Bridging the Gap: Integrating Health and Housing Solutions in Greater Sudbury

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General Manager of Community Well-Being
City of Greater Sudbury

AMO Conference 2025
August 19th, 2025

Greater | Grand Sudbury

About Greater Sudbury

Treaty lands of the Atikamishing Anishnabek, Wahnapitae First Nation and Sagamok Anishnabek.

Population Growth

166,004 > **193,037** > **226,333**

2011-2021 source: Census of Canada, Statistics Canada
2031-2051 forecast source: 2024 Population Projections, Ministry of Finance.

Residents

186,337

Source: 2024 Population Estimates, Statistics Canada

Demographics

17,930 | **17%**

of the population identifies as Indigenous

Source: 2021 Census of Canada, Statistics Canada

Immigration

9,850 residents | **6%** of the population

1,635 recent immigrants to Greater Sudbury between 2016-2021. This is **an increase of 63%** since the last census.

Source: 2021 Census of Canada, Statistics Canada

Francophone Residents

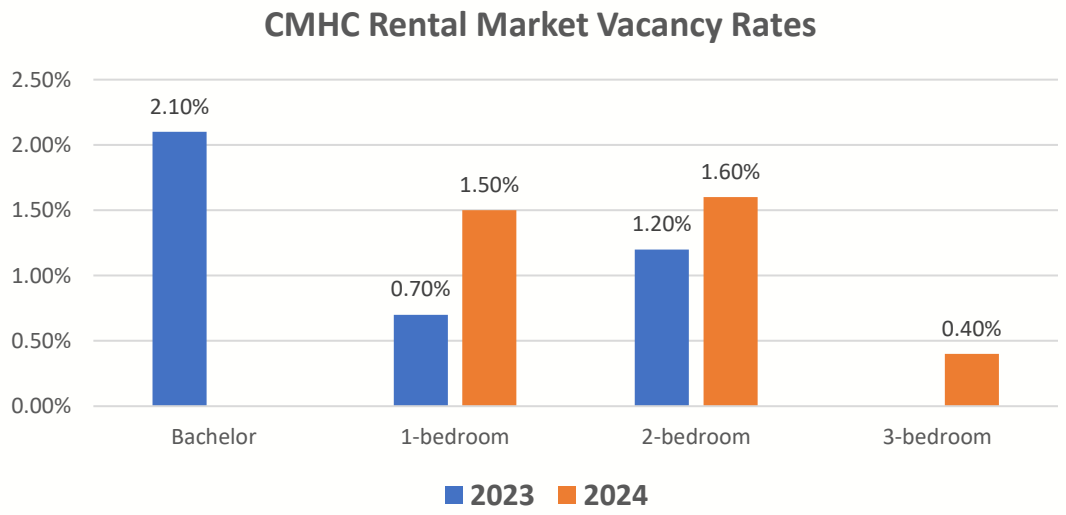
37,135 residents | **22.6%** of the population

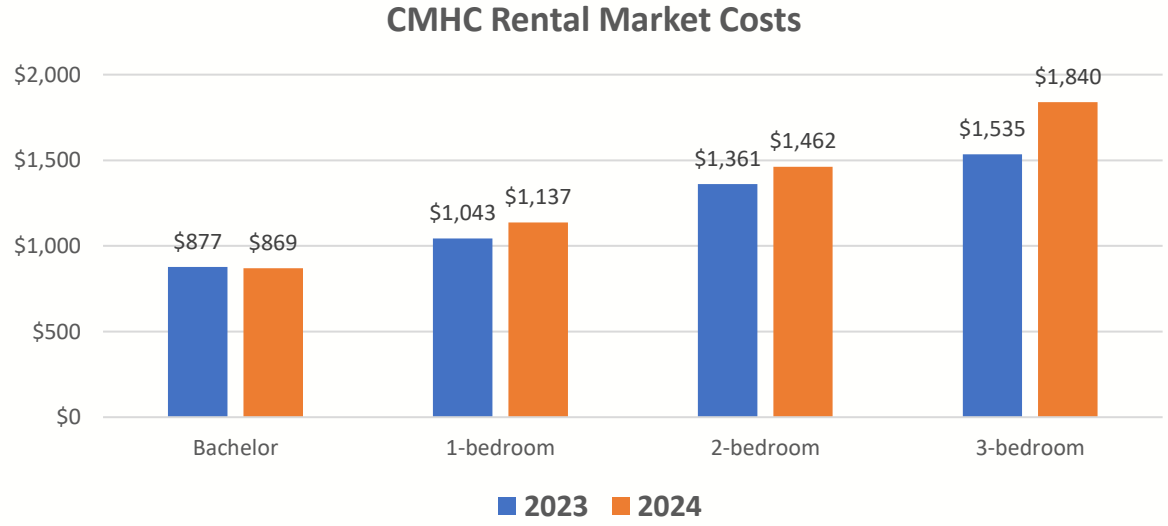
Greater Sudbury has the **third largest francophone population in Canada** outside of the province of Quebec.

