Saving Lives, Alleviating Suffering & Building a Healthy, Strong & Safe Community for All

London's Health & Homelessness Response: Proposed Hubs Implementation Plan

A roadmap to help the most marginalized Londoners **move safely inside, become stabilized, supported and connected to the right housing, and to help them stay housed.**

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About London's System Response & This Plan

Why this plan? Why now?

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. At present in London, approximately 2000 community members are living unhoused today, with 49% of those assessed as being high acuity[1] with complex needs and requiring intentional supports.

This is a crisis that is decades in the making. There are many complex factors that have led us to this point, not the least of which, a dramatic increase in the volume and complexity of health and housing needs and impacts. There is no mistaking that this has far reaching impacts on individual lives and on the social, economic and cultural health and wellbeing of our community.

Throughout 2022, Londoners from many 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.

They know that by addressing this crisis, we will alleviate suffering and save lives, *and* ensure a transformative change that will have significant benefits for our entire community. They know 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.

And they have come together to make sure that happens.

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[1] 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 .

Created by the community, for the community

The Health & Homelessness Whole of Community System Response is a uniquely-local system transformation designed in a collaborative process that included more than 200 individuals across 70 local organizations representing a diversity of sectors – *community health and social services, institutional healthcare, education and academia, emergency services, business and economic development, land and housing development and multiple levels of government*. It has been further shaped by a range of Londoners, through a series of in-person and virtual community engagement opportunities, **which resulted in several thousand total inputs**, and it will continue to be informed by those with lived and living experience.

A strategic roadmap for a transformative system response

The plan represents the culmination of nearly 9 months of intensive community-driven collaboration and something that has never been done before in London. What makes this plan and the process to design it truly different and unique is a commitment by a range of individuals and organizations to come together *to work differently* in a collaborative model that has broken down silos and brought together collective expertise and good practices to build a cohesive *system*.

This document is a strategic implementation roadmap, taking into consideration a variety of community inputs and the insights of diverse subject matter experts. It has the confidence and endorsement of leaders across sectors.

It has also necessarily been developed quickly, in response to the dire health and homelessness crisis facing our community, and so it is intentionally designed to evolve in lockstep with community feedback, changing conditions and lessons learned as the system is established – including continuous feedback from those with lived and living experience. Therefore, it is not a detailed operational plan but represents a holistic implementation strategy to ensure that all Londoners, from elected officials, funders and partners to individual community members, can understand and engage with this whole of community transformation.

Our foundational anchors: Hubs & Housing

This community-informed response is a single, holistic "all doors lead here" system of care, anchored in two foundational elements - hubs and housing. It proposes multiple locations distributed 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 healthcare, harm reduction and addiction treatment services, and housing supports.

The system will support the highest acuity Londoners to move safely inside, help them get stabilized, wrap around them with supports, connect them to the right housing and help them stay housed.

Because in London, Ontario, we believe that housing is healthcare and that it is a fundamental human right.

A People-Centred Development & Implementation Process

The origin and community-driven evolution of the Hubs Model

At its heart, the Whole of Community System Response, and the Hubs model that underpins it, **is about people in our community**.

It is about those most marginalized Londoners who are suffering and dying on our streets.

It is about those who serve them with passion and commitment every day, including hundreds of frontline workers who have been at the forefront of this fight for many decades.

It is about all Londoners, including families, neighbourhoods and businesses who experience the impacts of this crisis, every day.

This plan, and the entire system design that underpins it, is a robust and collaborative effort of health and social services experts, local businesses, BIAs and economic development representatives, housing and development communities, education and academia, multiple levels of government, neighbourhood associations and individual community members across various backgrounds and experiences, including ongoing input from persons with lived and living experience of homelessness to shape the ways that hubs can be welcoming, safe, and trusting places to seek support[2].

These Londoners have come together, and will continue to collaborate with compassion and determination, to change the story of health and homelessness in the London community.

The following outlines the steps in the development process and the voices of multitudes of Londoners who have contributed to a transformational system design:

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[2] This work is being undertaken in a thoughtful and strategic way that respects the audience being engaged and the agencies that support them. It is ongoing as of July 2023 and will be continuous, with feedback implemented throughout system operationalization.

Step 1: The Summits

London's Health & Homelessness Summits and the Whole of Community System Response were the result of our community's call for action to address the health and homelessness crisis.

They were originally 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*, and were supported in their implementation by a range of community health care and homelessness relief organizations, including *London Intercommunity Health Centre, Regional HIV/AIDS Connection and Unity Project*.

In all, more than **200 individual leaders** from all backgrounds and areas of expertise – *including community health and social services, institutional healthcare, education and academia, emergency services, business and economic development, land and housing development, City of London staff, and staff from other levels of government* – representing more than **70 local organizations**, came together at three summits in November and December 2022 and January 2023, with a pledge to do things differently. Specifically, they agreed to:

- Build on the work that already exists;
- 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 result was a comprehensive **people-centred and housing-centric** system response[3] that is summed up in this shared purpose statement and system graphic that follows:

> *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.*

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[3] See also the Whole of Community System Response Overview, which was provided to Council in February.

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.
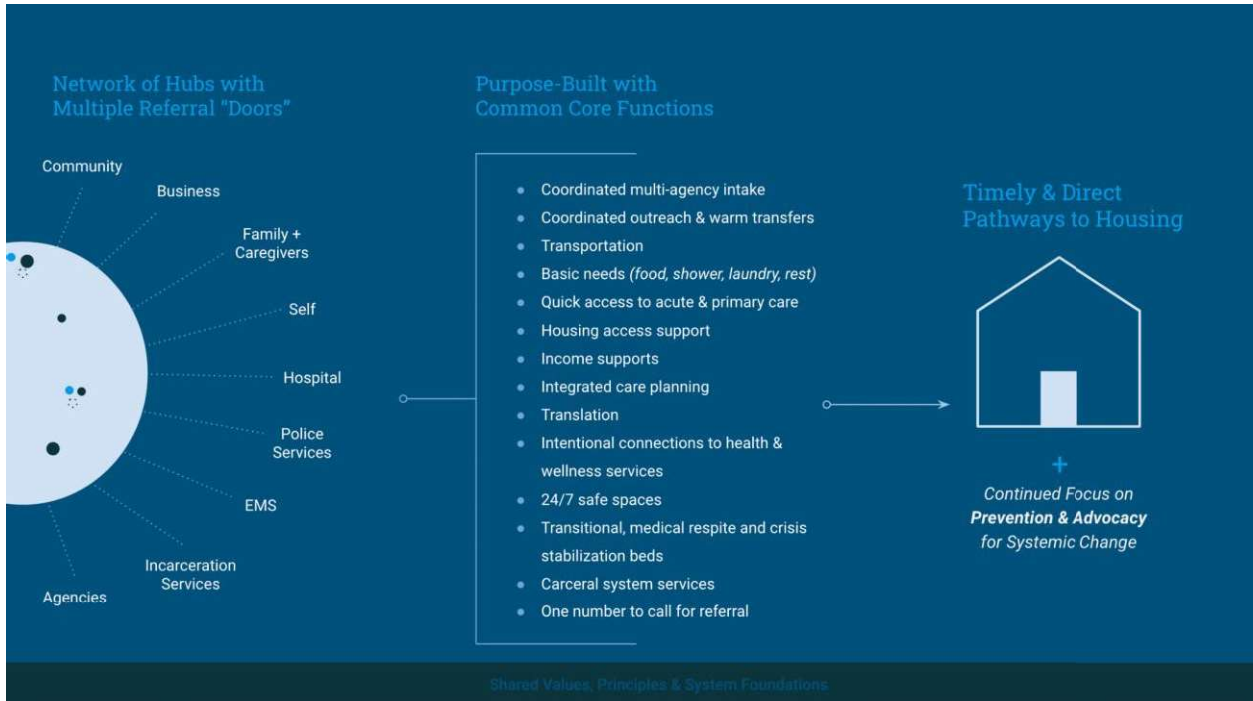
But the Summit work was just the beginning of this important journey. To be truly whole of community, we knew we needed to engage the widest possible range of Londoners, while necessarily moving quickly to address this dire crisis.

Supported By A Transformational Gift

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 unprecedented $25 million dollar gift to fund the system response.

This gift was announced at the Mayor's 2023 State of The City Address. It has been established as a fund with London Community Foundation and 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.

To date, no money from the fund has been spent. All dollars have been designated to support the new system, with funding to be allocated based on unified single-asks to the Fund that are developed by the Strategy and Accountability Table and informed by implementation tables.

The Fund for Change is critical to helping secure provincial and federal dollars, and will also support things that that government cannot fund or cannot fund immediately. Government advocacy is well underway and London's plan has been positively received by multiple levels of government.

This legacy 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.

Step 2: Council Endorsement and Government Relations & Advocacy

In February 2023, the System Response was shared with City Council and the London community and received unanimous Council endorsement. Council further pledged $2.8 million in funding from the London Covid Recovery Network (LCRN) to support initial system implementation work and a commitment was made by staff to monthly reporting on implementation progress. Those reports have been delivered since March and are ongoing.

Immediately following Council endorsement, a government relations and advocacy effort was initiated. It included leaders from across the Health & Homelessness movement participating in advocacy days, meetings and briefings with individuals and groups at the provincial and federal government level, including:

- Key meetings have taken place with members of the Federal Government including: the Federal Minister of Mental Health and Addictions, Federal Minister of Health, Federal Minister of Intergovernmental Affairs, Infrastructure and Communities, and Federal Minister of Housing Diversity and Inclusion, as well as local MPs Fragiskatos and Kayabaga.
- Key meetings have taken place with members of the Provincial Government including Premier Doug Ford, Deputy Premier and Minister of Health, Minister of Finance, Minister of Municipal Affairs and Housing, Minister of Labour, Immigration, Training and Skills Development, and Associate Minister of Mental Health and Addictions, as well as local MPP Rob Flack.

