September 2022

COLLABORATION
COOPERATION
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Case studies of social service innovations during COVID-19

Etobicoke recovery site for people experiencing homelessness:

Reimagining partnership between the healthcare and community services sector

United Way Greater Toronto

WORKING WITH COMMUNITIES IN PEEL, TORONTO & YORK REGION

Report partner:

PhiLab
CANADIAN PHILANTHROPY PARTNERSHIP RESEARCH NETWORK

Land acknowledgement

United Way Greater Toronto acknowledges that our work takes place on the traditional land and gathering place of many Indigenous nations including the Anishnaabeg, the Haudenosaunee and the Wendat peoples and it is now home to many diverse Inuit, Métis, and First Nations peoples.

We also recognize the rights of Indigenous communities and that the Greater Toronto Area is covered by several treaties including Treaty 13 signed with the Mississaugas of the Credit First Nation and the Williams Treaties signed by seven First Nations including the Chippewas of Beausoleil, Georgina Island, Rama, Mississaugas of Alderville, Curve Lake, Hiawatha and Scugog Island.

We honour the teachings of Indigenous peoples about the land we each call home and our responsibilities to the land and one another. We are committed to improving our relations and walking in solidarity with Indigenous peoples. From coast to coast, we acknowledge the ancestral and unceded territory of the Inuit, Métis and First Nations peoples.

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United Way Greater Toronto

As the largest non-government funder of community services in the GTA, United Way Greater Toronto reinforces a crucial community safety net to support people living in poverty. United Way's network of agencies and initiatives in neighbourhoods across Peel, Toronto and York Region works to ensure that everyone has access to the programs and services they need to thrive. Mobilizing community support, United Way's work is rooted in ground-breaking research, strategic leadership, local advocacy and cross-sectoral partnerships committed to building a more equitable region and lasting solutions to the GTA's greatest challenges.

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PhiLab
CANADIAN PHILANTHROPY PARTNERSHIP RESEARCH NETWORK

The Canadian Philanthropy Partnership Research Network / Réseau canadien de recherche partenariale sur la philanthropie (PhiLab) is a Canadian research network on philanthropy. The network is divided into several regional hubs across the country. The network's headquarters are located in Montreal, on the Université du Québec à Montréal (UQAM) campus. Philab Ontario is a hub located at Nipissing University.

The project started in 2014 as part of two SSHRC partnership development projects on "Canadian Grantmaking Foundations". From its beginning, the Network has been a place for research, information exchange and mobilization of Canadian foundations' knowledge. Research conducted in partnership allows for the co-production of new knowledge dedicated to a diversity of actors: government representatives, university researchers, representatives of the philanthropic sector and their affiliate organizations or partners.

The Network brings together researchers, decision-makers and members of the philanthropic community from around the world in order to share information, resources, and ideas.

philab.uqam.ca

Message from Daniele

Throughout the pandemic, United Way Greater Toronto's (UWGT's) network of over 300 funded agencies and community partners mobilized quickly to meet urgent and evolving needs and problem solve in real time – leading to effective innovations with the potential to move the needle on critical issues facing communities.

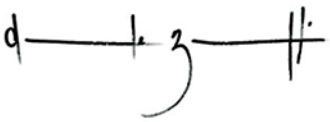
Our network saw firsthand how the pandemic upended our collective and individual understandings of "normal" and left many grappling with precarious employment, income insecurity, mental and physical health challenges, and more. But during this time, the story unfolding across our region has been not only one of crisis, but also one of small transformations – innovations that UWGT has championed as we've convened cross-sector partners to forge new paths forward, mobilized emergency funding in response to heightened and emerging needs, and ensured our funding gave community agencies the flexibility to allocate resources to where they were needed most.

UWGT's commitment to systems-level change means not only championing initiatives with this potential, but also analyzing and amplifying the lessons they have to offer. This case study is one of five in the UWGT series *Collaboration, Cooperation, Co-Creation: Case Studies of Social Service Innovations during COVID-19*, developed in partnership with the Canadian Philanthropy Partnership Research Network (PhiLab).These case studies remind us that times of crisis necessitate innovation – but they don't guarantee it. Major disruptions only bring systemic change when communities have both a clear vision for a path forward and the tools to get there.