Source: 2021 Census of Canada, Statistics Canada

Current State – Housing & Homelessness

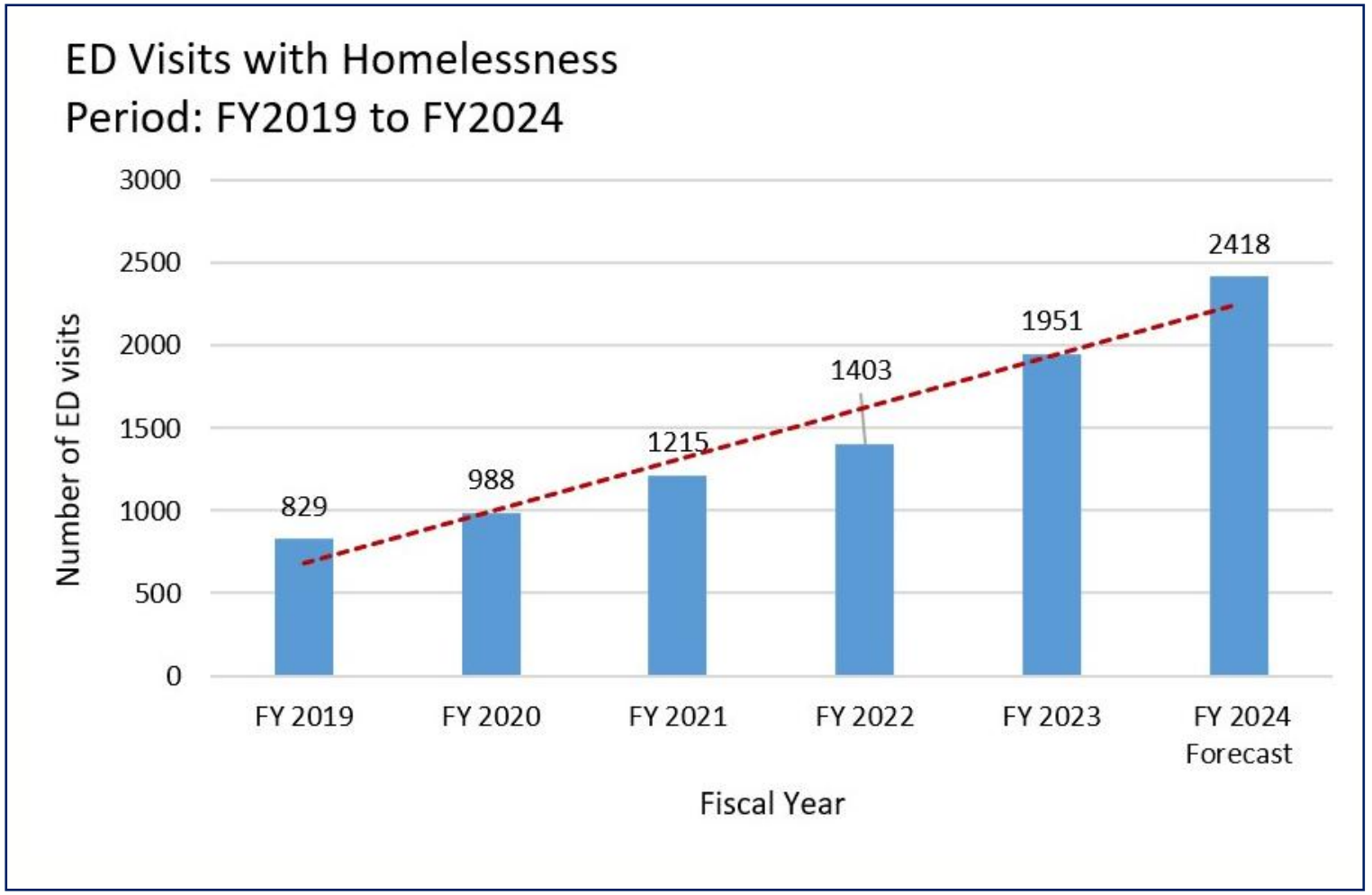
- 290 individuals on the By-Name List (256 in July 2024)
- Point-in-Time Count – 505 (398 in 2021)
- 93% emergency shelter occupancy rate in 2025 (95% in 2024)
- 86% chronic (homeless for over 6 months) – 76% in July 2024