In addition, advocacy work continues with the Ontario Big City Mayors (OBCM), led by Mayor Josh Morgan. This has also been a topic of discussion at the Federation of Canadian Municipalities (FCM), and the Association of Municipalities of Ontario (AMO).
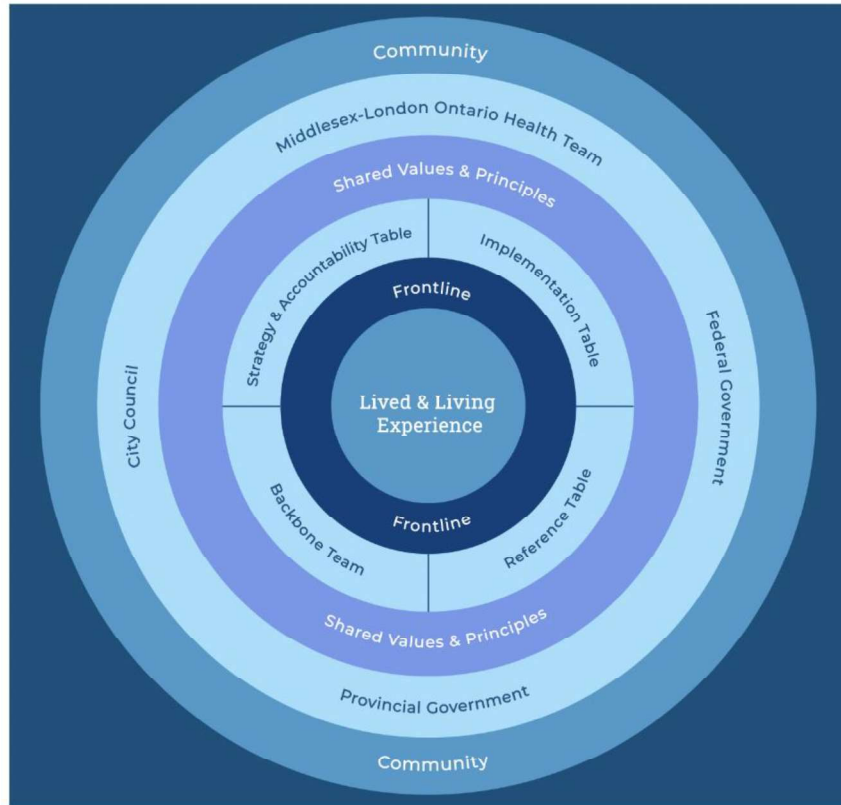
To date, the work has been very well received, in particular the concept of Hubs and the whole of community approach to this strategy.

Step 3: Whole of Community Implementation

In March & April 2023, local leaders from across sectors collaborated to develop a system governance and implementation framework that is truly person-centred with a *nothing about us, without us* approach, with those being served and those working on the front lines of service at the heart of the model.

It included the establishment of:
    I.   A Strategy and Accountability Table comprised of leaders from across sectors to guide the overall implementation
    II.   Implementation Tables to co-design each system component and develop the associated implementation plans and for consideration/affirmation by the Strategy and Accountability table, including:
        A. Hubs
        B. Encampments
        C. Housing
        D. Workforce Development
        E. Systems foundations

Community
Middlesex-London Ontario Health Team
Shared Values & Principles
Strategy & Accountability Table
Implementation Table
Frontline
City Council
Lived & Living Experience
Federal Government
Backbone Team
Frontline
Reference Table
Shared Values & Principles
Provincial Government
Community

Step 4: Community Engagement

Concurrent with implementation table work, City staff and community leaders undertook a community engagement process including an online survey, five in person meetings across the community and two open houses for businesses. Participants were asked for input on three important topics:

- Criteria for determining the best locations for Hubs
- Criteria for where Hubs should not be located
- How Hubs can be good neighbours

Engaging those with lived and living experience, including compensation for their time and expertise, is underway in collaboration with community agencies, and there is a commitment to continue this engagement throughout Hub implementation and overall system initiation.

Business and development reference tables were also initiated, and several meetings were held with those groups of sector subject matter experts.

The results of this comprehensive community engagement process have been applied to this work in many ways, including the functions and standards and location criteria, and are reflected throughout this plan.[4]

Step 5: Plan Endorsement & System Implementation

Recognizing the necessarily rapid timelines to move the Hubs forward from plan to opening and operationalizing up to five this year, much work would need to happen pending Council's support of the plan. This critical work will bring net-new beds to the London community and much needed relief to the growing number of individuals experiencing homelessness and the escalating complexity of their needs, as well as to those experiencing the whole of community impacts of this crisis.

It is important to recognize that Hubs do not stand alone, but are part of the larger system response backed by a variety of implementation tables that will work together to support Hubs and overall system operationalization, *and* continue to work with already existing services to ensure a comprehensive end-to-end system for all individuals experiencing homelessness, of all levels of acuity.

The process to move the Hubs plan forward in an expedited way will include drafting content for a competitive procurement process that reflects the parameters and content of the endorsed Hubs plan and that will form the scope of responsibilities for prospective Lead Agencies and collaborative partner agencies.

Pending Council approval of this Hub implementation plan, a competitive procurement process would then begin with a very short timeline. It is expected the procurement package will be finalized by early August, and released to the community through the City of London procurement channels. The application period will conclude approximately four weeks after issuing and lead into a community review process led by the City of London. Participants in the evaluation process will include organizations that do not have direct involvement in the operating of the first five hubs. While we recognize this is a rapid turnaround time, it is in line with an urgent crisis response and consistent with the goal to establish the first 3-5 Hubs this year.

Following the conclusion of the procurement process, successful proponents will be selected in early September and recommendations for Lead Agencies and locations for the first five Hubs (including the population focus of each) will be brought back to Council for consideration.

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[4] See also: Appendix A – Community Consultation Summary Report

The cumulative efforts of the implementation tables, the strategy and accountability table, civic administration, and Municipal Council will lead to the initiation of life-saving service delivery, in the first 3-5 Hubs by the end of 2023.

Step 6 - Next Steps

Pending approval of the Hubs plan by Council, the Hubs plan will shift to implementation efforts to open Hubs this year. A decision from Council will allow Civic Administration to work through the procurement process for selecting lead agencies and bring further recommendations back to Council at the conclusion of the procurement process.

Once implementation gets underway, there will be an ongoing process of assessment, feedback and evolution within the Hubs, including a Hubs Integrated Leadership Table that continuously develops, evaluates, and adjusts common practices across the network of hubs. Knowing this model of care is new and different, there will be an inherent commitment to a culture of continuous improvement. Ensuring the successful care and support of marginalized Londoners requires a robust Evaluation and Measurement framework, one that will include the involvement of individuals accessing services, service delivery partners, and contributors from business groups and the broader community.

A transparent and effective Evaluation framework for something as unique as Hubs will require expertise from those that have well established processes in place for evaluation, research, and quality health improvement reporting. This is an area where healthcare partners have already shown interest in supporting and leading, and through the establishment of the System Foundations Implementation Table in July, the scoping of such work can begin. As key indicators and scoping plans are developed, they will be presented back to Council.

Long term, it is anticipated that a total of 12-15 Hubs could need to be established to serve the existing high acuity population, which would involve additional consultation across sectors and within the community, including those with lived and living experience. However, the success of this work will be accompanied by and also be dependent on, increasing the amount of available highly supportive housing stock, which is being worked on currently by the Housing Implementation Table in collaboration with the Developers Reference Table and City staff. Beyond the creation of highly supportive housing stock, this work will be bolstered by continuing to advance efforts already underway as it relates to the City of London Roadmap to 3000 Affordable Units, as all types of affordable housing are needed.

In the meantime, City of London will continue to undertake the work of aligning priorities and resources to the system response, including legislatively-required updates to strategies such as London's Housing Action Plan.

Recognizing the challenge ahead of us

There is a high degree of confidence in the system response and the Hubs implementation plan *and* the challenge we are facing as a community is still incredibly complex.

It is important to note that while Hubs are a cornerstone of this transformative new system, they will not be a panacea or immediate solution for all impacts, nor will they serve the entire population of those experiencing homelessness. They are purpose-designed to serve high acuity individuals, many of whom have never been able to consistently access the right safe places and supports for them.

Current community health and homelessness relief organizations will continue to provide critical service to those at various levels of acuity with close referral relationships *to and from* Hubs, as well as service provision *within* Hubs. **There continues to be a steadfast commitment to collaboration across the sector in service of addressing this crisis, which will be ongoing throughout implementation and beyond.**

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 meet people where they're at, supporting an individual's next steps toward housing. While basic needs supports exist in a hub, hubs do not exist solely to provide basic needs.

This plan employs a Housing First approach, while ensuring an individual's health and wellness needs are attended to. Hub design work is about designing the right 24/7 safe spaces that can operate as an entry way into the housing system.

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[5] and transitional beds[6], 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.

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.

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[5] Non-reserved with a person-centered length of stay (hours), accessed via a referral from outreach workers, emergency services or walk-in. These beds offer flexibility for those who are not yet engaged in a support and housing plan. See Functions section for more.
[6] Reserved for individual stays, supported by a case worker and a plan to maintain stability, build trust interactions, and move individuals forward with their housing plans. See Functions section for more.

The Collaborative Model

Implementation by cross-sectoral, interdisciplinary and multi-agency teams

Part of the strength of the Hubs model is the intention to apply the significant knowledge and expertise that already exists in the health and social services sector – but to apply it *differently*, by having interdisciplinary, cross sectoral and multi-agency teams work collaboratively and alongside one another in Hubs. All partners in the Hubs System share the responsibility for proactively connecting participants to the functions, services and resources from which they can benefit; regardless of whether that service, function or resource is provided by the Partner's organization or another Partner or community organization; or whether it is provided at the Hub or elsewhere in the community. Hubs are a network, not standalone entities.

