

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: Health and Homelessness Summits – Proposed Whole of Community System Response
Date: February 28, 2023

Recommendation

That, on the recommendation of the Deputy City Manager, Social and Health Development and with the concurrence of the City Manager, the Health and Homelessness Summits – Proposed Whole of Community System Response Report **Be Received** for information purposes and the following actions **Be Taken** with respect to the report:

- a) That, Council **Endorse** the Health and Homelessness Whole of Community System Response co-developed through the Health and Homelessness Summits attached as **Appendix A**;
- b) That, Civic Administration **Be Directed** to allocate the remaining fund of \$2,884,186 from the London Community Recovery Network funds towards the implementation of the system;
- c) That, Civic Administration **Be Directed** to proceed with supporting the implementation of the Health and Homelessness Whole of Community System Response; and,
- d) That, Civic Administration **Be Directed** to report back to a future standing committee on progress updates.

Executive Summary

As in many other regions, the City of London is experiencing a health and homelessness crisis and the challenges in the collective ability across sectors to provide timely and appropriate supports for individuals affected by the growing impacts of this crisis. Throughout 2022, Londoners from all sectors and backgrounds said clearly that something needed to change, to save lives, to better deliver healthcare and housing for marginalized Londoners experiencing homelessness, and to address the whole of community impacts of this crisis. There are many complex factors that have led to this crisis point, not the least of which is a dramatic increase in the volume and complexity of health and housing needs and the impacts on individuals experiencing homelessness. This crisis has also had a major impact on those that provide direct service, as well as mounting economic and health impacts to the entire community.

This call for change led to London's Health and Homelessness Summits and the Whole of Community System Response outlined in this report and attached as Appendix A. The series of three Health and Homelessness Summits were held between November 09, 2022, and January 25, 2023, aimed at creating a coordinated system response. This work has happened quickly in recognition of the urgency of this crisis and that community members are suffering and some of them are dying on our streets and in our community.

The Health and Homelessness Summits brought together more than 200 individual leaders from all backgrounds and areas of expertise representing more than 70 local organizations from a range of sectors including community health and social services, institutional health care, business and economic development, land and housing development, and staff from other levels of government.

The work of the summits was to engage, listen and co-design a people-centered, housing centric system response that could be actioned and resourced quickly to meet the

growing urgency and complexity of the health and housing needs of those who are marginalized and experiencing homelessness in London.

This whole of community system response will be implemented through a co-design process with the goal to immediately implement 5 (five) 24/7 hub sites and 100 units of housing with high supports this year.

Linkage to the Corporate Strategic Plan

Strengthening Our Community

- Londoners have access to the supports they need to be successful
- Londoners are engaged and have a sense of belonging in their neighbourhoods and community
- London's neighbourhoods have a strong character and sense of place

Leading in Public Service

- Increase efficiency and effectiveness of service delivery
- Maintain London's finances in transparent and well-planned manner to provide equity and affordability over the long term

Links to Community Recovery

The City of London is committed to working in partnership with the community to identify solutions that will drive a strong, deep, and inclusive community recovery for London as we move out of and beyond the global COVID-19 pandemic. This report, and the items within, are linked to supporting Londoners experiencing homelessness during the COVID-19 pandemic to attain and retain permanent housing. This work supports recovery efforts through a coordinated response that will support the transition of individuals and families experiencing or at risk of experiencing homelessness who have a variety of support needs into permanent housing.

Analysis

1.0 Previous Reports Related to this Matter

- Allocation of Remaining London Community Recovery Network (LCRN) Funding (SPPC: August 30, 2022)

2.0 Background Information

The City of London is experiencing a crisis in the collective ability across many sectors to provide timely and appropriate supports for people experiencing the impacts associated with this crisis. These challenges can not be addressed by one agency or one sector alone, and a whole of community system response is needed. The Health & Homeless Summits were convened collaboratively by *City of London, CMHA Thames Valley Addiction & Mental Health Services, London Health Sciences Centre, London Police Service, Middlesex London Health Unit, Middlesex-London Paramedic Service, and St. Joseph's Healthcare London.*

In all more than 200 individual leaders from all backgrounds and areas of expertise, representing more than 70 local organizations, came together over three summits in November and December 2022 and January 2023, with a pledge to do things differently to improve the lives of Londoners.