CMHC – Ontario Rental Market Statistics Summary by Metropolitan Areas.

Homelessness on the Health Care System

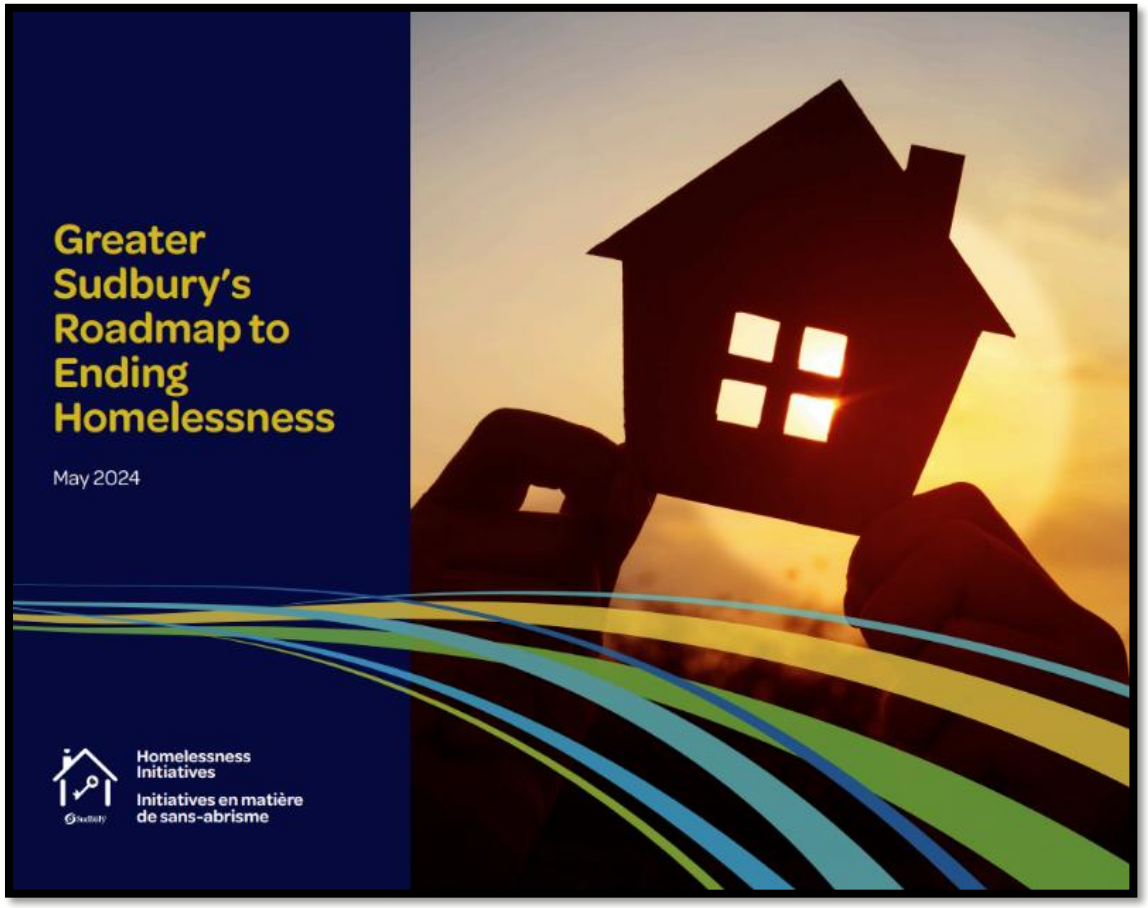


~ 25% ED visits result in admission

~ 6,000 inpatient days

Roadmap to End Homelessness

- Strategic goal for 2030
- 26 recommendations to reach a functional end to homelessness by 2030
- Identified a priority to focus on long-term solutions



[Roadmap to End Homelessness]

Recommendations

- **Four strategic pillars** under functional zero definition:
  1. **Rare** – prevention/upstream investments
  2. **Brief** - rapid re-housing/diversion
  3. **Non-recurring** - supportive housing and wrap-around services
  4. **System-level** - engaging other partners for shared advocacy and system planning

- **Estimated costs** through federal, provincial and municipal investments is approximately $350 million, including:
  - $322 million in capital and start-up costs