While the full operating model will be defined by all Lead Agencies, it will build upon the minimum service standards and incorporate best practices from different sectors. This model will include services that are offered in a variety of complementary modalities:

I.   On-site permanent (e.g. case management)
II.   On-site rotating – scheduled and/or by appointment (e.g. medical care, income supports, PSW)
III. On-call – timely services that are more acute in nature or as needed (e.g. community paramedicine, crisis response services)
IV.   Via referral – based on individual need (e.g. developmental services, psychiatric services)

As this is a massive transformation effort, it will necessarily be an evolving process, underpinned by:

I.   A Hubs Integrated Leadership Table for Lead Agencies and partner agencies to ensure continuous improvement and quality assurance. All partners in the Hubs System are open to learning from promising practices, taking appropriate risks, solving problems and are open to new opportunities and challenges with the objective of building a more effective and comprehensive system
II.   Shared Systems, including individualized care plans, data management and communication (with attention to consent, privacy and information sharing practices)

This work will be richly informed by other subject matter experts at implementation tables, including System Foundations, for shared data, communication and collaboration tools and processes; and Workforce Development, to help ensure consistent compensation, standards of operation, training and support for all Hub teams, regardless of the Lead Agency that employs or supports them.

Lead Agency Criteria

Hub Lead Agencies or Co-Leads will be an important cornerstone of the system, as service managers and property managers. Criteria for Lead Agencies will include **the following direct experience or related, transferable skills**:

I. Demonstrated ability and experience working successfully with one or more priority populations
II. Ability and willingness to commit fully to agreed upon Standards of Care
III. Experience delivering culturally-aware care, including specialized knowledge and training on Indigenous homelessness
IV. Demonstrated ability to lead cross-agency and/or multi-sector collaboration
V. Experience in successfully managing 24/7 operations including interior and exterior oversight and management of the property
VI. Strong relationships with other agencies and partners
VII. Ability to articulate existing or prospective capacity to manage additional work
VIII. Values-based leadership model, including collaboration, respect, mutual accountability
IX. Incident management and crisis management experience
X. Demonstrated history of strong financial management and clear commitments to the development of a high functioning team
XI. Commitment to continuous 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 . This also includes an agreement to participate in the Evaluation Framework.
XII. Commitment to co-lead in a shared accountability system, including participation in a Hubs Integrated Leadership Table

Potential Lead Agencies will have the opportunity to apply individually or with another agency, as co-leads, but any one agency should not lead/co-lead more than two individual Hub locations for the implementation of the initial 3-5 Hubs. Working as a network of providers will mean each Lead Agency is committed to actively participating in community and neighbourhood development efforts and

contributing to community education, awareness, and any related advocacy efforts associated with the Whole of Community System Response.

The Hubs model assumes contributions to Hub services via a range of existing partners and service providers, not net new teams, ensuring both expertise and efficiency in the delivery of Hub functions.

Hub Functions, Services & Standards

How Hubs deliver clients and surrounding communities

The vision of Hubs includes a consistent set of services and standards across multiple locations, which are designed specifically for high acuity populations and to ensure quality and consistency in delivery and management regardless of location. While some Hubs may include features or programs specialized to the unique needs of their target populations *(see more on populations on page 35)*, there is an expectation of consistent delivery of services across the system.

This section details the specific hub functions, standards of care and minimum standards *(examples of the practical expectations of service delivery, in place to support effective operations for both participants and neighbours)*, which were:

    I.   identified by summit participants across sectors;

    II.   defined by subject matter experts at the Hubs Implementation Table;

    III.   shaped by 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)*;

    IV.   refined and approved by the Strategy & Accountability Table of community leaders; and,

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

Functions, Standards & Practices

Standards of Care

Hubs Standards have been developed as a values-based approach and are designed to support consistent care delivery across all Hub locations.

- **Anti-Racism/Anti-Oppression Framework:** At Hubs, we will centre anti-racism and anti-oppression practices, and recognize intersectionality. For our shared work, **anti-racism** is defined as the active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably *(NAC International Perspectives: Women and Global Solidarity)*; **anti-oppression** is defined as strategies and actions that actively challenge existing intersectional inequities and injustices towards equity-deserving groups *(Canadian Race Relations Foundation)*; and **intersectional** refers to

the recognition that membership in more than one group is a reality for many *(City of London Anti-Racism and Anti-Oppression Framework)*.

- **Communication:** Transparent communication is the act of both positive and challenging information being shared amongst all collaborators in a way that allows all to see the why behind the words. At Hubs, we are committed to decision-making and discussion processes that aim to bring people to the table, ensuring we're on the same page with open communication that has a core of kindness and respect.

- **Community Engagement & Relationships:** To ensure the principle of whole-of-community is integrated within the work of Hubs, Hubs will proactively engage with surrounding neighbourhoods, and neighbourhoods will have ongoing opportunities to positively engage, work to resolve conflict and provide feedback. This will include private community members, neighborhood groups, BIAs, businesses and agencies. Lead agencies will hold the primary responsibility for supporting community development and engagement in the immediate area surrounding their Hub(s). Hubs are committed to regular updates about ongoing changes and facilitating relationship development with nearby collaborators.

- **Culturally safe:** At Hubs, this is based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare and social service systems. Our aim is to create an environment free of racism and all types of discrimination, where people feel safe and engaged. This involves ongoing assessment of social-location and dynamics between service providers, organizations and the people we serve. It is a commitment to ongoing learning, education and adaptation.

- **Empowerment Model:** At Hubs, people are supported to exercise their independence and agency. We acknowledge that everyone has the right to make choices about how they live and the supports they need. The dignity of individuals in their choices is a priority while maintaining orientation and work toward goals. In conversation, collaboration and decision-making around spaces, design, processes and standards of care, we will keep an individual's ability to choose their experience and standard of care top-of-mind.

- **Ensuring Choice in Care:** At Hubs, autonomy within services delivery is practiced through a participant-centered and participant-directed lens. Services work in Hubs is done in unison with the participant to identify their needs and strengths. Transparency is provided in available supports and options to promote agency in their engagement with services.

- **Harm reduction approach:** Harm reduction is a continuum of supports that

focuses on mitigating the potential harms of substance use, and the structures which create harm for people who use drugs. At Hubs, this is enacted through the substance use continuum of care from distribution of harm reduction equipment to referrals for evidence-based treatment and support programs. It emphasizes dignity of the individual, accepting them where they're at, avoiding judgment and working to challenge existing systems and policies that create more harm (e.g., criminalization of drug use).

- **Housing First:** 'Housing First' is an approach to ending homelessness that centers on quickly supporting people experiencing homelessness to transition into permanent housing with the right care. Stable housing provides a platform to: have one's basic needs and human rights met, deliver services, improve quality of life and support self-determination, choice & autonomy. Housing first is a rights-based intervention rooted in the philosophy that all people deserve housing, all people are ready for the right housing, and that adequate housing is a precondition for safety.

- **Informed by social determinants of health:** The social determinants of health (SDH) are non-medical factors that influence health outcomes. At Hubs, we recognize that SDH have an important influence on health inequities - the unfair and avoidable differences in health status seen among individuals and between communities.

- **Input from people with lived and living experience:** Hubs will reflect the relationship between staff, leadership and those accessing service/care and the ongoing practice of working together in designing/improving on those services/standards, day-to-day operations and care. At Hubs, this is a continuous partnership through the design, implementation, evaluation and iterative redesign process.

- **Low-Barrier:** Low-barrier service relies on well-articulated expectations of organizations, staff and participants to maintain communication, collaboration and safety. Low-barrier can often be misconstrued as a term for 'no-rules' when it actually reflects a high standard of care, mutual respect and shared accountability. At Hubs, this is not simply about physical design. This is a foundational way in which all work is done, from facility design, to supporting staff, to ongoing assessment and adjustment of spaces. It ensures mechanisms that allow for participants and staff to assess and address barriers as they arise and acknowledges there are unforeseen circumstances and a fluid environment which necessitate adaptability and evolution, including responding to the changing circumstances and culture on the streets. We will meet people where they are: if challenges arise, the conversation begins with how the agency, space and staff can adjust to meet

the individual.

- **Trauma and violence informed:** At Hubs, we respect individual experience both known and unknown. The assumption that all individuals come with histories that may affect their interactions with people, services and systems is foundational to our trauma and violence informed care (TVIC). We acknowledge the responsibility lies with service providers and organizations to ensure their interpersonal interactions and spaces are informed by these assumptions with the goal of creating spaces and interactions which are safe and supportive. This includes the ongoing adjustment of services and reinterpretation of spaces to be ever-improving through this lens.

- **Shared accountability and engagement:** At Hubs, all participants share responsibility for outcomes and for engaging with available services. Responsibility does not sit on the shoulders of one individual, team or organization. Staff and organizations share accountability for upholding the values and standards of care which provide the foundations for Hubs support. Participants share accountability for working collaboratively toward their established and person-centered goals. Lead organizations hold the primary responsibility for ensuring the values of accountability are upheld internally, with participants, partner organizations and community. In turn, the whole community will wrap around lead organizations with support, expertise and generosity, and a continuous focus on the collective impact model.

Hubs Functions & Practices

The following details the common core functions of hubs and minimum practices that are expected in the implementation of these functions.

24/7 Safe Places

- Definition: This is the critical function of a hub – a place where you can walk in the door 24/7 and receive immediate support. In addition to basic needs / in the moment stabilization support, each Hub offers approximately 35 beds: 25-30 are transitional (a reserved stay with a bed dedicated to an individual); 5-10 are respite beds (non-reserved, with flexible in and out and participant-defined length), ensuring fully accessible spaces.
- Minimum Practices:
  - The front door is a staffed and welcoming space, where participants can be connected with indoors or outdoors. The front space door is unlocked during regular operations and under normal conditions
  - Participants are met with the goal of addressing their immediate needs, for example: clothing, food, rest, water, wound care, hygiene, etc.

