (FUS) are accessed by a smaller number of households, respondents agreed that it is critical for the housing stability and independence of those who receive this service. Overall, the program was seen to be indispensable and transformative, enabling people to transition out of periods of homelessness that, for many, had lasted years. This is captured in one client's reaction to first learning about the program:

> *Finally, something that will actually help … [CAHS is] the best program that there ever was. It gives you stability to become independent.*

2.5. Coordination of services is beneficial, and communication between partners and SSHA is positive.

In focus groups, partner agencies agreed that coordination of services is beneficial. Having a single point of access for these services was seen to improve the ease and efficiency of referrals. Participants also noted that coordination enhances consistency and accountability across agencies. They rated communication with SSHA very positively, noting that it was timely and responsive. The rapid response to referrals was said to be a critical factor in securing a rental unit and supporting successful transitions into housing.

2.6. Even households eligible for CAHS continue to encounter barriers to housing.

In spite of the benefits outlined above, receipt of CAHS financial and non-financial supports does not automatically open the doors to housing. Agencies and clients noted that people exiting homelessness continue to face many forms of exclusion:

- discrimination on the basis of race, gender, Indigenous status, refugee status, age, and other factors;
- stigma based on homelessness, the receipt of social assistance, and the involvement of housing workers;
- disqualification due to poor credit histories and lack of employment income;
- difficulty locating appropriate housing they can afford, even with the HA; and

[5] 32% of households referred for HA include more than one person.

- inability to find housing in familiar neighbourhoods and close to the services on which they rely.

Partner agencies noted that these barriers have worsened during the CAHS Pilot period, as Toronto's vacancy rate has diminished and competition for rental units has increased.

2.7. The requirement that Housing Allowance applicants be continuously and absolutely homeless in Toronto for six months or more creates serious problems.

This criterion was universally identified as the most pressing concern with the CAHS program across all agency focus groups, because it excludes otherwise-eligible clients, is difficult to verify for the most vulnerable clients, and prolongs shelter stays.

First, the definition of "absolutely homeless" excludes the distinct experiences of homelessness of Indigenous people, families with children, youth, and women fleeing abuse. In addition, the criterion is often difficult or impossible to verify for the most vulnerable clients, such as youth and single adults who have stayed in multiple shelters, those who primarily use drop-in centres, and those living rough. Finally, the requirement prolongs shelter stays because people can't afford to move into housing without access to the Housing Allowance, and creates a perverse incentive to stay in shelter longer.

2.8. Follow-Up Supports are vital for housing stability and well-being, but some challenges arise in the transition.

A key feature of CAHS is the coordination of referrals to Follow-Up Supports (FUS). Instead of being placed on waiting lists for services, CAHS clients who require FUS to maintain their home are immediately matched with a partner agency.

Agencies and clients both agree that this consistent support was a key factor in successful transitions and preventing returns to shelter. While many respondents said this was working well, some agencies and clients noted some areas for improvement: limitations in the screening tool used for referrals; a tendency for referrals to underestimate the frequency and intensity of FUS clients will require; and in some cases, gaps in the transition from the referring agency to FUS.

2.9. People housed through CAHS are generally satisfied with their new homes, and report improved well-being and plans for the future.

The key measure of the program's success is its impact for the households served, and in this regard it is performing extremely well. A large majority of clients interviewed for this evaluation were stable and satisfied in their new homes, citing peace, independence, and proximity to neighbourhood amenities as important benefits. In the words of a refugee parent who had been in shelter since arriving in Canada,

> *[We are] near a school, the youngest one is 5 minutes away. At [shelter] - there wasn't anything close by. Here there are schools, mosque, everything.*

Respondents reported that housing stability improved their well-being and made it possible for them to move forward with their lives. A youth housed through CAHS after years in shelters and on the street explained:

When I was on the street I was open to a lot of stuff -- violence, drugs would come at me. But in my home I'm away from a lot of people. I've been taking my meds, going to the gym, going to classes.

2.10. CAHS is an innovative program that works well, and will require additional resources to continue.

CAHS represents an innovative approach to the City's homelessness service system, characterized by rapid development and implementation of new tools and methods, a client-centred framework for service access, and a collaborative team approach.

The resounding consensus from clients, agencies, and City staff is that CAHS is working well. Many improvements recommended during the evaluation are already being implemented. In order to avoid falling victim to its own success, the program will require additional investments to maintain its high standard of service and meet growing demand.

3. Recommendations

3.1. Respond to differences between populations and sectors, and create a targeted program to meet the needs of refugees.

The populations served by CAHS—single adults, youth, families with children, and refugees—have distinct needs, and are served by different agencies and programs with distinct service parameters. Respondents recommend adapting the program to better respond to these differences.

In particular, agencies serving refugees questioned the efficiency and effectiveness of using a program designed for chronically homeless single adults to meet the settlement needs of refugees. They recommended a targeted coordinated access program for this population. Such a program should be supported by funds from federal and provincial settlement programs, rather than those intended to address chronic homelessness.

3.2. Address barriers and unintended consequences created by CAHS eligibility criteria.

The program's definition of chronic homelessness is ineffective. Its impacts are contrary to the CAHS goals of targeting those most in need and opening space in shelters. These findings suggest that a reconsideration of the eligibility criteria is warranted, including consideration of evidence-based measures of vulnerability or acuity with which to prioritize program access.

3.3. Continue to improve forms, technology, communication, reporting, and data collection

While the evaluation found that the program is generally working well, with effective coordination and communication, some areas for improvement were identified:

- Replace referral forms with an online portal;
- Include referring workers on communications about referrals;
- Streamline partner program reporting, and ensure that report forms capture measures of progress appropriate to the population served; and

- Improve data gathering.

Several recommended improvements are already being implemented.

3.4. Support enhanced communication & coordination between referral and Follow-Up Supports.

While referral and follow-up are seen to be effective overall, and the transfer process is generally working well, there was evidence of some need for improvement in communication and coordination between CAHS partners providing referrals, and those providing Follow-Up Supports.

3.5. Address barriers to housing.

Agencies and clients both described the challenges of finding housing for CAHS clients. Discrimination, stigma, restrictive criteria, and fierce competition for rental units severely limit households' options. In addition, rents in the private market are increasingly out of reach, even with access to the Housing Allowance. Participants strongly recommend that the program coordinate with landlords to secure designated units for CAHS clients. Many also pointed to the need for more supportive and transitional housing options.

2.6 Expand CAHS, and increase the availability of deeply affordable and supportive housing.

While recognizing that resources are limited, respondents strongly recommended expanding eligibility, client groups, services, and resources for CAHS.

News that Toronto's current allocation for the chronic homelessness stream of the Housing Allowance program will be fully committed by May 31, 2019 was greeted with urgent concern by participants in this review. Program data and stakeholder perspectives demonstrate that a large majority of households referred through CAHS only require material supports: the Housing Allowance, Bridging Grant, and / or Furniture Bank.

The supports provided through CAHS are absolutely critical in enabling individuals and families in Toronto's shelter system to exit homelessness. The program should be maintained and expanded. But it is not sufficient to address the scale of the need for deeply affordable and supportive housing options across the city.

A. Coordinated Access to Housing and Supports

1. History and goals of the CAHS pilot and evaluation

1.1. Housing First

The Coordinated Access to Housing and Supports (CAHS) pilot is one component of the City's Housing First approach to ending homelessness. Housing First is an evidence-based response to homelessness in which people experiencing homelessness are provided with help to find permanent housing as quickly as possible, with the supports needed to maintain it.[6] Extensive research—including At Home-Chez Soi, a controlled experiment testing the Housing First intervention in five Canadian municipalities—has demonstrated the efficacy of the model in improving access to and maintenance of housing, and enhancing physical and mental health, among adults with mental health challenges who experience chronic homelessness. The model has been found to cost less per person-year on average than the combined costs of homelessness services, medical care, criminal justice system involvement, and other institutional costs of homelessness.

Housing First has been implemented by municipalities across Canada in an effort to re-orient local homelessness responses away from managing homelessness to investing in preventing and ending homelessness. The Housing First model was adopted as a cornerstone of federal homelessness policy and funding in 2013, with jurisdictions receiving funding through the federal Homelessness Partnering Strategy (HPS) required to dedicate the majority of their HPS funds to Housing First programs. Toronto has implemented a Housing First approach to homelessness since 2005.

Notwithstanding its advantages, the Housing First model as implemented in federal and municipal policies and programs has some limitations. The definition of "chronic homelessness" employed to establish eligibility for federally-funded Housing First programs—normally defined as six months of visible homelessness such as shelter use or sleeping outside—does not reflect the distinct experiences of homelessness of specific populations, including women and trans people, families with children, immigrants and refugees, and Indigenous people, whose homelessness is more likely to be hidden or episodic. The model, originally designed for single men whose homelessness is associated with serious mental health and / or substance use challenges, is less relevant in contexts where households' inability to access stable housing is chiefly a result other factors such as low income, family violence, migration, or discrimination. The model's emphasis on immediate provision of housing is constrained in jurisdictions that have a shortage of affordable and adequate housing, and a predominance of housing options in the private market. The emphasis on immediate access to independent housing also does not respond to the needs of households that require transitional or supportive housing options.

1.2. Coordinated Access

[6] City of Toronto. (2005) Housing First Case Management Handbook. https://www.homelesshub.ca/resource/city-toronto-case-management-handbook-city-operated-shelters

Coordinated Access is an innovative, technologically-enabled, centralized approach to coordinating the local delivery of housing and supports. The principles and methods of this approach have been borrowed from the mental health system and adapted for use in local homelessness systems. Jurisdictions including Toronto have begun to implement Coordinated Access as part of their Housing First programs. The Coordinated Access model will be a requirement for local jurisdictions receiving funding through Canada's new federal homelessness program, Reaching Home.

Coordinated Access systems are characterized by a number of administrative mechanisms:

- A centralized, regularly-updated list of people who access homelessness services, that enables direct connection with housing and support opportunities;
- Centralized, regularly-updated listings of housing units and support services in the jurisdiction's universe of options, with information about their availability and areas of specialization;
- Standardized assessment processes to identify housing and support needs;
- Uniform policies and criteria for allocating priority access to available housing and supports;
- A coordinated referral process to these resources; and
- Ongoing provision of financial and non-financial supports to promote housing stability.

Coordinated Access is intended to streamline assessment and referral processes, make most efficient use of local resources, prioritize those most in need, and provide access to housing and supports tailored to meet households' needs and preferences.

1.3. Toronto's Coordinated Access to Housing and Supports Pilot

Toronto's CAHS pilot was initiated by the City's Shelter, Support and Housing Administration (SSHA) in January 2017 and is currently transitioning to a full-scale program, with expansion of supports. The purpose of the pilot was to develop and test a model of coordinated referrals to housing and supports for people experiencing chronic homelessness. The pilot's goals were to implement a centralized access system for a menu of housing stability services; to standardize access to these services across Toronto's city-funded system of homelessness services; and to test a coordinated approach to referral and service delivery.

As explained by staff and outlined in pilot documents, objectives for the pilot included:

- To enable individuals and families who are homeless to move into appropriate, stable housing;
- To support successful tenancies and improve housing stability over time;
- To open space in the shelter system by promoting exits from shelter, in particular by those residents using the most bed-nights;
- To prioritize allocation of services to those most in need, using a process that is rapid, efficient, effective, transparent, fair, and equitable; and
- To improve coordination and collaboration across the homelessness service system, including the City and its partners.

The pilot established a central access point at SSHA to coordinate referrals from homelessness system agencies to five services: Housing Allowances, Bridging Grants, Furniture Bank, Follow-Up Supports, and Voluntary Trusteeship. These services are described in more detail in section 2 below; the administration of the coordinated access system is outlined in section 3.

1.4. Goals and questions for this evaluation

As the pilot transitions to become a full-scale program, SSHA has commissioned this evaluation to assess pilot outcomes, identify lessons from the pilot, and make recommendations for potential changes and additions to the program going forward.

Questions guiding the evaluation are as follows:

1. Why was the pilot created, how has it evolved over time, and what has been the impact of the changes?
2. What services have been provided through CAHS since its inception?
3. Who is the client base for CAHS as a whole, and for each of the five components?
4. How well is the internal SSHA administration of the CAHS working?
5. Are quality assurance mechanisms in place and being used?
6. What works well and what could be improved regarding the referral process?
7. Which agencies and programs are making referrals for which CAHS services, and how is their internal administration of referrals working?
8. How are the eligibility criteria for various program components working – in particular, those for the Housing Allowance? Do any criteria exclude otherwise-eligible clients?
9. Should the CAHS services be expanded to other populations?
10. Are there people eligible to access the services available through CAHS who have not been able to get them? What could be done differently to better reach all eligible persons?
11. What aspects of program documentation and data collection are working well, and what needs improvement?
12. What are the relationships between the five CAHS program components? What percentage of clients are receiving various combinations of services? Do the ways in which components interact make sense?
13. How is the Housing Allowance working? What are the benefits and drawbacks of direct versus shared delivery of the Housing Allowance?
14. How is the Bridging Grant working? In particular, how is coordination with Toronto Employment and Social Services' Housing Stabilization Fund benefit working? What is the Bridging Grant's impact on housing outcomes?
15. How are the Follow-Up Supports working? How is the process of matching clients with follow-up providers functioning? How effective are these supports in housing outcomes?
16. How is the Furniture Bank working? How should this service look in the future?
17. How is the Voluntary Trusteeship working? What is the rate of take-up of this service, and what might explain this?

18. What impact does the program overall, and its five components, have on clients' ability to secure and maintain housing? How many clients remain continuously housed?
19. How well is CAHS meeting its goals of allocating services in a rapid, efficient, effective, transparent, fair, and equitable way, and prioritizing those most in need?
20. How should the CAHS Pilot continue as a regular program? How can it be modified to increase success in securing and maintaining housing?
21. What might promote or prevent the success of CAHS over time?

In responding to these questions, the evaluation drew on information from a number of sources: focus groups with workers and managers from agencies that refer to the program and agencies providing Follow-Up Supports and Voluntary Trusteeships; individual interviews with 19 clients receiving services through the program; discussions with City staff; and review of program data. Findings from these sources were analyzed and synthesized to provide conclusions and recommendations.

2. Overview of CAHS services

The Coordinated Access to Housing and Supports Pilot implemented a coordinated referral system through a single point of access at SSHA for five services: Housing Allowance, Bridging Grant, Follow-Up Supports, Furniture Bank, and Voluntary Trusteeship. The benefits are briefly described below; in section 3, details of their administration are described.

2.1. Housing Allowance

The Housing Allowance is a non-repayable, portable monthly benefit paid to tenants to help cover the cost of rent in the private market. Fixed amounts of $250, $400, $500, and $600 per month per household are available, depending on the household's income and monthly housing costs (rent and utilities). The amount of the benefit is set to bring the tenant as close as possible to paying 30% or less of their income in rent. Once set, the benefit does not increase or decrease in relation to changes in the tenant's housing needs (such as the addition of new dependents or moves to higher-rent units). The benefit is paid monthly to the tenant by the Province; in some cases, it is issued directly to the landlord.

Housing Allowances are funded until March 2024. Participants in the program have their eligibility renewed annually. Housing Allowances are jointly administered by the City of Toronto and the Province of Ontario. They are funded via the Investments in Affordable Housing program, the City of Toronto's Housing Allowance Reserve and other provincial programs.

2.2. Bridging Grant

The Bridging Grant is a one-time non-repayable grant of up to $2500 to cover the costs of first and last month's rent and key deposit on a rental unit in the private market. It is payable to the landlord. Recipients of the Bridging Grant must also receive a Housing Allowance in order to be eligible for these additional funds.

2.3. Follow-Up Supports

Follow-Up Supports are case management services delivered by independent community-based agencies, with a focus on assisting tenants to stabilize and maintain their housing after exiting homelessness. Services are normally provided on an outreach basis for up to one year. Clients are assigned to either moderate- or high-level supports, which may encompass a broad range of interventions including: orientation to services and volunteer opportunities in the tenant's new neighbourhood; landlord relations and supporting the tenant to fulfill their tenancy obligations; assistance with goal-setting; planning for employment and education; referral to supports for activities of daily living such as cooking and cleaning; access to and provision of material supports including food, transit fare, and household necessities; and referral to required services including mental health, medical, settlement, and other services. The level of support allocation is guided by the completion of a common assessment tool, the Housing Support Screening Tool (HSST).

2.4 Furniture Bank

The Furniture Bank is an independent charity that collects donated furniture, small appliances, and other household items in good condition and distributes them to households exiting homelessness or establishing new housing in the context of settlement, eviction, fire, or leaving situations of abuse. Households referred through CAHS are entitled to one visit to the Furniture Bank to furnish their new home, during which they can select any items they require from those available on the floor at that time. The Furniture Bank provides delivery free to CAHS clients.

2.5. Voluntary Trusteeship

Voluntary Trusteeship is a financial management service in which clients voluntarily hand over administration of their finances to a trustee. Services may include direct payment of rent and other regular payments such as utilities and debt servicing; assistance with budgeting and saving; and regular provision of agreed-upon amounts directly to the client for their own use. Trusteeship services through CAHS are delivered by three non-profit, community-based agencies.

3. Program administration and procedures

3.1. Program partners

The CAHS pilot has been offered in partnership with numerous entities within and outside the City.

a. Referring partners

At its inception, CAHS accepted referrals only from shelters, but as the program has expanded, referrals now come through more than 160 sources. These include directly-operated City shelters; other City programs including Streets to Homes and the Streets to Homes Referral and Assessment Centre; shelters, drop-ins, and other agencies contracted by the City to provide homelessness and Housing First services; and community organizations providing housing help services and other supports.