Together, these case studies show what we know so well at UWGT: that a non-profit sector that is rooted in community and fortified by decades of expertise knows where we need to go even before crisis hits. That a sector equipped with the right tools and resources has remarkable capacity for agility and adaptation. That flexible funding and general operating support – two staples of UWGT'S funding model – are key elements of the toolbox that enables organizations to pivot and engage in necessary strategic, systems-level work. That through networks UWGT has been cultivating for decades – networks of community agencies, local residents, and partners in government, labour, and the corporate sector – with the resolve to work together in new ways, the change we are capable of achieving is exponential. And finally, that backbone support provided by entities like UWGT – from research to convening to strategic investments in community – is foundational to all of these elements.

These stories of innovation show that our path forward is not about recovering our pre-COVID "normal." Because we are building something better. We're bridging siloes and catalyzing new partnerships, so that everyone can access the services they need without coming up against roadblocks. We're amplifying community voices and joining hands in advocacy. We're deepening our understanding of what advancing equity looks like in concrete terms – and most importantly, acting on it.

Our world is in flux. These case studies offer important lessons for how we can chart a path through instability and uncertainty – one that not only ensures urgent needs are met, but brings us all closer to a future without poverty.



Daniele Zanotti
President & CEO
United Way Greater Toronto

Etobicoke recovery site for
people experiencing homelessness:

Reimagining partnership between the healthcare and community services sector

Introduction

Far from being the great equalizer, COVID-19 did not impact everyone in our communities equally. People experiencing physical, social and economic vulnerabilities prior to the pandemic, including people who are unhoused, were especially at risk. In Ontario, during the first wave of pandemic closures and re-openings, individuals who had recently become homeless were over 20 times more likely to be hospitalized for COVID-19, over 10 times more likely to require intensive care and over five times more likely to die within 21 days of a positive test.[1] Individuals living unhoused are much more likely to suffer from pre-existing respiratory conditions and diabetes, making them more vulnerable to the virus.[2] In addition, public health restrictions reduced shelter capacity because of physical distancing requirements, and many individuals experiencing homelessness chose to avoid the shelter system altogether to avoid outbreaks of the virus, opting instead to sleep rough or in encampments.[3]

The increased vulnerability to the virus, combined with crowded conditions in shelters and encampments escalated an existing crisis to new heights. Service providers from across sectors working with individuals experiencing homelessness were mobilized quickly to develop a new model that addressed public health concerns while ensuring individuals needing to isolate were treated with dignity and respect. The result was hotel-based isolation and recovery sites that provided well-resourced spaces for individuals and families experiencing homelessness or housing precarity to test, isolate, recover and receive other needed services, such as harm reduction, mental health supports, and physician and nursing services.

This case study features the collaboration that supported development of the COVID-19 isolation and recovery site located in Etobicoke, in the City of Toronto's west end. The case explores the challenges and learnings of

[1] Richard, L., Booth, R., Rayner, J., Clemens, K. K., Forchuk, C., & Shariff, S. Z. (2021). Testing, infection and complication rates of COVID-19 among people with a recent history of homelessness in Ontario, Canada: a retrospective study. *Canadian Medical Association Journal*.

[2] Richard, L., Booth, R., Rayner, J., Clemens, K. K., Forchuk, C., & Shariff, S. Z. (2021). Testing, infection and complication rates of COVID-19 among people with a recent history of homelessness in Ontario, Canada: a retrospective study. *Canadian Medical Association Journal*.

[3] Lorinc, J. (2020, May 15) 'It's not much better': Homeless encampments grow amid fears of COVID-19 spreading in shelter system. *Toronto Star*. https://www.thestar.com/news/gta/2020/05/15/standoff-between-homeless-city-officials-at-downtown-toronto-encampments.html

working across traditionally siloed sectors—in this case the community services sector and the healthcare sector—and considers the Etobicoke COVID-19 isolation and recovery site an exemplar of cross-sector collaboration. Any challenges with the partnership are quickly put in perspective against the need for services and the capacity of the model to meet that need. From April 7, 2020 to December 12, 2021, the Etobicoke site admitted 1,167 patients with confirmed COVID-19 infection and 1,164 patients for isolation.[4]

This work draws on conversations with Janet Newton, Clinical Vice President, University Health Network (UHN); Angela Robinson, Executive Director, Parkdale Queen West Community Health Centre (PQWCHC); and Lorie Steel, Vice President, Urban Health and Homelessness Services at The Neighbourhood Group (TNG). All conversations took place between November and December 2021. United Way Greater Toronto is grateful for the time and insights shared by all interviewees, without which this report would not be possible.