  - $13.6 million annually in operating costs
  - $11 million annually in additional rent supplements

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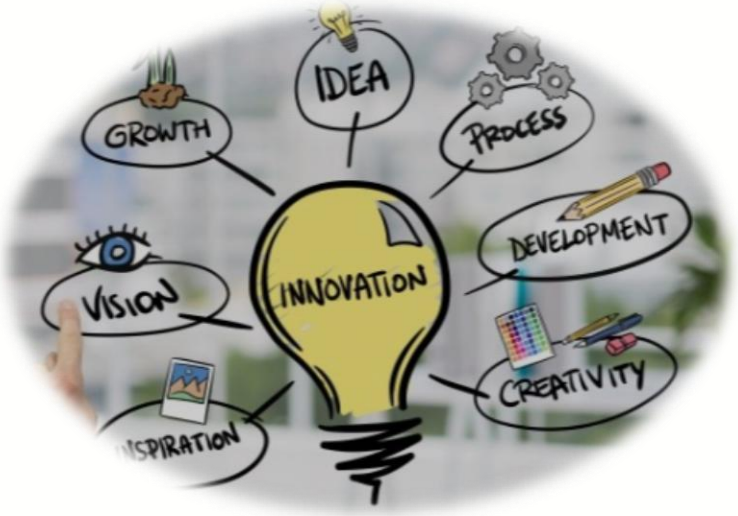
Health, Housing and Homelessness Systems Integration

- A **lack of infrastructure and resources** to better support those who are homeless and have concurrent mental health and addiction disorders will continue to create pressure on the system
- Need to be **innovative** in our approach
- Partnership between the City of Greater Sudbury and Health Sciences North



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Lotus Program

- **Supportive Housing** program
- **Interdisciplinary Team** – Nursing, Social Work, Addictions and Mental Health
- **Primary Care and Psychiatry** both specializing in **addictions medicine**
- **24/7** staffing model
- Residents **prioritized** through the **By-Name List**

