

## **Feedback from Toronto Public Health's Health and Homelessness Working Table**

**Date:** December 31, 2024

**To:** Board of Health

**From:** Medical Officer of Health

**Wards:** All

### **SUMMARY**

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In January 2023 the Board of Health requested that the Medical Officer of Health develop a working table to review the intersection of health and homelessness. In response, Toronto Public Health convened a group of experts and individuals with lived and living experience, including representatives from healthcare, academia, frontline services, and various City of Toronto divisions to create the Health and Homelessness Working Table. This group participated in a series of eight meetings from August 2023 to May 2024.

The primary objective of the Health and Homelessness Working Table was to provide input on and share recommendations addressing health-related issues affecting individuals experiencing homelessness in Toronto. Each meeting focused on specific health issues or populations, such as healthy environments, chronic disease management, refugees and asylum claimants, safety and injury prevention, mental health and substance use, and health across the lifespan.

Throughout the series of meetings, participants emphasized the need for enhanced multi-sector collaboration involving all levels of government. They identified gaps and opportunities for improving access to and coordination of services between healthcare and social services, as well as for better communication and resource sharing with individuals experiencing homelessness. The overarching recommendation was the establishment of an intergovernmental collaborative group to address the needs of people experiencing homelessness, with consideration of the feedback provided by this group.

Children's Services, Senior Services and Long-Term Care, Social Development, Finance and Administration, Toronto Shelter and Support Services, and Housing Secretariat were consulted in the development of this report.

## RECOMMENDATIONS

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The Medical Officer of Health recommends that:

1. The Board of Health recognize that access to affordable, well-supported, and appropriate housing, alongside equitable income supports, is essential for improving population health and well-being.
2. The Board of Health request that the Medical Officer of Health:
  - a. Assess Toronto Public Health services for accessibility and the use of trauma-informed approaches as discussed in the Health and Homelessness Working Table (Attachment 3) to advance these practices across the organization;
  - b. Share the report from the Health and Homelessness Working Table (Attachment 3) with relevant City of Toronto divisions and agencies, and propose collaborative interventions to support implementation of the recommended actions; and
  - c. Share the report from the Health and Homelessness Working Table (Attachment 3) with relevant local health care partners and Ontario Health - Toronto Region, to propose collaborative interventions such as peer support navigator programs to navigate the health care system and establish pathways to bring health care to meet people where they are.
3. The Board of Health urge the Government of Ontario and the Government of Canada to collaborate with the City of Toronto to provide the necessary policy, funding, and intergovernmental support to sustain and strengthen the health, mental health and harm reduction services under the Homelessness Health Services Framework.
4. The Board of Health request that the Medical Officer of Health collaborate with Toronto Shelter and Support Services (TSSS) to support the continued delivery and advancement of the Homelessness Health Services Framework (HHSF) by:
  - a. Collaborating with the HHSF Steering Committee to provide public health expertise, align Toronto Public Health services, and foster intersectoral collaboration to advance the health and well-being of people experiencing homelessness;
  - b. Working with partners to increase equitable access to health care, including the full continuum of evidence-based prevention, harm reduction, and treatment supports for people experiencing homelessness; and
  - c. Advocating for sustainable funding from Ontario Health and the Ministry of Health to enhance prevention-focused mental health and crisis intervention services, expand supports for individuals with complex mental health and social needs, address systemic barriers, strengthen shelter safety, and ensure equitable access to care for people experiencing homelessness.

5. The Board of Health request the Government of Canada and Government of Ontario partner with the City of Toronto to establish an intergovernmental collaborative group to advance actions to address the health and well-being of people experiencing homelessness in Toronto that:

a. Includes representation from people with lived and living experience of homelessness, organizations serving people experiencing homelessness, healthcare and social service providers, and municipalities; and

b. Is informed by the expert advice in the report from the Health and Homelessness Working Table, as outlined in Attachment 3 to this report.

