

FEBRUARY 2023

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

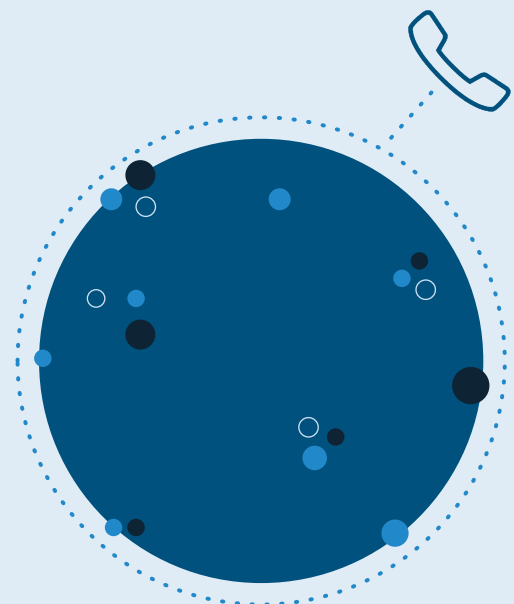
individual, and on building a sense of belonging for all.

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

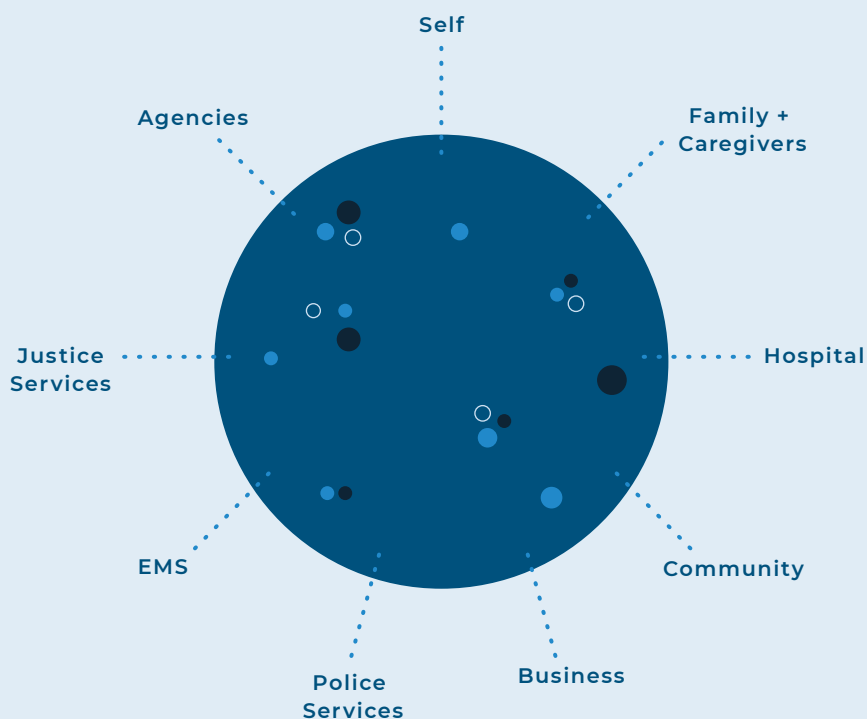
This is one system with no wrong door and multiple locations to meet people where they are, offering a range of common functions in an integrated, multi-agency and interprofessional model, that is population-specific to meet unique demographic and care needs, supported by one central phone number for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

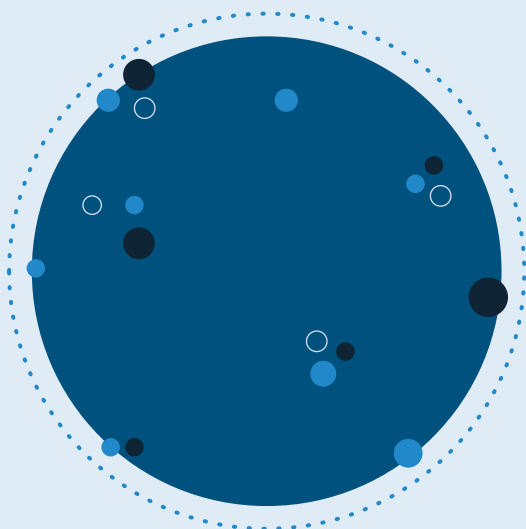
- Respecting individual experience
- Ensuring choice in care
- Promoting dignity
- Anti-racism and anti-oppression framework
- Harm reduction approach
- Trauma and violence informed
- Culturally safe
- Informed by social determinants of health
- Co-designed with providers and those with lived and living 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*).

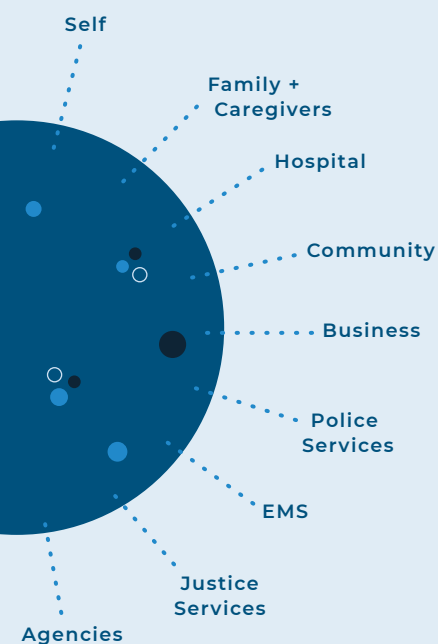
25 -30 **people** served per location, depending on acuity and population needs.

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

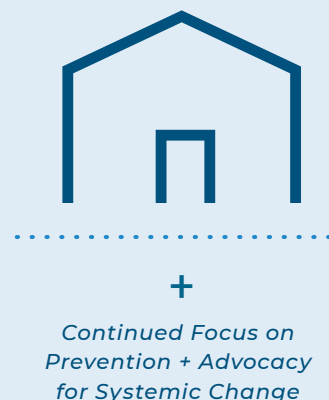
Network of Hubs with Multiple Referral “Doors”



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
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- Intentional connections to health & wellness services (e.g. harm reduction via Carepoint, mental health, treatment, stabilization, general medical)
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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.