



Saving Lives, Alleviating
Suffering & Building A Healthy,
Strong & Safe Community For All

LONDON'S HEALTH & HOMELESSNESS RESPONSE:
PROPOSED HUBS IMPLEMENTATION PLAN

July 24, 2023



Why this Plan?

Why now?

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- There is no doubt London is facing a dire health and homelessness crisis
- Too many Londoners are suffering and dying on our streets, and all Londoners are experiencing the whole of community impacts of this crisis
- Since 2020, nearly 200 individuals associated with homelessness-serving organizations have died in London
- Approximately 2000 community members are living unhoused today, with 49% of those assessed as being high acuity
- In addition to ending suffering and saving lives, there is potential for a significant benefits for our entire community
 - This is an investment in community wellbeing, economic development, downtown revitalization, and strengthening neighbourhoods, and an opportunity to alleviate pressures on our health care and emergency services infrastructure

The Path to Today

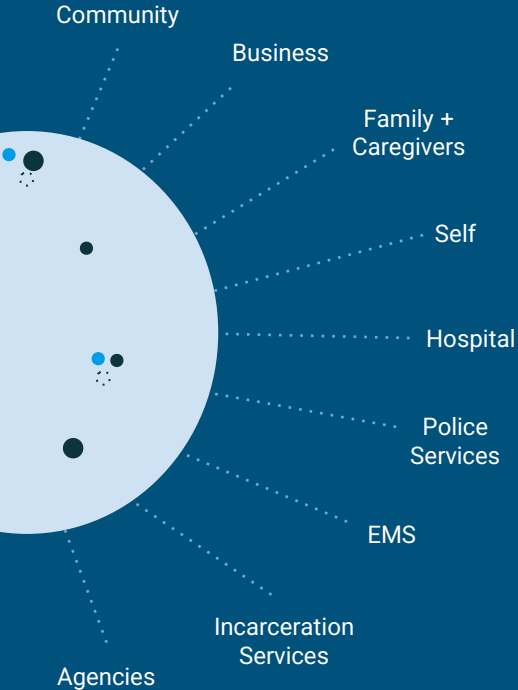
Hubs Plan Process

System Development Overview



*Supported by government relations and advocacy & ongoing communications,
Including monthly City Council reports*

Network of Hubs with Multiple Referral “Doors”



Purpose-Built with Common Core Functions

- Coordinated multi-agency intake
- Coordinated outreach & warm transfers
- Transportation
- Basic needs (*food, shower, laundry, rest*)
- Quick access to acute & primary care
- Housing access support
- Income supports
- Integrated care planning
- Translation
- Intentional connections to health & wellness services
- 24/7 safe spaces
- Transitional, medical respite and crisis stabilization beds
- Carceral system services
- One number to call for referral

Timely & Direct Pathways to Housing



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*Continued Focus on
Prevention & Advocacy
for Systemic Change*

Journey to Today

- A collaborative effort of dozens of passionate subject matter experts and from a wide range of organizations
- Defined and supported by the system governance and implementation framework developed by the Strategy and Accountability Table
- Table work took place via in-person meetings, through virtual feedback mechanisms, offline consultations and plenty of after hours work
- Resulting in:
 - A total 13 comprehensive standards of care and 13 functions and related practices
 - Priority populations and physical specifications purpose designed to serve them
 - Location criteria (informed by thousands of sector, business, development and community inputs)
 - Criteria to inform lead agencies and the collaborative model
 - A new interim model for intake and a path to one number for referral
 - **New collaborative relationships and partnerships that did not / could not exist before**

By the Numbers

- **200+** summit participants
- **70+** organizations
- **1500+** online community inputs
- **5** hubs implementation table meetings
- **43** days of Hubs plan development
- **5** community engagement sessions
- **2** business drop-in sessions

Created by the Community, for
the Community

Hubs Plan Overview

What is the Hubs Plan Based On?