Left:
Staff from TNG outside Etobicoke isolation and recovery site.

[4] Firestone, M. et al. (2021, December 17). *COVID-19 isolation and recovery sites evaluation: A MARCO report.* MAP Centre for Urban Health Solutions, St. Michael's Hospital. https://maphealth.ca/wp-content/uploads/CIRS_MARCO-JAN-2022.pdf

COVID-19 isolation and recovery sites for people experiencing homelessness

The isolation and recovery site model

Early in the pandemic, significant numbers of individuals experiencing homelessness with suspected exposure to COVID-19 would visit hospital emergency rooms to get tested and had nowhere else to go to await their test results, which could take up to 72 hours. Many individuals experiencing homelessness wanted to leave before getting their results, which posed a significant public health risk, especially if infected individuals were returning to shelters, where crowded facilities increased the likelihood of spreading the virus to others.

Initially, some of these challenges were addressed by existing partnerships between healthcare providers and community service agencies. UHN had a history of partnering with TNG to enhance the effectiveness of community-based case management programs and had become familiar with TNG's peer support model whereby individuals with lived experience of homelessness, substance use, or mental health issues were connected to patients facing similar experiences. When COVID-19 hit, TNG was asked to provide peer support workers to support individuals experiencing homelessness to isolate in emergency departments while they awaited their test results. However, this process quickly became untenable. As patients flooded emergency departments, there was simply not enough space or appropriate isolation facilities within to support people experiencing homelessness to isolate.

Homeless shelters, 24-hour drop-ins and respite centres were equally overwhelmed and struggling to implement appropriate physical distancing, hand washing and isolation protocols. Another solution was needed, and fast.

In response to this need, the City of Toronto Shelter Support and Housing Administration (SSHA) convened a range of partners to identify and discuss potential solutions. One of the initial options considered was a 400-bed open-concept space inside a convention hall. A rapid community consultation brought to light significant concerns over privacy and client safety, including, for example, issues that might arise from interactions between clients from men's shelters and clients from domestic violence shelters. There were concerns for the overall lack of dignity provided to under-housed populations in this scenario given the level of surveillance and hypermedicalization being proposed. Moreover, community service partners advocated for the complex social care needs of individuals and families experiencing homelessness, including those in need of mental health supports and those using alcohol or drugs, which could lead to additional and significant challenges in isolation.

Heeding this feedback, partners opted for an isolation and recovery site model centered on client dignity and responsiveness to the complex health and social needs of people experiencing homelessness. The model provided a private room and bathroom within a hotel to isolate for 24 hours to 14 days to individuals and families experiencing homelessness who were awaiting test results or had tested positive for COVID-19 and were either asymptomatic or did not require acute care.

Social care services complemented clinical care supports. Clients were provided food, clothes, activity baskets, welcome pamphlets and given access to iPads and Netflix while at the hotel. In addition, peer support and harm reduction workers assisted clients to remain in isolation. Harm reduction workers provided clients with access to services such as managed alcohol programming, overdose prevention, safer opioid supply and stimulant replacement, crisis response and management, supportive discharge planning and linkages to care. Peer support workers offered additional services. Research has found employing peer support workers decreases substance use and improves "recovery capital" (housing stability, self-care, independence and health management).[5] The effectiveness of peer support workers stems from their own lived experience, supported by training and use of language based on common experience rather than clinical terminology.[6]

The first COVID-19 isolation and recovery site opened in Scarborough in March 2020 through a partnership between SSHA, Inner City Health Associates (ICHA) and the Inner City Family Health Team.

With a model already in place, a second COVID-19 isolation and recovery site opened in Etobicoke in early April 2020, through a partnership between SSHA, ICHA, Parkdale Queen West Community Health Centre (PQWCHC), TNG and UHN.