Within each of these programs, referring workers (usually housing workers or case managers) identify eligible clients, assist with their housing search, and help them

complete applications for CAHS services via two referral forms: one for Housing Allowance and Bridging Grant, and a second for Follow-Up Supports, Furniture Bank, and / or Voluntary Trusteeship. The program's site lead then pre-screens applicants and verifies the referral forms before forwarding it to the City.

b. Follow-up support providers

Follow-Up Supports are delivered to CAHS clients via 21 agencies contracted by the City to provide these services. The City matches clients to follow-up support providers based on geographic area, level of support required (moderate or high) based on information provided in the HSST, and area of specialization, including Indigenous and youth-focused services, post-incarceration supports, and settlement supports.

c. Other partners

As noted above, the Furniture Bank is an independent charity that accepts referrals from a number of City programs and other sources, including CAHS. Voluntary Trusteeship services provided through CAHS are delivered by the Neighbourhood Information Post, Parkdale Activity-Recreation Centre (PARC), and St. Stephen's Community House. The Neighbourhood Information Post also issues the Bridging Grant cheques administered by the City.

Many CAHS partners also refer to, and provide services via, other City programs, including Eviction Prevention in the Community (EPIC) and Streets to Homes.

3.2. SSHA point of access

SSHA receives referrals to CAHS services through a single point of access. During the period of this review, referrals were received via an email inbox, housingfirst@toronto.ca, monitored by SSHA staff. The program is currently transitioning to an online format.

Two teams process incoming CAHS referrals: one is responsible for referrals to Housing Allowances and Bridging Grants, while another administers referrals to Follow-Up Supports, Furniture Bank, and Voluntary Trusteeship.[7] These teams receive, review, and process these referrals within very rapid timelines, aiming to respond within 24-48 hours.

Access to CAHS has expanded considerably since the beginning of the pilot, but staffing for the SSHA teams administering referrals has not kept pace with the increased demand.

3.3. Housing Allowance & Bridging Grant

Referring workers in partner programs identify clients eligible to apply for a Housing Allowance and Bridging Grant. Clients must have been continuously and absolutely homeless (staying in shelters, drop-ins, or on the street) in Toronto for a period of at least six months, with no gaps of more than 30 days. Other eligibility criteria include:

- Status in Canada (can include refugee claimant or applicant for permanent resident status);

[7] During the Pilot, FB referrals were made via SSHA. The Furniture Bank now has a portal through which partner organizations can make referrals directly.

- Income below the Toronto Household Income Limits published for the current year;
- Have filed previous year's tax return;
- Not currently receiving Rent Geared to Income assistance;
- No arrears with a social housing provider, or arrears with a repayment plan in good standing;
- Do not own a home suitable for year-round occupation.

In order to receive the Housing Allowance, clients must have secured a rental unit in the private market in Toronto. The rent must be below the maximum market rent as identified by the City and confirmed by the Province (ordinarily, this is the Average Market Rent published by the Canada Mortgage and Housing Corporation for the current year plus 30 percent), and must cost more than 30% of the household's income.

The referring worker assists an eligible client to complete a Form 1: Housing Allowance and Bridging Grant Request, including the required documentation:

- Proof of income;
- Identification;
- Notice of Income Tax Assessment for previous year;
- Lease or signed Landlord Confirmation Letter.

The site lead confirms the client's eligibility, reviews the form, and emails the Form 1 in Word and as a signed PDF along with the documents to the SSHA point of access.

a. Housing Allowance

Upon verification of the Form 1, SSHA staff confirm eligibility and the amount of the Housing Allowance, pre-populate the Ministry of Finance Housing Allowance Application with the applicant's name and address, and return it to the site lead. The site lead emails the following completed provincial documents to SSHA:

- Housing Allowance Application
- Schedule 3 for Direct Deposit into client's bank account
- Schedule 4 (Consent)
- Schedule 5 if applicable (signed by applicant to allow payment to go directly to landlord)
- Schedule 6 if applicable (signed by landlord to accept direct payment).

The package is verified by SSHA staff and forwarded to the Province. Once the Ministry of Finance (MOF) receives the completed application, payment is issued for the current month or, if the cut-off date is missed, it is issued the following month with payment retroactive to the start date of the Notice of Eligibility. Payments begin 4-6 weeks from date of submission. Payments are issued monthly thereafter.

Recipients of Ontario Works (OW) and Ontario Disability Support Program (ODSP) are permitted to receive the Housing Allowance without having it deducted from their social assistance income. The shelter portion of their social assistance is calculated based on the amount of their rent minus the Housing Allowance.

The Housing Allowance must be renewed annually for July 1. The MOF issues a reminder letter to each client as the deadline approaches. Recipients must submit their previous year's tax return.

Funding for the Housing Allowance service is through the joint federal-provincial Investments in Affordable Housing (IAH) program. The IAH program will expire in March 2024. Toronto's current allocation for the chronic homelessness stream of the Housing Allowance program is projected to be fully committed by May 31, 2019.

b. Bridging Grant and Housing Stabilization Fund

Since the mid-point of the pilot, receipt of the Bridging Grant has been tied to eligibility for, and receipt of, the Housing Allowance, meaning that the above criteria apply. Once the Form 1 is received and eligibility verified, SSHA staff determine the amount of the Bridging Grant, and notify the Neighbourhood Information Post (NIP) to issue the cheque.

Cheques are issued within 24-48 hours of receiving the referral, to provide the deposit in time to secure the unit. NIP issues the cheque payable to the landlord. The cheque must be picked up in person by the referring worker, or by another designate from the same agency if confirmed in advance. Cheques cannot be picked up by, or issued to, the client. The referring worker is responsible to deliver the cheque to the landlord.

Clients receiving OW and ODSP must apply for the Housing Stabilization Fund (HSF) benefit before applying for the Bridging Grant. HSF covers last month's rent and other costs such as moving expenses and furniture. Applicants must not have exhausted their HSF entitlement for the current year.

In order to be eligible for HSF, clients must demonstrate that their rent is within 85% of their income. This normally requires confirmation of receipt of the Housing Allowance, since without it, clients' rent appears too high. Once a housing unit has been confirmed, the referring worker calls the OW or ODSP office to request HSF to support a client who is applying for the Housing Allowance. The HSF worker will estimate an amount for the HSF, based on the anticipated rent and Housing Allowance. Once the Housing Allowance is approved, the referring worker notifies the HSF worker, and the HSF worker calls SSHA to confirm the approval.

Once all documentation is received, the HSF is issued within four days. A cheque for last month's rent is mailed directly to the landlord, and the balance is issued to the client. Clients may also apply for the Bridging Grant after confirming the amount of their HSF entitlement, if required to cover first month's rent.

The application process for HSF typically takes considerably longer than that for the Bridging Grant, and HSF must be confirmed before Bridging Grant can be issued. Earlier in the pilot process, SSHA used to provide a letter to the client confirming receipt and amount of Bridging Grant; now, this is confirmed by phone.

3.4. Follow-Up Supports, Furniture Bank, and Voluntary Trusteeship

Referring workers complete and submit Referral Form 2 for clients seeking Follow-Up Supports, Furniture Bank access, or Voluntary Trusteeship. The form collects information about the Follow-Up Supports required, dates and details for the upcoming transition into

housing, and the condition of the new unit. As with the Referral Form 1, the SSHA team aims to respond to the referral within one to two days.

a. Follow-Up Supports

When applying for Follow-Up Supports, the referring worker must also attach the Housing Support Assessment Tool (HSAT) or the Housing Support Screening Tool (HSST). At the time of this review, it was planned that both tools would be replaced by a new common assessment tool, currently under development.

The HSST lists a range of areas in which clients may be seeking supports and rates the level of support required as either high or moderate. The SSHA team matches the applicant with the appropriate follow-up agency based on geographic area, level of support, and area of specialization.

Upon receiving the referral, the follow-up worker initiates contact with the referring worker to plan the transfer process. A first contact between the two workers is expected to take place within one week, followed by one or two transition meetings with both workers and the client. Thereafter, the follow-up worker assumes the primary support role. Workers are expected to be in contact at least once per week with clients requiring moderate-level supports, and multiple times per week with clients requiring high-level supports.

b. Furniture Bank

Once SSHA confirms the client's eligibility, the referring worker (or, if they have been activated quickly enough, the follow-up worker) makes an appointment at the Furniture Bank. At the time of the review, the Furniture Bank had recently launched a new online system for agencies to book appointments.

Agencies aim for appointments early in the day, when there will be lots of furniture still available. Workers must accompany clients. Clients are given one chance to make their appointment; if they miss it, they lose their eligibility for the service for the current year.

At the organization's Etobicoke warehouse, clients are admitted to the showroom during their timeslot and can select any items they wish. Selected items are marked with a sticker. Furniture is delivered free for CAHS clients; clients referred directly from agencies rather than via CAHS must pay for delivery.

c. Voluntary Trusteeship

SSHA staff also pass on referrals to Voluntary Trusteeship programs. The Neighbourhood Information Post provides the largest program, with five staff including four in the downtown east neighbourhood and one in Scarborough. At the time of the interview, its case load was full and the service was refusing referrals because it had several applicants waiting for service. Smaller trusteeship programs are offered by St. Stephen's Community House and Parkdale Activity-Recreation Centre, both located in west-central Toronto.

B. CAHS Pilot statistics

1. Coordinated Access

1.1. What services have been provided thorough CAHS since its inception?

As seen in Table 1, during the period of the pilot from January 2017 to October 2018, almost 5000 referrals were provided through the program, and more than 3500 households received referrals via CAHS.[8]

The rate of referrals through the program increased dramatically in the second year, with more than 2000 households referred in only ten months, compared with about 1500 in 2017.

Table 1: Services provided via CAHS pilot

Type	2017 Referrals	2018 Jan-Oct Referrals	Jan 17 – Oct 18 Pilot Total Referrals	% of Referrals	% of Households
Housing Allowance	**1012**	**893**	**1905**	**38%**	**53%**
Bridging Grant	**652**	**451**	**1103**	**22%**	**31%**
Follow Up Supports	**156**	**354**	**510**	**10%**	**14%**
Furniture Bank	**312**	**1019**	**1331**	**27%**	**37%**
Volunteer Trusteeship	**62**	**60**	**122**	**2%**	**3%**
Total Referrals	**2194**	**2777**	**4971**	**100%**	
Total Households Referred	**1540**	**2021**	**3561**		

The Housing Allowance is the most-referred benefit via CAHS, with a total of 1905 referrals submitted during the pilot period. This is followed by the Furniture Bank, with 1331 referrals, and the Bridging Grant with 1103 referrals. In comparison, only 10% of referrals were to Follow-Up Supports, and fewer than 2% were to Voluntary Trusteeship. The higher rate of referral to CAHS in Year 2 was primarily related to Furniture Bank referrals, which tripled in 2018. The rate of referrals for Follow-Up Supports also more than doubled in the second year.

1.2. Who is the client base for CAHS?

Though both Form 1 and Form 2 include fields for recording demographic information including gender, age, Indigenous identity, and household composition, there is a high rate of unclear or blank responses in these fields. As a result, there is not a clear demographic

[8] Referrals are a count of each service stream (e.g., client referred to Housing Allowance and then referred to follow up supports), while households are the total number of referrals when service streams are combined (i.e., this would be a unique client count regardless of service stream referral). Except where otherwise indicated, tables below include both units of analysis: columns for each service stream (HA, BG, FUS, FB, VT) report the number of referrals, while the All Households column reports the number of households.

picture of the client base for CAHS in relation to some variables, particularly those that are not related to eligibility criteria for the program.

As shown in Table 3 below, the rate of unclear or blank responses is well over 50% for Indigenous status[9] and gender in Form 1 referrals to the Bridging Grant and Housing Allowance, meaning that no firm conclusions can be drawn about rates of access in relation to those demographic categories. For Form 2 referrals to non-financial supports, rates of unknowns are even higher.

Table 3: Indigenous status and gender for Form 1 referrals

	Housing Allowance		Bridging Grant	
Indigenous	**Referrals**	**% Referrals**	**Referrals**	**% Referrals**
Yes	39	2%	27	2%
No	800	42%	412	37%
Don't Know	17	1%	5	0%
Decline to Answer	1	0%	1	0%
Unclear / Blank Response	1048	55%	658	60%
Total	**1905**	**100%**	**1103**	**100%**
Gender	**Referrals**	**% Referrals**	**Referrals**	**% Referrals**
Male	400	21%	250	23%
Female	462	24%	197	18%
Other	2	0%	0	0%
Transgender	3	0%	2	0%
Unclear / Blank Response	1038	54%	654	59%
Total	**1905**	**100%**	**1103**	**100%**

As seen in Tables 4 and 5, response rates are much better for age and household composition for Form 1 and Form 2 referrals, allowing for some insight into access to CAHS benefits in relation to these variables. With regards to age, almost two-thirds of households referred (63%) are headed by working-aged adults 25-54, while referral rates for youth (7% overall) and older adults 55+ (19% overall) are considerably lower. The exception to this trend is in referrals to Follow-Up Supports and Voluntary Trusteeship, in which older adults account for a larger share of referrals (36% and 29% respectively).

Table 4: Age for CAHS referrals

	Housing Allowance		Bridging Grant		Follow Up Supports		Furniture Bank		Volunteer Trusteeship		All Households	
Age	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
18 - 24	188	10%	131	12%	49	10%	85	6%	4	3%	259	7%
25 - 34	475	25%	254	23%	78	15%	318	24%	20	16%	757	21%
35 - 44	512	27%	283	26%	97	19%	456	34%	23	19%	942	26%
45 - 54	330	17%	196	18%	89	17%	224	17%	33	27%	572	16%

[9] Indigenous status was added to referral forms in January 2018, which explains some of the missing data in this variable.

55 - 64	284	15%	166	15%	129	25%	158	12%	20	16%	476	13%
65+	105	6%	69	6%	57	11%	58	4%	16	13%	199	6%
Unclear / Blank Response	11	1%	4	0%	11	2%	32	2%	6	5%	356	10%
Total	**1905**	**100%**	**1103**	**100%**	**510**	**100%**	**1331**	**100%**	**122**	**100%**	**3561**	**100%**

With regards to household composition, as seen in Table 5, more than half of all households referred to the program are single-person households, while almost one in three households includes dependents. In particular, singles account for 81% of referrals for Follow-Up Supports, 80% for Voluntary Trusteeship, and 76% for Bridging Grant. Meanwhile, rates are disproportionately higher for households with dependents in referrals for the Furniture Bank (41%).

Table 5: Household composition for CAHS referrals

	Housing Allowance		**Bridging Grant**		**Follow Up Supports**		**Furniture Bank**		**Volunteer Trusteeship**		**All Households**	
House-hold Compo-sition	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Single	1289	68%	835	76%	414	81%	752	56%	97	80%	2069	58%
Single with Dependents	431	23%	197	18%	55	11%	280	21%	13	11%	715	20%
Couple with Dependents	151	8%	53	5%	25	5%	267	20%	6	5%	427	12%
Couple	34	2%	18	2%	16	3%	32	2%	6	5%	76	2%
Unclear / Blank Response	0	0%	0	0%	0	0%	0	0%	0	0%	274	8%
Total	**1905**	**100%**	**1103**	**100%**	**510**	**100%**	**1331**	**100%**	**122**	**100%**	**3561**	**100%**

With regards to source of income, as shown in Table 6, three in four households referred via the program are receiving social assistance, with 54% receiving OW and 21% ODSP, while employment is the main source of income for only 7%. OW recipients are overrepresented in referrals to the Furniture Bank (66%), while ODSP recipients are overrepresented in referrals to Follow-Up Supports (37%) and Voluntary Trusteeship (30%). People who are employed are referred to Voluntary Trusteeship at a higher-than-average rate (21%).

Table 6: Source of income for CAHS referrals

	Housing Allowance		Bridging Grant		Follow Up Supports		Furniture Bank		Volunteer Trusteeship		All Households	
Source of income	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
OW	1114	58%	591	54%	183	36%	873	66%	23	19%	1925	54%
ODSP	464	24%	282	26%	188	37%	222	17%	37	30%	738	21%
Employment (PT or FT)	174	9%	130	12%	30	6%	62	5%	26	21%	243	7%
CPP OAS GIS	100	5%	68	6%	58	11%	60	5%	18	15%	196	6%
Employment Insurance (EI)	26	1%	14	1%	6	1%	7	1%	4	3%	39	1%
Other	26	1%	18	2%	8	2%	9	1%	0	0%	41	1%
Unclear / Blank Response	1	0%	0	0%	37	7%	98	7%	14	11%	379	11%
Total	**1905**	**100%**	**1103**	**100%**	**510**	**100%**	**1331**	**100%**	**122**	**100%**	**3561**	**100%**

Data about income is only available for Form 1 referrals. As shown in Table 7 below, a large majority of referrals for Housing Allowance and/or Bridging Grant are to households with very low incomes, below $16,000, and almost all households referred have incomes below $32,000. Program data show that two-thirds of these are single-person households, while one-quarter are singles with dependents.

Table 7: Incomes for Form 1 referrals.