- o Once immediate needs have been addressed, if appropriate, participant is provided an opportunity for discussion around diversion and intake with the primary goal of connections to housing
- o Based on interactions, staff support client in building coordinated care plan
- o Outdoor space within the limits of the hub property should be considered program space where above needs can be met and services provided and also as a means to maintain positive neighborhood relations

Basic Needs
- Definition: This function is focused on food, shower, laundry, hygiene and rest for small numbers of individuals at a time who can access the space, 24/7, through the front door, but not intended to be a long-term sole source of support. The meeting of basic needs is seen as both immediate stabilization support and as a means to build relationships and move individuals to a next step toward sustained supports, transitional beds and a housing plan. These individuals may access respite beds.
- Minimum Practices:
  - o Participants are met with the primary goal of addressing their immediate needs, for example:
    - Clothing
    - Food
    - Rest
    - Water
    - Access to showers
    - Access to laundry service
    - Access to washrooms
    - Hygiene supplies
    - Social interaction and rapport building

Community Engagement
- Definition: This function is focused on ensuring that Hubs integrate in an effective and respectful manner into their surrounding communities, and that neighbourhoods have the opportunity to positively engage and provide feedback, including property design and management protocols, facility standards, communications and neighbourhood engagement.
- Minimum Practices:
  - o Regular waste management protocols on property and area immediately adjacent (including garbage and sharps disposal) via staff and resident peer support program

- In-the-moment and regular communication with neighborhood association and/or BIA, and individual community members via formal, defined channels (e.g. newsletter, direct contact information for reporting issues and dialogue, media engagement)
- Facility design, standards and practices that facilitate private gathering space and help facilitate line management and mitigate loitering
- Community engagement and education opportunities including tours, neighbourhood events, other public participation opportunities (e.g. public art projects)

Housing Access Support
- Definition: Employing a Housing First approach, the goal of housing will be embedded throughout the support provided. A person's housing history and current housing needs will be assessed with rapid connection to the appropriate housing stability resources to ensure access to rent supplements and ongoing support once housed.
- Minimum Practices:
  - Case workers will engage in frequent and consistent care planning conversations around housing needs and plans
  - Case workers should provide opportunities for intake
  - Case workers should provide opportunities to support paper-readiness
  - All participants should be offered opportunity for application to London Rent-Geared-to-Income Housing
  - Case workers shall work collaboratively with housing and housing stability services to ensure seamless transitions of support once participants are housed
  - Case workers shall support person-directed searches for private market housing

Income Supports
- Definition: This function supports individuals with income planning and access, including accessing income supports (Ontario Works - OW, Ontario Disability Support Program - ODSP, etc), transportation supports (bus passes, cab fare) and financial management (pensions, tax, debt and related legal support) in one coordinated way based with in-hub and external appointment based services (including accompanied appointments as required). Linkages to financial education and employment supports or opportunities are provided through external partners if applicable (e.g. to low barrier employment programs).
- Minimum Practices:
  - Assessment of current income and opportunities

- Connection and referral Old Age Security & Guaranteed Income Supplement while approaching age 65
- Connection to Canadian Pension Plan as applicable
- Support person-directed application to ODSP and OW
- Support connection to ODSP or OW caseworker
- Connection
- Access to income tax filing
- Connection to other income sources (pension, Workplace Safety Insurance Board - WSIB, Employment Insurance - EI, etc.) as applicable
- Connection to Public Guardian and Trustee
- Facilitate person-directed referral to employment support programs

Integrated Care Planning

- Definition: This function focuses on ensuring a single housing-centric support plan for each individual, which is client driven and based in autonomy, empowerment and dignity, and ensuring coordination with necessary services that are flexible and fluid as individual needs change. It is based on consent and a shared data system, ensuring that any Hub case worker can assist anyone in moving their support plan forward (e.g. when case worker is not available) and is focused on system navigation. It includes acute and primary medical care planning (including dental, vision), income support planning, transportation planning, safety planning as required.
- Minimum Practices:
  Care Facilitators support participants for the duration of their stay and engagement with the hub, including:
    - supporting participants with maintenance and facilitation of coordinated care plan
    - receiving referral recommendations from participant, internal team members and community partner
    - explore connection or reconnection with natural supports
    - providing referrals to appropriate internal and external services-and coordination of involved resources
    - tracking participant progress toward participant goals in coordinated care plan
    - advocating with community partners when systemic and complex barriers to care/ services arise
    - acting as a primary point of contact for participant services to to ensure appropriate tracking of internal and external connections

Justice System Services

- Definition: This function is focused on those currently justice-involved. Collaboration among established supports will help: navigate the

justice system for those on charges, facilitate intake pre-release, facilitate follow-up with probation and bail, and plan for connection to resources upon discharge.
- Minimum Practices:
    - Support with attending bail
    - Support attending probation
    - Support attending court dates
    - Connection to institutions for intake and support with paper-readiness before discharge
    - Overdose prevention planning as applicable (recognizing that this group is a more severe risk of overdose due to diminished tolerance to opioids while incarcerated), including:
        - Provide transportation support as-needed to facilitate discharge directly to hub for support as-needed
        - Connection to substance use and harm reduction continuum of supports upon discharge

Medical Stabilization Beds
- Definition: This function is offered only in a specialized Hub. Community members will have significant acute medical diagnoses, medical issues that require ongoing care for a defined time period and/or multiple medical comorbidities that pose a high risk of morbidity or mortality if not medically managed.

  Community members will require acute and specialty care needs outside of institution because they are not consenting to hospital care and/ or have been recently discharged from hospital but require respite with medical support.

  These beds are reserved for individual stays, supported by a case worker and medical staff. The goal of care in this space is medical stability, trust-building interactions, and forward movement with a person's housing plans
- Minimum Practices:
    - Broad spectrum of partner relationships operating on site
    - Consulting Physician or Nurse practitioner
    - 24/7 nurse (RN) staffing
    - 24/7 access to System navigation/Care facilitation
    - Physical assessment upon intake
    - Team based plan of care developed at every intake, ensuring that hospital based treatments are continued as applicable, medical stabilization plans are developed and that goals of care are clearly defined
    - Access to appropriate and timely labs

- Timely Access to appropriate outpatient and specialist services
- 24/7 pharmacy service
- 24/7 Access to appropriate community-based medical treatment (i.e. IV antibiotics and medication administration, oxygen therapy, wound care)
- Access to Continuum of Substance use Supports and Treatment
- Access to Indigenous services
- Need for communal space or some capacity for co-location
- Referral pathways from acute care, primary care and episodic care
- Beds should be provided in a private space, not a dorm format
- Length-of-stay and next steps will be person-centered and aligned with their coordinated care plan developed at intake
- Basic needs shall be met while a participant is accessing beds (food, hygiene, etc.)
- Participants will be supported in conversations about what belongings can be safely accommodated and stored within their room and what alternatives may need to be sought for anything exceeding this capacity
- Each new participant will require a turnover of the room including
- Cleaning & Disinfecting
- New linens
- Repairs as-needed
- Pest control as-needed

Quick Access and Intentional Connections to Acute & Primary Care

- Definition: This function is focused on providing episodic care and primary care for community members accessing the 24/7 safe spaces and those in transitional beds, as well as timely referrals to acute care as-need. Care provided may include but is not limited to: wound care, foot care, managing medications (for those in transitional beds), nursing assessments, primary care, mental health care, which may include access to psychiatry (on-call) and access or referral to the harm reduction and substance use continuum of support and treatment.
- Minimum Practices:
    - Connection to ambulatory psychiatric supports
    - Overdose prevention protocol and supports
    - Harm reduction and substance use continuum of care from distribution of harm reduction equipment to referrals for evidence-based treatment and support programs
    - Connection to interdisciplinary primary care
    - Referrals to home-based care and supports:
        - PSW availability 24/7

- Nursing availability 24/7
- OT availability within 5 days of referral
  - o Referrals to acute care with support and follow-up
  - o Episodic health care may be offered to participants

Respite Beds
- Definition: This function is focused on stabilization where basic needs are met and crisis intervention is offered (including mental health, interpersonal, housing-related). These beds are non-reserved with a person-centered length of stay (hours) and are accessed via a referral from outreach workers, emergency services or walk-in. These beds offer flexibility for those who are not yet engaged in a support and housing plan. Individuals may move to a transitional bed after consistent stays. Staff are the first point of contact at the front door for those who may access these beds.
- Minimum Practices:
  - o The front door is a staffed and welcoming space, where folks can be connected with indoors or outdoors
  - o Participants are met with the primary goal of addressing their immediate needs, for example: clothing, food, rest, water, wound care, hygiene, etc.
  - o If rest is the prevalent immediate need, participants should be provided rest in respite bed before engaging in diversion and intake
  - o If rest is not the most prevalent immediate need, a conversation around diversion and intake can take place
  - o Respite beds should be provided in a private space, not a dorm format
  - o Length-of stay and next steps will be person-centered and aligned with their coordinated care plan
  - o Each new participant will require a turnover of the room including
    - Cleaning
    - New linens
    - Repairs as-needed
    - Pest control as-needed
  - o Basic needs shall be met while a participant is accessing respite beds (food, hygiene, etc.)
  - o Episodic health care may be provided on-site to participants accessing respite beds *(medical care provided by a practitioner- potentially other than the designated primary provider- on an acute and limited basis)*
  - o Participants will be supported in conversations about what belongings can be safely accommodated and stored within their room and what alternatives may need to be sought for anything exceeding this capacity