[5] Bassuk, E. L. et al. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment*, 63, 1–9. https://pubmed.ncbi.nlm.nih.gov/26882891/.

[6] National Council for Behavioral Health. (n.d.). *Peer support workers in emergency departments: Engaging individuals surviving opioid overdoses – Qualitative assessment.* https://pcssnow.org/wp-content/uploads/2018/07/Peer-Support-Workers-in-EDs-Issue-Brief-1.24.19.pdf

TNG staff inside Etobicoke isolation and recovery site.

Etobicoke COVID-19 isolation and recovery site

About site partners

City of Toronto Shelter Support and Housing Administration (SSHA) is the service manager for housing and homelessness services in Toronto. It oversees emergency shelter and supports, and directly operates emergency and transitional shelter programs. SSHA is also the largest funder of social services in Toronto. SSHA is responsible for the physical operation of the COVID-19 recovery sites, organizing logistics such as food, security, cleaning and contracts with hotel owners, and operates the site's transportation, referral and discharge processes.

Inner City Health Associates (ICHA) is a group of physicians and nurses who provide primary, psychiatry and palliative care for individuals who are experiencing homelessness or who are precariously housed. It is dedicated to addressing deficits in the social determinants of health, to improving individual and population health and to ending homelessness. ICHA went through drastic expansion in response to the pandemic and provides acute and clinical care to patients at the COVID-19 isolation and recovery site in Etobicoke.

Parkdale Queen West Community Health Centre (PQWCHC) is a community-based not-for-profit interdisciplinary health service provider that offers a broad range of services including primary health care, dental care, harm reduction, health promotion, counselling and community development programming. At the COVID-19 isolation and recovery site, PQWCHC provides case management services, a managed alcohol program, an overdose prevention service, crisis management and de-escalation, harm reduction and crisis prevention and intervention training to partner staff teams, and a low-barrier safer supply program for individuals using drugs.

The Neighbourhood Group (TNG) is a multi-service charitable organization with a mandate to promote independence and dignity, and engage the skills and talents of community members to build a vibrant community. It provides a wide range of services for children, youth, seniors, immigrants, people experiencing homelessness and those seeking employment and/or housing supports. TNG provides peer workers—individuals with lived experience of homelessness, addictions or mental health issues—at the COVID-19 isolation and recovery site in Etobicoke.[7]

University Health Network (UHN) comprises the Toronto General and Toronto Western hospitals, the Princess Margaret Cancer Centre, Toronto Rehabilitation Institute and the Michener Institute of Education. The largest hospital-based research program in Canada, UHN strives to be a partner of choice for community agencies and advocates for systems change. UHN manages the COVID-19 isolation and recovery site in Etobicoke and provides organizational and administrative support to the network of partners involved. UHN was invited into the partnership by Ontario Health, the main funder of the Etobicoke site.

[7] The Neighbourhood Group is a United Way Greater Toronto anchor agency. United Way Greater Toronto funds a network of anchor agencies that receive flexible and multiyear funding intended to build strong, responsive, sustainable and effective organizations

TNG staff inside Etobicoke isolation and recovery site.

About the Etobicoke COVID-19 isolation and recovery site

To oversee strategic implementation of the Etobicoke site, an executive leadership table comprised of the five partners was set up quickly. A complementary operational table was also struck and included an on-site staff person from each partner agency with responsibility for service delivery. These two tables came together and got the site up and running within 10 days of initiating the collaboration. In the first weeks in operation, the executive leadership table met three times per week, but as the site was established, these meetings decreased and responsibility was transferred to the operational table. In addition to these formal meetings, daily team huddles involving on-site staff from all partner agencies created opportunities to identify needs and work together to meet them.

With UHN's involvement, the Etobicoke site was operated as a UHN-run hospital facility, following clinical guidelines and policies, and adhering to clinical accountability requirements. Initially, UHN's model was challenging for other partners who were asked to change their existing processes to adhere to UHN's clinical model of care. Partners recognized early on that there were drawbacks to this approach. As the partnership evolved and work on the ground commenced, members of the executive leadership table agreed that decisions needed to be made in a more collaborative fashion, recognizing the expertise each partner was bringing to the table, and moved to a consensus model, both within the executive leadership and operational tables. While the consensus model enhanced collaboration, it also presented drawbacks. In rare cases where the operational or leadership table experienced deep disagreement, with no designated final decision maker, discussions resulted in a stalemate and initiatives were unable to proceed. In acknowledgement of the newness of the model and the unpredictability of the pandemic, the MOU governing the collaboration was understood by all partners to be dynamic and was revised every three months to reflect changes on the ground.