	Housing Allowance		Bridging Grant	
Income Range	**Referrals**	**% Referrals**	**Referrals**	**% Referrals**
$0 - $16,000	1319	69%	791	72%
$16,001 - $32,000	451	24%	228	21%
$32,001 - $48,000	61	3%	27	2%
$48,001 - $64,000	4	0%	5	0%
$64,001 - $80,000	1	0%	1	0%
Unclear / Blank Response	69	4%	51	5%
Total	**1905**	**100%**	**1103**	**100%**

It is not surprising, given these low incomes, that households referred via CAHS are paying very low rents, even those with access to the Housing Allowance. As shown in Table 8, about two out of three households are paying rent below $1200. While 70% of Housing Allowance referrals are to households paying rents in the $601-1200 range, a disproportionate share of referrals for Follow-Up Supports (to households who may or may not be receiving Housing Allowance) are paying below $600. For households receiving Housing Allowance, 89% are in a self-contained unit while 11% are in a shared unit.

Unfortunately, the rates of shared and unshared accommodations are not available for those receiving Form 2 services; however, it is likely that most paying below $600 are in shared accommodation.

Table 8: Rents

	Housing Allowance		Bridging Grant		Follow Up Supports		Furniture Bank		Volunteer Trusteeship		All Households	
Rent Range	#	%	#	%	#	%	#	%	#	%	#	%
$0 - $600	130	7%	90	8%	187	37%	361	27%	25	20%	607	17%
$601 - $1,200	1341	70%	821	74%	213	42%	416	31%	47	39%	1707	48%
$1,201 - $1,800	400	21%	162	15%	50	10%	375	28%	11	9%	725	20%
$1,801 - $2,400	15	1%	10	1%	1	0%	16	1%	0	0%	36	1%
$2,401 - $3,000	2	0%	1	0%	0	0%	2	0%	0	0%	4	0%
Unclear Response	17	1%	19	2%	59	12%	161	12%	39	32%	482	14%
Total	**1905**	**100%**	**1103**	**100 %**	**510**	**100 %**	**1331**	**100%**	**122**	**100 %**	**3561**	**100 %**
Average Rent	**$1,014**		**$975**		**$731**		**$946**		**$835**		**$974**	

Finally, among referrals for Follow-Up Supports, more than half were for moderate supports; unfortunately, the high rate of under-reporting in this category makes it difficult to know what proportion are referred for high vs. moderate supports overall.

Table 9: Level of supports for Form 2 referrals

	Follow Up Supports	
Service Level	Referrals	% Referrals
High	113	22%
Moderate	265	52%
Unclear / Blank Response	132	26%
Total	**510**	**100%**

1.3. Which programs refer to CAHS?

About 160 programs are able to provide referrals via CAHS; however, rates of referrals vary widely between programs, with some providing no referrals to any CAHS services during the pilot, while others are providing hundreds of referrals. As shown in Table 10, the top four agencies providing referrals to CAHS overall are COSTI, Family Residence, Sojourn House, and Birkdale Residence. These are also the top referral sources for the Housing Allowance.

Table 10: Top 10 CAHS referring agencies

Agency name (primary client target groups)	Referrals Provided	% Referrals (N=4971)
COSTI (Newcomers and refugees)	593	12%
Family Residence (Couples and families with children)	416	8%
Sojourn House (Newcomer and refugee families)	343	7%
Birkdale Residence (Women with children)	336	7%
Albion Neighbourhood Services (All populations)	333	7%
SHARC / Streets to Homes Program (Single adults)	327	7%
Seaton House (Single men)	297	6%
Fred Victor (Single adults and couples)	263	5%
Salvation Army (Single adults)	146	3%
Women's Residence (Single women)	145	3%
Total		

It is notable that the four leading referral sources, providing a total of one-third of all CAHS referrals, serve families with children, and two of these mainly serve refugee claimants. Others in the top ten list mainly serve single adults.

1.4. What are the relationships between CAHS program components?

As shown in Table 11, more than half of households are referred for Housing Allowance only, or Housing Allowance plus Bridging Grant. Referrals to the Furniture Bank only account for another 27% of households referred. The remaining 13% of referrals are divided among various combinations of services, with only a very small proportion—fewer than 4%—receiving Housing Allowance in combination with any non-financial services.

Table 11: CAHS program component combinations

Program	# Households	% Households
Housing Allowance Only	893	25.1%
Bridging Grant Only	128	3.6%
Housing Allowance and Bridging Grant Only	931	26.1%
Follow Up Supports Only	185	5.2%
Furniture Bank Only	977	27.4%
Volunteer Trusteeship Only	60	1.7%
Combination of Follow Up and/or Furniture Bank and/or Vol. Trusteeship	283	7.9%
Housing Allowance and Follow Up Supports Only	31	0.9%
Housing Allowance & Bridging Grant & FUS Only	29	0.8%
Housing Allowance and FUS or FB or VT	33	0.9%
Bridging Grant and Follow Up Supports Only	2	0.1%

Bridging Grant and FUS or FB or VT	9	0.3%
Total Referrals	**3561**	**100.0%**

1.5. Is the program effective?

The CAHS pilot is intended to support people who have been chronically homeless for six months or more to establish and sustain stable housing. Program data provide two important indicators of effectiveness with relation to these goals: how long clients were homeless before being housed, and how many returned to shelter during the pilot period.

As shown in Table 12, among those clients who could be matched in the SMIS database[10], the average time spent in shelter before receiving CAHS service was 300 days or approximately 10 months. Those receiving the Housing Allowance and Bridging Grant had the longest average shelter stays, at 400 and 372 days, respectively – not surprising given that only those homeless for at least six months are eligible for these two benefits.

Table 12: Time spent homeless by CAHS service

Type	Referrals	Matching SMIS	% Matching	Average Days in Shelter	Average Years in Shelter
Housing Allowance	1905	1206	63.3%	400	1.1
Bridging Grant	1103	740	67.1%	372	1.0
Follow Up Supports	510	188	36.9%	263	0.7
Furniture Bank	1331	941	70.7%	218	0.6
Volunteer Trusteeship	122	49	40.2%	249	0.7
Total Referrals	**4971**	**3124**	**62.8%**	**300**	**0.8**

To measure effectiveness of sustaining stable housing, we ran analyses of return to shelter[11] for Housing Allowance and/or Bridging Grant clients from January 2017 to October 2018 using a six-month risk-period, with a 30-day starting buffer.[12] Results are displayed in Table 13, below.

Those receiving financial supports had low rates of return to shelter after being housed. Only 7.7% of CAHS Housing Allowance and/or Bridging Grant clients had a bed night recorded in SMIS within the first 6 months of being housed. The monthly rate varied from a low of 2.2% to a high of 26.3% (in the first month of the program). In other words, 92.3%

[10] There are a number of reasons for non-matching. Some clients have never been admitted into the shelter system – for example, services such as Streets to Homes work with street homeless/at-risk who do not have an admission into a shelter and therefore have no SMIS ID. Other reasons include errors when entering client demographics on the referral forms. Missing first/last names, incorrect date of birth, and incorrect SMIS ID all contribute to non-matches.

[11] This method does not account for returns to homelessness experienced outside of the shelter system in Toronto.

[12] The 30-day starting buffer was to account for some clients' propensity to return to shelter soon after being housed while they transition to living independently in their new home.

of clients did not return to shelter for at least 6 months. The low rate of return to shelter suggests that financial supports are an important factor in housing retention.

Table 13. Return to Shelter for HA and/or BG clients

Address Effective Date	Total Referrals	Returned to Shelter (1-6 months after housing)	% Returned to Shelter
17-Jan	57	15	26.3%
17-Feb	31	2	6.5%
17-Mar	48	2	4.2%
17-Apr	76	4	5.3%
17-May	90	5	5.6%
17-Jun	100	5	5.0%
17-Jul	96	4	4.2%
17-Aug	108	4	3.7%
17-Sep	115	8	7.0%
17-Oct	114	6	5.3%
17-Nov	105	12	11.4%
17-Dec	71	4	5.6%
18-Jan	58	3	5.2%
18-Feb	82	2	2.4%
18-Mar	92	6	6.5%
18-Apr	73	8	11.0%
18-May	94	7	7.4%
18-Jun	99	9	9.1%
18-Jul	93	7	7.5%
18-Aug	94	10	10.6%
18-Sep	101	15	14.9%
18-Oct	82	4	4.9%
Total	1879	142	
Average			7.7%

This estimate of return to shelter is slightly higher than expected, given that the 2018 discharge rate for all housing allowance recipients in Toronto (including CAHS and other programs) was only 3%, meaning that 97% of housing allowance recipients continued to receive a housing allowance for the following year. A limitation of our analysis is that the data are limited to those clients who could be matched in SMIS, therefore excluding those who did not access shelters while homeless. When these analyses are repeated with Streets to Homes referrals excluded, the results do not differ significantly.

2. Housing Allowance and Bridging Grant

2.1. How well are the Housing Allowance eligibility criteria for CAHS performing?

Data on uptake of referrals is only available for households referred to the Housing Allowance. As shown in Table 14, of 1905 clients referred via CAHS, rate of access to the Housing Allowance is known for only 1521 cases that could be matched to the Province's information system.

Table 14: Referrals and approvals, Housing Allowance

Type	2017	2018	Pilot Total Jan 2017-Oct 2018
Housing Allowance Referrals	**1012**	**893**	**1905**
Clients Matched	**802**	**719**	**1521**
Housing Allowance Approved	**762**	**701**	**1463**
Housing Allowance Ineligible	**38**	**13**	**51**
% Approved (of matched)	**95%**	**97%**	**96%**

Of those cases for which the outcome is known, only 51 were found to be ineligible, while 96% of those for whom the outcome was known received the benefit. While a significant number of cases could not be matched in the system, this finding suggests that CAHS staff provide effective quality control measures that minimize the number of ineligible referrals.

In order to further assess the effectiveness of CAHS quality control, we compared the percentage of Housing Allowance application forms deemed ineligible by the MOF across four groups of Housing Allowance streams, based on the amount of operational support provided by SSHA to clients for filling out the application form.

The four groups are:

(1) the CAHS chronic homelessness stream, where clients are given a high degree of support with the application process;

(2) other Housing Allowance streams giving similarly high support to clients;

(3) Housing Allowance streams giviving moderate support to clients; and

(4) Housing Allowance streams giving minimal support to clients for the application process.

We limited the sample to new applicants from July 1, 2017 to June 30, 2018 (the 2017-2018 program year). As shown in Table 15 below, in this year, 4% of the application forms

in the CAHS stream were deemed ineligible by the MOF, compared to 3% in the high-support streams, 6% in the medium support streams, and 7% in the minimal support streams.

Table 15: Provincial Housing Allowance Streams: % of approvals versus ineligible (July 2017 - June 2018)

Group 1 CAHS	# of Applicants	Application Status	%
High Support	914	Eligible	96%
High Support	39	Ineligible	4%
High Support	1	Pending	0%
Total	**954**		**100%**

Group 2 Not CAHS	# of Applicants	Application Status	%
High Support	154	Eligible	97%
High Support	4	Ineligible	3%
High Support	0	Pending	0%
Total	**158**		**100%**

Group 3 Medium	# of Applicants	Application Status	%
Medium Support	133	Eligible	94%
Medium Support	8	Ineligible	6%
Medium Support	0	Pending	0%
Total	**141**		**100%**

Group 3 Low	# of Applicants	Application Status	%
Low Support	277	Eligible	93%
Low Support	22	Ineligible	7%
Low Support	0	Pending	0%
Total	**299**		**100%**

These are all low ineligibility rates, but the volume of application forms processed in the CAHS stream is more than 3 times greater than any other stream, as the other groups represent a large proportion of legacy (non-active) programs.

This analysis does not reflect the factors that influence the number of submitted Housing Allowance applications in the first place, such as active client outreach and encouragement to apply on the part of referring agencies, the City's frequent housing worker training, the City's regular liaising with site leads for accurate referral form completion, the screening out of ineligible applicants by SSHA operational staff, etc. In all, the CAHS operational supports are valuable—especially to the MOF—because they result in successful Housing Allowance applications for nearly all CAHS applicants.

2.2. How is the Bridging Grant funding working?

Bridging Grants are the third-most referred component of CAHS, with 1103 referrals during the pilot. Grants totaling more than $1.66 Million have been provided to enable CAHS clients to secure a rental unit.

Table 16: Bridging Grant amounts

Type	Referrals 2017	Referrals 2018	Total Pilot Referrals
Bridging Grant Referrals	**652**	**451**	**1103**
Bridging Grant Amounts	**$1,079,216.00**	**$583,162.68**	**$1,662,378.68**

Minimum amount given:	$100.00
Maximum amount given:	$3,000.00
Mean:	$1,507.00
Standard Deviation:	$638.00
Median:	$1,500.00

The mean Bridging Grant for the pilot period was $1507, but the average amount per client declined from year to year: in 2017 the average grant was $1655, but in 2018 the average fell to $1293. In both years, the average was far lower than the maximum benefit amount of $2500.

Clients receiving OW and ODSP are required to apply for Toronto Employment and Social Services' (TESS) Housing Stabilization Fund (HSF) grant before applying for the Bridging Grant. Table 16 shows that most CAHS clients on OW or ODSP received the Bridging Grant only. Where they did receive both benefits, the average total amount received ($1903) was greater than the average amount received by CAHS clients receiving the Bridging Grant alone ($1630). These results may reflect changes in the referral process during the pilot period with regards to HSF confirmation and documentation: specific information about HSF amounts was only collected beginning in January 2018.

Table 17: Bridging Grant & HSF among OW-ODSP recipients referred to CAHS

Type	Referrals	BG Total	HSF Total	BG Mean	HSF Mean	Total BG+HSF
Bridging Grant & HSF	329	$358,144.81	$268,177.51	$1,088.59	$815.13	$1,903.72
Bridging Grant Only	546	$890,305.82	$0.00	$1,630.60	$0.00	$1,630.60
HSF Only	4	$0.00	$5,288.00	$0.00	$1,322.00	$1,322.00
Total	879	$1,248,450.63	$273,465.51			

The 879 homeless recipients of OW-ODSP referred via CAHS received Bridging Grants totaling more than $1.2M during the pilot period, compared to only a total of $273,465 received through HSF.[13]

2.3 How do the costs of CAHS financial supports compare to shelter use?

The average Housing Allowance during the pilot period was $500 per month, while the average Bridging Grant issued was $1507.

Based on these amounts, as shown in Table 18 below, the average total cost per household for CAHS financial supports is $7007 in the first year (with Bridging Grant covering 100% of first month's rent, and Housing Allowance covering 11 months).

Table 18: Per-night costs of CAHS financial supports vs. shelter use

Time period	Per-household cost: CAHS financial supports	Per-person cost: Shelter	Per-household cost savings: CAHS vs. shelter	Cost of shelter for 1206 individuals	Cost savings: CAHS vs. shelter for 1206 Housing Allowance referrals (individuals and households)
Per night	$19	$105	-$86	$126,630	- $103,716
Per month	$584	$3194	-$2610	$3,851,964	- $3,147,660
Per year	$7007	$38,325	-$31,318	$46,219,950	-$37,769,508

Based on a bed-night cost of $105, per-person shelter use costs $3194 per month and $38,325 per year.[14]

Financial supports provided through CAHS cost considerably less than shelter use, on an annual, monthly, or nightly basis.

On a per-night basis, it is much less costly to house a household using CAHS financial supports than to place them in a shelter. **One year of CAHS financial supports for a household costs less than 67 shelter bed-nights for an individual**, which means that the City "breaks even" by providing one year of supports if that enables an individual to avoid just over two months' shelter use; the "break even" point comes even sooner for couples and families.

Of the 1905 Housing Allowance referrals, 1206 were matched through SMIS. As shown in Table 18, for each night that this group spent housed with CAHS supports instead of in a shelter, the City saved at least $103,716.

This group had spent an average of 400 nights per household in shelter before being housed through CAHS. Expressed another way, the group had spent a total of 484,400

[13] Note that this is based on amounts documented on the CAHS referral forms, and may differ from TESS records of HSF amounts issued.

[14] Note that 32% of households referred for Housing Allowance include more than one person, meaning that actual per-household shelter costs are even higher than indicated here.

person-nights homeless. If we assume these nights were spent in shelters, the estimated total cost of time spent homeless for this group was **$50,652,000 for shelter costs alone**. Had this group been housed using CAHS financial supports for the same number of nights instead, the cost to the City would have been $8,504,400.

C. Agency perspectives

1. Focus groups & survey

We held six focus groups: four with site leads and workers providing referrals, one with workers providing Follow-Up Supports and Voluntary Trusteeship, and one for agencies providing both referrals and follow-up for specific populations. We divided the referral agencies by sector, in order to learn more about impacts of the program for different population groups and agencies. The groupings were:

- Agencies offering Follow-Up Supports and/or Voluntary Trusteeship services
- Single men's shelters
- Family shelters (including those in the settlement sector)
- Community partner agencies, co-ed shelters and all-gender allied shelter services and follow-up agencies
- Shelters and 24-hour drop-ins serving women and trans clients
- Indigenous agencies, and those serving youth and refugees (this group included workers offering both referral AND Follow-Up Supports)

32 workers from 24 agencies participated. Some agencies sent staff from different programs offering referral and / or follow-up through CAHS.

Participants were also asked to complete a brief survey before the focus group; responses are discussed below.[15]

2. Coordinated Access – what's working? What needs improvement?

2.1 Benefits of coordination

Agencies agreed that coordination of services is beneficial. Having a single point of access for these services was seen to improve the ease and efficiency of referrals. This was particularly the case with Follow-Up Supports: referral workers frequently remarked that it would be very difficult to locate appropriate Follow-Up Supports and transfer clients to them without the City's coordination.

> *It's comforting to know that after we finish working with them, CAHS can pick them up and continue to provide needed supports. This frees our housing workers to continue working with new clients.*
>
> *Because it's coordinated, I don't have to find a follow-up worker in Agincourt or some neighbourhood I don't know.*

Participants also noted that coordination enhances consistency and accountability across agencies, because all are overseen by a central access point.