Transitional Beds

- Definition: This function is focused on providing consistent, stable, 24/7 safe space. These beds are reserved for individual stays, supported by a case worker and a plan to maintain stability, build trust interactions, and move individuals forward with their housing plans. This function is the underpinning of the Hubs > Housing continuum. Meals and snacks are provided daily as are communal/participation opportunities that are not a condition of one's stay but are available.
- Minimum Practices:
  - Space is staffed 24/7 with case workers
  - Minimum requirement staffing ratio of 1 staff: 8-10 participants (approximately 4-5 staff for 16 hours per day and 3-4 staff overnight)
  - Transitional beds should be provided in a private space, not a dorm format
  - A proportion of beds should be set to accommodate couples as appropriate
  - A proportion of beds should be set to accommodate individuals with pets as appropriate
  - Each participant is connected to a case manager to support with development and facilitation of coordinated care plan
  - 3 meals and snacks will be provided each day
  - Laundry will be available to participants
  - Basic needs will be met
  - Access to hygiene will be available
  - Community engagement opportunities will be available to participants (e.g. social activities, contributions to the program, feedback to program)
  - Length-of-stay is determined, ideally, by transition into housing continuum with the right supports
  - Each new participant will require a turnover of the room including
    - Cleaning
    - New linens
    - Repairs as-needed
    - Pest control as-needed
  - Regular cleaning, repairs, maintenance and linen changes for each room will be provided
  - Episodic health care may be provided to participants
  - Participants will be provided primary health care

Translation and Interpretation

- Definition: This function is focused on accessibility through a variety of translation and interpretation services (AODA, multiple languages, sign

language, audio translation) with consideration in communication (person to person, signage) of low literacy, including simplification of jargon/terminology, and referrals to language classes as appropriate, all established through triage and intake process.
- Minimum Practices:
  - o Availability of print materials in both official languages
  - o Phone/video translation available for appointments
  - o Ongoing work to accommodate language, literacy and accessibility of materials and services

Transportation
- Definition: This function is focused on how you are supported to arrive at Hubs and how you access services from a Hub, including transportation to appointments as required. Individual transportation needs are defined via the triage and intake process, and require a tracking system. A variety of options are available, such as public transit, taxi and, ideally, a van system shared by Hubs. This function is designed to leverage some funding that is already available (e.g. through OW) and to use new resources as efficiently as possible and enable individual agency (e.g. bus passes over bus tickets.)
- Minimum Practices:
  - o Preferred routes of transportation are part of client's coordinated care plan
  - o Ensuring transportation is available for warm transfers between referring organizations and Hubs- this may include referrals between Hub locations
  - o Ensuring transportation to services and resources within coordinated care plan
  - o Utilizing and connecting available resources to participants where applicable
    - ▪ ODSP/ OW mandatory special necessities
    - ▪ Paratransit
    - ▪ Bus pass
    - ▪ Housing stability supports
    - ▪ Outreach
  - o Ensuring a stock of bus tickets and taxi vouchers on site to support participants in facilitating coordinated care plan and appointments

Implementation & Delivery

The delivery of these functions, standards and practices will be guided by training, policies and procedures, developed together by Hub Lead Agencies, in collaboration

with the Workforce Development Table. They will also form part of the assessment criteria for the competitive procurement process, in terms of the capacity of potential Lead Agencies to deliver on the full range of functions. (See additional information on the Collaborative Model on page 14).

A Continuum of Substance Use Support & Treatment

Ensuring an array of evidence-based supports and interventions

Hubs will provide a continuum of care and support to those using substances with an evidence-based approach.

The continuum of substance use support seeks to connect community members with the exhaustive array of evidence-based 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: distributing new equipment to addiction treatment.

Foundational to this approach are the values of self-determination, autonomy and choice, supported by evidence, as a leading indicator for the efficacy of one's chosen supports and treatment options. These values are sought to support community members in achieving interrelated goals of: *staying alive, meeting basic needs such as food security and hygiene, improving quality of life, improving mental and physical health, increasing self-efficacy, stabilizing substance use, and increasing connections to support services*.

Supports along the continuum seek to address and work with the social and structural determinants of health (SDH) for marginalized populations. Services strive to develop and adapt an ongoing understanding of how the SDH affect an individual and their goals. The above listed goals are the foundational goals of substance-use support and treatment but will interact with and be dependent upon goals of:

- Housing security
- Seeking physical safety
- Accessing physical health and mental health services
- Decreasing justice system involvement
- Liberation from gender-based violence
- Safety from the impacts of racism and colonialism
- Cultural reconnection
- Engagement with social supports
- Income security
- Family unification
- Community belonging

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- Education attainment
- Life Skills
- Employment

The continuum will support all people through their goals of prevention, support, stabilization and treatment. The continuum recognizes that the self-determined goals of abstinence and harm reduction are equally-valued and interrelated goals of care.

> *"It is also important not to create an artificial distinction or opposition between harm reduction and treatment for substance use. Since harm reduction approaches support the needs of people who use drugs and meet people where they are, harm reduction also supports assisting people to seek out treatment when and if they feel that they might benefit from it. In fact, the success of harm reduction programs at helping people who use drugs to access treatment has been documented." Kolla (2018)*[7]

Supports will be available for people who use any psychoactive substance including but not limited to: alcohol, opioids, amphetamines, cocaine, marijuana. Inclusivity of this nature acknowledges that substance use is fluid and many folks will use more than one substance over the life-course or at a given time. Supports will be developed and implemented based on review of the existing and evolving scientific literature base. Quality improvement will be ongoing, accounting for this evolving evidence base, the knowledge of experts and people with lived/ living experience. The development of an ecology of knowledge that equally-values science and experience seeks to uphold a high standard of equity, self-determination and community development.

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[7]Health Canada Expert Task Force on Substance Use. (2021). *Report 2: Recommendations on the federal government's drug policy as articulated in a draft Canadian Drugs and Substances Strategy (CDSS)*. Government of Canada. https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html
Johnson C. Harm reduction in the addiction continuum of care. Can Nurse. 2017 May-Jun;113(3):36. PMID: 29235797.
Porto, M. F. (2019). Emancipatory promotion of health: contributions from Brazil in the context of the Global South. Health Promotion International, 34(Supplement_1), i56–i64. https://doi.org/10.1093/heapro/day086

Toronto Central LHIN, & Kolla, G. (2018). *Recommendations for Building a Harm Reduction & Substance Use Continuum of Care*. https://www.pqwchc.org/wp-content/uploads/Harm-Reduction-Continuum-of-Care-TCLHIN-March2018.pdf

The "No Wrong Door" Referral & Intake Model

Moving toward a fully integrated intake system

A differentiator for Hubs will be a strategic, system-wide solution for intake, helping to facilitate referrals, connections and warm transfers into Hubs from a variety of "doors", including:

- Agencies
- Justice system services
- EMS
- Police services
- Hospitals
- Self-referral
- Family and Caregiver
- Business
- Community

The concept of *No Wrong Door* means that anyone can come through the front door of Hubs, from any referral source, and receive help. For high acuity individuals, this may mean staying at Hubs, for others who are lower acuity or when Hubs spaces are full, this will mean diversion into other parts of the system – that is, finding another right door for that individual within the existing system, using an empowering, participant-directed model. For this reason, the professionals staffing the front door of Hubs will be highly trained in stabilization, diversion and utilize a method of triage[8] that allows for a rapid, high level analysis of an individual's needs.

This portion of the system transformation is, in and of itself, a significant process, which will be led by the Hubs Integrated Leadership Table (leaders of the first 5 Hubs and partner agencies) and informed by the Hubs Table, Workforce Development Table, and System Foundations table. **The commitment to collaboration feeds into this process as well as consistent communication, processes and check-ins. These pieces will be crucial to ensuring individuals and agencies are receiving the support they need.**

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[8] This method of triage at Hubs refers to a rapid review of an individual's needs, capturing basic information and assessing immediate needs. A more robust assessment would occur for intake into transitional beds, which will be a consistent assessment tool used across the system and integrated with HIFIS or a new system, to be determined by the System Foundations Implementation Table. This tool should also interact with other care plans for individuals that already exist, across systems and services.

To ensure a robust *interim* solution for the opening of the first 3-5 Hubs, there will be an adaptation and enhancement of an existing infrastructure via – the City's Coordinated Access system.

> *The current Coordinated Access system is focused on actively working to prevent and divert households from an experience of homelessness by assessing their situation and connecting them to financial , social service sector and natural supports. Individuals and families experiencing or at risk of experiencing homelessness may also be connected to outreach, emergency shelters and housing support programs, depending on the circumstances.*

At this time, the City of London's Coordinated Access program will not change, however as the Hubs operationalize and pending the Systems Foundation Implementation Table work, different models will be explored, including the potential scalability of expanded hours and increased intake capacity for a system such as Coordinated Access or one like it. To begin the work, dedicated resource(s) will be added to the City of London Coordinated Access team to support Hubs intakes and matching participants to spaces as follows:

- During daytime hours, referral and intake into Hubs can be managed centrally through Coordinated Access and via the Homeless Individuals & Families Information System (HIFIS), with system enhancements informed by the System Foundations Implementation Table
- This will be managed and integrated via the booking feature within HIFIS for the identification and matching of available space across Hub locations and direct coordination with Hub team leaders/managers;
- This will include ensuring individuals are connected to the right hub based on their needs and population criteria, working closely with those frontline staff that have the best working relationship with the individual
- In overnight and weekend hours, or in instances where individuals show up directly to the Hub, intake can occur through direct connection with Hubs and outreach teams, with a process to ensure necessary documentation is processed into HIFIS and Coordinated access when available.
- The use of a Coordinated Access model allows for diversion efforts as they exist now to continue.

Initiating Professional Support for "One Number"

Throughout the summit process, a key piece of feedback from participants, including those in the business community, was that a singular number for referral in the system should exist for a multitude of purposes, ranging from alerting

outreach workers about a community member sleeping rough and in need of support, to those looking to access care directly from Hubs. This service is both innovative and a complex and resource-intensive approach, and therefore the recommended next step for the implementation of the One Number for service system referral is to issue a Request For Proposals (RFP) for an established service provider to deliver this service. This recommendation is based on a number of expert community opinions, including Hub Table participants from the health care sector who have recently undertaken a similar process.