At the outset, there was an assumption that clinical care would be the most significant need at the COVID-19 isolation and recovery sites. As a result, clinical care needs guided much of the site planning despite early feedback from frontline staff and community members

who forecasted a high degree of social care needs from individuals experiencing homelessness who were required to self-isolate. While social care was integrated into the model from the start, staff on the ground at the Etobicoke site saw that mental health and harm reduction supports were playing a much greater role in helping individuals stay in isolation successfully than had been planned for. In daily staff huddles and at the operational table, staff noted that peer support and harm reduction workers, who were leading wellness checks, accompanying people outside for a cigarette, overseeing the managed alcohol program, co-creating safety plans, coordinating care and discharge planning, observing people using injectables and providing sterile supplies, were spending much more time face-to-face with clients than were physicians or nurses. Further validated by an early process evaluation, changes were made to reflect this way of working, with peer support and harm reduction workers given more input into collective decision-making at the operational table. In the end, intake processes changed to explore social care needs in more detail.

> *"One of the greatest strengths we had was the resourcefulness of all the partners. Once a need was identified, it was amazing how quickly partners knew who to reach out to in order to address it. The site really did function by virtue of the connections and the relationships."*
>
> *–Janet Newton, UHN Clinical VP*

Financial challenges created additional complications. Due to the emergency scenario, services were delivered before funder contracts were finalized and payments processed, generating cashflow and budgetary risks for some partners. Further, wage inequities among the cross-sector partners, whose staff worked on the ground side-by-side, created tensions that remained unresolved as partners stayed focused on emergency response.

Ultimately, partners at the Etobicoke site appreciated working together across health and community service sectors. Clinical partners increased understanding and respect for the intervention models used by community service practitioners, building their own learning by being involved in practices that were new to them, and from which they and their patients derived great benefit. A notable collaborative innovation was the development and implementation of a 'code green' used to request immediate non-police supports for people experiencing mental health distress. This approach drastically shifted how and when police were involved in incident responses. Another example emerged early in the Etobicoke site's operations. After a serious and traumatic safety event, all on-site staff participated in a healing circle practice brought in by PQWCHC to build resilience and prevent longer term accumulated grief among the staff. UHN staff derived significant benefit from this exercise, resulting in UHN incorporating it within some of their hospital practices going forward.

This increased respect for each other's practices had a positive impact on decision-making at team huddles, the operational table and the executive leadership table. Partners felt a genuine desire to collaborate on decision-making and felt that as the partnership deepened all partners were willing to explore different solutions rather than defaulting to pre-existing organizational policies. Trust and respect were paramount to addressing the rapidly changing needs of clients, such as the waves of families with children that arrived unexpectedly.

Prior to the pandemic, partners described the relationship between community services and healthcare providers as having "moments of intersection" but a lack of deep collaboration that characterized the COVID-19 isolation and recovery sites. Going forward, all partners are seeking to leverage this deeper capacity for collaboration, recognizing that working together can achieve better outcomes for everyone.

United Way contributions

United Way Greater Toronto's work is comprehensive. We support a network of over 300 funded agencies and community partners to move the needle on critical issues facing communities. To meet urgent needs and lead systemic change on a wide array of social issues, we:

- use our grantmaking expertise, deep knowledge of issues, neighbourhoods and social service infrastructure to make investments where they can have the greatest impact
- partner with others to overcome challenges and streamline support, as we have with the Cluster Tables that brought local government and agency leaders together during the early days of the pandemic and continue to be a vital lever for better serving community
- convene diverse parties and perspectives to drive strategic initiatives and multi-sectoral solutions
- lead research to learn, share and inform progressive policy and legislation and leverage our platform to amplify calls for systems-level change.