[15] The survey and focus group guides can be found in the Technical Report.

There was consensus across focus groups that the program's components are critical in enabling people to obtain and retain housing – especially Housing Allowances, Bridging Grant and Follow-Up Supports. While agencies would like to see other components added—in particular mental health services and specialized services for older adults, as well as peer supports, food security measures, and others—they consider the current services to be effective for ending homelessness for many clients.

2.2 Eligibility requirements

The first step in referring to Coordinated Access is determining which clients are eligible. Most respondents considered many of the program's eligibility criteria to be reasonable, including:

- not currently receiving RGI assistance
- income below the Household Income Limits
- rent costs more than 30% of income
- do not own a home
- do not have arrears with a social housing provider, or arrears with repayment plan in good standing.

Some criteria, however, were seen as excluding otherwise-eligible clients who need the services CAHS offers (see Table 19). Key among these are the requirement that applicants have been homeless for six months, and that they have an agreement to rent with a landlord. Other requirements were seen to pose barriers by some participants, including filing the previous year's tax return, paying below maximum market rent, current homelessness, and residing in Toronto.

Table 19: Eligibility requirements

Eligibility requirements	**Excludes SOME**	**Excludes MANY**	**TOTAL (N = 24)**
Have a rental agreement in place with a landlord for an available unit	14	5	19 (79%)
Have been continuously and absolutely homeless in Toronto for six consecutive months prior to start of tenancy. No gaps of more than 30 days	10	8	18 (75%)
Have filed previous year's income tax return	13	3	16 (67%)
Rent is less than the maximum market rent for Toronto	11	4	15 (63%)
Are currently homeless (i.e., staying in a shelter, an emergency overnight service, or on the street)	10	3	13 (54%)
Resident of Toronto	12	1	13 (54%)

a. Continuous & absolute homelessness in Toronto for six months

A large majority of survey respondents (75%) stated that limiting Housing Allowance access to clients who have been absolutely homeless for six months in Toronto excludes some or many otherwise-eligible clients who require the service. This criterion was universally identified as the most pressing concern with the CAHS program across all focus groups. Participants raised a number of concerns with this criterion: that the definition of "absolutely homeless" excludes specific populations; that it is often difficult or impossible to verify; and that it creates unintended consequences. While the six-month requirement applies to all services in the program, participants' concerns focus on access to the Housing Allowance.

First, many participants pointed out that the definition of "absolute homelessness" excludes the distinct experiences of homelessness of Indigenous people, families with children, youth, and women fleeing abuse. These groups are more likely to experience periods of hidden homelessness such as couch-surfing, as well as brief periods of unstable housing during a longer period of homelessness.

> *The entire definition of homelessness … it's not what chronic homelessness looks like, especially for Indigenous communities. With big families, I could couch surf for days and days and never even enter shelter so not qualify. [The Province] need to review their homelessness definition – look at Jesse Thistle's definition of Indigenous homelessness and bring it in line with that.*

> *Exclusion of hidden homelessness [is a problem]. Especially for women and trans folks it's not safe to stay outside. We know shelters and drop-ins are full every day. So people crash at people's places, then don't qualify.*

Secondly, agencies noted that a client's history of homelessness is often difficult or impossible to verify, especially for youth and single adults who have stayed in multiple shelters, those who primarily use drop-in centres, and those living rough. The documentation requirements pose particular challenges for the most vulnerable clients, such as single adults accessing 24-hour drop-ins, whose living circumstances are highly unstable and whose cognitive state may make it challenging to recall locations and periods of time spent homeless.

> *From a suburban perspective with less access to services, it's harder to prove six months. So we use things like our shower lists to prove that people are homeless, even though we've known them for years that they are living in the bush. The program is set up with notion that everyone is counted – but everyone is not counted.*

Finally, agencies raised a number of serious, unintended consequences of this requirement. Across all focus groups, there was agreement that it leads to longer shelter stays, because people can't afford to move into housing without access to the Housing Allowance.

> *Housing in Toronto is so ridiculously expensive and people's incomes are so low, they need the subsidy [to be able to leave the shelter].*

Some noted that because people can't afford housing without it, this requirement forces people to spend longer periods in situations that pose significant threats to their well-being.

> *The market is so expensive, without the TTHAP they can't afford it. So they would rather put in six months. And six months in a shelter isn't good for anybody.*

> *Youth especially who have to continue in unsafe circumstances – staying with friends in unsafe situations, substance use goes up because they have to cope, vulnerable people continue to be taken advantage of because they have to wait six months.*

When clients can't access the Housing Allowance, their housing options are severely constrained. For the most vulnerable clients, the housing they can afford may not meet their needs, creating threats to their well-being and risking returns to homelessness.

> *The majority of our clients have mental health and other challenges. Putting them in a shared room is bad for their safety and others'. A self-contained unit is the only way – but they can't afford it without the Housing Allowance.*

Limiting the program to people who have spent long periods in shelters also has the perverse consequence of penalizing those who are motivated and ready to move into housing sooner.

> *We get a lot of refugee clients and they are ready to move. Those are the ones I like to get on board because they are ready, so motivated. But they can't get TTHAP.*

Participants also said they were aware of residents deliberately remaining in shelters longer in order to become eligible. This contributes to overcrowding and reduces access to shelter space for those who require it.

> *We find people intentionally staying in shelter for six months to be eligible. We find it excludes those who are actively seeking housing and working to integrate. People are very up-front about it, they tell us they are staying here for 6 months until they qualify.*

While agencies in other sector focus groups said this was not the case, some participants in the family sector focus group indicated they were aware of families entering shelters in order to gain access to the benefit.

> *Nobody in their right mind is coming to Seaton House to get housing.*

> *There are four families in our place currently who are in that situation [entering shelter in order to access the program]. One family who are well-housed, but trying to come back in to the shelter. They have been on the [social housing] waiting list forever. They know that subsidy would bring them closer to the RGI rate. She has said it to me.*

The requirement also impacts workers' professional practice. Workers spoke of being reluctant to document clients' circumstances—for example couch-surfing—if this would

make them ineligible for the benefit. This not only presents a conflict for professional integrity, in some cases it places them in a double bind in which whatever they document could have serious consequences for their client.

> *Every time we are out in the community we are supposed to ask where the client is sleeping. But some workers are not asking where people are sleeping because they don't want to jeopardize their eligibility. But – we need to ask to determine if there are safety concerns and put in other interventions to ensure safety.*
>
> *I work with families. If I say a mother and child are sleeping in their car, that can trigger a child welfare investigation and other problems. If I say they are couch surfing, that sounds safer but then they aren't eligible for the Housing Allowance.*

Follow-up workers expressed regret that clients who exited shelter without the Housing Allowance can't be referred for financial supports later if their current housing breaks down. This makes it very difficult to find new housing, leading to re-entry into the shelter system.

While recognizing the need to create limits and allocate this limited resource to those most in need, participants spoke passionately about the importance of making this benefit available to anyone facing homelessness. As one worker put it:

> *I feel if you can house the client it should not matter if they are one day homeless or six months homeless.*

Participants recommended that the definition of homelessness better reflect the range of homeless experiences, including couch-surfing, and that documentation requirements be loosened for those who have moved between multiple shelters, drop-ins, rough sleeping, and temporary housing. They also proposed that the six-month criterion be waived for the most vulnerable clients, including those sleeping rough or accessing multiple drop-ins and shelters. Follow-up agencies recommend that a fixed number of allowances be allocated to their agencies for use when needed to prevent homelessness.

Shelters serving families and refugees recommend reversing the incentive for their client group, so that the full allowance is available at the beginning of a family's stay and declines over time:

> *It's contrary to a Housing First perspective. When clients learn about rent supplements that can be offered, a lot will consciously or unconsciously make a decision to stay six months to qualify. So we are not encouraging them to move sooner, instead we are rewarding them for staying. … Singles and families are different, we have to recognize the differences between them. In the family sector, I recommend the Housing Allowance be introduced earlier with the maximum amount, and the longer families stay the more it declines. So they are rewarded for leaving sooner. Counsellors are encouraging clients to move out, and don't want to mention the Housing Allowance because they don't qualify yet. We should flip it - the longer you stay the less you can access.*

Some participants from the family and settlement sectors pointed to the success of the Families in Shelter pilot, in which a lower Housing Allowance of $250 was made available to families for a limited period of time. It led to the highest move-out rate these shelters had ever seen.

> *The rent cost is overwhelming to families. When you know that rent is going to be 80-90% of income it is very difficult. That $250 made a huge difference. We saw a 70% turnover in our motel program.*
>
> *It's cheaper for the City to give $250 for one year to everyone after two months, than for people to stay in shelter and wait six months. Income is a huge challenge for refugee claimants. They can't work until they get a work permit. Most of our clients are very active, looking for jobs. They will have the income sooner or later – but it won't happen until they are out of the shelter setting.*

In summary, participants agreed that this requirement is ineffective when applied universally. They called for a more nuanced approach that takes into account the differences between populations and individuals in terms of homeless experiences, risks and vulnerabilities, access to housing, effective incentives, and future needs.

b. Requirement for a rental agreement

Of equal concern (79%) was the precondition that clients have a rental agreement in place with a landlord for an available unit before they can qualify for the program. In focus group discussions, workers explained how difficult it is to convince landlords to rent to their clients before their access to Housing Allowance and Bridging Grant have been confirmed.

Some said they work around this by getting clients "pre-approved" before undertaking a housing search; they urged that such a "pre-approval" process be formalized in order to facilitate housing searches and provide clients and landlords with the assurance that the benefits would be available to cover costs. Participants also suggested that a document from the City explaining the program to landlords would help to open doors; this should be on City letterhead, and include information about continuity of the benefit, general information about the amount, details of the program, and assurance that rent will come regularly. The document the City currently provides was not seen as useful for this purpose.

Across all focus groups, agencies pointed to the many other barriers their clients face in accessing housing in the private market, including discrimination, high rents, exclusionary requirements such as credit checks, and intense competition for units in the context of low vacancy rates. These are discussed in more detail below in section 3.1.

c. Other concerns

Focus group discussions elaborated on other requirements some participants considered problematic:

- tax returns – because they pose barriers for clients who do not have the documentation required, and for those with cognitive disabilities;

- rent below maximum market rate – because it is often very difficult to find in Toronto's costly market, particularly in the neighbourhoods clients prefer;
- current homelessness – because it means the program can't be accessed to prevent imminent homelessness, to provide safety for women and youth fleeing abuse, to permanently house someone who has moved from homelessness into temporary accommodation, or to re-house someone whose housing has fallen through after exiting homelessness;
- residency in Toronto – because it prevents clients from taking advantage of the cheaper rents in municipalities surrounding Toronto; and
- the method used to calculate the Household Income Limit – which fails to account for child support paid by non-custodial parents, generally fathers.

Finally, while only a minority of respondents identified status in Canada as a barrier, organizations in the settlement sector and others working with immigrants and refugees said this requirement excludes a significant number of their clients.

> *People who have no status are excluded. Sometimes they spend over a year going from one shelter to another because they don't have documentation to access the Housing Allowance.*

2.3 Forms, referral process, communication & reporting

a. Form 1: Housing Allowance and Bridging Grant

There was strong consensus among survey responses that most steps in the coordinated referral process for Housing Allowances and Bridging Grants are working well. In particular, most were pleased with the process of completing forms and communicating with SSHA (see Table 20). Focus group discussions echoed this finding, with participants citing SSHA's timely responsiveness as a particular benefit.

Table 20: Form 1 steps that are working well

Steps in the referral process for Housing Allowance and Bridging Grant	**Working Well**
Complete Schedule 4 (Consent) of application	20 (91%)
Complete Schedule 5 & 6 (Payment directed to landlord)	18 (82%)
Pre-screen all clients to confirm they meet eligibility requirements	18 (82%)
Obtain proof of income	17 (77%)
Collect cheque processing information: landlord name, pick-up contact or landlord address	17 (77%)
Complete Schedule 3 for Direct Deposit	17 (77%)

Have Site Lead verify the package	17 (77%)
Receive a response about the status of the referral	15 (68%)
Ongoing communication with SSHA (the Service Manager)	14 (64%)
Submit a Word and PDF version of the referral package to SSHA	14 (64%)

Participants noted that they often receive requests from SSHA to correct minor errors on forms, which creates delays. Some also noted challenges with the need to submit Word and PDF versions of forms, and confusion about whether and when original hard copy documents had to be provided to SSHA. On-site training by SSHA staff was seen to increase consistency and quality of form completion.

Participants recommended an online portal that would not permit workers to move to the next screen until errors and missing information were corrected – while also allowing exceptions in cases where required. In fact, such a portal was being piloted during the period of this evaluation. An agency that was included in the pilot noted that the online form was a significant improvement. While it required some additional training for staff, once that training was provided, the referral process was more efficient.

Participants recommended that referral workers be included in SSHA correspondence about the status of referrals for their clients. This correspondence currently only goes to site leads, which sometimes delays communication of results to workers and clients. Some even recommended that site leads not be copied on correspondence as applications are being processed, unless their input is required. This would reduce unnecessary email traffic and would better alert them to issues requiring their urgent attention.

While most items required for Form 1 were seen to be working well, 72% of participants stated that verification of 6 months homelessness needs improvement. As discussed above, this can be particularly difficult to verify for people who have been sleeping rough, and those who have accessed Out of the Cold or 24-hour drop-ins where information isn't entered into SMIS. While some referring workers stated that they simply accept a client's declaration of homelessness, others were not aware of this option or had encountered barriers. Agencies require more consistent information about what documentation is acceptable.

Participants were also divided on a few items. As shown in Table 21, some suggested that improvement was needed in obtaining the documentation to go with the Form 1, including client ID, notice of tax assessment, and promise of address, while others had no concerns. Some also cited difficulties in unit verification.

Table 21: Form 1 steps that pose some problems

Housing Allowance / Bridging Grant Referral: Mixed Impressions*	**Working Well**	**Needs Improvement**

Obtain client ID	13 (59%)	8 (36%)
Obtain Notice of Income Tax Assessment	11 (50%)	10 (45%)
Obtain lease or signed Promise of Address	10 (45%)	11 (50%)
Verification of legitimacy and availability of unit	8 (36%)	11 (50%)

* Numbers may not add up to 100% because some participants were not familiar with all steps.

In focus group discussions, workers underlined the difficulties some clients face in acquiring documentation for their CAHS applications. These requirements pose particular barriers for those with mental health and addictions issues, older adults, and those whose literacy or English is limited. As a result, completing applications with vulnerable clients requires workers' intensive involvement. Participants also pointed out that they have no means to determine whether the person who presents themselves as the landlord is in fact the legal owner of the unit. They suggested that the City verify ownership using its property tax data.

b. Form 2: Referral and transfer process to Follow-Up Supports, Furniture Bank, and Voluntary Trusteeship

As seen in Table 22, respondents were generally pleased with the referral process for non-financial services including Follow-Up Supports, Furniture Bank and Voluntary Trusteeship. In particular, completing the referral package and communication with SSHA were considered by most to be working well. Family and settlement shelters, which rarely refer clients for Follow-Up Supports, noted that having to complete the whole Form 2 just for the Furniture Bank is inefficient.

Table 22: Form 2 steps

Referral to non-financial supports	**Working Well**
Site Lead verification of the referral package	19 (90%)
Emailing the referral package to SSHA	18 (86%)
Receiving response about the status of the referral	17 (81%)
Ongoing communication with SSHA	17 (81%)
Complete the Co-ordinated Access Referral Form 2 for FUS, VT and FB	16 (76%)
Completing the Housing Supports Screening Tool (HSST)	12 (57%)

The Housing Supports Screening Tool (HSST) received a lower approval rating than other steps. In focus groups, referral workers explained that this form collects too little information, asking them to simply rate the need for support without specifying what kinds of supports might be needed on what issues. Follow-up workers also noted difficulties with the HSST's lack of detail, which makes it difficult for them to predict clients' needs and can present barriers to establishing a rapport. In particular, workers pointed to gaps in the HSST's transmission of contact information for clients' existing supports, medical information, and information about safety concerns for the worker. These items are discussed in more detail below in section 2.4.

c. Communication with & reporting to SSHA

Agencies were very pleased with the responsiveness of SSHA staff. Many cited the rapid turnaround in the referral process as one of the best things about CAHS, and remarked that SSHA staff are "just an email away" when they have questions about the program. Relations were described as friendly and collaborative. Participants who had been in the sector a long time commented on a change in culture at SSHA, and appreciate the "personal touch."

Some participants observed that since CAHS expanded to include many more agencies, responses have slowed somewhat. They noted a need for more City staff in order to process the high volume of referrals in the same rapid timeframe as before.

Respondents raised some concerns about the CAHS reporting process. Agencies providing follow-up supports noted that filing both quarterly reports and six-month reports is inefficient and time-consuming. They also described the technical problems with the reporting forms: printing problems, tabs that disappear, client lists not carrying over from one quarter to the next, or carrying over incorrectly. One participant pointed to the Streets to Homes forms as a model that works better.

> *When do you want us to go out and get people housed, to doctors' appointments, workshops, etc? All the paperwork is taking us away from the clients.*
>
> *Every time we get those reports we spend weeks having to navigate the glitches. As soon as we fix one we find another.*

They also explained that the reports don't capture the nature of follow-up work. Some fields rarely apply to their clients, while some important activities, such as re-housing, are not reflected on the report form.