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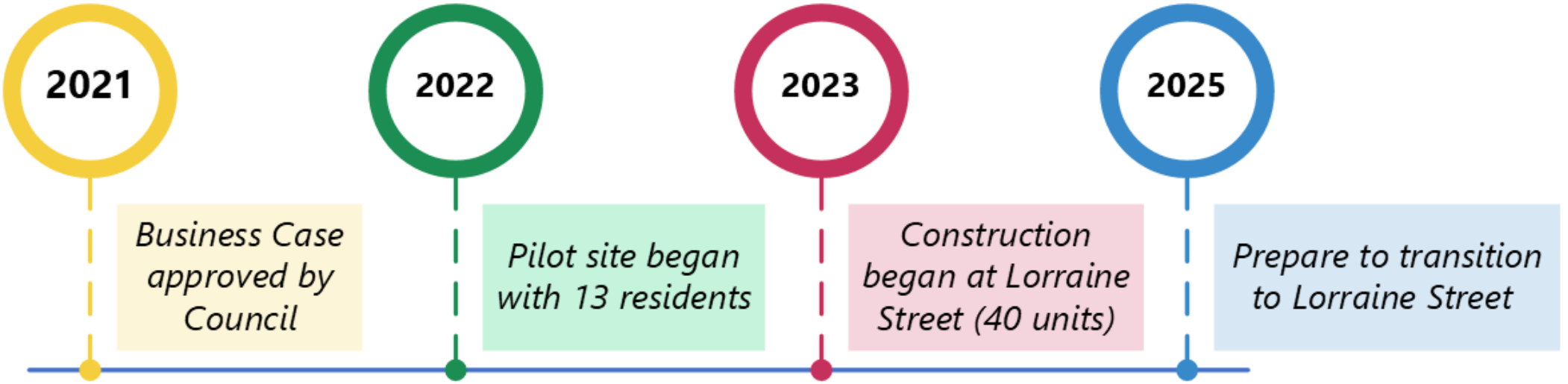
Project Timeline



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Program Outcomes – January 2022 to Date

Housing:

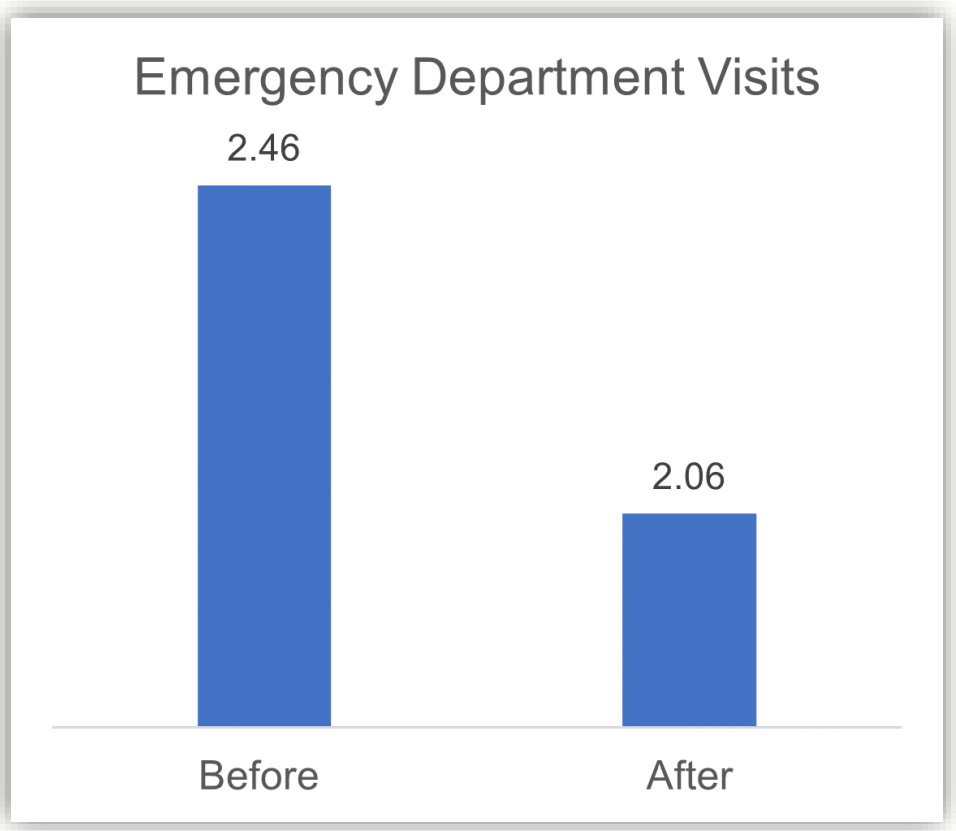
- 13 participants successfully housed in community