Session 1 – November 9, 2022

The first session was attended by 211 people representing 67 different organizations. The attendees learned about successful collaboratives taking place in various sectors and group work to begin to shape the whole of community response. Through discussions key themes emerged in the areas of foundations and governance, service

delivery (system components), system resources and advocacy, engagement, and communication.

Session 2 – December 15, 2022

The second session was attended by 176 people representing 69 different organizations. The attendees began to shape the shared purpose together and then began to work on service and system components. The discussions built upon the key themes from session one focusing on components of a community system wide response including integrated and coordinated outreach; low barrier 24/7 spaces; continuum of supportive housing; health, wellness, and treatment options; workforce development; data collection and management; policies and procedures; and standards of care.

Session 3 – January 25, 2023

Over the course of the first two sessions, through many generative, cross-sector discussions and breakout sessions, the need for coordinated system transformation was readily identified.

The third session was attended by more than 200 individuals representing more than 70 organizations, the group reviewed the draft system model, which was based on the collective input of all participants across the first two summits. They then broke into facilitated peer groups with fellow subject matter experts from specific sectors, to provide feedback and ask questions about the model, including working groups for:

- *Frontline Leaders, Operational Leaders, Organizational Leaders, Land and Housing Development Leaders, Business and Economic Development Organizations, and Funders and Community Partners.*

The attached proposed system in Appendix A was authored collectively by all summit participants, using insights collected in all three community sessions.

Following session three there was an opportunity for attendees to further review and provide comment on the proposed system response.

Key Components of the Model

The plan is people centred and housing centric and the implementation of the model will be co-designed by the community. A people centred, housing centric system 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 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.

The model is a whole of community response that is based on a set of shared values and principles and upheld by system foundations of Workforce Development; System Governance; Standards of Care; Shared Systems and Processes; and Centralized Data and Measurement. A brief description of these system foundations can be found in the attached Appendix A.

The work of the new system will be to establish a network of 12-15 hubs across the community. The hubs will become one system with no wrong door and multiple locations to meet people where they are, offering a range of common functions in an integrated, multi-agency and interprofessional model, that is population-specific to meet unique demographic and care needs, supported by one central phone number for referral, and designed to ensure timely and direct pathways to housing.

To be effective, a continuum or range of housing options are needed, particularly a greater emphasis on high support housing with 24/7 on-site care available. While 100 units of highly supportive housing is targeted for this year, in total that number expects to grow to 600 highly supportive housing units over the next three years.

The Health and Homelessness Whole of Community System Response will be driven by a set of values and principles that include:

- Respecting individual experience
- Ensuring choice in care
- Promoting dignity
- An anti-oppression and anti-racism framework
- Harm reduction approach
- Trauma and violence informed
- Culturally safe
- Informed by social determinants of health
- Co-designed with providers and those with lived and living experience, and centering those voices
- Shared accountability and engagement
- Communication and transparency
- Continued commitment to prevention and advocacy
- A supportive system of mutual respect and care

The Whole of Community System Response will be supported by five critical foundations needed to ensure successful system operation, including: *Workforce Development; System Governance; Standards of Care; Shared Systems, Processes, and Supports; Centralized Data and Measurement.*

Indigenous Led Response

To ensure a culturally safe response that is appropriate for Indigenous community members, we will follow the lead of Indigenous colleagues and support an Indigenous-led system response, which is not designed in a colonial way and respects the deep knowledge and consultation already inherent in the Giwetashkad Strategy, and the intention to honour all relations in defining next steps.

There is a commitment to Indigenous representation in overall system governance and implementation co-design, and a commitment to recognizing that the definition of Indigenous homelessness is separate and distinct from the common colonialist definition of homelessness

2.1 Next Steps

In March, organizational leaders will come together to develop the system governance and implementation approach that will support the co-design and implementation of the Whole of Community System Response. Following this, the co-design work will begin in April to June with the goal of establishing 5 hubs and 100 units of highly supportive housing this year.

Given the urgency and recognizing that while the system is being transformed to a network of hubs with direct pathways to immediate housing, existing services and agencies are still doing the very hard work of caring for those who are marginalized and experiencing homelessness in our community. An immediate investment of funds to initiate implementation is needed. As noted in section 3.0, civic administration is recommending that the remaining London Community Recovery Network fund, approximately \$2.8M, be immediately directed to support the implementation of the whole of community system response.

