Report to Strategic Priorities and Policy Committee

To: **Chair and Members, Strategic Priorities and Policy Committee**
From: **Kevin Dickins, Deputy City Manager, Social and Health Development**
Subject: **Evaluation Framework – Health & Homelessness Whole of Community System Response**
Date: **March 26, 2024**

Recommendation

That, on the recommendation of the Deputy City Manager, Social and Health Development, that the following actions **BE TAKEN** regarding the Evaluation Framework – Health & Homelessness Whole of Community System Response report;

a) That, the Evaluation Framework – Health & Homelessness Whole of Community System Response Report **BE RECEIVED** for information; and

b) That, Civic Administration **BE DIRECTED** to report back annually on the data and outcomes collected through this Evaluation Framework, in addition to data that is captured through the 2023-2027 City of London Strategic Plan

Executive Summary

The purpose of this report is to bring forward the evaluation framework of the Whole of Community System that has been co-designed by the System Foundations Table and brought together through the assistance of the co-chairs and the team from the Centre for Research on Health Equity and Social Inclusion attached to this report as appendix A. Since the last update on December 12, 2023, the System Foundation Table's partner, the Centre for Research on Health Equity and Social Inclusion (CRHESI), has hired two resources to help stand up this framework and implement the components of it. Additionally multiple funding sources have been secured through community partners in order to continue supporting this work at no cost to the municipal taxpayer.

This work is indicative of the Whole of Community approach where the community has stepped in to lead, fund and implement this framework, while Civic Administration continues to facilitate and support the process through administrative and project management tasks. The framework is approached through a health-equity driven framework, with trauma- and violence-informed practices woven through each step taken around information gathering and data dissemination.

Linkage to the Corporate Strategic Plan

This report aligns with the strategic areas of focus in the 2023-2027 City of London Strategic Plan. The City of London Strategic Plan (2023-2027) identifies housing and homelessness as a key area of focus, and housing and homelessness work is identified throughout the Strategic Plan, impacting all areas of life for Londoners.

Housing and Homelessness
- Increased access to a range of quality, affordable, and supportive housing options that meet the unique needs of Londoners.
- Decreased number of Londoners at risk of or experiencing homelessness
- Improved safety in London's shelters system

Wellbeing and Safety
- Londoners have safe access to public spaces, services, and supports that increase wellbeing and quality of life
- Housing in London is affordable and attainable

Analysis

- **1.0 Previous Reports Related to this Matter**

    - December Progress Update – Health and Homelessness Whole of Community System Response (SPPC, December 12, 2023)
    - November Progress Update – Health & Homelessness Whole of Community System Response (SPPC, November 21, 2023)
    - October Progress Update – Health & Homelessness Whole of Community System Response (SPPC, October 31, 2023)
    - September Progress Update – Health & Homelessness Whole of Community System Response (SPPC, September 25, 2023)
    - August Progress Update – Health & Homelessness Whole of Community System Response (SPPC, August 16, 2023)
    - July Progress Update – Health & Homelessness Whole of Community System Response (SPPC; July 24, 2023)
    - June Progress Update – Health & Homelessness Whole of Community System Response (SPPC; June 20, 2023)
    - May Progress Update – Health & Homelessness Whole of Community System Response (SPPC; May 09, 2023)
    - Update – Whole of Community System Response Implementation (SPPC: April 18, 2023)
    - Health and Homelessness Summits – Proposed Whole of Community System Response (SPPC: February 28, 2023)

2.0 Background Information

Health & Homelessness Whole of Community System Response

The Whole of Community System Response (the Plan) process has been a targeted effort to address the health and homelessness crisis in London as the number of individuals experiencing homelessness and housing deprivation has grown at significant rates, along with the complexity or acuity of needs amongst those that are most marginalized in the community.

The Plan has stated consistently that there are key pillars that will be the focal point of the work, that includes the creation of 24/7 Hubs, Highly Supportive Housing, and ensuring there is a robust evaluation framework in place. Council has endorsed the Hubs Plan in 2023 and two hubs have been operating. Council will receive the Housing Plan in March 2024 which is in addition to a growing number of highly supportive housing units in operation and in the planning stages.

This report and the framework attached as Appendix A enclosed within, signifies another deliverable under the Whole of Community System Response Plan to ensure measurement efforts are in place.

The complex health challenges associated with the effects of living unsheltered have also led to far too many preventable deaths. There have also been impacts on the social, economic and cultural health and wellbeing of the city of London as a result of this crisis. Through the collaborative work of more than 200 individuals across 70 organizations from a diversity of sectors a strategic roadmap for a transformative system response was created – the Whole of Community System Response.