- System Response Design via Summit Participant Input
- Implementation Table Subject Matter Expertise
- Community and Lived Experience Engagement Results
- Direct Operational Expertise
- Good Practices Locally and Elsewhere
- Consultations with Local Specialists (e.g. front line, health care, development)

Introduction to Hubs

Safe, supportive 24/7 places that facilitate active, intentional pathways to housing

Hubs exist to help the highest acuity individuals move safely indoors, stabilize, access supports and become sustainably housed. That means that every interaction is an active and intentional effort to enable an individual's next steps toward housing. While basic needs supports exist in a hub, hubs do not exist solely to provide basic needs.

Hub design work is not about designing housing, it is about designing the right 24/7 safe spaces that can operate as an entry way into the housing system, employing a Housing First approach, while ensuring an individual's health and wellness needs are attended to. Hubs are committed to continuous improvement – their standards of care and practices are living concepts, and as Hubs are implemented, there will be regular review to identify and implement ways of improving service.

While Hubs should have a feeling of community and a culture of participation, they do not operate traditional recreational drop-in programming. The definition of drop-in, in a hub, means a staffed space that is open 24/7 where anyone can walk in the front door, access immediate basic needs and stabilization support, and is a conduit to services. The focus is always on enabling next steps.

Hubs also have respite beds and transitional beds, meals and supports, managed through case workers and provided via in-house, mobile/appointment-based, and on-call services.

Intentional physical design, both internal and external, will facilitate the right spaces to deliver the Hub functions to high acuity populations while balancing the needs and expectations of the neighborhoods surrounding Hubs.

This review begins on page 15 of your document

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The Collaborative Model

- Strength and difference of the Hubs model = interdisciplinary, cross sectoral and multi-agency teams working collaboratively and alongside one another in Hubs.
- Full operating model will be defined by all Lead Agencies, employing a consistent set of standards, functions and practices, offered via:
 - **On-site permanent** (e.g. case management)
 - **On-site rotating** – scheduled and/or by appointment (e.g. medical care, income supports, PSW)
 - **On-call** – timely services that are more acute in nature or as needed (e.g. community paramedicine, crisis response services)
 - **Via referral** – based on individual need (e.g. developmental services, mental health services)

Lead Agency Criteria

- Demonstrated ability and experience working successfully with one or more **priority populations**
- Ability and willingness to commit fully to agreed upon **Standards of Care**
- Experience delivering **culturally-aware care**, including specialized knowledge and training on Indigenous homelessness
- Demonstrated ability to lead cross-agency and/or multi-sector **collaboration**
- Experience in successfully managing **24/7 operations** including interior and exterior oversight and management of the property
- **Strong relationships** with other agencies and partners
- Ability to articulate existing or prospective capacity to **manage additional work**
- **Values-based** leadership model, including collaboration, respect, mutual accountability
- Incident management and **crisis management** experience
- Demonstrated history of **strong financial management** and clear commitments to the development of a high functioning team
- Commitment to **quality improvement** as an organization and an ongoing process for monitoring and reporting that services and programs offered are using **system-agreed-upon** approaches and principles
- Commitment to co-lead in a **shared accountability** system, including participation in a Hubs CoP

Hub Standards, Functions & Practices

The vision of Hub service = a consistent set of functions and standards across multiple locations, which are designed specifically for high acuity populations, informed by:

1. summit participants across sectors;
2. subject matter experts at the Hubs Implementation Table;
3. feedback from community members, business and development reference tables, BIAs, and neighbourhood associations during the community engagement process (e.g. the functions and standards related to neighbourhood engagement and communication);
4. the Strategy & Accountability Table of community leaders; and,

And will continue to be shaped by the input of those with lived and living experience.

Standards of Care & Functions

STANDARDS

- Anti-Racism/Anti-Oppression Framework
- Communication
- Community Engagement & Relationships
- Culturally Safe
- Empowerment Model
- Ensuring Choice in Care
- Harm Reduction Approach
- Housing First
- Informed by Social Determinants of Health
- Input from Lived & Living Experience
- Low-Barrier
- Trauma & Violence Informed
- Shared Accountability & Engagement

FUNCTIONS

- 24/7 Safe Places
- Basic Needs
- Community Engagement
- Housing Access Support
- Income Supports
- Integrated Care Planning
- Justice System Services
- Medical Stabilization Beds
- Quick Access & Intentional Connections to Acute & Primary Care
- Respite Beds
- Transitional Beds
- Translation & Interpretation
- Transportation

Continuum of Substance Use Support & Treatment

Hubs will provide a continuum of care and support to those using substances with an array of supports and interventions.