> *The reports have indicators for starting jobs, retaining jobs, starting school, staying in school – but that's not our clients. There's nothing about how many started mental health services. [The funder] asks, "Why are the indicators so low?" it's because those indicators don't work for people just exiting homelessness.*
>
> *When I click "no, no, no" I feel like "holy crap, it's like I'm not doing anything!"*

Agencies would like to see reports that recognize the painstaking work that goes into seemingly-minor achievements such as attending medical appointments.

Finally, participants expressed appreciation for the training and knowledge exchange activities of the program. Some wished to see those expanded.

> *The City is so big, we don't often know what each other are doing. It would be good if all City programs got together to communicate with each other about what's going on. It would help improve [agencies'] understanding of our role. Bring all the City programs together – EPIC, Streets to Homes, Home for Good, and include TESS to address inconsistencies.*

2.4 The matching and transfer process between referral & Follow-Up Supports

As suggested by the challenges noted in section 2.3.b, the transfer process to Follow-Up Supports was seen as more problematic than the referral process. As shown in Table 23, some find the steps of the transfer process to be working well, while others point to the need for improvement in making contact with the support agency, and with the transfer meetings from the referring worker to the follow-up worker.

Table 23: Transfer process to Follow-Up Supports

Referral to Follow-Up Supports: Mixed impressions	**Working Well**	**Needs Improvement**
Optional meeting with support worker and client	9 (43%)	8 (38%)
First contact with support agency	8 (38%)	9 (43%)
Transfer meeting with support worker and client	7 (33%)	11 (52%)

It is important not to overstate these difficulties. In focus groups and surveys, many respondents said that the transfer process was going well. Referral and follow-up agencies agree that for the clients who require them, Follow-Up Supports are critical to settling into and maintaining housing. For this reason, both groups of agencies sought improvement in coordination and communication in the transfer process.

In some focus groups, there were participants who had worked on both sides of the process; their insights helped those at the table to understand each other's perspectives. The exchange below provides one example:

> *(Referring worker) Usually the problem is follow-up. It's up to that person from that agency to connect with me. It takes so long, the client could be in housing for a month or more. They can fall through the cracks because I have huge caseload at [shelter]. Then follow-up is not always as knowledgeable.*
>
> *(Follow-up worker) We aren't as knowledgeable because we don't get the background information we need on our clients. Referral sites may not know the person as well. We get a referral as "moderate" but the client ends up being high needs. Or the housing worker has placed them somewhere that's not appropriate for their needs. I once sent client back to [shelter] rather than house him in a*

place where he would have gone off the rails. The HSST doesn't have enough information. I wish the tool could be more descriptive. For example, with one client who we had no idea who the supports were – we were googling the doctor based on what the client thought the name was.

Participants noted that they would value other opportunities to better understand each other's challenges.

a. Follow-up agency perspectives

As discussed above, follow-up workers said they did not have enough background information about new clients before meeting them. The HSST form includes fields for a range of issues, but the information provided by referring agencies is sometimes insufficient. This can lead to delays in providing required services, and can also pose safety concerns for workers.

There is information but it's not sufficient. The family picture, addiction issues, criminal history, safety issues - it's very little, not very detailed information that we have. I don't want to blame outreach because sometimes the client will release very limited info. But the more we know, the better we can match workers to ensure a connection will be there.

Safety is a big issue. With one client, I was visiting him alone in his unit, then three months later he [committed a violent crime].

Participants also pointed out that the referral often identifies clients as "moderate need" when in fact they require higher-intensity services. Because referring workers typically work with clients over a shorter period of time, and are focused on the housing search, they may not be aware of underlying issues that emerge once the client is housed. When clients' needs have been underestimated, it is difficult to balance caseloads, and lower-needs clients may not receive the support they require.

High-need engulfs everything else. Relatively low support clients receive very occasional check-ins, because we are focused on the high-need. But they need support too.

The transfer protocol includes three steps: a first contact between the follow-up agency and the referral agency; a transfer meeting with the referring worker, the follow-up worker, and the client; and a second optional meeting with the referring worker, the follow-up worker and the client. In practice, follow-up workers said that they rarely or never have a second joint meeting; it is often difficult even to schedule the first. Agencies said that they generally meet the time frame goals for the transfer protocol—assigning an outreach worker within two days, making contact within one week and completing the transfer within two weeks.

Building a rapport can be challenging at first, because the client has worked closely with the referring worker to reach the goal of finding housing. Workers noted that the transfer protocol is sensitive to the possibility that clients may have strong feelings about closure with a shelter worker they have known for years.

That's why I like the transfer process. "I trust you, and you're introducing me to this person, so I will trust them."

Workers reported that some clients disengage in service once they recognize the decline in the level of intensity and services available when transitioning from housing workers to Follow-Up Supports. Several participants noted that housing workers can sometimes drive clients to appointments, while follow-up workers accompany them on TTC.

Some expect we will pick them up and take them places, be with them every step of the way. Once they see it's not like that they drift away.

b. Referring agency perspectives

Referring workers noted that, in contrast with the rapid responsiveness of SSHA, there is sometimes a long delay in making contact with the follow-up agency. This can result in housing workers continuing to provide intensive support for as long as a month or two after a client has moved into their own place. While Follow-Up Supports are meant to take the lead in connecting clients with services and networks in their new neighbourhood and establishing a relationship with the landlord, referral workers sometimes become responsible for these tasks when delays arise.

The first month is critical. It ends up being on plate of housing worker to pick up the pieces. Moving, getting furniture, transferring kids' schools – the housing worker ends up doing all this if the follow-up worker not connected yet.

In focus groups for agencies working with chronically homeless single adults, participants raised concerns that some of the agencies contracted to provide Follow-Up Supports lack experience with this population and are unaccustomed to the flexibility and persistence required to respond to complex needs. Some also pointed to the impact of staff turnover in follow-up agencies.

I went to check on a former client – I couldn't believe the state he was living in! Apparently his follow-up worker [changed roles within the agency] … she claimed she knocked a few times and there was no answer. That was baloney – he was waiting.

While infrequent, there were some reports of clients returning to shelter after being housed through CAHS, saying that they never heard from the follow-up worker.

c. Agencies providing both referral and Follow-Up Supports

Finally, some agencies—Indigenous and youth-serving agencies, and women and trans drop-ins in particular—said that they often refer clients to Follow-Up Supports within their own organizations. Reasons for this include clients' comfort with the agency, the need for complex supports, difficulties in establishing trusting relationships, and the importance of seamless supports to maintain housing.

We don't trust workers in other agencies to deal with our complex clients! (laughter)

> *I want agencies and workers I am really familiar with. It's hard to take that risk. I want to set clients up for success. Don't want to see someone back in [drop-in] in six months saying "My worker never called, I left my place because the toilet didn't work."*

Indigenous and youth-serving agencies newly added to the CAHS program said that they have received few or no referrals to their Follow-Up Supports from other organizations, and therefore fill spaces in their follow-up programs with their own clients. Some expressed frustration at the lack of uptake of their services from other referral sources, and noted that they are now doing two jobs – housing worker and follow-up worker.

> *[Follow-up support] is to make sure when the client is housed they stay housed. When I got hired I was supposed to sit and wait for the City to send me [Indigenous] clients that have been housed. But it's been a year and not one referral. So when we got other staff on, I started going out and housing people myself.*

Some agencies that offer both referral and Follow-Up Supports noted that clients may sometimes be confused about whom to approach for service, or might prefer to reach out to the referring worker because they are familiar or more readily available than follow-up workers who are often out in the community. For agencies that take on their own clients for follow-up, making the referral through the CAHS process is seen as unnecessarily cumbersome.

3. Program components

3.1 Housing Allowances

Across all focus groups, when asked the best thing about the CAHS program, participants were unanimous: the Housing Allowance. On the survey completed by participants, the Housing Allowance was identified as the most crucial program component in helping clients to both obtain a home and maintain it.

As noted above, respondents generally found the referral process to be straightforward. With a few exceptions, workers report that the benefit is typically made available very quickly once clients have secured housing.

Workers did, however, describe some issues in applying for and renewing the allowance, and challenges in supporting clients' housing search. Participants in all focus groups also underscored the numerous barriers to housing their clients face.

a. Applying for and renewing the allowance

A number of participants raised concerns related to transparency about the allowance. Some said that clients have too little information about the benefit, and that people facing chronic homelessness who meet the criteria are often unaware of this option. Others said they tried to avoid letting clients know about the benefit until they became eligible, for fear that they would remain in shelter longer in order to gain access.

There was also uneven knowledge about the exceptions policy among workers. Some were aware of it and had used it successfully to gain access to otherwise-eligible clients who did not meet some City of Toronto eligibility criteria. Others learned about it for the first time in the focus groups.

Some participants suggested that workers in other City and community services, including TESS, need more training so that they can provide accurate information about the allowance to their clients.

> *We've had OW workers tell clients not to go through CAHS because they would lose the shelter portion [of their OW cheque] … Even if it were true, the Housing Allowance is worth more than the OW shelter amount. Seven out of ten workers don't even know what CAHS is.*

Participants said that the Housing Allowance renewal process is relatively straightforward. Some agencies make a point of reminding former clients when it's time to file their taxes, in order to maintain their eligibility. Some noted that the Province sends the renewal notice only to the tenant; they recommend that it also be sent to the referring agency or follow-up worker so that they can alert the client and assist in the renewal process if necessary.

b. Housing search

Clients can't gain access to the benefit until they find housing. Workers explained that the housing search is a key component of their work, and often requires considerable support and intervention.

> *Our clients aren't able to do it on their own. They can't go to interviews on their own, communicate with landlords.*
>
> *Clients have different levels of engagement in their own housing. We have some we can provide vacancy listings to and they will take initiative, and others we are literally banging on the door saying "Let's go look at housing."*

Some noted that clients' expectations are sometimes at odds with the reality of searching for housing in Toronto.

> *A lot get overwhelmed when they start the process. …. Especially for newcomers, they don't know the system, how to look for housing, it's different from their country. Expectations are high - some think social housing is coming soon once they are on the list. We tell them they need to look at other options. They say, "We can't afford that" and we say, "We know. You have to find it anyway."*

Providers in agencies serving single adults explained that some clients remain in shelter because of comfort, anxiety about moving on, fear of loneliness, and limited life skills such as cooking. For vulnerable clients, getting housing can hold dangers. Rooming houses can be worse than shelters because the presence of drug use can trigger relapse. Home unit takeovers—in which non-tenants take over a tenant's unit as a base for drug dealing or other illegal activities—pose a particular threat to vulnerable clients. These issues demonstrate need for supportive housing:

Some I believe will never get out [of the shelter]. It's their home. They won't be able to live in the kinds of units that are available. Supportive housing needs to be built for a huge portion of shelter users.

Finally, participants based in drop-ins noted that the low-barrier and intensive services their agencies offer are sometimes attractive to clients who are staying in shelters that take a more hands-off approach.

Lately I've been overloaded with people coming from shelters … They say they can't get any time with their worker and heard through the grapevine they could come to me. There's not enough people to support the people who are staying with us. I hear from people that [the other shelters] don't sit down with them and do small things, coach – just expect them to call places. But I do that with them, and then they spread the word.

Some shelters, meanwhile, pointed to the difficulties posed when their residents go elsewhere to apply for the allowance, particularly when the shelter has an internal protocol for allocating this limited resource.

c. Barriers to housing

Most importantly, across all focus groups, workers explained that the Housing Allowance alone is sometimes not sufficient to obtain housing. Participants said that their clients encounter a range of barriers to housing, including discrimination, lack of affordable units, and poor housing quality.

Discrimination was named again and again as a barrier. Workers noted that the Housing Allowance itself, and the presence of support workers, is sometimes the basis for rejection.

The availability of TTHAP is really important, but it doesn't work if there's no availability of housing. We also need landlords willing to house people with this history [of homelessness]. Landlords discriminate on the basis of Housing Allowance and social assistance.

Landlords say "Why do you have [a housing worker] supporting you – that's weird."

Clients also face stigma and discrimination on the basis of disability, homelessness, race, Indigenous identity, gender, the presence of children, refugee status, and other grounds. In addition, clients' applications are rejected on the basis of poor credit histories and low incomes.

The City put the cart before the horse. They gave us all this money but there is very little housing available to us, and for what is available there is wall after wall. What we can find doesn't fit. You need a co-signer, a credit check. Stigma is right at the door – if you say OW, ODSP, you might as well turn around and go unless you want to fight.

Participants reported that discrimination and exclusion have worsened in the face of Toronto's extremely low vacancy rate. Other current trends in Toronto's private rental

market, such as "renovictions," are having an impact on CAHS clients' ability to find and maintain housing.

> *Housing workers search for landlords who are willing to participate in the program. It's next to impossible in Toronto right now. Our statistics have dropped dramatically in the past year – we have housed less than half compared to the year before.*
>
> *When we can find a place, a lot end up coming back [to shelter] because the landlord is renovating. They don't have much protection.*

Some suggested that the City's early Streets to Homes program burned bridges by placing tenants in apartments without the supports they required. This has contributed to landlord reluctance to work with the program.

Even with a Housing Allowance, it is sometimes impossible to find housing that is appropriate. This is particularly the case for lone parents receiving Ontario Works.

> *The biggest challenge is one parent, one child – such as a mom with an older son. With OW and Housing Allowance she can't afford a two-bedroom. We have to be careful not to say as City workers that mom should sleep in living room, but we strongly imply it. Even with a Housing Allowance, she will be underhoused.*

Agencies serving youth and single men also described this difficulty, noting that shared apartments and rooming houses are often the only affordable option but that these can be challenging environments for their clients, leading to repeated episodes of homelessness. Given the problems shared accommodations can pose, workers try to help Housing Allowance recipients obtain self-contained units, though this may take longer. For people without the Housing Allowance, though, shared accommodation is often the only affordable option.

Finally, the limited housing that is accessible and affordable is often of very poor quality. Some landlords take advantage of their tenants' limited options.

> *We see the same places come up and cringe – nobody should live there – but it's the only place you can get an apartment for $900.*
>
> *Landlords are so aware of their situation. I had a client who had a leak, she was saying "I'm moving out!" and I was saying "Hmmm, no, don't … I know it's nasty, but you have no income, no ID, bad credit – I can't house you anywhere." I find myself convincing clients to stay in situations that would make me go sleep in my car.*

Agencies were unanimous that, in order to continue its effectiveness in ending homelessness, the Housing Allowance must be complemented by dedicated housing units. Proposals for this are reviewed below in section 4.1.

3.2 Bridging Grant

The Bridging Grant was considered the second most important component of the program for assisting clients to obtain housing, after the Housing Allowance. Participants

appreciated how rapidly the grant is available once clients are approved, saying that the fast turnaround is absolutely crucial in securing units.

Across focus groups, workers raised concerns about the requirement that clients on social assistance apply for the Housing Stability Fund (HSF) before the Bridging Grant. They explained that the HSF is considerably more difficult and time-consuming to obtain, and entitlements are much less predictable. Because of the delays created by this two-step process, clients often end up spending HSF funds intended for moving expenses and furniture on last month's rent; some even miss out on units because they are unable to pay a deposit quickly enough. The delay was said to be particularly problematic for people on ODSP.

> *With the Bridging Grant, we get date for check pick-up. We can relay that to a landlord with confidence. With HSF we have to say "At some point …"*

> *It's difficult with clients on ODSP, because their HSF is outsourced. It's a completely different department. The timing for the worker getting back to me is forever. If I don't know the HSF amount I can't calculate the Bridging Grant, and the client is going to lose the unit.*

Some also raised concerns with making eligibility for the Housing Allowance a criterion for receipt of the Bridging Grant. Agencies serving families and refugees, in particular, noted that while their incomes may be above the threshold for the Housing Allowance, larger families may remain in shelters because they don't have funds to cover last month's rent, moving expenses, and furniture. One shelter serving employed single men reported that their clients face a similar quandary.

> *There are guys in our shelter who only need the Bridging Grant. To tie it to TTHAP keeps them here longer. They are working, don't need or qualify for TTHAP.*

While expressing appreciation for how quickly the cheque is issued, participants pointed to some challenges in the process. Several lamented that the City no longer provides a letter confirming a client's Housing Allowance and Bridging Grant eligibility and amounts; this letter was seen to be helpful in confirming these benefits with TESS and landlords. Some called for alternatives to the requirement that the referring worker pick up the cheque and hand-deliver it to the landlord. For large agencies that house many clients, this sometimes means that several workers visit the Neighbourhood Information Post on a single day, while at 24-hour drop-ins, it is very difficult for workers to leave the agency for this task. While recognizing why the cheque is payable to the landlord, participants also recommended that there be an option of issuing it to the client, for example if the client has already paid their last month's rent deposit out of pocket.

3.3 Follow-Up Supports

Participants said that Follow-Up Supports comprise a wide range of activities: regular contact in person and by phone and email; support with setting and pursuing goals; assistance with employment and income supports; providing access to food and material needs; skill development with financial literacy and activities of daily living; help meeting tenancy obligations; intervention with the landlord; and referrals to health, mental health,

and other services, to name just a few. Across all focus groups, participants agreed that these services are a key factor in supporting clients' housing stability.

Survey respondents from follow-up agencies ranked the full continuum of follow-up activities to be "significant" or "crucial" in helping clients settle into and maintain their housing. Those that stood out as "crucial" for most or all respondents were:

- Regular in-person contact
- Help with income support or employment
- Direct payment of rent
- Intervention with landlords when problems arise
- Help securing new housing when needed.

In focus group discussions, follow-up workers identified direct payment of rent and cultivating a good relationship with the landlord as two key factors for supporting clients' housing stability. They also noted the importance of providing transit tokens and food to help clients survive on very low incomes.