This will enable both the infrastructure for professional triage, and the opportunity to have trained staff who specialize in this unique model. This mechanism will feed into Coordinated Access as appropriate, but also provide support and assistance to the range of referral doors, including community, business and family/caregivers.

The implementation of One Number is crucial to overall system operation, and it can also result in significant cost savings in terms of diversion of individuals from the emergency services and health care systems. It will also help build community understanding of the supports available across the system for individuals experiencing homelessness. It is clear that this process will require a great deal of awareness-building and education, for everyone from service providers to community members.

As with Intake, the Hubs Integrated Leadership Table will lead this process, informed by various implementation tables, including Hubs, Workforce Development, Housing and System Foundations.

Physical Space Specifications

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

Given the urgency of the current crisis, the first five Hubs should be built in pre-existing sites, 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.

EXTERIOR
- Side entry off of street – for privacy and line management
- Fenced private space – for program delivery, stabilization and gathering
- Green space – to support recreation and for those with pets
- General design and landscaping – to mirror characteristics of neighbouring properties
- Meeting accessibility requirements
- Awning/weather protection for outside engagement

INTERIOR
This plan intentionally includes separate spaces in Hubs for those in transitional beds and respite beds - to help ensure continued stability for those in-residence versus those staying temporarily, each of whom have different needs, including:

Transitional beds
- Commercial kitchen – to facilitate meal management and distribution (not a prep kitchen for use by participants)
- Single rooms – to accommodate individuals and couples
- Shared single-use washrooms – for up to 3-4 individuals (not dormitory style but individual locking spaces for privacy, dignity and safety)
- Laundry facilities – for independent use as required
- Meeting and appointment space – for consultations and scheduled appointments
- Communal room/multi-purpose room (separate from front door)
- Dining space
- Exam/multipurpose rooms – for nursing and primary care provision
- Individual storage – for overflow belongings that do not fit in individual rooms

- Secure storage – for medication management
- Pets allowed

Respite beds and basic needs provision
- Separate crisis de-escalation space – to manage safety and stability for individual, and all participants and staff
- Lobby/front of building space - small gathering space for those accessing Hubs directly and for basic needs provision
- Laundry facilities - for drop-in use
- Single use washrooms and shower facilities – for drop-in use
- Intake space – private room for intake and triage
- Pets allowed
- Individual storage – for those accessing drop-in hygiene facilities

Overall infrastructure
- Commercial hot water capacity
- Where possible, infrastructure and certain features should be recessed into the walls
- Durable furniture
- Robust IT infrastructure – including reliable WiFi, mobile devices (e.g. iPads for form filling) and printing capacity (e.e. For housing applications which can be completed on the spot)
- Independent mechanical/furnace room
- Cleaning supply room
- Physical security infrastructure
  - Some camera placement (non-invasive)
  - Lighting - well-lit outdoor space
  - Staff-only secure access space
- Case management file storage room/office space
- Secure storage outside their room
- Participant overflow storage (e.g. for items traditionally stored in carts)
- Parking for staff and partner agencies

Priority Populations

Serving the highest acuity individuals first

It is widely acknowledged that there are folks from many different backgrounds, experiences and levels of acuity experiencing homelessness in London. This plan is focused, intentionally, on serving the highest acuity populations because those are the populations that have historically been underserved and who suffer from a complexity of health issues and comorbidities. They are the most visible on our streets and amongst the most marginalized.

During the Hubs Implementation Table process to produce this plan, work was undertaken to build upon lists developed through the summit process, which included consultation with frontline workers. This work on priority populations started out with an identification process of populations and their intersectionality with being of highest acuity, and then further refined through the Hubs and Housing Implementation Tables. The list of priority populations was then verified through a final additional consultation with agencies and healthcare partners which has resulted in a top five priority populations.

They are, within the high acuity population, in alphabetical order:
  I.   Couples and Families
  II.   Indigenous individuals
  III. Medically complex individuals[9]
  IV.   Women & Female-Identifying Individuals
  V.   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.

Note: these priority populations are not an exhaustive list of all populations that should be served by Hubs in the future, rather for the first 3-5 Hubs focused on the most marginalized within the high acuity population.

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[9] See definition of medical respite beds in Functions section for more.

Location Criteria

Ensuring community locations that facilitate access, consider neighbourhoods, and promote a feeling of positive engagement, safety and dignity for all

Choosing the right locations for Hubs is a critical part of the implementation journey. A wide variety of potential Hub location criteria have been considered, based on input from the Hubs implementation table, business and development reference tables and BIA meetings, and based on community engagements with community members.

This feedback from a wide variety of collaborators is valued and respected, and has been used to develop criteria for the initial 3-5 Hubs taking into consideration:

I. A client-centered and compassionate approach for those being served, which facilitates access and promotes dignity;
II. The whole of community impacts of this crisis, and those areas of London that may have been disproportionately affected by challenges related to this crisis;
III. The priority to create a feeling of safety and security within this new system for all Londoners, including individuals being served, business owners and customers, and community members in neighbourhoods;
IV. The urgency of this crisis and a strong whole of community drive toward a new system approach, including ensuring net new spaces and facilitating implementation this year;
V. A goal to meet agency and community criteria while not being overly rigid and restrictive, so as to eliminate more than gain options for locations across the community.

From public consultations, we heard and understood 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 for the first 3-5 Hubs, which should continue to be evaluated based on learnings during implementation:

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

What this means specifically, for the first 3-5 Hubs:
- 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 and services that are already at or over capacity;
- 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 both inside and outside the space
- Proactive and ongoing neighbourhood engagement should be a priority for Hubs, in the periods leading up to and throughout the tenure of Hubs in any given area of London, including a neighbourhood communication and engagement strategy and channels ensuring two-way communication, direct contacts for issue management, and community events that promote a sense of understanding, community and participation.

While the vision is to offer services within, or bring services to, the Hub, transportation to other external services and appointments is accounted for in Hub functions.

Envisioning Our Different Future With Hubs

Intended individual, workforce, system and community impacts of this transformation

Throughout this process, participants and community members have asked an important question, namely: *what will be different as a result of this system response?*

In terms of Hubs, this work is different in terms of how organizations and services from multiple sectors will centre their efforts around the individual and this intentional effort is anticipated to lead to positive outcomes which include:

Greater Hope, Health & Life Saving Care AND Reduced Impact to Health Care, Emergency Services and Social Systems

The first and most important outcome of success expected is **a decrease in preventable deaths**. That is the most important aim. In addition to that, the goal is truly improved health and lowered acuity, when folks can be safely inside, out of encampments and off the streets, and increasingly, in supportive homes. Longer term, this will mean less stress on health care, emergency services and social systems, and eventually, greater financial and human resources available to address other community needs.

Whole of Community Wellbeing

As the Hubs seek to serve the most marginalized Londoners, the Whole of Community response will provide short-term, medium and long-term supports starting with the encampment response, 90-150 new indoor beds in Hubs and 100 highly supportive housing units by the end of 2023. These interventions and those to come will mean that fewer vulnerable people will be experiencing unsheltered homelessness on London's streets, and the associated impacts to community and businesses.

It also means as a community there will be purpose-designed spaces to help ensure the needs of individuals are met in ways and at capacities that do not currently exist. This service level enhancement will exist for all London residents with the creation of a "One Number" resource for information, support with concerns and service connections, as well as the "No Wrong Door" referral process which will support all community members in accessing the right type of support when they need it, be

that basic needs, a safe place to stay, or connection into the housing system, no matter who they are referred from. Intentional wrap around supports will focus on timely connections to the right type of housing.

Mitigating Burnout and Moral Distress

As the situation on the streets has worsened and become more desperate, so has the stress and moral distress of frontline workers, including the devastating effect of having to turn people away, day in and day out. They report that the effect on their personal health and wellbeing is significant and devastating. With Hubs, this can change. There is a true sense of hope that Hubs can address the hopelessness and desperation caused by the long waiting periods and delays in care often experienced by high acuity Londoners and those who serve them, and to create a sense of belonging for those folks who have rarely been able to find the right safe place to go.

Sector Collaboration, Workforce Development & Training

While many community health and social services have historically operated separately, this process has brought together individuals and organizations that have never worked together before, to break down barriers and silos and to communicate and collaborate in service of better client outcomes. Hubs will offer a robust array of these services for participants but in a single location, increasing accessibility. This early work is already happening and is a powerful outcome that will continue as professionals from across organizations and disciplines work alongside one another in Hubs with a shared vision and goals. Further, this is an opportunity to build the capacity of the sector in general, with consistent training, shared language and standards, and more focus on the resources that are truly needed to do this life-saving work – which has historically been undervalued and underfunded – leading eventually to greater equity in the sector.

Community Awareness, Understanding and Engagement

This process has brought widespread awareness of this issue, its root causes and its impacts into the public realm and spurred important conversations. While there is still work to be done to build understanding and relationships, more Londoners are able to engage on this issue and are choosing to do so. A process of engagement with the community has begun, and will continue across system implementation efforts. Hubs will be a critical part of continuing to break down stigma, build greater empathy and understanding, and invite the community to engage on this issue and with its solutions.

A Continued Commitment to Prevention

There is widespread agreement amongst all who contributed to the system response and implementation planning, that a strong and continued focus on

prevention and advocacy is absolutely critical 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 in the development of the Hubs plan or any part of the system response, and will continue to be a top focus of all involved in service delivery and system transformation.

In sum, while we recognize the challenge we are facing as a community is incredibly complex and that it will take time for some of these outcomes to be felt, there is a belief that this problem is *solvable*, when we work together as *one truly whole community* and each of us are committed to be drivers of *real change*.