6. The Board of Health request that the Medical Officer of Health engage in ongoing advocacy with all orders of government for an increase in affordable, well-supported, and appropriate housing options, as a key determinant of population health and well-being.

## **FINANCIAL IMPACT**

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Any financial impacts resulting from the adoption of the recommendations in this report can be accommodated within approved operating or capital budgets.

## **DECISION HISTORY**

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At its meeting on January 16, 2023, the Board of Health considered Item HL1.6 and requested that the Medical Officer of Health develop a working table to conduct a review of the intersection of health and homelessness and provide the results of the review and any recommendations for a report back to the Board.

<https://secure.toronto.ca/council/agenda-item.do?item=2023.HL1.6>

## **COMMENTS**

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### **1. Introduction**

In January 2023, the Board of Health requested that the Medical Officer of Health convene a working table to review the intersection of health and homelessness. Experts and individuals with lived and living experience participated in eight meetings of the Health and Homelessness Working Table (HHWT) between August 2023 and May 2024 to provide recommendations for improving the health and well-being of people experiencing homelessness in Toronto.

There is a recognition that the core remedy for homelessness revolves around creating and ensuring affordable, supportive, and sustainable housing options. Given the scope of influence of the Health and Homelessness Working Table, and the substantial work undertaken by other organizations in this area, this working table primarily focussed on exploring supplementary recommendations to improve the health and well-being of those experiencing homelessness in Toronto.

Throughout the series of meetings, the group discussed recommendations related to healthy environments, chronic disease management, refugees and asylum claimants, safety and injury prevention, mental health and substance use, and health across the lifespan. The overarching recommendation from the HHWT was the establishment of an intergovernmental collaborative group to address the needs of those experiencing homelessness, incorporating the feedback provided by this working group and using a health equity approach.

## **2. The City of Toronto's Work to Address Homelessness**

City Council adopted the HousingTO 2020-2030 Action Plan in December 2019 as a strategic framework to guide the City's efforts on housing and homelessness over the next ten years. The [HousingTO Plan](#) recognizes that housing is essential to the inherent dignity and well-being of the person and to building sustainable and inclusive communities, and provides a blueprint for action across the full housing continuum – from homelessness to rental and ownership housing to long-term care. In November 2023, City Council enhanced its HousingTO Plan and set a new target of approving 65,000 rent-controlled homes by 2030, including 41,000 affordable rental homes, and 6,500 rent-geared-to-income homes. The Housing Secretariat Division leads the delivery of the HousingTO Plan objectives, and plays a key role in the development, funding, and ongoing oversight of housing across the continuum, including supportive, social, and affordable housing.

Toronto Shelter and Support Services (TSSS) is the shelter service system manager in Toronto, and directly operates and funds community agencies that deliver emergency shelter, 24-hour respite and drop-in programs, wrap-around support services and street outreach. The Division works with community partners and stakeholders to deliver person-centered, outcome-focused services to help improve the overall well-being of individuals experiencing homelessness and help connect them with housing.

Toronto's shelter system is the largest in Canada, providing more beds per capita than any other Canadian city. The City also provides shelter to address the unique needs of those experiencing homelessness, including couples, 2SLGBTQ+ individuals, Indigenous People, seniors, youth, and refugees. A significant number of people (more than 50 percent) in the City's shelter system are refugee claimants. The City continues working to respond to the sharp increase in refugee claimants arriving in Toronto who are in need of emergency shelter, and has implemented a number of urgent measures to respond to the situation, including significantly expanding the shelter capacity, engaging in focused efforts to support churches and community organizations, and in partnership with Immigration, Refugees and Citizenship Canada (IRCC), establishing a transfer program to locations outside of Toronto for eligible refugee clients. In 2023 and 2024, TSSS partnered with the Canadian Mental Health Association Toronto's Community Crisis Team to provide mental health and addictions supports to refugee claimants staying in churches and emergency hotels. However, Toronto's shelter system continues to be at capacity, and current demand for shelter space exceeds availability each night.