While this flexible, client-centred approach to supports was considered an important asset of the program, one follow-up worker commented that the parameters for the service are not clearly defined. She noted a need for more information and training about the model.

> *There's no outline of what follow up support is supposed to do. What's in our job and what's not. I've had to deal with medical, mental health, landlords. There's no guidelines of here's what you're supposed to do, here's where you go for other supports.*

Finding those other supports is also sometimes a challenge. For example, some—such as mental health supports—are concentrated downtown, and difficult to access for people living in the inner suburbs.

Though the EPIC program is out of scope for this evaluation, follow-up workers noted that it has led to a recent increase in families with children in their caseloads. Agencies accustomed to serving single adults exiting homelessness felt unprepared for the challenges this new program creates. Participants noted that serving families with children means that a caseload of 25 people becomes a caseload of 45, unless family members have access to their own workers. This affects the level of service available to their single clients as well. In addition, the presence of children introduces new complexities.

> *With poverty and families … just trying to manage the household, types of neglect can come into the picture. It makes us as social workers much more vigilant about what we do. We need to be very careful to ensure kids have a healthy place to live and a good environment.*

Though Follow-Up Supports through CAHS are intended to last only up to one year, findings suggest that these services are required for a longer period. Almost all survey respondents indicated that they continue to work with a majority of clients for more than one year, and a significant number said that they continue to support all clients past the one-year mark. Only one organization indicated that the majority of their clients are served for six months or less. Almost all said that clients "often" or "sometimes" require services

after discharge from the program; half of these indicated that they can only sometimes arrange the needed supports. Focus group discussions corroborated this.

> *The transition from street homelessness to housing is big change. It takes a lot of support - some need up to five years.*
>
> *Most don't have family. Once this relationship is established, they want to stick around.*

Clients' ongoing need for supports, along with the nature of the Follow-Up Supports deemed "crucial," suggest that the CAHS program is, in part, attempting to fill a gap in the availability of permanent supportive housing that is affordable and low-barrier.

3.4 Furniture Bank

The Furniture Bank is the most-accessed component of CAHS. Participants expressed appreciation for the ease of the new online appointment system and for the benefit this service provides to their clients.

In focus groups, there was some divergence in agencies' understanding of who is responsible for Furniture Bank appointments and accompaniment: some see it as a role for the referring agency, and some consider it part of follow-up. Difficulties can arise if, for example, the referring worker sets the appointment but the follow-up worker receives too little notice of the date and time.

Some participants also noted challenges with the requirement that the worker accompany the client, explaining that this can take a half-day of their time. This is especially problematic for follow-up workers who do not have access to an agency vehicle and who must accompany clients on public transit. One agency recommended that clients' identity be confirmed with ID, and that Furniture Bank staff assist them with furniture selection, instead of having workers accompany them.

The distant location and early appointment times can also pose difficulties for some clients, particularly youth.

> *I usually get nine a.m. timeslots. When you have an Indigenous youth who's twenty-one years old and need him to meet you at Dufferin Station at eight in the morning, there's a twenty-five percent success rate.*

3.5 Voluntary Trusteeship

Voluntary Trusteeship is the least-accessed component of the program. Many focus group participants did not have direct experience with the program. Of focus group participants who had experience with the program, most were concerned about clients' uptake of these referrals. They agreed that many clients who could benefit from the service decline it because of concern about loss of autonomy.

A voluntary trustee provider reported that he receives many referrals from youth-serving agencies, but there is very little uptake. He comments,

> *I don't think youth wanted it, worker did. But clients know best and they didn't want it.*

He noted that autonomy is indeed a key concern for many clients who have faced homelessness.

> *People feel they've been controlled for so long [in shelters and on the street]. When they have their own place they want to be in control, have their own food, their own money … I had one referral who came to do the intake, she didn't take it up. She said she's had a lot of men take control of her money and she wasn't about to hand it over to another one! So many have had control and agency taken away.*

Participants suggested that for clients facing addiction or gambling problems, having a trustee can empower them and restore control. But many are ambivalent about limiting their access to their own money. An agency providing trusteeship services described the wide range of options through which the service is tailored to clients' needs and choices:

> *We don't have a one-size fits all approach. We work with them to develop a personal budget. We agree on how much they pay on different items. We encourage them to set aside savings for bigger purchase. Most have some savings for a TV or a winter coat or Christmas. Every client is different. Some clients have bank accounts and have income go directly to bank. We can go into the account to pay rent. Some want more support. We take $70 weekly from their account and they come by to pick up the cash. Others don't have a bank accounts. We hold their money in trust. Some pick up cash from our workers. Others want cheques.*

Participants who provide trusteeship explained the benefits their clients describe, such as peace of mind knowing that their rent is paid. If these aspects of the program were better-known to agencies and clients, uptake would likely increase.

Some participants recommended expanding the City's investment in trusteeship. One trusteeship agency noted that its service has become much more efficient and effective since an administrator was added to their staff team. But because of staffing limitations, the service is only available one day per week in Scarborough, and not at all in Etobicoke.

One Indigenous youth-serving program suggested that all of their clients could benefit from the service, but there were not enough spots available. They pointed to the need for trusteeship programs operated by Indigenous agencies. Other participants also suggest that clients would feel more comfortable with trustees who are part of an agency that they are working with.

A trusteeship provider recommended creating a program to divert people from payday loans.

> *Many clients have heavy debts with payday loans. They had no idea how it worked, and it was easy to get the loans. They did not realize the interest is compounded. They lose everything.*

4. The future of CAHS: Recommendations and risks

Across focus groups there was consensus that the program is highly valuable and should be maintained. While acknowledging some challenges, participants emphasized that the program's referral process works well, coordination improves efficiency and access, and the program's components are crucial in enabling clients to obtain and maintain housing. Agencies would like to see the program expanded: to a larger number of clients, to other groups, and to offer a wider range of services.

4.1. Expanding the program

Respondents pointed to a number of client groups and services that should be added to the program.

a. Expand eligibility for the current target group

As discussed above, participants propose more flexible eligibility criteria, particularly for the Housing Allowance. They recommend:

- Include hidden homelessness in the calculation of time spent homelessness;
- Loosen the six-month criterion for the most vulnerable clients;
- Provide immediate access to people living rough;
- Give people a year to get their taxes done instead of requiring the Notice of Assessment for application;
- Partner with municipalities across the GTA to enable access for clients who move outside Toronto.

b. Expand the service to new groups[16]

In addition to widening the eligibility criteria to better meet the needs of the current target group, participants recommend making the program available to other client groups, including:

- Seniors - especially those in the shelter system, but also housed seniors in need of supports to maintain housing;
- People exiting prison;
- People facing eviction;
- People with disabilities, for whom there is very little accessible shelter space or housing;
- Single pregnant women; and
- Survivors of abuse, including those who are living in circumstances of hidden homelessness.

c. Expand the services offered

[16] Some of the groups that participants identified are in fact already served by existing programs. For example, households facing eviction have access to the Housing Allowance and other supports through SSHA's Eviction Prevention in the Community (EPIC) program. As another example, survivors of intimate partner violence have access to a Housing Allowance through a separate provincial program.

When asked what other services could be added to CAHS, participants suggested a number of interventions that would support clients' ability to maintain their housing:

- Mental health services;
- Tenant legal education;
- Peer support groups;
- Language interpretation;
- Tenant insurance, to cover damages to property and liability to landlords, as well as tenant belongings;
- Unit inspections by the City's Municipal Licensing and Standards department before people move in;
- Extreme cleaning and bedbug treatment prepping services;
- Support for activities of daily living such as cleaning and cooking;
- Agency vehicles for follow-up workers.

d. Expand access to housing

Most importantly, as discussed above in section 3.1, participants emphasized the need for measures to circumvent the discrimination and other barriers that clients face in the private housing market.

Some suggested ways in which the City or agencies could help clients compete for units in the private market, for example by acting as guarantor on leases, or providing a property management fund to cover any damages to the unit. Some also recommended a landlord liaison program to coordinate a list of available units.

> *There are 700 housing workers in this city calling 30 vacancies. Landlords are bombarded. Is there a way for the city to streamline that so we're not all calling a handful of the same vacancies every day?*

Most, though, advocated for a system in which the City would coordinate with landlords to secure a block of units to be allocated to CAHS clients, such as through a head lease arrangement, supported by incentives such as tax breaks or City-funded retrofits to make apartments accessible.

Some also noted that moving directly from homelessness into independent housing doesn't work for everyone. They recommended the creation of more transitional and supportive housing options with single rooms to replace shelters for those who require them long-term. It was noted that transitional housing options were particularly lacking for adult men.

4.2 Risks to CAHS

When asked about external factors that could threaten the success of the program, participants pointed again and again to the intensifying shortage of affordable and accessible housing. They explained that in Toronto's highly-competitive housing market, it is increasingly difficult for their clients to find housing, even with a Housing Allowance. Landlords are also less likely to rent to tenants referred through CAHS because of the heightened competition for rental units even among upper-income professional

households. Workers described a particularly acute escalation in rents and decrease in available units in recent months. Many called the situation a crisis.

Many also expressed grave concerns that program funding would come to an end, either when Housing Allowance funds run out (as agencies were told they had during our focus group period), or through termination of the program by the provincial government. They pointed to an urgent need for all levels of government to ensure long-term funding to prevent a homelessness catastrophe.

Some participants suggested that serving both refugees and people facing chronic homelessness through the same program threatens the sustainability of CAHS. They recommended implementing two distinct programs, with distinct funding sources, to meet the different needs of these two groups.

> *Having refugees under the same definition of chronic homelessness is putting the program at risk. Our [refugee claimant] clients don't need to be in a shelter for as long, they have not had experiences that meet definition of chronic homelessness. We put our families in a position of having to be in a shelter setting for six months in order to get their best chance as they see it. From a resource perspective, we have pool of funding put aside for a certain group of people [chronically homeless]. Now we are adding to it a new stream of clients [refugee claimants] and we are all drawing from same pool of resources. They should definitely be separated.*

Some also raised questions about the long-term sustainability of the program.

> *Just a few years ago, subsidies were $250-400. Now it's $700-800. When will it get to $1000?*

They noted that broader systemic changes were required. Recommendations included raising OW rates to meet the cost of housing, legalizing rooming houses across the City, and including rent-geared-to-income housing in all new developments.

D. Client perspectives

1. Client interviews

We conducted interviews with 19 clients who had received services via CAHS. Clients were recruited via agencies that participated in focus groups and other agencies offering referral or Follow-Up Supports. Interviews took 30-60 minutes and were conducted by phone or in person.[17]

1.1. Services received

As seen in Table 24, the Furniture Bank was the most-accessed service among clients we interviewed, followed by Follow-Up Supports, then Housing Allowances. Almost all participants had received more than one service.

Table 24: Services received

Service	Participants (N = 19)
Furniture Bank	17 (1 FB only, 16 FB with other services)
Follow-up	13
Without Housing Allowance	7
With Housing Allowance	6
Housing Allowance	10 (all with other services)
Bridging Grant	5
Housing Stabilization Fund[18]	3
Voluntary Trusteeship	2

Of the nine who were not receiving the Housing Allowance, two were in rent-geared-to-income housing.

For most clients, the CAHS system was invisible, and the words "coordinated access" were unfamiliar to them. Instead, they saw the system through the lens of the services they received, such as "I got TTHAP," or "I have a worker." This perspective is a tribute to a smoothly running system, but it also made it difficult to ascertain whether interviewees had received their services via CAHS. Although agencies were asked to refer only clients who had received services via CAHS, three respondents appeared to have been referred to these services via programs other than CAHS, and in two other cases it was difficult to tell whether the CAHS program was the referral source. These five did not meet all criteria for CAHS: three were not homeless at the time they accessed the program, and two others had been homeless less than six months. At times, it was challenging to identify the program

[17] The interview guide and verbatim notes can be found in the Technical Report.
[18] As discussed in Section A 3.3, this benefit falls outside CAHS and is delivered by a separate City division, Toronto Employment and Social Services.

through which clients had gained access to services; of the five discussed above, two received follow-up support via a program for people leaving incarceration, and one appeared to have received support through EPIC and / or the Provincial portable housing benefit program for survivors of violence. Nevertheless, these respondents provided relevant feedback on program components that they had access to.

1.2. Demographics

Interview participants included single youth, single adults, an adult couple, and three families with children. Men were strongly overrepresented in the interviews.

Table 25: Gender, household composition, age

Characteristic	**Participants (N=19)**
Gender	
Male	14
Female	4
Trans	1 (trans woman)
Household composition	
Single	15
Family with children	3
Couple, no children	1
Age group	*Includes children in families (N=11 children)*
(In families) Infants < 1	1
(In families) Preschool 1 - 3	2
(in families) 4-12	6
(In families) 13-17	2
Youth under 18-25	5
Adults 25-54	11
Older adults & seniors 55+	3

Participants were asked about their source of income while in the shelter. A large majority were receiving social assistance, but three cited employment.

Table 26: Source of income

Source of income (while in shelter)	**Participants (N=19)** results may add up to > 100%

OW	11
ODSP	4
Employment	3
Pension	2
Other	1 (CAS stipend)

Most interview participants were racialized or Indigenous. Half reported disabilities.

Table 27: Indigenous identity, race, place of birth, disability

Characteristic	Participants (N=19)
Indigenous identity	4
Racialized (other than Indigenous)	11
Born outside Canada	12
Disabilities	10
Physical / chronic health condition	4
Mental health / cognitive	5
Both	1

2. Prior to entering the program

2.1. History of homelessness

Sixteen respondents were homeless at the time they were referred to the program. The average length of time homeless was just under two years, with a range of one month to six years. A small number mentioned past periods of homelessness, including one respondent who had been homeless for ten years from 2002-2012. Six had been homeless since arriving in Canada, including one youth, one single adult, one couple, and three families with children.

While a few had remained in one shelter while homeless, most respondents described moving between shelters. Many had stayed outside and / or with friends; some had been incarcerated. A few had obtained and then lost a place of their own for brief periods during longer episodes of homelessness. One youth's account illustrates this instability:

> *I stayed at [shelter] mostly - it was a bad experience. I decided I would rather sleep on the street than in a shelter. Did that when the weather was good. When it got cold, I hurt someone so I could go to jail. My family bailed me out and I went home for a while but it fell apart… Later I got a room in a basement. The landlord screwed us over, made excuses [about needing to do] electrical work*

and kicked us out with two weeks' notice after two months. I never had a lease so I just picked up and left.

2.2. Barriers to housing

Most had searched for housing during their period of homelessness, without success. When asked what was the hardest part of trying to get a place, respondents cited discrimination, inability to afford asking rent, language, and a shortage of options as key barriers:

I tried all the time, every day. It took me months. I was so shocked, it's like applying for a job. The biggest obstacle was the owners were afraid I wouldn't pay the rent or would mess the place up. There's a stereotype about refugees out there.

I tried a series of places - 10 - 15. I searched using the internet. Most times I was turned down. I'm a single mother, it was a barrier. There was no job I could point to. They didn't think I could pay. They make it so difficult, the rent is so high.

I tried, but the thing with me was financials. I was on OW, and still am. So I just crashed on somebody's couch.

I looked, but the way Toronto market rent is, it was impossible to even save money to get an apartment.

A shortage of places to find. There's too many homeless, it's hard to get in. There are different places, but it's the rent -- the costs of the rent that is causing the difficulty.

We looked at a lot of places - I don't know how many. The biggest obstacle, if you are new, is you need help with interpretation. We needed to have help. If we had had more help we could have moved sooner.

I tried a lot of places - all over the city. I was not successful. I tried areas I used to know, and I was not able to get anything. I was going down. I was desperate.

2.3. Introduction to CAHS

Though a few learned about CAHS through peers, most first heard about it from their housing worker. Those who had been through long periods of instability often learned of the program after they had settled into one shelter for a longer stay.

My friend was staying at [shelter], so I came here. I told them I was sleeping on the street. They told me they had a program that would pay $2000 first and last, and up to $500/month. I'd been homeless three years, and this was the first I'd heard. I had heard before they had something for older folks, but not for youth.

A small number has a sense that agencies withheld information about the program from some clients.

My friend gave me concrete information, but I heard about it from many sources. But the information -- it was always vague. Maybe agencies didn't want many

people to know about it. And once individuals heard about it, they didn't want to share too much about it.

Respondents were asked to recount their first reaction to learning about CAHS. Not surprisingly, most were very pleased to hear that there was a program through which they could have access to the Housing Allowance and other supports:

Finally, something that will actually help. With ODSP, they barely have enough to survive on, and it's worse on OW. When you're working, but don't have enough to live on, it really helps. It's the best program that there ever was. It gives you stability to become independent.

My first reaction was that I'm going to get help. I'm grateful. I'm going to try my best, to qualify and be eligible.

Relieved of the depression and stress that I was facing at that moment.

A few admitted that they were reluctant to get their hopes up at first:

I knew about the [Housing Allowance] before but didn't trust it. I didn't want to rely on it. I was afraid it would be gone after 6 months. But my worker told me I would get it for five years.

There was strong agreement in agency focus groups that some clients remain in shelters longer in order to be eligible for the Housing Allowance. When asked about this, respondents said it was not the case for them; however, response bias may be a factor with this question. One pointed to the consequences of the six-month requirement, suggesting that some do "wait it out," to the detriment of their mental health:

To be honest, that whole six months thing does put a huge filter on who can use it. A lot of people in the shelter system are there less than six months. Some can't function in the shelter system, but they're the ones that need it. That whole six month - I agree and don't agree. Some people lose their mind in six months and can't wait it out.