The response is a people-centred, housing-centric system that meets people where they are, without judgment, offering culturally safe, low barrier, inclusive care that is violence and trauma informed, built on an anti-oppression and anti-racism framework, and underpinned by a consistent harm reduction approach. This approach also instills a belief that housing is healthcare and a fundamental human right. The highest priority is placed on providing direct connections to the right housing and housing with supports for every individual and ensuring the integration of service functions in multiple locations to provide the necessary supports a person needs in a timely way.

This response is a single, holistic, "all doors lead here" system of care, anchored by two foundational elements – hubs and housing. There will be multiple locations throughout the community built to serve the most marginalized community members with a range of care and service from 24/7 safe spaces and access to basic needs, to health care, harm reduction and addiction treatment services, and housing supports. The system will support the highest acuity people to move safely inside, help them stabilize, wrap around them with supports and connect them to the right type of housing and help them stay successfully housed.
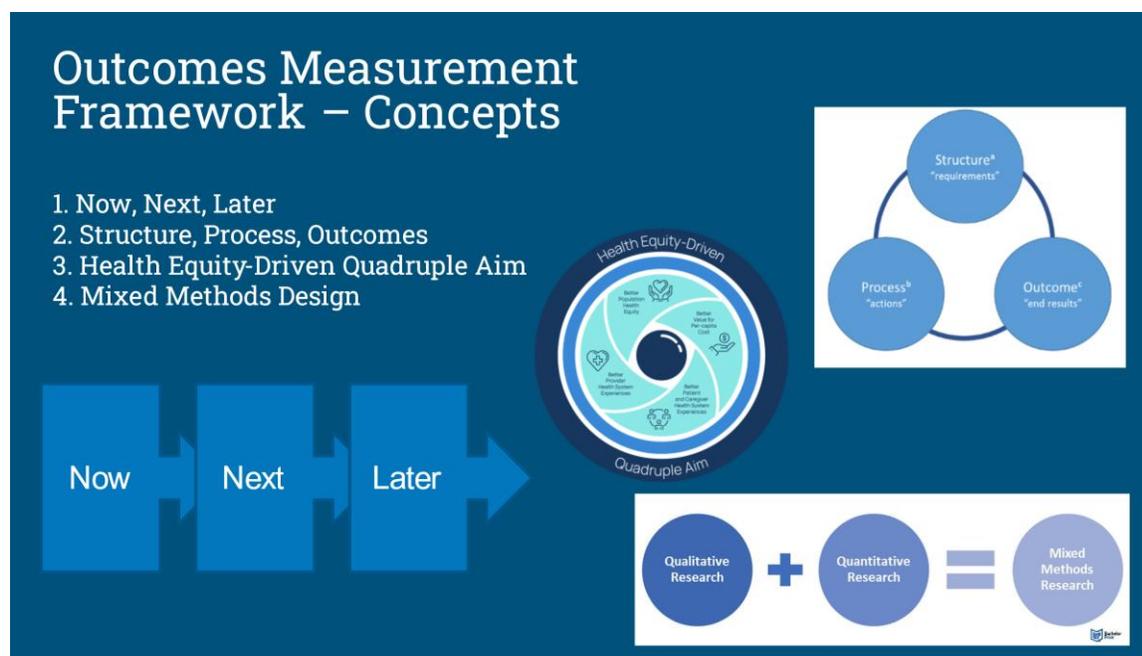
Systems Foundation – Evaluation Framework

One of the key components of the Whole of Community System Response is the establishment of evaluation criteria for the services that are offered. The mandate of this implementation table is to establish shared measurement practices including the evaluation framework, dissemination and reporting frameworks. This report outlines the evaluation framework component and how that will be carried out through the members of the Systems Foundation Table and other agencies.

3.0 Evaluation Framework

3.1 What Is Being Measured:

The System Foundations Table recommends guidelines and tools that contribute to a coordinated Whole of Community System Response to Health and Homelessness. Driven by and supporting the Whole of Community System Response shared values, the table's contributions include recommendations for outcome measurement, reporting, and policies and processes, which they develop through a health equity-driven framework.