Costing & Budget

A breakdown of the investment to bring Hubs to life

While the community continues to utilize ongoing funding to maintain services and address operational pressures, and as new investments are brought forward for Council consideration, there is an essential need to secure additional funding from other orders of Government to achieve the immediate and long-term health and homelessness objectives of London's Whole of Community System Response. Advocacy and education efforts in partnership with elected Federal and Provincial partners have been ongoing since the early spring of 2023, and will be vital steps to continue as the plan unfolds.

Funding announced in the 2023 Budget will be instrumental to implementing aspects of the initial System Response and supporting efforts to provide care and assistance to individuals, agencies, and businesses experiencing and responding to the health and homelessness crisis. Increased allocation under the Homeless Prevention Program (HPP) announced in the spring of 2023 will allow for operating costs at multiple hubs to be immediately funded through the City of London provincial allocation pending Council approval.

While cost estimates had been projected in order to assist Provincial and Federal advocacy efforts and to test assumptions with the Hubs Implementation Table group members, the specific costs per unique Hub may vary slightly depending on a number of variables and size. 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. A projected operating cost breakdown is attached as **Appendix B** which illustrates a very preliminary estimate for operating costs, recognizing that through conversation and consultation with various industry experts there will be opportunities for shared services, efficiencies in group purchasing, and contributions from partners that could produce cost savings.

Cost estimates for an operating budget will of course range depending on the specific staffing complement and specific service delivery criteria of each Lead Agency and in alignment with specific populations being served. The competitive procurement process will derive final operating costing. The preliminary draft operating budget illustrates having a combination of six (6) staff on-site in a hub during daytime and evening hours and up to five (5) staff overnight. The content in Appendix B should not be considered a final budget, but rather a detailed guide of the types of costs and anticipated costing for operating 24/7 Hubs.

It is also recognized there is cost associated with the existing system of services, and there are costs associated with the impacts of homelessness on a number of service delivery partners throughout the community, including numerous interactions with Paramedic Services each day for those that are unhoused (more than 10 per day) or daily and repeated interactions with Police Services of those with no-fixed address. Data shared throughout this process from healthcare partners have indicated that roughly ninety (90) people occupying beds in hospitals cannot be discharged to a stable space which runs a projected cost of roughly $500 per day to be kept in hospital with an increased likelihood of re-attending hospital upon discharge.[10]

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, it being noted partners from various industries remain committed to bringing these spaces online and supporting the capital improvements in a number of ways.

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[10] Morris, R., Lewis, F., Baker, N., Saul, M., & Bohachewski, K. (2022). "I Have Failed Them and Failed My Duties": Experiences of Hospital Social Workers Discharging Patients into Homelessness. *Health & Social Work*, *47*(1), 45–51. https://doi.org/10.1093/hsw/hlab039

Appendices

Additional information and context to further understanding of this document

- Appendix A – Community Consultation Summary Report
- Appendix B - Preliminary Hub operating budget
- Appendix C - List of organizations who attended the Hubs implementation table

Health and Homelessness Whole of Community System Response

Community Engagement Results

July 14, 2023

Prepared by

London
C A N A D A

Table of Contents

Section 1.0:
Introduction

Health and Homelessness in London

London is facing a dire health and homelessness crisis. To address this crisis, a collective of community experts across sectors have designed a system response that is the first of its kind in London, and unique in Ontario. That group included more than 200 individuals representing nearly 70 local organizations in community health and social services, institutional healthcare, education, emergency services, business and economic development, land and housing development, and multiple levels of government.

The Whole of Community System Response will support the entire 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.

About the Community Consultation

To inform criteria related to the location of Health and Homelessness Hubs (Hubs), the City of London gathered feedback from Londoners through open houses and a survey conducted between June 9 and June 30, 2023.

Through the consultation, Londoners were asked to share their insights about where Hubs should be located, considerations for where Hubs should not be located, and how Hubs can be a good neighbour. The feedback gathered will be used by the Hubs Implementation Table, a group of organizations, professionals, and people with lived experience, to inform the process and design of Hubs to ensure the final Hubs Plan reflects the voice of the community at large, as well as frontline staff, service delivery organizations, and individuals with lived experience.

Community Consultation Engagement

In total, 600 individuals participated in five community open houses held at the Canada Games Aquatic Centre, South London Community Centre, Byron Community Centre, East Lions Community Centre, Kiwanis Seniors' Community Centre and two business-focused open houses held in Downtown and Old East Village. In addition, 1,460 community members and business owners completed the online survey. During the consultation process, the Health and Homelessness Whole of Community System Response page on the GetInvolved.London.ca site had 5,530 site visitors, 367 people viewing the FAQ "Learn more about the Whole of Community Response" section, 241 individuals downloading the "Whole of Community System Response" document, and 890 views of the video presentation. On social media, the City of London's posts about the consultation were seen 41,873 times.

Purpose of this Report

The open house and survey responses were collated into a single document. A thematic analysis of each question was then conducted to identify common themes across all responses. As part of the thematic analysis, each response was read carefully to understand the content, and responses that included multiple ideas were split so that each idea could be themed separately to ensure accuracy in the number of responses to a particular theme.

The purpose of this report is to outline the themes from the community consultation responses. Each of the remaining sections of this report, Section 2.0 – Section 4.0, contain a list of themes, along with summary statements that describe the responses related to the theme.

Definitions

The term n= is used to identify the number of times a particular theme was identified in the open house and survey responses. Themes are ordered from highest to lowest reporting frequency as indicated by the n=.

Throughout the report a **C** icon is used to designate which responses reflect comments from community members. Through in-person events, some individuals with lived and living experience of homelessness and family or caregivers of individuals with lived and living experience of homelessness were engaged and their insights have been captured in these responses. Additional interviews with individuals currently experiencing homelessness continue with the assistance of service delivery partners from the health and the homeless serving sectors.

The icon **B** denotes responses from business owners and/or responses where businesses were included or considered within the responses.

Criteria for Where Hubs Should Be Located

The following themes were derived from the question *what is important criteria to consider when determining where Hubs are located?*

Hub Locations Should Be Close to Other Services *(n=440)* Ⓒ

Respondents noted:

- Social and health services such as food banks, doctors, addiction services, neighbourhood resource centres, community centres, etc., should be close to Hubs.
- Emergency services such as fire stations, police stations, and hospitals should be near Hubs.
- Amenities such as libraries, pharmacies, grocery stores, churches, safe and affordable housing, and green spaces should be nearby.
- Hubs should be close to services already serving those who would access a Hub.

Hub Locations Should Be Accessible and Easy to Access *(n=420)* Ⓒ

Respondents noted:

- Hubs should be on transit routes and easily accessible by public transportation, walking, cycling, etc.
- Transportation assistance should be provided to assist individuals in accessing the Hubs (e.g., bus tickets).
- Hubs should be near or on main streets to reduce barriers to access.
- The physical space of the Hubs should also be accessible.

Hubs Should Be in Areas that Can Ensure Safety and Security *(n=203)* Ⓑ Ⓒ

Respondents noted:

- The safety and security of the whole community should be considered when choosing sites for the Hubs.
- The location of Hubs must ensure the safety of neighbours and businesses and should not have a negative impact on safety.
- Security initiatives such as monitoring, cameras, policing, etc., should be in place to keep people, property, and businesses safe.
- Hubs should be in locations that ensure the safety and security of individuals accessing the Hubs' services.
- Hubs should offer a safe environment so that people can access the services they need.

Hub Locations Should Be Where People Who Need Services Are *(n=194)* Ⓒ

Respondents noted:

- The location of Hubs should be where people who need assistance are already located or frequent.
- Hubs should be placed where the need is the highest and where they will be used.
- The Hub locations should be in places or areas of the city where individuals who need them will feel comfortable going to decrease barriers and increase access.

Hubs Should Be Distributed Throughout the City *(n=186)* Ⓑ Ⓒ

Respondents noted:

- Hubs should be in all areas of the city – north, east, west, south – there should be equal distribution and not a concentration in only a couple areas such as Old East Village or Downtown.
- The Hubs should be designed so that they fit in with neighbourhoods.
- There should be many Hubs across the city so that they remain small.
- Strategic placement of Hubs should be prioritized to meet the needs of all community members.

Hubs Should Be in Remote or Rural Locations *(n=67)* Ⓑ Ⓒ

Respondents noted:

- Hubs should be in industrial areas away from neighbourhoods and businesses.
- Hubs should be outside the city limits or rural areas to decrease potential impacts on neighbourhoods and businesses.

Hubs Should Be Centrally Located *(n=57)* Ⓒ

Respondents noted:

- Hubs should be centrally located to ensure access to services.
- Hubs should be in a central place already set up to serve individuals.
- Spreading Hubs out would spread resources "too thin" and would be better focused in one central area.

Hubs Should Be Located Within Existing Infrastructure *(n=56)* Ⓒ

Respondents noted:

- Hubs should be in City of London owned buildings that are empty and can be retrofitted for this purpose.
- Vacant commercial space or buildings in the Core Area should be repurposed to serve as Hubs.
- Hubs must have access to infrastructure such as water, electricity, washrooms, garbage collection, etc.
- Vacant hospital properties should be renovated and repurposed for Hubs.

Criteria for Where Hubs Should Not Be Located

The following themes were derived from the question *what is important criteria to consider for where Hubs should not be located?*

Hubs Should Not Be Located Near Children *(n=751)* Ⓒ

Respondents noted:

- Hubs should not be located near schools, especially elementary schools.
- Hubs should not be in the vicinity of daycares or childcare centres or services.
- Hubs should be away from children or where children and their families frequent such as parks, playgrounds, community centres, walking trails, etc.

Hubs Should Not Be In Residential Neighbourhoods *(n=389)* Ⓒ

Respondents noted:

- Hubs should not be near or in residential neighbourhoods.
- Hubs should be outside of Core Area neighbourhoods.
- Hubs should not be in areas where resident safety and security would be affected.

Hubs Should Not Be Where They Will Limit the Enjoyment of Public Spaces *(n=257)* Ⓒ

Respondents noted:

- Hubs should not be in areas that limit people's ability to use or access the space, such as walking paths, parks, pools, community centres, recreation areas, rivers, etc.
- Hubs should not be in tourist areas or where there are festivals or events.