The City of London is committed to ensuring the proper supports and resources are in place to launch the Whole of Community System Response. A backbone support team will be established by the City, with the purpose of supporting the system governance and

implementation structure to co-design and launch the initial sites and increase highly supportive housing options.

Throughout 2023 and into 2024, Civic Administration will work to align existing Municipal plans and resources to align with the work of the new Health and Homelessness System. As existing plans get updated, a focus will be on aligning strategies and resources with the Whole of Community System Response.

3.0 Financial Impact/Considerations

Civic Administration is seeking Council approval to apply London Community Recovery Network (LCRN) funding in the amount of \$2,884,186 towards the implementation of the Whole of Community System Response. At the August 2022 Council meeting, Council approved the application of LCRN funds towards homelessness initiatives. These funds will assist in activating immediate actions under the system response.

Civic Administration will seek additional funding streams and realign existing approved budgets in consultation with Finance Supports and will apply funding over time and as available. Any requests for additional resources will be incorporated in future budgets and will be supported by a comprehensive business case in the Multi-Year Budget process. Civic administration is committed to ensuring existing Council endorsed plans and program funding aligns with the work of the new system.

The Health and Homelessness Fund for Change has been established through a generous donation of \$25 million from an anonymous family. Additional donations have been made to the fund which is administered through the London Community Foundation (LCF) and will be allocated based on decisions of the governance structure in support of the Whole of Community System Response.

The City is also working with the Ontario Big City Mayors to seek support from the provincial government to address the health and homelessness crisis being experienced in cities across Ontario. As well, to further fuel this work, the City and community partners will be taking requests directly to the Provincial and Federal governments to secure their investment in London to support our community plan and provide an opportunity to demonstrate the impact of the proposed approach. This will be done with a unified voice to request increased and aligned funding.

Conclusion

A need for immediate action to support individuals experiencing the impacts of health and Homelessness has been identified by our community and a whole of community response model has been codeveloped through the work of the Health and Homelessness Summits. Ultimately, the proposed system aims to support the whole community – those who are marginalized and experiencing homelessness, those working in the system, and those trying to provide support, including businesses and community members who also experience the impacts of this crisis.

The Health and Homelessness Whole of Community System Response included in this report serves as the model needed to make the necessary changes to address the health and homelessness crisis London is facing.

Prepared by: Laura Cornish, Manager Housing Stability Services
Recommended by: Kevin Dickins, Deputy City Manager Social Health Development
Concurred by: Lynne Livingstone, City Manager

People Centred and Housing Centric

Health & Homelessness in London, Ontario:
A Whole of Community System Response

The Context

London is experiencing a health and homelessness crisis. Community members are suffering and some of them are dying on our streets.

There are many complex factors that have led us to this crisis point, not the least of which, a dramatic increase in the volume and complexity of health and housing needs and impacts.

Throughout 2022, Londoners from all sectors and backgrounds said loud and clear that something needed to change, to save lives, to better deliver healthcare and housing for the most marginalized community members in London, and to address the whole of community impacts of this crisis.

This call for change led to *London's Health & Homelessness Summits and the Whole of Community System Response* outlined here.

Summit Process & Progress

The Health & Homeless Summits were convened collaboratively by *City of London, CMHA Thames Valley Addiction & Mental Health Services, London Health Sciences Centre, London Police Service, Middlesex London Health Unit, Middlesex-London Paramedic Service, and St. Joseph's Healthcare London.*

In all more than **200 individual leaders** from all backgrounds and areas of expertise, representing more than **70 local organizations**, came together over three summits in November and December 2022 and January 2023, *with a pledge to do things differently.*

They came together across a range of sectors – from community health and social services, institutional healthcare, education, emergency services, business and economic development, land and housing development, City of London staff, and staff from other levels of government – and agreed to:

- Build on the great work already underway
- Recognize the things that are not working as well
- Collaborate and innovate on new cross-sector and multidisciplinary solutions
- Speak in one voice to the funders who have the ability to resource a system response to this very real and dire crisis
- And most importantly to engage, listen to and co-design a system solution with those who have lived and living experience as a foundational element of this important work

The work and progress included:

| In Summit 1:

