

777 Applicants' Questions regarding the City of Toronto's Progress Report dated May 25, 2020 Pursuant to the terms of the Interim Settlement Agreement dated May 15, 2020

- May 28, 2020 -

The terms "Physical Distancing Standards", "Shelter System," "Beds", and "Clients" are intended to refer to the defined terms as set out in the Interim Settlement dated May 15, 2020.

SSHA Directive 2020-01hn

We have become aware of the issuance by SSHA of Directive 2020-01 (version updated May 25, 2020, copy attached as Appendix A). Directive 2020-01 revises section 9.3.1(e) of the Toronto Shelter Standards and section 7.3.1(i) of the 24-Hour Respite Site Standards to require of lateral separation of "at least 2.0 m. (6.0 ft.)" between beds or resting spaces.

Under paragraph 1(d) of the Interim Settlement Agreement, Physical Distancing Standards is defined as "(a) lateral separation of at least 2 metres between beds or alternative sleeping arrangements; and (b) no use of the upper bunks of bunk beds". Under paragraph 2(a) of the Interim Settlement Agreement, the City has committed to "use best efforts... to achieve without delay and thereafter sustain Physical Distancing Standards in the Shelter System".

Two metres is equal to approximately 6 feet and 6.74 inches, or 6.56 feet.

It is the position of the Applicants that a lateral separation of only 6.0 ft between Beds, which would appear to be permitted by the terms of Directive 2020-01, would not constitute compliance with the terms of the Interim Settlement Agreement.

1. Please advise of the instructions and survey that have been provided to shelter providers regarding the required lateral separation between Beds. In particular, please advise whether shelter providers have been instructed to ensure lateral separation of at least 2.0 m. between Beds, or whether they have been instructed that a lateral separation of 6.0 feet between Beds, or of "2.0 m (6.0 ft.)" is sufficient.
2. Please advise of the instructions that have been provided SSHA Quality Assurance Staff regarding the required lateral separation between Beds. In particular, please advise whether SSHA Quality Assurance Staff have been instructed to ensure lateral separation of at least 2.0 m. between Beds, or whether they have been instructed that a lateral separation of 6.0 feet between Beds, or of "2.0 m (6.0 ft.)" is sufficient.

Explanations concerning Delays in Achieving Plans as Described in May 19 Progress Report

*In respect of **Youth Without Shelter**, the May 19 Progress Report stated "Plan: Working with the shelter provider to identify solutions that meet the unique needs of youth in this program", with anticipated date of May 24. The May 25 Progress Report now indicates "TBD" as the anticipated date for Youth Without Shelter, with explanation "Plan: Conversations with the*

shelter provider are ongoing to identify solutions that meet the unique needs of vulnerable youth in this program.” The explanation provided in the May 25 Progress Report for why the prior anticipated date was not achieved is “SSHA continues to work with the service provider to identify solutions that will meet the unique needs of the vulnerable youth in this program.”

3. It is the Applicants’ position that the explanation provided in the May 25 Progress Report in respect of Youth Without Shelter is not sufficient in light of the requirement set out in paragraphs 5(e) and 5(f) of the Interim Settlement Agreement and the City’s overarching obligation to make best efforts to achieve compliance with Physical Distancing Standards. Please provide a reasonably detailed explanation of why the plans and anticipated dates set out in the May 19 Progress Report in respect of this site were not achieved as planned, and of the City’s current plans to achieve without delay compliance with Physical Distancing Standards at this site. In particular, please include explanation as to what plan had been identified for this site with anticipated date of May 24 (as described in the May 19 Progress Report), what has occurred in respect of this plan to cause there to be no anticipated date for this site in the May 25 Progress Report, and what steps are now being planned in respect of this site to ensure compliance with Physical Distancing Standards is achieved without delay.
4. Please advise of the number of residents at Youth Without Shelter, as of May 24, that had been identified through the risk stratification CARE program as requiring minimum support in the context of relocation to an alternative site. If this site had one or more residents as of May 24, 2020 that had been identified as requiring minimum support, please explain why these residents had not been relocated to an alternative site prior to that date, so as to enable compliance with Physical Distancing Standards to be achieved more rapidly.