United Way is proud to work with The Neighbourhood Group in the following ways:

The Neighbourhood Group:

- providing five-year Anchor grant funding*
- collaboration at two Cluster Tables: Downtown East and East York Don Valley
- partnering on capacity building for agencies and trustees for UWGT grantees

* Anchor grants provide dependable and flexible five-year funding for both programming and core operating support – so community agencies can meet immediate needs while building long-term capacity and solutions to move the needle on poverty and related issues in our region.

To learn more about our various tools for community investments, please refer to the UWGT 2021-2022 Annual Report.

Lessons learned

Community expertise is critical for effective service planning

The city of Toronto's COVID-19 recovery and isolation sites for people experiencing homelessness were planned and implemented quickly in a dynamic and volatile environment. Despite this, partners listened to community input and expertise of community service practitioners. The insights and recommendations from this effort proved critical to the success of the Etobicoke site, with social care needs being further validated by on the ground experience and formal evaluation.

When working collaboratively, community expertise, whether from the community itself or from community service agencies with extensive experience working with the community, must be respected and valued. This critical understanding leads to more effective strategies and ultimately, better client outcomes.

Trusting relationships allow for honest and productive troubleshooting in real time

The partners involved in the COVID-19 isolation and recovery site were tasked with responding rapidly in a challenging and dynamic situation. Part of what allowed them to do this successfully was the deepening trust that working together produced. Partners credit processes that encouraged ongoing reflection, open communication and consensus decision-making as enabling trust building.

Better outcomes can be achieved when community service and healthcare providers work together

The successful implementation and outcomes of the Etobicoke COVID-19 isolation and recovery site demonstrate the value of combining social and clinical care approaches. Partners experienced in real time the benefit of both integrating social care supports into clinical settings and incorporating healthcare services into shelters and other services for people experiencing homelessness. Partners felt this approach was especially impactful for clients with complex needs, the reality for many people living in unhoused conditions.

Partners involved in the Etobicoke site have recognized shared advocacy goals across the two sectors focused on health equity and addressing the social determinants of health. Partners are committed to future collaboration and have expressed interest in rethinking how to redesign the system of services available to people experiencing homelessness, including shelters and clinical practices.

Good practices for collaborations between community services and healthcare providers

1. Prioritize client-centered services by identifying clinical and social needs and tailoring integrated support plans that balance the unique clinical and social supports needed by service recipients.
2. Achieve consensus on short-, medium- and long-term goals and map the expertise, tools, resources and practices each partner brings to the table to enable the most effective outcomes.
3. Revisit structures, MOUs and decision-making processes regularly to iterate and improve interventions.
4. Identify shared goals across sectors and collaborate on policy and advocacy for longer-term systems change efforts.

caption to come...

Implications for the future

Social and community service agencies:

- Put your expertise front and center in cross-sector collaborations and recognize that asserting the social needs of service recipients may require data and persistence before being recognized.
- Seek out collaborations with healthcare providers to offer social care supports in clinical settings, or to bring in healthcare services to community service programs.
- When testing new models, build a practice of real-time observation and assessment, and iterate as necessary to improve service delivery outcomes.

Provincial, regional, and municipal governments and philanthropic organizations:

- Provide funding to support cross-sector collaborations to address complex needs and recognize that funding models and budget lines for healthcare institutions and community service providers may differ.
- Promote cross-sector learning and adaptation by funding pilots and commissioning and/or leading and sharing evaluations, lessons learned and emerging good practices broadly within and across sectors to enhance learning and capacity building.
- Support the scaling of effective models by providing adequate resources to the various implementation partners.
- Support knowledge mobilization and capacity building activities focused on good practices in network and collaboration models to strengthen impacts of cross-sector collaborative work.

Acknowledgements

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Case studies of social service innovations during COVID

This case study is part of a series exploring social service innovations during COVID-19:

Auduzhe Mino Nesewinong Clinic (Place of Healthy Breathing): Advancing Indigenous health and data equity

Cedar Centre's STAIR Group's virtual program transition: Balancing impact with client safety, privacy, security and cost

Etobicoke recovery site for people experiencing homelessness: Reimagining partnership between the healthcare and community services sector

Apna Health and community ambassadors in Peel region: Advancing health equity in the South Asian community

What's Up Walk-In Clinics' strengthened network model: Moving along the collaboration continuum

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