The System Foundation Table takes a three-pronged approach to the evaluation frameworks of the Whole of Community System Response using the following: (1) Quintuple Aim of System Improvement (population outcomes, population experience, provider experience, total cost of care, health equity): (2) Structure, Process, Outcomes: The System Foundation table will consider each of these domains in order to provide a comprehensive understanding of the system; (3) Now, Next, Later: Evaluation priorities will be considered within each of these three timelines. A mixed methods approach will be used to honour different forms of data collection and expression.
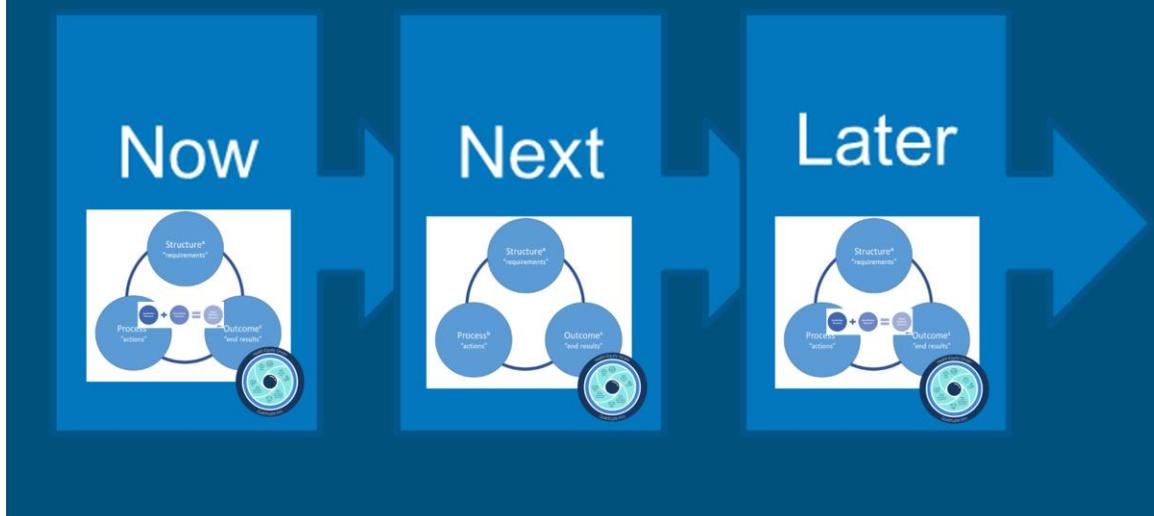
Working with academic research experts, staff from local organizations and system partners, the table has been looking at various framework components such as outcomes and experiences of people with complex needs experiencing homelessness; outcomes and experiences of others experiencing housing precarity; experiences of those providing care to these groups; outcomes and experiences at the business and community levels; health equity considerations; costs, processes and structures of care; and an overall review of the Whole of Community System Response project.

On November 16, 2023, the Strategy and Accountability Table endorsed the Centre for Research on Health Equity and Social Inclusion (CRHESI) as an arm's length research partner, to facilitate research and evaluation efforts. In early 2024, with funding support from the St. Joseph's Hospital Foundation (Finch Mental Health Fund), LHSC and Western University, CRHESI hired two full-time Research & Evaluation Managers who have begun to pull together and facilitate the evaluation framework teams that will consist of multiple research experts and community partners who are participating in evaluation/research development, implementation and knowledge mobilization.

4.0 Implementation of the Framework

4.1 Roles and Responsibilities

Centre of Research on Health Equity and Social Inclusion

CRHESI's purpose is "*bringing communities together to promote health equity & inclusion through collaborative research for action,*" a role they have undertaken with London community organizations and Western researchers since 2015. CRHESI is ideally situated to coordinate and contribute to evaluation and research of the Health & Homelessness Hubs (HHH) and other housing interventions in London's Whole of Community Response (WCR). CRHESI co-directors, in consultation with the WCR's Systems Foundation Table co-chairs, will oversee the work of full-time Research & Evaluation Managers, and any other designated full-time or part-time staff required to achieve the goals of facilitating, planning, coordinating, conducting and sharing evaluation and research the Whole of Community System Response's housing support interventions.

Civic Administration will continue to support the System Foundation Table and its co-chairs in informing, guiding and supporting CRHESI and their staff as they stand up the evaluation teams and begin the work of measuring this system's efforts.

Research & Evaluation Managers

The Research & Evaluation managers will be responsible for multiple tasks around the evaluation framework, including some of the following: hire any additional staff as needed

and as funding allows; develop and maintain an inventory of ongoing and new research and evaluation projects; develop and implement a process for seed grants (pending funding availability) including contract templates, and consideration of data ownership and use, intellectual property agreements, etc.; support work within and between teams working on key evaluation domains including Research Ethics protocols and accountabilities; managing key questions that will be given to each of the evaluation tables; literature and document review to add other questions and meet with different partners and collaborators to further add additional research questions.

The Research and Evaluation Managers will work with participating organizations, the System Foundations Table, and the Strategy and Accountability Table to finalize the appropriate ways in which data will be shared back out to participating organizations, municipal council, and the general public. Ensuring an ethical approach to information sharing occurs that balances public interest with data-driven programmatic decisions will be a priority along with data sovereignty and respecting those that are receiving services.