*In respect of **Horizons for Youth**, the May 19 Progress Report stated “Plan: Working with the shelter provider to identify solutions that meet the unique needs of youth in this program”, with anticipated date of May 24. The May 25 Progress Report now indicates “TBD” as the anticipated date for Horizons for Youth, with explanation “Plan: Conversations with the shelter provider are ongoing to identify solutions that meet the unique needs of vulnerable youth in this program.” The explanation provided in the May 25 Progress Report for why the prior anticipated date was not achieved is “SSHA continues to work with the service provider to identify solutions that will meet the unique needs of the vulnerable youth in this program.”*

5. It is the Applicants’ position that the explanation provided in the May 25 Progress Report in respect of Horizons for Youth is not sufficient in light of the requirement set out in paragraphs 5(e) and 5(f) of the Interim Settlement Agreement and the City’s overarching obligation to make best efforts to achieve compliance with Physical Distancing Standards. Please provide a reasonably detailed explanation of why the plans and anticipated dates set out in the May 19 Progress Report in respect of this site were not achieved as planned, and of the City’s current plans to achieve without delay compliance with Physical Distancing Standards at this site. In particular, please include explanation as to what plan had been identified for this site with anticipated date of May 24 (as described in the May 19 Progress Report), what has occurred in respect of this plan to cause there to be no anticipated date for this site in the May 25 Progress Report, and what

steps are now being planned in respect of this site to ensure compliance with Physical Distancing Standards is achieved without delay.

6. Please advise of the number of residents at Horizons for Youth, as of May 24, that had been identified through the risk stratification CARE program as requiring minimum support in the context of relocation to an alternative site. If this site had one or more residents as of May 24, 2020 that had been identified as requiring minimum support, please explain why these residents had not been relocated to an alternative site prior to that date, so as to enable compliance with Physical Distancing Standards to be achieved more rapidly.

*In respect of **Salvation Army – Gateway**, the May 19 Progress Report indicated that relocation of 7 clients was required to achieve the identified target capacity, and that this relocation was anticipated to occur by May 24. The May 25 Progress Report indicates that 5 clients remain to be relocated, and that this is now anticipated to occur by June 1. The explanation for this delay provided in the May 25 Progress Report is “The site has been secured and Clients have been moving each day. There are 5 Clients remaining to be moved.”*

7. It is the Applicants’ position that the explanation provided in the May 25 Progress Report in respect of Salvation Army – Gateway is not sufficient in light of the requirements set out in paragraphs 5(e) and 5(f) of the Interim Settlement Agreement and the City’s overarching obligation to make best efforts to achieve compliance with Physical Distancing Standards. Please provide a reasonably detailed explanation of why the plans and anticipated dates set out in the May 19 Progress Report in respect of this site were not achieved as planned. In particular, please include explanation of why the five Clients who remain to be moved from Salvation Army – Gateway were not in fact moved by May 24 and please identify the causes of this delay.
8. Please advise of the number of residents at Salvation Army – Gateway, as of May 24, that had been identified through the risk stratification CARE program as requiring minimum support in the context of relocation to an alternative site. If this site had one or more residents as of May 24, 2020 that had been identified as requiring minimum support, please explain why these residents had not been relocated to an alternative site prior to that date, so as to enable compliance with Physical Distancing Standards to be achieved more rapidly.

*In respect of **Salvation Army – Islington Seniors’ Shelter**, the May 19 Progress Report stated “Plan: Working with the shelter provider to identify solutions that meet the unique needs of seniors in this program”, with anticipated date of May 24. The May 25 Progress Report now indicates June 1 as the anticipated date for Salvation Army – Islington, with the plan unchanged (“Plan: Working with the shelter provider to identify solutions that meet the unique needs of seniors in this program”). The explanation provided in the May 25 Progress Report for why the prior anticipated date was not achieved is “SSHA continues to work with the service provider to identify solutions that will meet the unique needs of the vulnerable seniors in this program.”*