The group confirmed their shared intention to work together and began to build new relationships, reviewed the health and homelessness data for our community, and learned about the local best practices and collaborative efforts that already exist and can be built on. Then they set to work to identify all of the opportunities and challenges that need to be addressed with a new system solution, and began to identify the core components of that potential system. **In all, 20 priority needs and considerations were identified across four categories** – *Foundations & Governance, Service Delivery, System Resources, and Advocacy, Engagement & Communications.*

| In Summit 2:

The group forged ahead with new relationships and continued to collaborate to focus on defining the specific requirements for the service delivery and system foundations identified in the first session. They were: *integrated intake and coordinated outreach, low barrier 24/7 spaces, increasing health, wellness and treatment options, a continuum of supportive housing, workforce development, data collection and measurement, policies and procedures, standards of care.*

Over the course of the first two sessions, through many generative, cross-sector discussions and breakout sessions, **the need for coordinated system transformation was readily identified.**

This cross-sectoral group also identified **five critical foundations needed** to ensure successful system operation, including:

1 **Workforce Development**

Encompassing attraction, retention and engagement in a collaborative, shared strategy, including greater resources to hire, train and boost the wellbeing of frontline workers

2 **System Governance**

Defining the governance, leadership and accountability structure for the system

3 **Standards of Care**

Establishing sector wide standards of care to improve consistency in approaches to outreach and intake, harm reduction, anti-racism and anti-oppression practices, low barrier spaces

4 **Shared Systems, Processes & Supports**

Developing common policies, procedures, tools and training to support the system and the delivery of consistent, high quality care, and to support businesses and community members with tools and supports; additionally including the review of policies, procedures and bylaws to support the whole of community response

5 **Centralized Data & Measurement**

Developing centralized data sources, impact measurements and new or enhanced assessment tools

| In Summit 3:

The group dove deep into a review of the draft system model, which was based on the collective input of all participants across the first two summits. They then broke into facilitated peer groups with fellow subject matter experts in specific sectors, to provide feedback and ask questions about the model, including working groups for: *frontline leaders, operational leaders, organizational leaders, land and housing development leaders, business and economic development organizations, and funders and community partners.*

The following **proposed system response** was authored collectively by all summit participants, using insights collected in all three community sessions, and enhanced based on the real-time and post-event feedback opportunities offered to all participants.

Ultimately, the proposed system aims to support the whole community—those who are most marginalized, those working in the system, and those trying to provide support, including businesses and community members who also experience the impacts of this crisis.



Our Shared Purpose

We exist to provide hope, healthcare and homes to those who are marginalized and experiencing homelessness in our community, of all backgrounds and experiences.

We believe that housing is healthcare and a fundamental human right.

We place the highest priority on providing direct connections to the right housing and housing supports for every

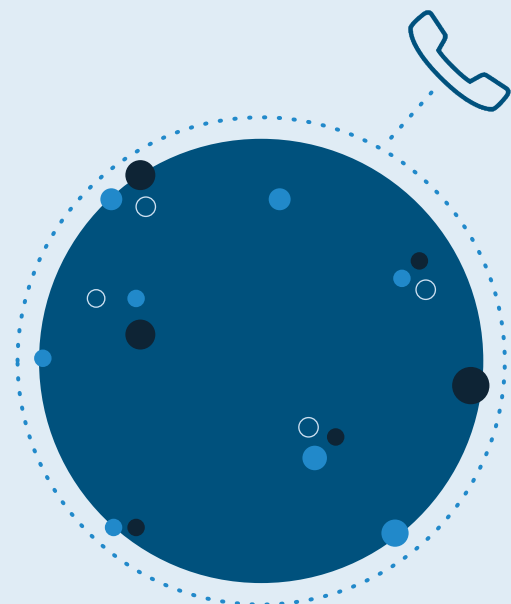
individual, and on building a sense of belonging for all.

Our people centred, housing centric system meets people where they are, without judgment, offering culturally safe, low barrier, inclusive care that is violence and trauma informed, built on an anti-racism and anti-oppression framework and underpinned by a consistent harm reduction approach.