2.4. Housing search

Even with access to CAHS, most respondents continued to face barriers to housing. Many noted that the Housing Allowance itself was a deterrent for some landlords:

[I looked at] at least 20, mostly found on my own. I left some info about the Housing Allowance. Some [landlords] said, "I don't feel comfortable with that." Why? That's money that goes straight into your account. Yet you don't trust it.

For most respondents, housing workers played a vital role in their housing search, adapting the level of assistance to meet clients' needs. Often it was their support that made the difference in overcoming discrimination, language barriers, and the shortage of available housing. In many cases, their skill at establishing relationships with landlords proved a key factor in the housing search.

They did everything. Our difficulty - we were new to the country, new to the system, so we were entirely dependent on the shelter.

I found the posting on Kijiji and set up the appointment to meet the landlord. [Housing worker] came with me. He did most of the talking at the visit. He was very confident and speaking very well and clearly. … He told the landlord that I'm not loud, don't party too much, that I'm responsible to pay my rent every month and had been saving every month while I was at [shelter]. He mentioned that I'm a non-smoker. He made the landlord feel confident that I would be paying the rent.

She knew the owner of the building and set up for me to get the room. I went to see it. It was better than staying at [shelter].

In the face of an impossibly competitive market, housing workers also supported respondents in staying optimistic, and helped them to evaluate their choices instead of taking unsustainable options out of desperation:

He believed that I could do it. If there was a place that wasn't good enough for me, he'd say, "Don't take it." Most workers don't do that because they want to get you out as soon as possible. At [shelter], they put me in a crack house. Here they take care of their clients and want to put them in good houses.

Getting a place was a turning point. One 86-year-old man, interviewed on the first day in his new home after moving between shelters and parks for six years, put it succinctly:

I consider myself lucky right now. This is my first day in my new place.

3. Program components

With a home secured, respondents became eligible for CAHS services including Housing Allowance, Bridging Grant, Furniture Bank, Follow-Up Supports, and Voluntary Trusteeship.

3.1. Housing Allowance

Eleven respondents had applied for the Housing Allowance. Of these, one had not yet received it though they had been housed for several months at the time of the interview; two others were homeless at the time of the interview but had received the allowance in their previous place and were searching for new housing.

The Housing Allowance application process is complex, requiring a number of documents including ID, proof of income, documentation of time homeless, notice of income tax assessment, and confirmation of address. For most respondents, though, it was greatly facilitated by their housing worker. Many described it happening almost magically, behind the scenes.

Getting papers was really easy because the housing worker at the shelter helped a lot with the paperwork.

All went smoothly. I assembled all the info myself and then [worker] applied for me.

For several, the loss of ID and other documents while homeless posed difficulties and delayed the process.

> *This is another problem. I used to have ID but my papers were stolen from me when I was on the street. I got everything back. It's not easy. I have a SIN number by memory, and drivers' license. But I'm just remembering the numbers - I don't have the cards. I did have trouble when some people were asking me for my papers. I can't get a bank account.*

Applicants require an address in order to be eligible for the program. For many, months elapsed between learning about the program and receiving benefits, as they prepared for and carried out a housing search. Once their address was secured, the process moved quickly and smoothly. A young trans woman who had been homeless for more than a year since arriving in Canada explained:

> *I first heard [about CAHS] when I first moved in at [shelter] around April or May. I searched for housing from September to December. When I was ready to move out and found a place, everything happened within five business days.*

Almost all were receiving $500 per month; one was receiving $400 and one amount was unknown. Most respondents said that without the allowance, they would not have been able to leave the shelter. A single mother noted:

> *I would not have had enough money - I needed to leave the shelter at all costs.*

Some also said that the allowance enabled them to afford a better place than they could have rented without it. This contributed to their housing stability and well-being. A young man with serious mental health problems, living on ODSP, explained:

> *I pay $1200 which people say is expensive. I have my own apartment. Without the Housing Allowance I might have gotten a small room. … It's in a very good area. It's on the second floor, not in a basement. Just today, someone came to look after the house for pest control and mice. There's no infestation but they come to do regular maintenance. The landlord takes care of the place. It's a quiet family area. My friend got government housing - he's in the projects - when I go visit him it's always loud, always drama in the hallways. But here it's quiet and peaceful … I feel more peaceful at my place. At [shelter] I was paranoid about the other youth talking about me. I would hear voices saying bad things about me, and I would get scared. But here I don't have any of that. It's peace of mind.*

All agreed that they would need the Housing Allowance in order to maintain their home. For those able to work, the allowance provided housing security while they searched for employment or made plans to return to school. A youth who had been homeless for four years since leaving the care of Children's Aid explained how the allowance figured into his future plans:

> *I'm planning on going to school in September so then it's really going to help me out. After three years I'll be able to work. I will be taking an elevator apprenticeship program.*

All were aware that they would need to renew the Housing Allowance annually. Most said they would require some assistance in doing so. Those without follow-up support planned to contact their former shelter housing worker for help.

> *When we did it the first time it was fast-paced. I may need assistance … I may need to talk to my housing worker about it. It's no problem - he's always just a call or email away.*

Some who had already passed their first annual renewal agreed that assistance was necessary.

> *[The shelter] gave us the information, and the letter, and I sent it in to the Housing Allowance program. At first it was difficult, but I asked [shelter] and they helped.*

> *My Housing Allowance was cancelled because I forgot to renew it. I've had so much trouble doing paperwork on my own. I need someone sitting with me.*

A few said that their housing worker had recently sent them a reminder to get their taxes done to prepare for the renewal. This practice was seen as very helpful.

3.2. Bridging Grant

Five respondents had accessed the Bridging Grant, and three others had received Housing Stabilization Funds (HSF) through social assistance. Both groups said the process went smoothly and easily, enabling them to pay last month's rent and secure their unit.

> *When I told my OW worker that I had a place she provided the $800.*

> *When we left the appointment [to view the apartment], my housing worker said, "The next time you see me I'll have a first and last month's cheque for you." And that's exactly what happened. I had it just a few days later.*

Most believed their landlord would not have rented to them without funds to cover last month's rent.

> *No [the landlord would not have agreed to rent to me without HSF]. It was really essential. He knew I had a back-up plan to pay first and last.*

The HSF is available to clients in receipt of social assistance, whether or not they receive the Housing Allowance. For some respondents who did not qualify for the Housing Allowance, HSF made it possible to move out of the shelter. The Bridging Grant, on the other hand, is limited to those who also qualify for the Housing Allowance; but it is available to households not on social assistance, as well as to those receiving social assistance whose HSF entitlement has been exhausted. While each of these two separate programs covers gaps left by the other, the coverage is not seamless, and some households fall through the gaps. One respondent explained the barriers this created for him upon leaving incarceration:

> *I didn't get a Bridging Grant, but I want to talk about that. I came out of incarceration with $170 and very little support. I was able to get a loan from my brother to handle first and last months' rent. The landlord required it - I already*

had strikes against my name. I wanted to apply for a Bridging Grant [but was not eligible because] I came out of custody on Wednesday and spent [only] one night in a shelter. By Thursday I could get this place. I had nothing, just my clothes, in the middle of winter. I applied for OW, and within a few days they got me a half-month's rent. But I wasn't eligible for a Bridging Grant [to cover the rest]. It felt like a slap in the face. It's 13 months, and I'm still repaying my brother. Even if it was a bridge loan, it would have helped me. I would have paid it off $25 a month.

3.3. Furniture Bank

Seventeen of our nineteen respondents had used the services of the Furniture Bank. When asked to rate their experience on a scale from 1 to 5, eleven gave it a perfect 5, and two gave it a 4. Most explained that the process had been straightforward, delivery had been prompt, and they had gotten most or all of what they required to furnish their home. Some also pointed out that the way in which the service is delivered had upheld their dignity.

My place is real nice. Everything I have is from the Furniture Bank. I got a bed, chest of drawers, chair, lamp, table with chairs, a shelf.

I have a bed, other things. I don't need too much. Got a TV, desk, lamp, couple of chairs, TV table, bed covers, pictures on wall. I got plenty.

When we were there we picked out what we needed. The delivery happened just a few days later. It was easy to get to it from our place. There was no delay when we got there - they took us right away. The delivery helped us get all the furniture up to our second-floor unit.

[The delivery crew was] very friendly, didn't make me feel like a small person. They made me feel like they were coming from Leon's.

[Without the Furniture Bank] I probably wouldn't have any furniture. I'd have slept on the floor.

Those whose rating was lower said that because their appointment was later in the day, they hadn't been able to get all the items they required. For low-income households, this meant spending much-needed funds on furniture and delivery, or living without.

I didn't get good chairs, a good dining table. I was late, and the people who came earlier got more things. I didn't enjoy it. At the end of the day I didn't get much … I bought my furniture myself.

I got a toaster oven, 3 plates and 3 cups. We had no luck getting a bed. They had a big old double bed, but it's only a small room. They had no dressers either … I asked whether I could go back again [but] you get one crack after two years. The landlord provided the bed. I still don't have a dresser. The landlord, he has a string rigged up to hang my clothes, and then I have beer boxes from where I volunteer to put my underwear and stuff. I have to improvise.

3.4. Voluntary Trusteeship

Only two respondents were connected with a voluntary trustee via CAHS. This is consistent with program statistics: trusteeship is the least-accessed component.

When asked whether they had been offered a trustee, most replied that they had not heard of the service. Several others who had been offered the service declined, stating that they did not consider it a need, or that they did not feel comfortable having someone else manage their money.

One young man whose partner had stolen his rent, causing him to be evicted, explained:

> *I don't like people touching my money. I have reason to feel that way. I'm not trusting anyone with my bank card again.*

Another respondent who did have a trustee had been in a similar situation; for him, the trustee service provided a sense of security.

> *[My housing worker] told me [about the trustee service] after I got robbed. She said they could pay your rent for you, so you wouldn't get robbed. Now it goes directly to my new landlord. [My trustee] pays [non-profit service's] loan for me, and then gives me the balance from the rent, automatically on a card.*

Both respondents who used the service noted that e-transfers provided a convenient way for their trustees to cover their monthly expenses and to provide funds to them as needed, affording them some independence in managing their own finances.

> *Originally [my trustee] was sending the rent to the old landlord, and I came to pick up the balance. [Trustee] came up with the idea of sending the balance to my landlord. It saves me the trouble of going back and forth. Takes me three hours to get [to trustee] and back. I'm in Rexdale, he's downtown. It saves me a lot of hassle to get $25 and pay $7 to get it.*
>
> *[My trustee] manages my money, takes the money out for rent on pension day. I get $1400/month. He'll take about $500 to pay the rent. I leave it with him because I'm a bit of a spendthrift. If I want something, he transfers money into my account in the next business day.*

The two respondents rated the service very differently. One explained that it was frustrating and inconvenient to have to wait until the next business day to obtain funds. He said,

> *I don't like having [a trustee service], but I need to have it.*

The other spoke highly of the peace of mind and security the service provided. He described his trustee as supportive and friendly, explaining that he had helped him to access benefits such as TTC fare and the special diet allowance.

> *The value is that it helps me. I didn't have to worry about my loan and my rent, and I still have a few bucks. I can go to sleep at night and not have to worry. He's sending the money to the people who are supposed to get it. The other thing is, he's cool. He's got a heart. I can't see anyone having a problem with him. The things he volunteered for me, it's not in his job, but he wanted to help. He said,*

"You volunteer already. Get some money out of it." He made sure I had the paperwork I needed to get the extra TTC money.

The situation of one respondent who did not have a trustee attested indirectly to the value of the service, particularly for low-income and vulnerable individuals who might otherwise rely on credit and predatory financial services such as payday loans to bridge the gap between their low incomes and the cost of living, resulting in deepening spirals of debt:

Most of my allowance I'm using to pay back credit debts - over $4000. I went to this place where they paid off my debts for me and I pay them every month $300. [I didn't take up the trustee referral because] I didn't have any money to manage.

3.5. Follow-Up Supports

Thirteen respondents had been referred to Follow-Up Supports. Of those not referred for follow-up, four were families (one couple and three with children), one was just in the process of moving into his own place and still receiving support from the housing worker, and one had returned to shelter.

Respondents who were receiving Follow-Up Supports said that the transition between their housing worker and follow-up worker had gone smoothly. Frequency of contact varied widely, from multiple visits per week to once per month. A number particularly appreciated their workers' responsiveness via phone, text, and / or email. Almost all rated their experience a 4 or 5 out of 5.

Respondents described a wide array of supports offered by their follow-up worker: connection with other services; accompaniment to appointments; planning and goal-setting; landlord communication; activities of daily living; and material supports such as food boxes, tokens, and gift cards. One youth explained the many ways in which his worker had helped him:

She came one time and we cooked chicken and rice. She's teaching me how to cook. Recently she helped me make an appointment to go do my taxes. She gives me subway tokens. She helped me get hooked up with Alcoholics Anonymous - drinking was getting in the way of me keeping jobs so she helped me get into it. She sends me flyers for jobs - like I said I wanted to work at Shopper's so she sent me their flyer … She calls my landlord every now and then to check in. She tells me that she calls him to make sure everything is going smoothly. I think my landlord likes that I have a worker that checks up on me because it gives him security.

An older man who had a long history of homelessness and unstable housing described the consistent support his follow-up worker provided:

I see [my support worker] about once a week but I talk to her every day. She calls me every morning. Right now she's helping me apply for ODSP and get ID and status documents. While moving place to place I lost my status papers and passport. Now I need original documents for ODSP. [Worker] is helping me find out where to go for those … I can't read and write very well. When I was going

through the court process [worker] came with me, sat with the lawyer, explained everything that was going on. I really appreciate that.

Many respondents commented that their follow-up worker was the only person they could turn to. Their accounts clearly demonstrated the interdependence of emotional well-being, housing stability, and material security - and showed the critical role of Follow-Up Supports in all three. One recently incarcerated man explained,

I suffer from anxiety. Having him there has helped me lower my anxiety. He's been a resource for things I wouldn't know. I wouldn't have known about the Furniture Bank. The application for Access Point -- I wouldn't have known about that. He told me the papers I needed to bring. To do that in a timely manner and coming to meet me, and also giving me tokens if I go to see him. Getting help didn't cost me anything. Other people say they will help you, but it costs you $6 to get the help.

Three areas of concern arose in relation to Follow-Up Supports. First, two respondents noted that they had been through multiple workers. While both said that they were comfortable with their new workers, the comments above suggest that for some CAHS clients, being transferred to a new worker could be potentially destabilizing.

A second issue raised by one survivor of partner abuse was the insensitivity of a follow-up worker at the first visit. Her account demonstrates the importance of a trauma-informed approach. Follow-Up Supports require adequate information about a client's circumstances, in order to establish a trusting rapport from the first meeting:

I started with [referring worker] at [agency] and she let me know ahead of time that she would be passing me on to someone else. She called and set up a face to face introduction to a new worker. When [new worker] came, she walked in, my place was still under construction - I was cleaning room by room in my emotional state [after ex-partner had broken in and destroyed all belongings]. She should have known my situation, but she asked, "Did you just move in?" I told [referring worker] to assign me to someone else - she offered me that choice - and that's when I got [follow-up worker]. You can't just be pushing a pen and a pencil with me, I will spot it right away. It wasn't a good start. But [new follow-up worker] is awesome.

Finally, of concern to several respondents was a lack of follow-through after they left the shelter. One respondent asked her housing worker to refer her for follow-up support after learning about it from a friend. She commented:

They should have provided a case worker to make contact right after moving in to find out if I needed anything else.

This sentiment was echoed by a refugee who had arrived in Canada with her husband only eight months earlier. Though they had access to a case worker through the agency that had helped them find housing, she noted that this service wasn't proactive enough:

They should be getting in touch and checking on people, at least by email. [At agency] everybody has a time that they can meet with their case worker each week. If they don't show up, the case worker should follow up to check in - "I'm just checking in - hope you are doing well." When people change environments it can affect them mentally. They should be checking in on people all the time.

One youth said that his housing worker had introduced him to a follow-up worker, but that she had never contacted him after he moved into his own place:

She hasn't come by. Maybe people with higher needs see her more.

This anecdote echoes follow-up workers' comments in the agency focus groups: they explained that their large caseloads and higher-than-expected proportion of high-needs clients made it difficult to attend to lower-needs clients. Some raised a concern that changes in clients' needs after leaving shelter might be missed if workers were not in regular contact. In fact, that was the case with the youth quoted above, who had begun experiencing mental health difficulties and did not have anyone to speak to about it.

4. Current Situation

4.1. Housing stability & satisfaction

Of the sixteen respondents who were housed at the time of the interview, thirteen were in the same place that they had moved into from the shelter. Most were located far from downtown, in the north-east or north-west areas of the city. Twelve were in self-contained units, and four in rented rooms; three of these did not have access to the Housing Allowance. Six were planning to move, or considering moving, within the coming year. Notwithstanding, a large majority were satisfied with their housing situation: nine rated their satisfaction 5 out of 5, and four rated it 4.

When asked what they liked best about their homes, consistent themes emerged: having their own space, privacy, and independence; a good location; an attractive and well-maintained unit; access to their own washroom or kitchen; and living with friends. After long periods in a shelter, several used the word "peace" to describe their homes.

When I close my door, I have peace and quiet. It's my own place - once I turn my key it's mine.

I got a place where I can live without difficulty, with freedom. The house is clean, good living conditions.

[We are] near a school, the youngest one is 5 minutes away. At [shelter] - there wasn't anything close by. Here there are schools, mosque, everything.