9. It is the Applicants’ position that the explanation provided in the May 25 Progress Report in respect of Salvation Army – Islington Seniors’ Shelter is not sufficient in light of the

requirements set out in paragraphs 5(e) and 5(f) of the Interim Settlement Agreement and the City's overarching obligation to make best efforts to achieve compliance with Physical Distancing Standards. Please provide a reasonably detailed explanation of why the plans and anticipated dates set out in the May 19 Progress Report in respect of this site were not achieved as planned, and of the City's current plans to achieve without delay compliance with Physical Distancing Standards at this site. In particular, please include explanation as to what plan had been identified for this site with anticipated date of May 24 (as described in the May 19 Progress Report), what has occurred in respect of this plan to cause the anticipated date for this site to be extended to June 1 in the May 25 Progress Report, and what steps are now being planned in respect of this site to ensure compliance with Physical Distancing Standards is achieved without delay.

10. Please advise of the number of residents at Salvation Army – Islington Seniors' Shelter, as of May 24, that had been identified through the risk stratification CARE program as requiring minimum support in the context of relocation to an alternative site. If this site had one or more residents as of May 24, 2020 that had been identified as requiring minimum support, please explain why these residents had not been relocated to an alternative site prior to that date, so as to enable compliance with Physical Distancing Standards to be achieved more rapidly.

*In respect of **Cornerstone Place**, the May 19 Progress Report indicated that relocation of 9 clients was required to achieve the identified target capacity, and that this relocation was anticipated to occur by May 24. The May 25 Progress Report indicates that 5 clients remain to be relocated, and that this is now anticipated to occur by June 1. The explanation for this delay provided in the May 25 Progress Report is "Clients will be identified for referral to available hotel spaces. Staffing supports are being secured to be able to activate additional hotel capacity" and "Staffing support for the remaining 5 Clients is being secured".*

11. Please advise of the nature of the staffing support that is required to be able to activate additional hotel capacity to accommodate the remaining 5 Clients from Cornerstone Place, who is to provide this staffing support (SSHA, Cornerstone Place or some other provider), and why this staffing support could not be secured by the anticipated date of May 24 that had been identified in the May 19 Progress Report.
12. Please advise of the number of residents at Cornerstone Place, as of May 24, that had been identified through the risk stratification CARE program as requiring minimum support in the context of relocation to an alternative site. If this site had one or more residents as of May 24, 2020 that had been identified as requiring minimum support, please explain why these residents had not been relocated to an alternative site prior to that date, so as to enable compliance with Physical Distancing Standards to be achieved more rapidly.

*In respect of **St. Felix (25 Augusta and 69 Fraser sites)**, the May 19 Progress Report indicated "A site has been secured to move clients from both St. Felix respite sites to meet physical distancing. Required renovations to ensure the site meets all requirements are underway and the site should be ready by early next week." In the May 25 Progress Report, the anticipated date*

for relocation is now June 1, and the explanation provided for the delay is “Unexpected additional repairs and shortage of trades has delayed moved by a week”.

According to City’s outbreak report dated May 25, 2020, there are now known outbreaks at both of the St. Felix sites; one outbreak arose on April 24, 2020 and the second arose on May 22, 2020.

13. Please explain why the City continues to await the availability of this new site that requires renovations in order to accommodate the Clients that must be moved to achieve compliance Physical Distancing Standards at the two St. Felix sites. In particular, please explain why the City has not moving the 32 Clients (or some portion of them) to Beds that are more immediately available, such as vacant hotel rooms within hotel sites that had already been secured by City or Beds within other Shelter System sites that were not operating at target capacity.
14. Please advise of the number of residents at the 25 Augusta Ave. Felix site, as of May 24, that had been identified through the risk stratification CARE program as requiring minimum support in the context of relocation to an alternative site. If this site had one or more residents as of May 24, 2020 that had been identified as requiring minimum support, please explain why these residents had not been relocated to an alternative site prior to that date, so as to enable compliance with Physical Distancing Standards to be achieved more rapidly.
15. Please advise of the number of residents at the 69 Fraser Ave. Felix site, as of May 24, that had been identified through the risk stratification CARE program as requiring minimum support in the context of relocation to an alternative site. If this site had one or more residents as of May 24, 2020 that had been identified as requiring minimum support, please explain why these residents had not been relocated to an alternative site prior to that date, so as to enable compliance with Physical Distancing Standards to be achieved more rapidly.