Hospital Utilization*:

- 60 participants accessed hospital services*
  - Average episodes of care: 4.58
  - Average length of stay: 0.78 days

Emergency Department Visits*:

- 34.4% decrease in visits by participants*
  - 6 months prior to admission vs. 6 months following admission



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* To October 1, 2023

Key Learnings

- **Capacity-building** for health care staff
- Increased **collaboration** and understanding between sectors
- **Communications Strategy**
- **Mental Health and Addictions**
- **Complex needs** of residents
- **Guests**

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Next Steps

- Development of Health, Housing and Homelessness Action Table
- Evaluation of the Lotus Program through Health Sciences North Research Institute (HSNRI)
- Phased move-in to Lorraine Street beginning Q3 2025
- Replication of model to meet community needs

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Peer-Reviewed Research

- Pilot study to gather perspectives on care provided by the Lotus program

- **Positive Impacts:**
  - Importance of a housing first approach
  - Positive impact on accessing health and social services
  - Increase in sense of belonging, self-esteem and confidence
  - Positive overall impact leading to reduced substance use, improved mental and emotional well-being and enhanced socio-economic conditions

- **Components for program effectiveness:**
  - Aligning client and program expectations
  - Facilitating access to community supports with food
  - Support with medication regimen
  - Providing empathetic engagement
  - Individualizing approaches to care

Evaluating a transitional housing program for people who use substances (PWUS) who experience homelessness and live with a mental health issue: a mixed-methods study protocol in Sudbury Ontario. (December 2024). Morin, K et al. BMC Health Services Research.

Perspectives on a transitional housing program for people who use substances who experience homelessness and live with a mental health issue: a pilot study in an urban northern city in Canada (April 2025). Morin, K et al. *Substance Abuse Treatment, Prevention and Policy*.

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Community Wellness Hub

An integrated health, housing and wellness model made in Burlington, ON

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August 19, 2025

Community Wellness Hub

BURLINGTON ONTARIO HEALTH TEAM

Halton REGION

Objectives & Agenda

Today's session aims to leave participants with a clear understanding of the Community Wellness Hub (CWH) model and actionable next steps for those interested in potentially leading or implementing a Hub.

1. **Background**
   Why the Community Wellness Hub model was developed
2. **Community Wellness Hub Model**
   How it works, leveraging existing funding envelopes, governance models
3. **Outcomes and Impact**
   Evidenced-based outcomes aligned with Ontario Health's Quintuple Aim
4. **Guidance and Next Steps for Interested Organizations**
   Direction and newly available resources to support organizations interested in leading or implementing a Hub

Background | Context and Challenges

Aging population: By 2040, Ontario's 65+ population will increase 60% to 4.2 million.

Complex care needs: Older adults increasingly face social isolation, chronic disease, financial instability, housing insecurity, and mental health concerns, especially within equity-deserving groups.

Intersectional needs: Many older adults' needs are at the intersection of health and social services, expanding the roles/responsibilities of health, housing and social service providers.

Aging at home: Most older adults prefer to age at home, but the lack of integrated on-site support, fragmented community services, and challenges with primary care attachment and access makes this difficult.

Siloed systems: Disconnected accountability and lack of coordinated planning across health, housing, and social services hinder the ability of OHTs and municipalities to address these challenges effectively.

Funding misalignment: Decreasing investment in community-based care and social prescribing, and disproportionately funding acute care over upstream care.

This contributes to **negative health outcomes and poorer quality of life** for older adults, **family and caregiver burnout**, and increasing **pressures on all human and health service sectors**

Without new approaches, these problems are only **likely to worsen**.