Evaluation Teams

Through the work of the System Foundation Table and CRHESI, various areas of focus have been identified as important to the evaluation framework, and individuals from the table have self-identified as wanting to participate in these sub-groups. The Research & Evaluation Managers will stand up the following research and evaluation teams focusing on these topics, with the flexibility to add or remove topics as they get deeper into this work:

- outcomes/experiences for priority groups as identified by the table (e.g. high-needs homeless;

- individuals experiencing unstable shelter;

- people with stable housing;

- residents of London

- experiences and outcomes from direct service workers;

- systems, structures, processes and costs of care;

- overall WCSR process review – health equity indicators & intersectional narratives infused throughout.

Throughout this process, it has been acknowledged that proper consultation and direction from Indigenous identifying individuals and Indigenous organizations needs to occur. As a new commitment to that work, an Indigenous Reference table is being stood up. The importance of safe and meaningful research and evaluation for Indigenous populations will be something this table focuses on. Only after this engagement and with direction from the Indigenous Reference Table, will an Indigenous evaluation plan be presented.

The research teams will be made up of individuals throughout the sector, and these teams will also reach out to external experts to ensure the full breadth of possible evaluation criteria is gathered and discussed. Each team is looking for the questions that need to be answered within the evaluation framework.

Definitions of individuals covered within the evaluation framework (that include the Hubs priority populations):

1. **High-needs homeless:** The Hubs Implementation's definition of high acuity applies here: "The term acuity defines how marginalized a given person is. High acuity refers to those whose social and personal conditions are severe. This can include physical health, mental health, substance use health and/or deprivation of basic needs like food, water, housing, or systemic barriers to accessing services." (Page 3 – Hubs Implementation Plan)

2. **People experiencing unstable shelter or housing:** People whose social and structural determinants of health or individual perception of safety and security contributes to inconsistent access to housing or some version of shelter: 1) sheltered homelessness -- who are staying at a shelter, who are not paying rent due to temporary or permanent financial constraints, etc. 2) precarious housing -- due to factors related to finances, dependency or supporting a dependent, unmet accessibility needs (related to physical or mental health), who are couch surfing, who are not on a lease, who are in transitional housing; 3) housing that is *not* sustainable – due to factors related to finances (including reliance on housing allowances/rent supplements, living pay cheque-to-pay cheque), foreseeable unmet accessibility needs, who are living in a hotel/motel.

3. **People with stable housing:** All people living, working, studying, and/or spending a significant amount of time in the community of London who have stable housing.

4. **Indigenous homelessness:** This definition will be informed by an Indigenous-led evaluation framework.

A **sample** of the questions that have already been raised for each research team:

Team 1: Experiences and Outcomes of Defined Groups

- What proportion of those identified in HIFIS in July 2022 are still alive today? How many have been housed? How is their health? What are their stories?
- How do we identify people who are precariously housed or at risk of homelessness? How is their health? What are their stories? How do we work with them to improve their situation?
- How do residents of London feel about their experiences with the homeless population?

Team 2: Experiences and Outcomes of Direct Service Workers

- How do staff experience their work today? How does it impact their wellbeing? How is their workload? Income? Benefits (or lack of)? Do they feel safe at work? Has any of this changed? How does this vary across the sector?

Team 3: Systems, Structures, Processes and Cost of Care

- How many services provide care to our priority populations? How many sites are there? How many staff? How do these organizations/staff work together?
- What does it cost to support the populations of focus? What additional resources are required?
- How can we provide the best value for the populations we serve? What policies and procedures are in place to support integrated care across the system today? Which ones help, which ones hinder?

Team 4: Overall WCR Process Review

- How did London develop the WCSR? What were the enabling factors? What barriers were overcome and what ones still exist?

5.0 Support for the Framework

Partners and Funding

The evaluation framework is supported through funding partners from St. Joseph's Hospital Foundation (Finch Mental Health Fund), London Health Sciences Centre, and Western University, who have each pledged $200,000 for 2 years, for a total of at least $600,000. In addition, this funding has been used to leverage "in kind" contributions in a grant proposal submitted on February 9, 2024 to Infrastructure Canada, which, if

successful, would bring an additional $700,000 to the planned evaluation activities. Notice of results is expected this summer.

6.0 Conclusion

The Whole of Community System Response evaluation framework will aim to take a trauma and violence-informed approach to data collection, respecting individuals' experiences and time. The framework will also focus on making use of what already exists within the sector in terms of resources, data and information (while keeping in mind resource gaps and moving towards resource equity and opportunities) to avoid duplicating efforts and exhausting an already-exhausted sector. The outcomes of this framework will support continued advocacy and communication of this work through multiple channels. The evaluation framework will allow for data-informed decision making and allows for the services being offered to be responsive and nimble to lean into areas that are working well and adapt where needed in areas that require improvement. The existing requirements of counting and tracking interactions under other funding streams with the broader sector will continue and through this iterative process, alignment into one wholistic stream of data collection will continue to evolve.

Recommended by:	Kevin Dickins, Deputy City Manager Social Health Development

Cc:

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