Since the beginning of the COVID-19 pandemic, shelter system pressures have been compounded by the complex health and mental health needs of people experiencing homelessness and the ongoing drug toxicity crisis. To support the health of people experiencing homelessness, TSSS works closely with the homelessness service sector and health partners, including on the development and implementation of the Homelessness Health Services Framework (HHSF). The HHSF outlines a strategic approach for TSSS, homelessness service providers, health system planners and service providers to provide primary care, mental health and harm reduction services across all homelessness service settings. This includes coordinating existing tools and resources, leveraging new and existing partnerships, and outlining an approach to coordinated health services.

Key objectives of the HHSF include: 1) ensuring people experiencing homelessness have consistent, equitable, and timely access to health services; 2) establishing a network of health and homelessness service providers that enables improved coordination of services; and 3) working with provincial and federal governments to support additional resources to address gaps in health services for people experiencing homelessness. The implementation of the HHSF is overseen by a Steering Committee with representatives from the City, Ontario Health Toronto Region, and representation and/or engagement from primary care, mental health, harm reduction and peer support partners, homelessness sector partners, people with lived/living experience and other key representatives as needed who have a key role and/or insights in the planning, delivery, coordination, and quality of health services.

In addition, TSSS provides focused supports to people living in encampments who face complex mental health challenges and substance use issues. The lack of available housing options and shelter space has led to an increase in the number of people living outdoors, as evidenced by the rise of encampments. Encampments are a symptom of the housing crisis, shelter demand that exceeds availability, increasing costs of living, inadequate income supports, and other social crises such as the drug toxicity epidemic and mental health crisis. As of December 25, 2024, there are 448 encampments across Toronto, occupied by often the most marginalized in our city. Dedicated outreach staff actively engage with people in encampments, facilitating referrals to shelters, providing support to access health care, mental health services, harm reduction and income supports, and connecting people to permanent housing with supports.

In June 2024, Council adopted an updated City of Toronto Interdivisional Protocol for Encampments in Toronto. Staff are working to develop and implement actions to increase access to safe, secure housing and shelter for people who are living outdoors, including how to enhance case management support for people living outdoors with complex mental and physical health needs, which includes working with health organizations, hospitals, and community agencies. Through this strategy, Council also reiterated its request to the Government of Ontario to fund low-barrier crisis stabilization spaces for people with mental health and/or substance use related issues that operate 24 hours per day, seven days per week across the city as part of a full continuum of evidence-based services, treatment and wrap around supports.

To support recovery and increase shelter system stability, in November 2023, Council approved the [City's 10-year Homelessness Services Capital Infrastructure Strategy](#)

[\(HSCIS\)](#). HSCIS outlines a plan to transition the City out of costly temporary shelter hotels and into smaller, permanent and purpose-built shelter sites that are more responsive to the needs of people experiencing homelessness. Through HSCIS, the City will build up to 20 new sites, including growth in areas with significant need such as accommodations for families, youth, and spaces led by Black and Indigenous communities.

Permanent, adequate, affordable, and supportive housing is the solution to homelessness. City [Council has reiterated requests](#) to the federal and provincial governments for the scale of funding and partnership required to deliver the HousingTO Plan, including capital funding for 18,000 new supportive homes, and operating funding for wrap-around support services in these homes. In addition, the City continues to advocate for enhanced and sustained investment in the Canada-Ontario Housing Benefit (COHB), which is a critically important tool to help people experiencing homelessness, including refugees and asylum seekers, to secure affordable rental homes in the private market and enable flow in the City's shelter system.

### **Toronto Public Health's Role in Addressing Homelessness**

Toronto Public Health recognizes and continues to advocate for the need for more sustainable, affordable, and appropriate housing options in Toronto as a key social determinant of health and well-being and supports the City's efforts to expand access to shelter and housing. This includes engagement and collaboration on initiatives like the [HousingTO 2020-2030 Action Plan](#) and advocacy from the Board of Health for greater provincial funding for shelters and federal support for refugees seeking shelter in Toronto ([HL.1.6](#)).