[1] Projected Patterns of Illness in Ontario
[2] Diversity, Aging, and Intersectionality in Ontario Home Care | Wellesley Institute

Community Wellness Hub

BURLINGTON ONTARIO HEALTH TEAM

The Community Wellness Hub Model | Opportunity

The PACE-inspired **Community Wellness Hubs (CWH)** are an **alliance of health, wellness, housing, and social service providers** that coordinate and deliver services to older adults. CWHs are organized around community housing facilities, serving both residents and the surrounding area. The standardized model can be **customized** based on **location** and **population**.

This is an innovative approach to "aging at home" that centres:

Proactive, Holistic, & Integrated Care

Interdisciplinary Teams, Trusted Relationships, & Person-Centeredness

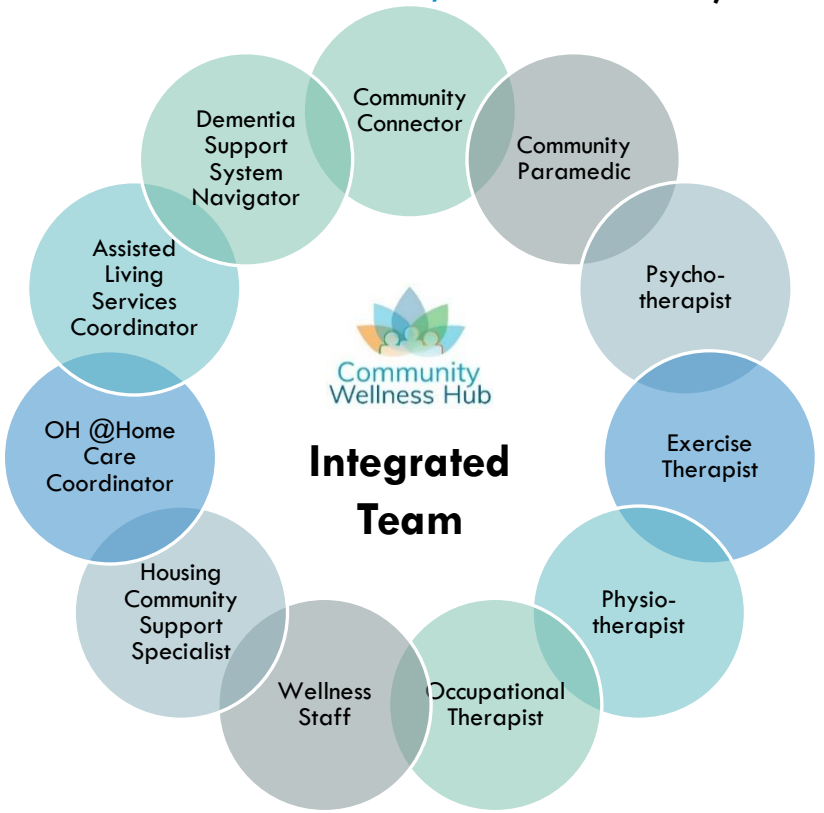
Serving Equity-Deserving Populations

Cost-Effectiveness & Scalability

The Community Wellness Hub Model | How It Works

Burlington Ontario Health Team (OHT) members and collaborators have partnered with Halton Community Housing Corporation and other housing providers to offer **primary healthcare, housing, wellness and recreation, mental health**, and **system navigation** featuring:

- On-site **Community Connector** to identify member needs and connect members with service provider partners.
- **Interdisciplinary** service providers **working as a team**
- Robust **monitoring and evaluation** to evidence "what works" and support spread and scale
- Organized **in or around community housing facilities**, serving both **residents and the surrounding area**
- **Primarily funded via in-kind and distributed resources** in addition to grants, ALC funding, Clinical Service OHT funding



Since 2019, there have been four Hubs serving Halton Region. Two additional hubs have launched in Hamilton – and interest continues to grow.