All Doors Lead Here

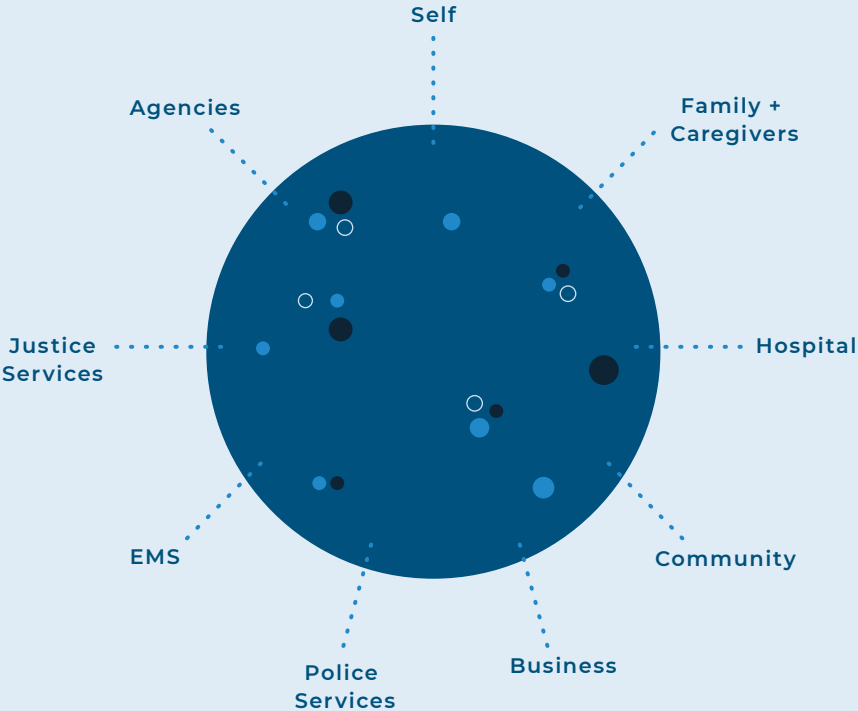
This is one system with no wrong door and multiple locations to meet people where they are, offering a range of common functions in an integrated, multi-agency and interprofessional model, that is population-specific to meet unique demographic and care needs, supported by one central phone number for referral, and designed to ensure timely and direct pathways to housing.



Working Differently Together

A “no wrong door” approach.

“DOORS” (Referral Sources)



“DOORS”

CORE FUNCTIONS

- Self
- Family + Caregivers
- Hospital
- Community
- Business
- Police Services
- EMS
- Justice Services
- Agencies

- 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 (e.g. harm reduction via Carepoint, mental health, treatment, stabilization, general medical)
- 24/7 safe spaces (population-specific, including private, semi-private, congregate, flexibility to come and go)
- Transitional, medical respite and crisis stabilization beds
- Justice system services
- One number to call for referral

Timely and Direct Pathways to Housing

Housing is Healthcare:

Timely and direct pathways to the right housing for each individual based on their needs, supported by increased housing stock of the right types, locations and supports.

SUPPORTIVE HOUSING CONTINUUM *

Highest support (interdisciplinary, 24/7 supports on site)

Range of supportive housing options connected to individuals in private housing (with continued support on daily, weekly, other basis; could include but is not exclusive to developmental services and long-term care)

Independent living

**Dependent on an expanded housing stock*

A Common Purpose & Practice:

Powered by shared values, principles and foundations.

VALUES + PRINCIPLES

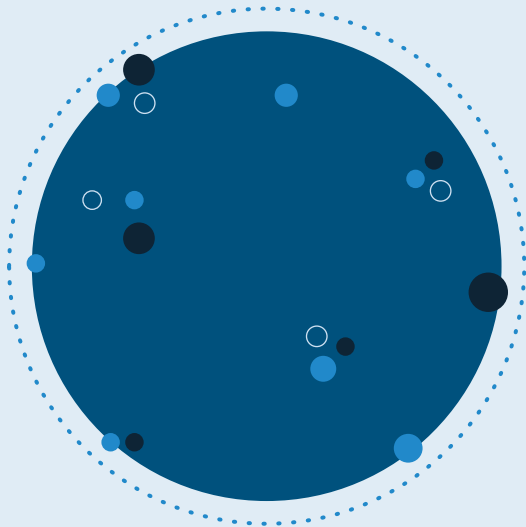
- Respecting individual experience
- Ensuring choice in care
- Promoting dignity
- Anti-racism and anti-oppression framework
- Harm reduction approach
- Trauma and violence informed
- Culturally safe
- Informed by social determinants of health
- Co-designed with providers and those with lived and living experience, and centering those voices
- Shared accountability and engagement
- Communication and transparency
- Continued commitment to prevention and advocacy
- A supportive system of mutual respect and care

A Common Purpose & Practice continued:

CRITICAL SYSTEM FOUNDATIONS

- Workforce Development
- System Governance
- Standards of Care
- Shared Systems, Processes & Supports
- Centralized Data & Measurement

Our Whole of Community Response | By the Numbers



Multiple locations, population specific, with a common set of functions and direct connections to the right housing.