Revised Target Capacity Figures Reported in May 25 Progress Report for Certain Sites

*In respect of **COSTI Reception Ctr CITY Program, Dixon Hall Schoolhouse, Eva’s Phoenix and YouthLink**, the May 25 Progress Report states that either the Provider, or a Quality Assurance visit by SSHA, has confirmed a revised target capacity that is different from the target capacity stated in the May 19 Progress Report.*

16. As set out in question 3 of the Applicants’ questions in respect of the May 19 Progress Report, please explain how the new target capacities for the above sites were determined by either the Provider or SSHA.

*In respect of **COSTI Reception Ctr CITY Program**, the May 19 Progress Report reported a target capacity of 8. The May 25 Progress Report indicates “Provider has confirmed revised target capacity of 11 meets physical distancing. No further client moves are required.”*

According to the spreadsheets of room dimensions provided by the City on May 7 (Appendix C to the Applicants' questions in respect of the May 19 Progress Report) the sleeping arrangements at the COSTI Reception Ctr CITY Program consist of 8 separate rooms.

17. Please advise what information was provided by the provider that enables the City to confirm that 11 Clients may be accommodated within this site while meeting Physical Distancing Standards.
18. Please advise what if any steps have been taken by the City to confirm that the revised target capacity of 11 confirmed by the provider can be implemented while ensuring lateral distancing of at least 2.0 metres between Beds, as required under the Interim Settlement Agreement. In the event that the instructions provided by SSHA to the provider referred to a requirement of "at least 2.0 m. (6.0 ft.)" spacing between beds, please advise what if any steps have been taken by the City to ensure that the revised target capacity of 11 confirmed by the provider can in fact be implemented in a manner that complies with the 2.0 m requirement set by the Interim Settlement Agreement.

*In respect of **Dixon Hall – Schoolhouse**, the May 19 Progress Report reported a target capacity of 26. The May 25 Progress Report indicates "QA visit has confirmed revised target capacity of 29 beds meets physical distancing standards. No further client moves required."*

According to the spreadsheets of room dimensions provided by the City on May 7 (Appendix B to the Applicants' questions in respect of the May 19 Progress Report) the sleeping arrangements at Dixon Hall – Schoolhouse consist of 3 separate rooms, with the following dimensions: 19'x25', 24'x33', and 25'x30'.

19. Please advise what if any steps have been taken by the City to confirm that the revised target capacity of 11 confirmed by the provider can be implemented while ensuring lateral distancing of at least 2.0 metres between Beds, as required under the Interim Settlement Agreement. In the event that the instructions provided by SSHA to the provider referred to a requirement of "at least 2.0 m. (6.0 ft.)" spacing between beds, please advise what if any steps have been taken by the City to ensure that the revised target capacity of 11 confirmed by the provider can in fact be implemented in a manner that complies with the 2.0 m requirement set by the Interim Settlement Agreement.
20. What are the dimensions of the beds in use at Dixon Hall – Schoolhouse?
21. Based on the room dimensions for this site provided in the May 7 spreadsheets, and assuming that the beds in use are standard twin beds (39"x75"), the Applicants query how 29 Beds could possibly be accommodated in the three rooms at this site in a manner that complies with Physical Distancing Standards. Please explain how the City has concluded that 29 beds can be accommodated within these three rooms, while ensuring compliance with Physical Distancing Standards.

*In respect of **Youthlink**, the May 19 Progress Report reported a target capacity of 39. The May 25 Progress Report indicates "Provider has confirmed revised capacity target of 43 beds meets physical distancing standards. No further client moves required."*

According to the spreadsheets of room dimensions provided by the City on May 7 (Appendix E to the Applicants' questions in respect of the May 19 Progress Report) the sleeping arrangements at Youthlink consist of 38 separate rooms. The dimensions of these rooms were not provided in the May 7 spreadsheet.