TPH provides a range of services, programs and data sharing initiatives that contribute to enhancing the health and well-being of people in Toronto, including those experiencing homelessness. These include dental clinics, sexual health clinics, prenatal and parenting, immunizations, and harm reduction programs, which include those embedded in City-run shelters. TPH participates in various working groups and committees related to shelters, refugees, and asylum claimants, and contributes to extreme weather responses. TPH also collects and reports specific data surrounding those experiencing homelessness including [data related to the deaths of people experiencing homelessness](#), which is being updated in January 2025.

### **3. Summary of the Health and Homelessness Working Table's Input**

The primary objective of the Health and Homelessness Working Table was to provide input on and share recommendations addressing health-related issues affecting individuals experiencing homelessness in Toronto. Each meeting focused on specific health issues or populations of public health significance, such as healthy environments, chronic disease management, refugees and asylum claimants, safety and injury prevention, mental health and substance use, and health across the lifespan. This section provides a summary of the Working Table's input by topic area, while Attachment 3 provides a more detailed account of its findings.

## **Healthy Environments**

Healthy environments refer to the environmental conditions that affect the health and well-being of individuals, including air quality and extreme weather events such as intense heat waves and severe cold temperatures. These conditions are exacerbated by climate change, which increases the frequency and intensity of these events. For individuals experiencing homelessness, exposure to extreme weather can lead to exacerbation of health issues, including most extremely hypothermia and heat stroke.<sup>1,2</sup> The lack of shelter and access to appropriate healthcare services further compounds these risks, making those experiencing homelessness particularly vulnerable to the adverse effects of climate change.<sup>1</sup>

The HHWT emphasized the importance of coordinated efforts during extreme weather responses to protect those experiencing homelessness from the dangers of intense heat and cold. The group shared the need for a coordinated communication strategy during such events, ensuring that clear and timely information on resources and emergency measures is shared using common spaces, frontline staff, signage, and translations into multiple languages. Additionally, addressing the issue of hostile architecture, referring to urban design that deters use of public spaces, often specifically impacts those experiencing homelessness as it exacerbates their vulnerability during extreme weather conditions.

Advocacy for better access to public transportation to warming centres and cool spaces available through the City's Heat Relief Network was highlighted as a needed solution to help individuals reach safe environments during weather emergencies. Additionally, the table echoed the need for increased public bathroom access to maintain hygiene and dignity for those without stable housing, particularly during times of climate vulnerability.

## **Service Delivery, Communication, and Accessibility**

Participants described effective service delivery, communication, and accessibility as key areas to address to ensure people experiencing homelessness receive the support they need. The group highlighted the importance of making services more accessible through walk-in availability, bringing services to people, and integrating multiple services into one space to enhance the efficiency and reach of support programs. Clear and accessible communication was flagged as critical in connecting people experiencing homelessness to available resources, ensuring they understand how to access services and receive timely information.

The Health and Homelessness Working Table discussed various strategies to improve service delivery, communication, and accessibility for those experiencing homelessness. Pop-up models of healthcare and support services were highlighted as an effective way to bring essential services directly to those in need. Additionally, ensuring all City programs are trauma-informed ensures that our services are sensitive to the experiences and needs of individuals who have faced significant adversity, creating a safer and more supportive environment. Similarly, even though they fall under provincial jurisdiction, it was encouraged that healthcare settings, review, and address any service gaps that may contribute to a fear of deportation for those without permanent citizenship or status when seeking care, as this fear may prevent people from accessing services.



The HHWT acknowledged the ongoing supports and programs that are helpful for those experiencing homelessness such as embedded services in shelters operated or funded by the City, and the use of peer-based programs in shelters and healthcare settings, such as St. Michael's hospital-based case management intervention for people experiencing homelessness, [The Navigator Program](#). The table emphasized the need for these supports to be consistent across locations and organizations to ensure equitable access and increased effectiveness on a population-level. Additionally, targeted supportive housing locations are necessary to ensure that those with specific needs receive appropriate and sustainable housing options, and to ensure continuity of care when people experiencing homelessness access housing and move into a new home.