- This continuum acknowledges all evidence-based support and evidence-based treatment options as working collaboratively to support individuals in achieving safety and improved quality of life.
- This continuum spans the breadth of known and to-be-known services from: harm reduction practices such as distributing new equipment to addiction treatment.
- Foundational to this approach are the values of self-determination, autonomy and choice.

Referral & Intake Via Adapted Coord. Access

This is a significant system transformation in and of itself. *Initially*, a dedicated resource(s) will be added to the City of London Coordinated Access team to support Hubs intakes:

- During daytime hours, referral and intake into Hubs can be managed centrally through Coordinated Access and via the Homeless Individuals & Families Information System (HIFIS)
- In overnight and weekend hours, or when folks arrive via the front door, intake can occur through direct connection with Hubs and outreach teams, and then be processed into HIFIS
- The use of a Coordinated Access model also allows for diversion efforts as they exist now to continue

Recommended next step in **One Number** implementation is to issue a Request For Proposals (RFP) for an established service provider to deliver this service

Physical Space Specifications

Purpose-built spaces to optimize access, facilitate privacy and dignity, and ensure positive neighbourhood relations.

Given urgency, the first five Hubs should be **built in pre-existing properties**, which can be renovated to meet the unique needs of priority populations and optimized for the consistent delivery of functions and standards of care.

Those physical design considerations and space specifications include **an estimated 8,000 to 10,000 square feet** of multi-use space, recognizing that this will be impacted by building availability and specific population design and accessibility criteria.

See pages 35-36 in Hubs Plan to review all physical space specifications.

Priority Populations

Within the high acuity population, in alphabetical order:

- Couples and Families
- Indigenous Individuals
- Medically Complex Individuals
- Women & Female-Identifying Individuals
- Youth (16-25)

A Hub may serve one or more of these populations in addition to the general population of high acuity individuals, or serve one population exclusively, depending on the unique needs of that population.

The Expressions of Interest process for Lead Agencies will ask submitters to detail how they are able to address one or more of these target populations.

Location Criteria

We have heard and understand that Londoners share a spirit of compassion and a desire for new approaches to this crisis, and also some concern and anxiety about Hub operations and how locations may impact the places they live and work. All of this perspective was considered in the following final location criteria.

Hubs should be located near:

- Arterial roads
- Transit routes

Hubs should not be located in close proximity to:

- Elementary schools
- Splash pads and wading pools
- Not directly adjacent to licensed child care centres
- Not in parks or directly park adjacent
- Not within residential neighbourhood interior

Location Considerations & Expectations

- Hubs should be established within areas that have existing Emergency Care Establishment zoning
- Hubs should be located in existing buildings, via partnerships with property owners (versus new builds)
- Hubs should represent net new beds, or an addition to capacity, not the repurposing of existing facilities
- Hubs should be located outside of the Old East Village and not on Dundas Flex Street or Richmond Row (contingent on zoning, available properties, physical space requirements and ability to deliver functions and standards effectively)
- Hub locations should ensure their properties are well kept and that cleanliness and safety are prioritized
- Proactive and ongoing neighbourhood engagement should be a priority for Hubs, in the periods leading up to and throughout their tenure of Hubs including a neighbourhood communication and engagement strategy

Costing & Budget

The projected cost of each Hub is approximately **\$2.7 million** per year in operating costs on average, which reflects 25-35 beds and a multidisciplinary team of supports.

- Assumes a combination of **six (6) staff on-site** during daytime and evening hours and **up to five (5) staff** overnight.
- Additionally, capital costs for property alterations are estimated at an upset limit of **\$2 million for each Hub** depending on the degree of construction required.
- Through collaboration there will be opportunities for shared services, efficiencies in group purchasing, and contributions from partners that could produce cost savings.

***Not a final budget, but rather a detailed guide of the types of costs and anticipated costing*

Thank you for your trust
and confidence in this
work.