Hubs Should Not Be Near Businesses or Commercial Areas
(n=219) **B** **C**

Respondents noted:

- Hubs should be away from where they may have a negative impact on business operations.
- Hubs should not be in destination, tourism, or shopping areas such as Downtown, where decreased foot traffic or people would affect businesses.
- Hubs should not be located along main streets, near malls, in areas that provide a mix of retail, restaurant, and office spaces, high-traffic areas, pedestrian-oriented business districts, or high-density areas.

Hubs Should Not Be in the Core Area *(n=172)* **B** **C**

Respondents noted:

- Hubs should not be in any Core Area neighbourhood due to the safety challenges currently being experienced in these areas.
- As a result of COVID-19 challenges, the Core Area needs a chance to be revitalized for businesses and the community, and Hubs will not help with revitalization.

Hubs Should Not Be Where They Aren't Easily Accessible *(n=107)* **C**

Respondents noted:

- Hubs should not be in areas inaccessible via public transit, cycling, or walking.
- Hubs should not be in areas where individuals who need the services will not go.
- Hubs should not be in remote locations where access to services will be limited.

Hubs Should Not Be Near Seniors *(n=80)* Ⓒ

Respondents noted:

- Hubs should be far from senior residences, nursing homes, long-term care homes, or senior communities.
- Hubs should be located away from where seniors frequent and visit.

Hubs Should Not Be Where There Are No Amenities or Services *(n=73)* Ⓒ

Respondents noted:

- Hubs should not be where there aren't social services or healthcare agencies available to provide support.
- Hubs should not be in areas that do not have access to emergency and crisis services such as police, ambulance, or fire.
- Hubs should not be in areas without sufficient storage, washroom facilities, and indoor space where support can be provided.

How Hubs Can Be a Good Neighbour

The following themes were derived from the question *how can hubs be a good neighbour and be welcomed in your neighbourhood?*

Prioritize Safety and Security *(n=328)* Ⓑ Ⓒ

Respondents noted:

- Safety should be a priority, including the safety and security of person and property, to ensure that Hubs are safe for individuals accessing Hub services, businesses, and neighbours.
- Concern, worry, and fear exist about antisocial, threatening, and/or violent behaviour in neighbourhoods due to Hubs.
- Assurance is needed that people will be safe, that their homes and property will not be stolen, broken into, or vandalized, and that crime will not increase.
- Strategies and a concrete plan to address potential safety and security issues should be implemented, such as adequate security and camera monitoring 24/7, police in neighbourhoods to prevent and discourage theft and crime, and zero tolerance policies related to violence in or around the Hubs.
- Substance use should not be permitted in public areas on or near Hub property, with strict enforcement.
- Harm reduction equipment should be picked up and should not cause harm to others.

Keep the Neighbourhood and Hub Property Clean *(n=285)* Ⓑ Ⓒ

Respondents noted:

- The Hubs and areas near the Hubs should be free of garbage, sharps, cigarette butts, tents, medical waste, human waste, graffiti, and debris.
- Cleanliness standards should be set, and daily cleaning and garbage collection should be implemented.
- Infrastructure such as sharps containers and garbage bins should be provided to support cleanliness.
- General maintenance and upkeep of the Hubs and the surrounding businesses and residential homes should be a priority.
- Tents/tent communities should not be allowed at the front of the property, and sufficient space inside or at the back of the property should be provided so people do not congregate on sidewalks or at the front of the property.

Operate Hubs Efficiently *(n=240)* Ⓑ Ⓒ

Respondents noted:

- Sufficient funding should be available to ensure Hubs have the resources to function well.
- Staff should be responsible for inside and outside monitoring of Hubs.
- Services offered must meet the needs of clients and result in positive impacts.
- Hubs should demonstrate effective operations and plans and policies should be implemented and enforced.
- Rules and standards should be set and enforced to ensure neighbourhoods remain safe.
- Hub residents and those operating the Hub should be accountable for any negative impacts on the community, including neighbours and businesses.

Integrate into the Community *(n=165)* Ⓑ Ⓒ

Respondents noted:

- To be good neighbours, Hub staff and individuals accessing the Hubs should act like any other neighbour in the community - keep the property clean, be respectful of properties and people in the neighbourhood, be friendly, be quiet, and allow the daily lives of neighbours or businesses (e.g., not blocking doors or entrances) continue without disruption.
- Hubs and Hub residents should become part of the community – volunteer, become part of social media neighbourhood groups, sponsor community events such as BBQs, plant trees, and contribute to the neighbourhood.
- Hubs should ensure their building looks like it belongs in the neighbourhood – well landscaped, well maintained, welcoming, like a house and not a government building, and set back from the street.
- Hubs should operate like group homes that have been in neighbourhoods for many years without any issues.

Open, Frequent, and Transparent Communication *(n=137)* Ⓑ Ⓒ

Respondents noted:

- Community and businesses should be engaged, consulted, and informed before making decisions.
- Information should be provided about what is happening and how the Hubs will work.
- Lines of communication should be open between businesses, community, and Hubs.
- Put in place a single point of contact for the community and businesses to voice their concerns and listen to those concerns objectively.
- Have Hub representatives engage with the neighbours and businesses.
- Demonstrate accountability and ensure action is taken if people, property, or businesses are negatively affected.

Provide Wraparound Services *(n=72)* Ⓒ

Respondents noted:

- Provide the services people will need at the Hub to address various challenges, including substance use, mental health challenges, etc.
- Have a detailed plan for services and activities for Hub residents and supports systems in place.
- Offer 24/7 operations to meet the ongoing needs of individuals.

Provide Education to the Community *(n=71)* Ⓒ

Respondents noted:

- Provide education to assist the community in better understanding topics such as homelessness, substance use, mental health, and the implementation of the Hubs.
- Hold open houses and 'meet and greets' so neighbours can see what happens in a Hub.
- Work with neighbours to find common values and collaborate on the design of the Hub.

Help People Secure Housing *(n=41)* Ⓒ

Respondents noted:

- Help people access housing and appropriate facilities to address their substance use and mental health.
- People experiencing homelessness need permanent housing with support.

Offer Opportunities for Neighbours to Get Involved *(n=35)* Ⓒ

Respondents noted:

- Offer opportunities to volunteer and get involved.
- Consider opportunities for neighbours and individuals accessing Hubs to participate in activities together (e.g., clean-ups, community gardens, BBQ, etc.).
- Provide opportunities for the community to donate needed items to the Hub.

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Appendix B

FUNDING SOURCE/S	City of London Housing Stability Services	Other Confirmed Gov't and Non-Gov't	Donations	Other	Total Program Budget 2022/23	Comments
A. REVENUE AMOUNT/S	$ 2,700,000	$ -	$ -	$ -	$ 2,700,000	
City of London	$ 2,700,000	n/a	n/a	n/a	$ 2,700,000	
B. EXPENSES	$ 2,700,000	$ -	$ -	$ -	$ 2,700,000	Prelimenary budget, recognizing opportunity for shared services, group purchasing, and savings
B1. Staff Salaries						Comments
Frontline Support Workers	$ 1,404,000	$ -	$ -	$ -	$ 1,404,000	Represents fulltime frontline staff plus relief workers at $25 per hour. 6 frontline staff day and evening shifts. 5 for the overnight. Includes on-call support rotation, overtime, vacation, public holiday pay and personal/sick days.
Management/Team Lead/Supervision	$ 130,000	$ -	$ -	$ -	$ 130,000	Two onsite FTE's at $65 000
Subtotal Staff Salaries	$ 1,534,000	$ -	$ -	$ -	$ 1,534,000	
B2. Staff Benefits						Comments
Subtotal Staff Benefits	$ 276,120	$ -	$ -	$ -	$ 276,120	Approximately 18% of salaries. Includes EI, CPP, Employer Health Tax, Group Benefits, RRSP (3%), WSIB,
B3. Subtotal Staff Salaries and Benefits	$ 1,810,120	$ -	$ -	$ -	$ 1,810,120	
B4. Participant Expenses						Comments
Participant Travel	$ 10,000	$ -	$ -	$ -	$ 10,000	Includes cab and bus travel for participants
Participant Support	$ 25,000	$ -	$ -	$ -	$ 25,000	Includes costs associated with securing housing or health needs where no other funds are available
Participant Supplies	$ 12,000	$ -	$ -	$ -	$ 12,000	Includes hygience/personal needs items for participants
Subtotal Participant Expenses	$ 47,000	$ -	$ -	$ -	$ 47,000	
B5. Operating Expenses (office Supply, Cleaning, Food, Training, Utilities, Repairs, IT, Insurance, Communications and Lease)						Comments
Subtotal Operating Expenses	$ 718,027	$ -	$ -	$ -	$ 718,027	
C. Total Operating Expenses	$ 2,575,147	$ -	$ -	$ -	$ 2,575,147	Comments
D. Admin (only if applicable)						Comments
~ 5% of total program costs	$ 124,853	$ -	$ -	$ -	$ 124,853	
E. Revenue less Expenses						Comments
NET (A-B)	$0	$0	$0	$0	$0	

Appendix C

Organizations who have attended Hubs implementation table

- Ark Aid
- City of London
- CMHA TV Addiction & Mental Health Services
- Downtown BIA
- Interprofessional Clinical Lead – Thames Valley Family Health Teams
- London Cares
- London Development Institute
- London Health Sciences Centre
- London InterCommunity Health Centre
- Mission Services
- ML Ontario Health Team
- Regional HIV/AIDS Connection
- Regional Operations Lead – Thames Valley Family Health Teams
- Salvation Army Centre of Hope
- St. Joseph's Health Care London
- St. Leonard's Community Services, London & Region
- Unity Project
- VON Southwest Region
- Youth Opportunities Unlimited