I like that I have a separate part for my kitchen and my living room and bedroom. I can close the door and it's private. I like the space of it, the privacy.

It has a washroom I can use! [laughs]

When asked what they liked least, many replied that there was nothing they didn't like. Several others, though, cited problems with other tenants or the landlord. A number were

concerned about pests or maintenance issues, and some said that their rooms or units were too small. Two older respondents whose mobility was limited commented that their homes were not accessible.

> *I have an insect issue. Both cockroaches and bedbugs.*
>
> *It takes a long time to get repairs done.*
>
> *It's about my room. Too small. Thinking about moving.*
>
> *Just those damn stairs.*

In a small number of cases, the problems were severe enough to pose a threat to the respondent's housing stability. One older man was facing multiple serious issues in his rooming house:

> *My landlord is selling the house she lives in. She moved her husband into the room next to me. He drinks every day and yells all night. I asked my landlord to move him out but she won't do it. Too many people are living in one house, all sharing the kitchen and washroom. When you're in a shelter you know that washroom is getting cleaned every day, but this place never gets cleaned. Some residents smoke. The fumes from their room are terrible - I have to put a t-shirt at the top and bottom of my door to keep the fumes out. There's no smoke detectors. I told my last worker about it. She said, "You can't do anything about it, it's Scarborough."*

Though he had a decade-long history of homelessness and multiple health problems, this respondent did not have access to the Housing Allowance because his most recent shelter stay had been only three months. His options for finding a better place were constrained by his extremely low OW income, and the unregulated status of rooming houses in his neighbourhood. He was postponing required knee surgery until he could find a more accessible home. At the time of the interview, he had recently learned that his Housing Connections file had been closed after he could not be located when his name came to the top of the list. His greatest hope was that his follow-up worker would somehow be able to reactivate his file so that he could move into subsidized, accessible housing.

4.2. Health & employment changes

A large majority of respondents said that their physical and mental health had improved since moving into their own place. Their well-being had been enhanced by privacy, quiet, and access to their own food, as well as changes in their sleep, substance use, exercise, and daily routine.

> *[Our health has] improved. We now have the time to go to doctors. We're away from a confined environment. We can cook what we like. You don't feel like a refugee. You have your freedom. When people are separated it plays on your mind. When I first came [to Canada], I feel like crying at times. Now, I see my life improved.*
>
> *[My health is] much better. I like my own space and being able to pick my own food, and be alone to process my thoughts. I'm a very private person.*

At [shelter] I was very into doing psychedelic drugs. I did it because I could – I had no responsibilities. Now I have responsibilities. I quit smoking weed which is really big for me, I had smoked for years. I'm sober. I have a sleep routine. Now I want to start going to the gym or jogging.

When I was on the street I was open to a lot of stuff -- violence, drugs would come at me. But in my home I'm away from a lot of people. I've been taking my meds, going to the gym, going to classes.

In the shelter my kids were coughing, they were always puffing in the shelter, they weren't eating well. Here I can cook.

A small number said that their well-being had declined since leaving the shelter. Some said that the onset of health problems was unrelated to their living situation, while others described feeling anxious, depressed, and isolated in their home. One connected the decline in well-being to increased substance use.

[My health is] going down. I haven't established myself to get involved in any recreational stuff.

Frankly, I have to do something about my anxiety and depression. It started to get worse since I moved here, but I'm doing what I can to keep positive and motivated.

Maybe [my health] went down a bit because when I moved out of [shelter] I started abusing weed and alcohol again.

Two respondents said they had gotten a job since moving, and two others said they had been working in the shelter and continued to work. More commonly, respondents said that they were looking for a job. A number of others had returned to school, or were planning to do so. Some explained that while they were in the shelter, they had been focused on the goal of finding a home; now that they were housed, they were able to strive for other goals.

I got a job painting houses through a friend, and am still doing it now. I manage the crew in the summer. It's good money. I want to start my own painting business.

I started in [shelter], and completed a PSW program, and am looking for a job. I'm also in school, and am planning to complete a high school program.

I looked into the bridging program at York University - I have enrolled. I start in April.

I'm job hunting now. I was also hunting before, while I was in the shelter. It's better to job hunt now, without that stressor of getting an apartment.

5. Recommendations for CAHS

Based on their own experiences, respondents offered a number of recommendations to make the program as helpful as possible. One key theme was the need to maintain and expand the crucial services provided through CAHS.

The Housing Allowance made the difference. I need the program to continue and to support my family and a lot of people like us.

Create more housing workers. Train more people. Having more housing workers in the city would be helpful. You could have them in every homeless shelter. Having more around with the proper training. My housing worker is really good.

Relatedly, some suggested that information about the program be provided to everyone who needs it.

Awareness - people are not aware that the program exists. In the shelter, nobody knew about it. There was no information from [shelter]. I don't know if it's a secret. Other people don't know these benefits exist. I really don't know the reason for it. Maybe they're afraid people will just stay in the shelter to wait for the money.

Others wanted to see eligibility for the services widened, and restrictions lifted.

The six months. I'd shorten that for sure. You're telling people they have to be on the street or in a shelter. Shelters have more impact on your mental stability. There are people here that are supposed to be in CAMH. There's a guy that screams until everyone is woken up. You have to have a really strong mental capacity to handle that. Three years of being on the street, and I'm diagnosed with autism and PTSD, and I'm pretty sure I got some other things through this.

I hear that it's only for people who have been in Ontario. It should be for anywhere in Canada. I would love to move east, but the benefits of the Housing Allowance are keeping me here because it's setting me up for success.

Finally, some respondents pointed to the systemic barriers that contribute to homelessness and stand in the way of the program's success.

Getting a job here, that's another challenge. Because of the accent, I had about 4 calls. I discover at the end of the day they ask about my status, my age. And then I never hear from them again. On Monster, they find it hard to call you. Your status really matters to get a job as an IT person here. That's what I see.

Landlords need to know more about [CAHS]. There needs to be consequences-- I mean real consequences -- if landlords discriminate against people. Landlords are the obstacle. The money helps people get on their feet and could open many doors. But you can't access to the money until you get an apartment.

E. Analysis & recommendations

1. What's working well

1.1. Coordinated Access is an example of policy innovation

The CAHS pilot is an important step forward in the City's transformation of its homelessness system, from one reliant on costly emergency services to one focused on preventing and ending homelessness. It is a highly effective reorientation of City resources and investments towards identifying and meeting the needs of people facing homelessness, in order to promote long-term housing stability.

In many respects, CAHS also represents an innovative approach to municipal programs and policy. Its features include:

- Nimble, rapid prototyping of new tools and methods, with ongoing enhancements based on program data and input from end-users;
- A client-centred framework for access to and delivery of benefits that works to meet individual needs and aims to qualify, rather than disqualify, applicants; and
- A team approach characterized by ongoing collaboration in the definition and implementation of roles and processes.

These features are important to hold on to as the program continues to formalize and expand.

1.2. Coordinated Access is working well overall – and will require additional resources to continue

The resounding consensus from clients, agencies, and City staff is that Coordinated Access is working well. From the clients' perspective, the referral process is simple, with housing workers taking care of most of the details. Referring agencies say that, in general, the steps of the process are clear and straightforward; recommended improvements (such as an online portal to replace the Form 1) are already being implemented. They emphasized the benefits of the single point of access, the rapid responsiveness of SSHA, and the benefits of direct communication with City staff.

In order to avoid falling victim to its own success, the program will require additional investments to maintain its high standard of service and meet growing demand. In particular, the expansion of CAHS referrals from a wider range of agencies was not supported by an increase in staff at SSHA to manage the administrative burden. Some agencies remarked on a decline in responsiveness as a result. Technical enhancements such as the online portal will also require ongoing investment. Agencies noted the benefits of in-person and online staff training, and the need for more documentation and materials – these, too, require additional City staff time.

1.3. The services and benefits provided through CAHS are crucial to housing stability

Clients, agencies, and staff agree—and program statistics confirm—that the benefits offered by the program are crucial in enabling people facing homelessness to obtain and retain housing. Respondents warn that without these benefits, in particular the Housing Allowance, it would be impossible to house most CAHS clients. Follow-Up Supports, while accessed by a smaller number of households, are also an important factor in maintaining housing stability. Maintaining and expanding access to these benefits is of utmost importance in the City's response to homelessness.

2. Areas for improvement

2.1 Respond to differences between populations and sectors

Interviews, focus groups, and program statistics demonstrate that the CAHS program responds to different needs among various populations and the agencies serving them.

The coordination of multiple resources via a single point of access enables agencies and clients to select the appropriate combination of services from a menu of options. Moving forward, this strength of CAHS would be further enhanced with targeted eligibility criteria and benefits for distinct populations, to better facilitate program access and meet clients' different housing needs.

Most clients of the CAHS program fall into three distinct groups—single adults, youth, and families with children—with refugees as a fourth population that overlaps with the others. Each population is served by a different set of agencies and programs within the homelessness sector, which have distinct service parameters. Patterns in CAHS referrals, along with information from agencies and City staff, suggest that experiences and needs differ among these four groups, and within groups along lines of gender, disability, Indigenous identity, age, and citizenship status. Respondents recommend that CAHS better account for these differences.

> *[People in the] single sector have more visible addictions and mental health issues. In the family sector that's not as visible. They don't need to stay in shelter to develop what they need. Singles might need the shelter to develop stability. Families with children usually already have stability because of responsibility for children. We want to support families in moving forward a lot quicker.*

One key distinction underlined by respondents is that between refugees who are in the initial settlement process and people experiencing homelessness. Agencies pointed to the important distinctions in context and needs between these groups. They questioned the efficiency and effectiveness of using a program designed for chronically homeless single adults to meet the settlement needs of refugees. The former group may require significant material and social supports over the long term, while the latter are more likely to see these needs decline over time.

Agencies serving refugees recommended a targeted coordinated access program to meet the needs of the population they serve. They pointed to the success of the temporary $250 Housing Allowance offered to families after thirty or more days in shelter as a model for a targeted program. Such a program should be supported by funds from federal and

provincial settlement programs, rather than those intended to address chronic homelessness.

Other population-based distinctions noted by respondents include:

- Unaffordable housing drives most families' entrance into shelter and length of stay. This would be more effectively addressed by a long-term housing benefit available to families sooner in their stay.
- Youth we interviewed had often found stability and made plans to move after a longer period in a stable shelter. This suggests that this group may benefit from a longer stay in a supported environment, and Follow-Up Supports once housed, to support their transition to independence.
- Single chronically homeless adults—men, women, and trans—may require longer periods in supported and transitional environments before moving into housing of their own, and some will need long-term material and social supports best provided through supportive housing. There are not enough such environments, and as a result, shelters and other costly emergency services are currently filling the gap.
- Follow-up support providers require specialized training and protocols for working with youth, families with children, and chronically-homeless single adults. The divergent needs of these groups might be better met by specialized follow-up programs than by having programs serve all groups.

2.2. Address barriers and unintended consequences created by CAHS eligibility criteria, and create a targeted program to meet the needs of refugees.

Further to the above, respondents across groups stated that the program's definition of chronic homelessness is ineffective. Its impacts are contrary to the CAHS goals of targeting those most in need and opening space in shelters. Instead, the 6-month criterion leads to longer shelter stays, including for many households that only require financial assistance, not a transitional or supportive environment. Meanwhile, the exclusion of couch-surfing, and the difficulties in documenting six months' homelessness for people sleeping rough and those moving frequently between shelters and drop-ins, have the effect of limiting program access for the most vulnerable people it is intended to serve. The program's definition of chronic homelessness also excludes the experience of women, trans, Indigenous, and other groups, whose homelessness is more often invisible, episodic, or takes different forms such as couch-surfing. Finally, respondents pointed out that tying the Bridging Grant to the Housing Allowance contributes to longer shelter stays for households that do not need or qualify for the Housing Allowance but who do not have the means to pay first and last months' rent.

In discussions of these findings, City staff pointed to the challenge of identifying evidence-based measures of vulnerability or acuity with which to prioritize program access. While recognizing those challenges, these findings suggest that a reconsideration of the eligibility criteria is warranted. Given that, with the exception of the six-month requirement, these criteria are imposed by the Province for its Housing Allowance program, it may be necessary for the City to fund and administer its own parallel Housing Allowance program to meet the needs of groups excluded by the Province's criteria.

2.3. Continue to improve forms, technology, communication, reporting, and data collection

Agencies appreciated the convenience and efficiency of a single point of access, and of completing two forms instead of several for referrals to CAHS services. Nevertheless, some areas for improvement were noted, including the inconvenience of submitting Word and PDF versions of referral forms, and the need for more detail on the HSST. Plans are underway to address these concerns through the roll-out of an online referral portal, and a new, more detailed HSST. That both issues were in the process of being addressed during the time of this review is illustrative of SSHA's responsive approach.

Likewise, communication between the City and its partners is generally working well, but some adjustments would further improve it. Agencies recommend including the referring worker in all communication about referrals, and only copying in the site lead when required. As well, SSHA should take a more proactive approach in disseminating annual form updates and providing training and information about new forms and procedures.

Agencies providing follow-up supports called for the elimination of duplicate quarterly and six-month reports. Report forms require technical enhancements, and fields should capture measures of progress appropriate to the population served.

Finally, CAHS has yet to reflect the full potential of a Coordinated Access system for collecting high-quality, real-time data about service use and client profiles to guide program development and service provision. Demographic information such as gender is inconsistently gathered by referring workers when completing Forms 1 and 2. And analyses of program outcomes are hampered by the low matching rate between cases referred and Provincial data on shelter use.

The online referral portal will support better consistency of data collection. CAHS partners and their staff require a clear understanding of the importance of accurate, disaggregated data for demonstrating the program's scope and outcomes. The program may also need to consider alternatives for matching cases to provincial data.

2.4. Support enhanced communication & coordination between referral and Follow-Up Supports

While referral and follow-up are seen to be effective overall, and the transfer process is generally working well, there was evidence of some need for improvement in communication and coordination between CAHS partners providing referrals and those providing Follow-Up Supports. The program should expand on opportunities for referral and follow-up programs to learn from each other, as they did in the focus groups for this review.

Partners on both sides of the program would also benefit from more clarity about timelines and areas of responsibility in the transition to housing – for example, who accompanies the client to the Furniture Bank. It is important to close the gaps in the bridging process to ensure that all clients receive the follow up supports they need in a timely manner.

SSHA should work with referring agencies to improve the rate of referral of Indigenous clients to Indigenous Follow-Up Supports. Finally, the program should consider options for

supporting referrals to follow-up within the same agency: is coordination required? How could CAHS better support programs providing follow-up to their own clients?

2.5. Address barriers to housing

Agencies and clients both described the challenges of finding housing for CAHS clients. Discrimination, stigma, restrictive criteria, and fierce competition for rental units severely limit households' options. In addition, rents in the private market are increasingly out of reach, even with access to the Housing Allowance.

Across focus groups, participants strongly recommend that the program coordinate with landlords to secure housing units. Recommendations for this ranged from a landlord liaison program, to establishing a pool of units secured by head leases into which CAHS clients could be directly referred. Many also pointed to the need for more supportive and transitional housing options.

Participants also noted that the City, or agencies, could act as co-signers or guarantors on leases, in order to address the exclusion clients face on the basis of credit rating or lack of Canadian landlord references. Some also suggested a property management fund be established as part of the program, to reassure landlords that any damages resulting from CAHS tenancies would be covered.

2.6 Expand CAHS

Respondents strongly recommended expanding eligibility, client groups, services, and resources for CAHS. While recognizing that resources are limited, participants propose expanding eligibility criteria, particularly for the Housing Allowance, to better reflect the experiences of the most vulnerable applicants. Respondents suggest that the program include hidden homelessness in the calculation of time spent homeless, and reduce the six-month requirement or provide immediate CAHS access to people living outside and those accessing low-barrier services such as 24-hour drop-ins and respite centres. In addition, seniors in shelters or unstable housing were mentioned repeatedly by respondents as a client group that should receive priority access to CAHS.

The expedited, streamlined access to services provided by CAHS is considered a particular asset of the program by respondents. Many proposed new services to include in the CAHS roster; key among these are mental health services and tenant legal education. Expanding the eligibility, target groups, and services for CAHS will also require expanded resources to meet the need.

3. Looking to the future

At a recent workshop on coordinated access systems, one of the leading designers of those systems commented that coordinated access is not intended as a solution to economically-induced homelessness or broader housing affordability problems.[19]

CAHS has been effective in providing streamlined, efficient referrals to a menu of necessary services through a single point of access. It has improved coordination, collaboration, and

[19] DeJong, I. (2018). Coordinated Access. National Conference on Ending Homelessness, Hamilton ON, 5 November 2018.

transparency across Toronto's homelessness system. It has assisted more than 3500 households to exit homelessness.

At the same time, program data and stakeholder perspectives demonstrate that a large majority of households referred through CAHS only require material supports: the Housing Allowance, Bridging Grant, and / or Furniture Bank. Further, of CAHS services, the Housing Allowance is the largest contributor to ongoing housing stability. Meanwhile, CAHS clients encounter increasing barriers to housing in Toronto's highly competitive rental market, and rents are escalating beyond what most CAHS clients can afford, even with the Housing Allowance. Agency staff, long accustomed to high rents and limited housing options for their clients, are calling the situation the worst they have even seen, and warn of a looming catastrophe.

The supports provided through CAHS are absolutely critical in enabling individuals and families in Toronto's shelter system to exit homelessness. The program should be maintained and expanded. But it is not sufficient to address the scale of the need for deeply affordable and supportive housing options across the city.