NETWORK OF HUBS

12-15 total hub locations across the community (*5 to start*).

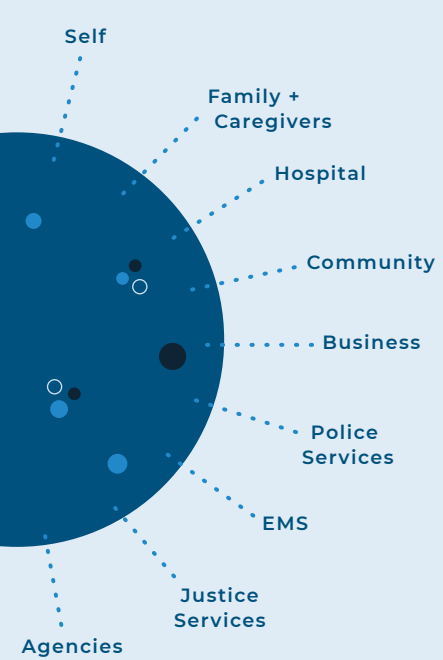
25-30 people served per location, depending on acuity and population needs.

100 high support housing units immediately (*and 600 over 3 years*).

**Numbers are very much draft only and will be determined through co-design process.*

Our Whole of Community System Response At-a-Glance

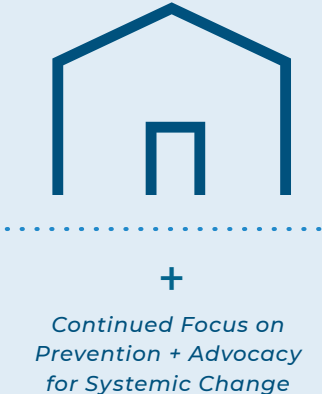
Network of Hubs with Multiple Referral “Doors”



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 (e.g. harm reduction via Carepoint, mental health, treatment, stabilization, general medical)
- 24/7 safe spaces (population-specific, including private, semi-private, congregate, flexibility to come and go)
- Transitional, medical respite and crisis stabilization beds
- Justice system services
- One number to call for referral

Timely + Direct Pathways to Housing



Shared Values, Principles + System Foundations

Respecting & Listening to Indigenous Colleagues

We have a commitment to greater representation and an effective process that is not designed in a colonial way, respecting the deep knowledge and consultation already inherent in the Giwetashkad Strategy.

BASED ON THE GIWETASHKAD STRATEGY WE WILL:

Support an Indigenous-led system response, recognizing the definition of Indigenous homelessness as separate and distinct from the common colonialist definition of homelessness

Ensure representation in overall system governance and implementation co-design

Follow the lead of Indigenous colleagues in this process

Respect the intention to honour all relations in defining next steps

A Continued Focus on Prevention

While there is widespread agreement amongst participants on the system response, there is also a strong and continued focus on prevention and advocacy to address the systemic issues that cause community members to experience health and homelessness issues. It is important to underscore that this priority has not been lost, and will continue to be a top focus of all involved in the system response.

Next Steps

Work on system governance and implementation co-design will begin in March. Consistent with the founding values and principles of the summit process, this work will be open and inclusive to all leaders from the sector. An important part of the co-design work will be consultation with those who have lived and living experience, and frontline workers. Communications, community engagement and advocacy will also continue, within the London community and with other levels of government.

A Note on the Health & Homelessness Fund for Change

Inspired by the dire local need and the work of the summit participants across sectors, a generous London family, who wishes to remain anonymous, has come forward to provide an **historic \$25 million dollar gift** to fund the system response.

This gift, which has been established as a fund with London Community Foundation, represents by far *the largest single private donation in the history of our community to address health and homelessness*. The family has *further* pledged another **\$5 million in matching funds**, which means that if our community comes to the table with \$5 million, they will match it, creating **a fund that totals \$35 million dollars**.

This historic gift is a testament to the belief in the process and to the work that everyone involved in the system design process has contributed to and will continue to contribute to.