### **Collaboration Across Sectors and Continuum of Care**

Collaboration across sectors and the continuum of care was noted to be a current gap in addressing the health needs of people experiencing homelessness. By fostering partnerships between healthcare providers, social services, housing services, and community organizations such as coordinated case management, standardized practices, and clear transition processes between services, people experiencing homelessness could receive more holistic, sustainable care.

Increased collaboration could help ensure that individuals receive consistent support as they transition through different stages of care and housing support. Effective communication and coordination between these sectors could also reduce duplication of efforts, reduce the risk of gaps in care, and create a seamless support experience. It was discussed that coordination between healthcare programs, shelters, and housing services could help prevent new occurrences of homelessness during discharge from healthcare services and reliance on emergency room use. The table emphasized the need to expand initiatives like the [Beyond Housing pilot](#).

Areas identified for critical coordination include the justice system, shelters, healthcare services, and Ontario Health. Participants discussed concerns of consent, privacy, and eligibility requirements as barriers to sharing health information of clients in supportive services. It was suggested that a thorough analysis of potential solutions to these barriers be explored to provide the possibility of information sharing where helpful and appropriate, to improve efficiency and coordination of care. Data collection on hidden homelessness, people who temporarily live with others without prospects for permanent housing, and those turned away from services was also discussed as a way to provide a better understanding of the full scope of the issue and to identify opportunities for change.<sup>3</sup>

### **Refugees and Asylum Claimants Experiencing Homelessness**

Refugees and asylum claimants often face significant challenges related to their health and well-being due to their precarious living situations. Displacement and the uncertainty of asylum processes can severely impact or worsen mental health.<sup>4,5</sup> Additionally, refugees and asylum claimants may encounter barriers to accessing



healthcare services, particularly when experiencing homelessness or unstable housing, hindering their ability to receive care.<sup>4,5</sup>

The Health and Homelessness Working Table highlighted the need for a targeted health action plan for refugees and asylum claimants experiencing homelessness. This plan should address the unique health needs and challenges faced by this population, including access to culturally appropriate medical care and mental health support. Establishing service hubs for refugees and asylum claimants can help centralize resources and streamline access to services, such as healthcare, legal assistance, and housing services. These hubs could provide coordinated care efforts and a supportive environment to help to address the needs of refugees and asylum claimants as they navigate their transition and seek stability.

### **Mental Health and Substance Use**

Mental health and substance use are significant public health concerns among people experiencing homelessness, often intertwined, and exacerbating each other. The impacts of living without permanent housing can lead to or worsen mental health and substance use conditions.<sup>6,7</sup> The lack of access to consistent and accessible mental health care and substance use services makes it particularly difficult for people experiencing homelessness to treat and improve these conditions and their overall health.<sup>5</sup>

The Health and Homelessness Working Table discussed the need for a review of provincial mental health and substance use services to ensure they adequately address the needs of individuals experiencing homelessness. This review should assess the effectiveness and accessibility of current services and identify gaps in care. Additionally, it was shared that addressing the staffing crisis in mental health and substance use services through innovative staffing models is needed to provide consistent and effective support. Funding for supervised consumption sites and detox facilities is also needed for harm reduction efforts and connection to supportive services including recovery programs, especially during the current drug toxicity epidemic.

### **Health Across the Lifespan**

There are specific health needs for groups across the lifespan such as pregnant individuals, children, youth, and older adults who are experiencing homelessness. Each of these populations faces unique challenges that require targeted interventions and care through inter-governmental partnerships. Pregnant individuals need access to prenatal and postnatal care to ensure the health of both birthing parent and child, while children and youth require stability and educational support to foster healthy development. Older adults may face age-related health issues and require access to specialized health and social services, care, and supports including geriatric and palliative care.

