Promising Practices in Supportive Housing: Dunn House

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The first-of-its-kind housing partnership between University Health Network, United Way and the **City of Toronto**

- Investment from all partners and every level of Government
 - **UHN** leased the land to the City of Toronto
 - **United Way** provided funding for a commercial kitchen and food program
 - **Federal government** provided capital investment through the Rapid Housing Initiative
 - **Ontario Health** funding health and social care supports
 - City of Toronto funding supportive housing operator, Fred Victor, housing operator and support provider for Dunn House







Social Medicine Initiative

Memorandum of Understanding Between

University Health Network

City of Toronto

United Way of Greater Toronto

This Memorandum of Understanding (MOU) sets the terms and understanding between the University Health Network (UHN), the City of Toronto (COT) and the United Way (UWGT) to establish the Social Medicine Initiative ("the Initiative"), a collaborative systems integration initiative to improve health and social outcomes for Toronto residents.

Background

Social determinants of health models have long demonstrated that health and poverty are inextricably linked. Positive health outcomes are dependent on whether people are able to, for example, access affordable housing, participate in supportive community services like child care, and gain employment with adequate incomes. As levels of poverty deepen and intensify in communities across Ontario, this will have the effect of increasing demand and complexity

Evidence suggest that this is already occurring. Recent data from UHN shows that over 57% of high-needs patients with chronic disease are living in low-income neighbourhoods or currently without any stable housing. This data reflects the reality, identified by the City of Toronto's Poverty Reduction Strategy, that poverty is experienced disproportionately by people from equity-seeking communities. Presently, patients often report finding it difficult to access social services due to lack of awareness, uncoordinated systems, and location and eligibility barriers.

The link between health and social outcomes demands that health care providers, such as UHN, and local governments, such as City of Toronto and its partners, such as the United Way, work closely together to improve the wellbeing of residents. Indeed, a large body of research consistently demonstrates that in order to provide high quality care for individuals with complex needs there needs to be strong collaboration, coordination and integration of health and social services. The City of Toronto has recognized this in its Poverty Reduction Strategy,

Community Engagement

Welcome Committee

25 community members committed to planning and promoting activities that build collective values around Parkdale's welcoming traditions

Community Learning Circles

A collective space for listening to stories, learning about important issues, identifying needed actions and resources, as well as addressing community questions and concerns

The Neighbouring Fund

Seed funding opportunity: \$500-\$2000 towards a locally-based project that will support new neighbours moving into UHN's Social Medicine Housing in Parkdale

Spring 2023

Campaign Launch & Establishment of the Welcome Committee Summer 2023

Community
Learning Circle #1:
Right to Housing,
Displacement, &
Housing Diversity

Fall 2023

Community
Learning Circle #2:
Social Medicine &
Housing First

Spring 2024

The Neighbouring Fund Launch & Selection

Summer 2024

Community
Learning Circle #3:
Hope, Healing, &
Recovery

Fall 2024

Neighbour-Led
Tours &
Neighbouring Fund
Projects









Dunn House Eligibility

Supports "super-utilizers" - UHN's most medically and socially complex patients with the highest utilization of emergency departments and hospital readmissions

UHN's Eligibility Criteria

2+ UHN inpatient admissions in 6 months

OR

6+ UHN ED visits in 6 months

- Over 18 and within the Toronto Region
- > 2+ barriers which may include, but are not limited to:
 - Lack of social support at home or in the community
 - Polypharmacy (5+medications)
 - Active substance use
 - Physical disabilities
 - Difficulty accessing services
 - · Mental health conditions



Patient is on the City of Toronto's By Name List and experiencing chronic homelessness

Patient is Indigenous or Youth and homeless

Required housing documentation complete (i.e. Proof of Status, income, notice of assessment, MD note as needed)

STARS Assessment (Service Triage, Assessment, and Referral Support)

Unit viewing and lease signing

Patient moves home













4-story building:

- 1 elevator
- Commercial kitchen
- Common lounge & dining area
- Shared laundry

51 single occupancy studio units:

- Fully furnished
- Kitchenette in each unit
- 15 barrier-free units



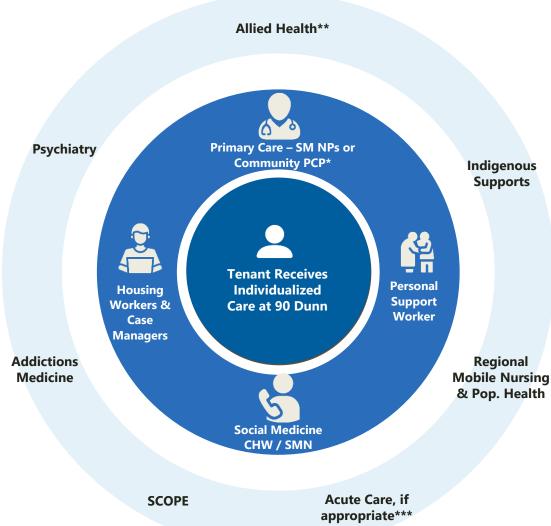


The Social Medicine Housing Care Model:

The clinical care model at 90 Dunn Ave. provides tenants with **low barrier** access to health supports, referral to UHN specialist care and connection to community supports, with a particular focus on **relationship/trust building** and fostering **tenant autonomy**. Dunn House applies a **harm reduction** approach to care.



^{[2] **}Note: Allied Health may include but may not be limited to referrals to Ontario Health at Home, dental and chiropody
[3] ***Note: If tenant is required to be transferred to hospital, 90 Dunn Ave. interdisciplinary team to liaise with acute care team, as needed to ensure continuity of care





Dunn House: Key Insights

Lessons Learned

- Some tenants at Dunn House presented higher-than-anticipated support needs, highlighting
 the importance of thorough initial assessments and flexible care planning to accommodate varying
 levels of tenant requirements
- Transition of patients to Dunn House needed to proceed at the pace of individuals involved, as some were difficult to locate or required more time to engage—underscoring the importance of a patient-centered approach that prioritizes readiness over rigid timelines
- As a newly established partnership, UHN and Fred Victor are navigating early challenges in aligning hospital and community-based approaches – underscoring need for clear communication, well-defined roles, and deliberate efforts to build a cohesive, interdisciplinary team committed to supporting tenants