22. Please advise what information was provided by the provider that enables the City to confirm that 43 Clients may be accommodated within this site while meeting Physical Distancing Standards.
23. Please advise what if any steps have been taken by the City to confirm that the revised target capacity of 43 confirmed by the provider can be implemented while ensuring lateral distancing of at least 2.0 metres between Beds, as required under the Interim Settlement Agreement. In the event that the instructions provided by SSHA to the provider referred to a requirement of "at least 2.0 m. (6.0 ft.)" spacing between beds, please advise what if any steps have been taken by the City to ensure that the revised target capacity of 43 confirmed by the provider can in fact be implemented in a manner that complies with the 2.0 m requirement set by the Interim Settlement Agreement.

*In respect of **Street Haven**, the May 19 Progress Report reported a target capacity of 39 and occupancy of 39. The May 25 Progress Report reports a target capacity of 40 and occupancy of 40. No explanation has been provided for this change in the target capacity of this site.*

According to the spreadsheets of room dimensions provided by the City on May 7 (Appendix D to the Applicants' questions in respect of the May 19 Progress Report) the sleeping arrangements at Street Haven consist of 12 separate rooms, with the following dimensions: 15'x9', 15'x8.8', 14.8'x32.8', 16'x15.2', 12.8'x15.4', 9'x6.9', 11.7'x14.8', 14.5'x14.6', 10.8'x11.5', 11.4'x9.9', 17.7'x13.7', and 12'x16.7'.

24. Please explain the reason for the change in the target capacity for Street Haven, as between the May 19 and May 25 Progress Reports.
25. What are the dimensions of the beds in use at Street Haven?
26. Based on the room dimensions for this site provided in the May 7 spreadsheets, and assuming that the beds in use are standard twin beds (39"x75"), the Applicants query how 39 or 40 Beds could possibly be accommodated in the 12 rooms at this site in a manner that complies with Physical Distancing Standards. Please explain how the City has concluded that 39 or 40 beds can be accommodated within these 12 rooms, while ensuring compliance with Physical Distancing Standards.

Salvation Army – Evangeline Residence

The May 25 Progress Report asserts, in respect of Salvation Army – Evangeline Residence that "[a]s per clause 1(e) [of the Interim Settlement Agreement] this facility experienced a minor non-compliance of a transient nature and SSHA is working with the provider to ensure compliance is maintained". The May 25 Progress Report indicates that as of May 24, the occupancy of Evangeline Residence was 82, whereas its target capacity is 80. The May 19 Progress Report indicated that as of May 18, the occupancy of Evangeline Residence was 65.

27. Please advise when this shelter fell out of compliance with its identified target capacity of 80 residents, and please explain what caused this to occur.
28. Please explain what steps SSHA and the provider are taking to ensure that compliance is restored and maintained, and please advise when SSHA anticipates that compliance will be achieved at this site.

Capacities of Certain Elements of the Shelter System, as of May 24

The Applicants' questions in respect of the May 19 Progress Report included questions regarding the capacities of the Streets to Homes Interim Housing Program and hotel locations, as of May 18: see questions 11, 12 and 13 in respect of the May 19 Progress Report.

29. In the event that the capacities of the Streets to Homes Interim Housing Program and/or the hotel locations secured by the City have changed as between May 18 and May 24, please provide updated answers (as of May 24) for questions 11, 12 and 13 submitted by the Applicants in respect of the May 19 Progress Report.

APPENDIX A

Shelter,
Support and
Housing
Administration
Shelter

DIRECTIVE

Directive No.:
2020-01

Date Issued:
May 21, 2020

Updated:
May 25, 2020

Authority: | This Directive is issued under the authority of the General Manager of SSHA.

Subject: | COVID-19 Response: Update to Toronto Shelter Standards Section 9.3.1 'Sleeping Areas and Beds Standards' and the 24-Hour Respite Site Standards Section 7.3.1 'Resting Areas and Spaces'

Directive or Required Action: | Interim changes to standards in response to the COVID-19 Pandemic will be reviewed on an ongoing basis and updated based on available direction and guidance from Ontario Ministry of Health and Toronto Public Health. Effective immediately, the following sections in the Toronto Shelter Standards and the 24-Hour Respite Site Standards are replaced by the versions contained in this directive.