The Health and Homelessness Working Table proposed several initiatives to address the diverse health needs of people experiencing homelessness across different life stages. Increasing social assistance rates is fundamental to ensuring that people can access necessary resources and services. For families, integrating family suites into

supportive housing and shelter developments can provide a stable and supportive environment for parents and children. Adopting the UN's Declaration on the Rights of the Child into City policies and initiatives ensures that the rights and needs of children are reflected in all related programs.

Non-clinical interventions for children and youth experiencing homelessness, such as access to educational and financial support, are essential for their development and well-being. In addition, increasing access to clinical services through expanding initiatives like the [Youth Wellness Hubs](#) and expanding youth oral health coverage up to 24 years of age addresses a critical gap in healthcare for young people. For older adults, suggested needs include increased long-term supportive housing with health supports, along with dedicated national funding for prescriptions, transportation, and other essential needs. Additionally, expanding long-term care and palliative care services like the [PEACH \(Palliative Education And Care for the Homeless\) Program](#) and the ['Radical Love' Equity-Oriented Hospice Palliative Care Program](#) ensures that older people experiencing homelessness receive appropriate care as they age and through end-of-life.

#### **4. Next Steps for Toronto Public Health**

Informed by the feedback of the Health and Homelessness Working Table, Toronto Public Health will continue its work to address the health of those experiencing homelessness through the following next steps:

- Review TPH services to assess accessibility, walk-in availability and need, and adapt capacity as appropriate.
- Assess TPH services and implement training and resources to ensure a trauma-informed approach across the organization.
- Connect and collaborate with other City divisions to share and support the implementation of other recommendations shared by the Health and Homelessness Working Table.

As emphasized by the HHWT, it is critical to approach this work through a health equity lens, engaging with community to ensure the work reflects anti-racism and anti-colonial principles.

TPH will continue to provide updates on its work to support to health of people experiencing homelessness in Toronto as part of the City's coordinated approach to addressing this critical issue.

#### **Toronto Public Health Strategic Impact**

The work of the Health and Homelessness Working Table and future efforts that result from their input align with Toronto Public Health's (TPH) Strategic Plan 2024-2028, specifically Priority 4: Advocate to advance health equity, and its objectives:

- a. Assess and report on health inequities and population health needs.
- b. Collaborate with partners across multiple sectors to address local health needs.
- c. Share evidence, advocate, and collaborate to influence actions that impact population health.

In addition, the assessment of TPH services to advance a trauma-informed approach throughout the organization align with Priority 3: Promote the conditions to support positive mental health and reduce the harms of substance use, specifically objective:

c. Strengthen public health services that are trauma-informed and reduce stigma.

## **CONTACT**

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## **SIGNATURE**

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Dr. Eileen de Villa  
Medical Officer of Health

## **ATTACHMENTS**

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Attachment 1 - References

Attachment 2 - List of Health and Homelessness Working Table members

Attachment 3 - Summary report of meetings by IdeaSpace

## Attachment 1 - References

1. Kidd, S.A., Greco, S., & McKenzie, K. (2020). Global climate implications for homelessness: A scoping review. *Journal of Urban Health*, 98, 386-393.
2. Bezgrebelna, M, et al. (2021). Climate change, weather, housing precarity, and homelessness: A systematic review of reviews. *International Journal of Environmental Research and Public Health*, 18(5182).
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7. Norman, T., & Reist, D. (2021). *Homelessness, mental health and substance use: Understanding the connections*. Retrieved from <https://www.heretohelp.bc.ca/sites/default/files/homelessness-mental-health-and-substance-use.pdf>

## **Attachment 2 - List of Health and Homelessness Working Table members**

Dr. Andrew Boozary  
Dr. Stephen Hwang  
Dr. Maggie Hulbert  
Dr. Naheed Dosani  
Dr. Andrew Bond  
Dr. Carolyn Snider  
Gillian Thompson  
Dr. Roberta Timothy  
Dr. Lori Ross  
Dr. Meb Rashid  
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