Toronto Shelter Standards (TSS) Section 9.31 (e)

e. Shelter providers will maintain a lateral separation of at least 2.0 m. (6.0 ft.) edge to edge between beds (or alternative sleeping arrangements) and a vertical separation of at least 1.1 m. (3.5 ft.) between the top of a bed frame to the lowest hanging section of an overhead object (e.g., light fixture, bulkhead, air duct, plumbing, etc.).

- (i) Family shelter providers are exempt from meeting the lateral separation requirements of 9.3.1 Sleeping Areas and Beds in rooms where only one family unit/household has been assigned.
- (ii) Single adult, mixed adult and youth shelter providers will not use top bunks for clients to sleep in.

24-Hour Respite Site Standards (TRS) Section 7.3.1 (i)

(i) Providers will maintain a lateral separation of at least 2.0 m. (6.0 ft.) edge to edge between resting spaces.

- (i) Lateral separation exceptions may be made for couples that request it.

- (ii) providers will not use bunk beds

DIRECTIVE

Directive No.:
2020-01

Date Issued:
May 21, 2020

Updated:
May 25, 2020

The personal space standards Section 9.31(c) of the Toronto Shelter Standards and Section 7.3.1(h) of the 24-Hour Respite Site Standards are no longer applicable while this directive is in effect.

Shelter and Respite Site providers are required to maintain physical distancing strategies to meet current public health guidance for shelter settings during the pandemic. Additional recommendations for physical distancing in homeless service settings include:

- Remind everyone at your setting to maintain a two metre/six foot distance from others as much as possible.
- Use furniture layout to promote physical distancing (e.g. removing chairs around tables to promote two metre/six feet distance between others for seating).
- When possible, stagger eating times and set-up tables so clients are not directly facing each other.
- When possible, create a staggered bathing schedule to reduce the amount of people using the facilities at the same time.
- Create a schedule for using common spaces.
- Use visual markers to help promote physical distancing in high-traffic locations throughout the setting (e.g. at intake, meal lines, offices).
- Ensure physical distancing in any elevators used at the setting.
- Cancel group activities that exceed five people; try to provide support through telephone or on-line activities where possible.
- For specialist services that may be required in the setting (e.g. mental health services, harm reduction, or substance use supports) for psychosocial support to clients, inform service providers to maintain physical distance.

The standards detailed in this Directive remain in effect until further notice.

A new shelter capacity for each program will be established through the application of the updated standards. Appropriate adjustments are to be made in SMIS once capacity is confirmed with SSHA. Providers are expected to admit clients and stay at capacity if the site is not experiencing an outbreak.

DIRECTIVE

Directive No.:
2020-01

Date Issued:
May 21, 2020

Updated:
May 25, 2020

SSHA will continue to work with Shelter and Respite Site Providers that do not currently meet the standards to identify appropriate solutions that ensure the safety of clients and implementation of appropriate public health measures for infection prevention.

Shelter and Respite Site providers are directed to review the Updated Sections with your staff, senior management and board of directors and to implement all requirements.

Purpose of Directive:

To ensure health and safety in shelter and respite sites during the COVID-19 Pandemic by ensuring appropriate physical distancing occurs wherever clients sleep.

On March 11, 2020, the World Health Organization declared the outbreak of the novel coronavirus (COVID-19) a pandemic. COVID-19 is a new type of coronavirus that can cause acute respiratory illness and can spread person-to-person through large respiratory droplets that enter the human body through mouth, nose and, possibly, eyes.

Background:

SSHA, in collaboration with Toronto Public Health and community partners, implemented a three tier strategy focused on Prevention, Mitigation, and Recovery to reduce the spread of infection in homeless service settings. In Tier One: Prevention, the shelter system and respite sites decreased capacity to increase physical distancing in adherence to Ontario Ministry of Health guidance.

Resources:

- [COVID-19 Resources for Homelessness Services](#)

Contact Information:

For more information about and support in implementation of this Directive, please contact your ARO.