The Community Wellness Hub Model | Governance

A collaborative governance model is required for integrated care planning and implementation. The governance structure in Burlington has iterated to different structures based on the needs and maturity of the model. Key components for governance include:

1. Local Collaborative Decision-Making (CDM) Structure

ie. OHT Table; Community Safety & Well-being System Leadership Table

- For regional collaborative decision making & strategy

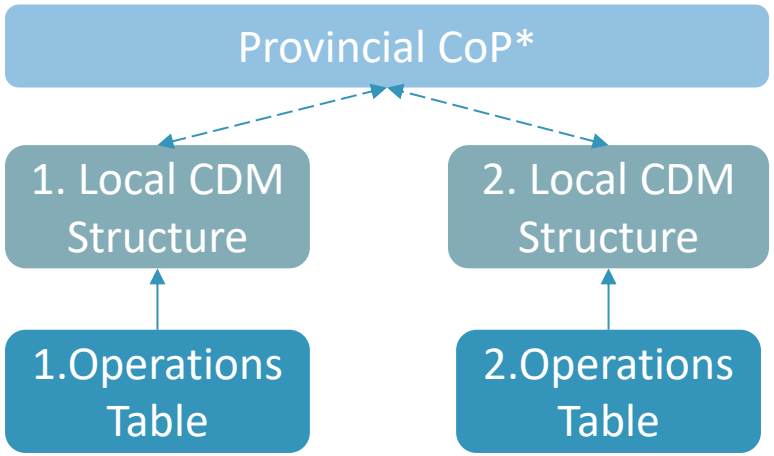
1. CWH Operations Tables

- For Hub or region specific program planning and continuous quality improvement

2. Provincial Community of Practice*

- For advocacy, collective impact, knowledge exchange, and best practices

*Not an oversight body

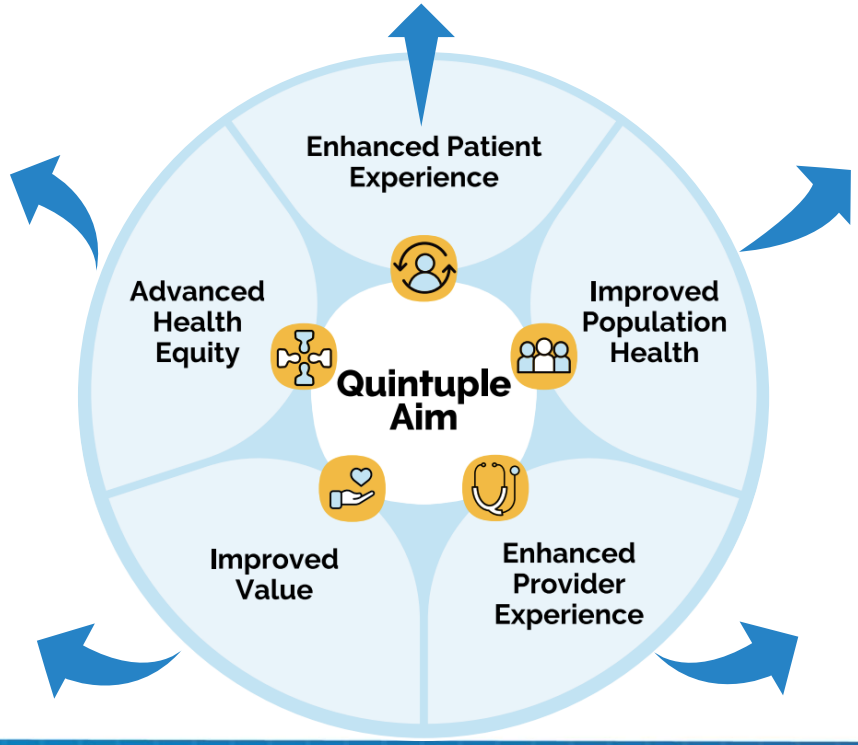


Outcomes & Impact | Overview of CWH Model Benefits

CWH's comprehensive evaluation approach **aligns with Ontario Health's Quintuple Aim**:

→People prefer to age at home
→Patient/provider trust
→Members identify goals, co-create program

→Accessible, adaptable services



→Early identification and upstream care reduces acuity
→Addresses mental health and social isolation

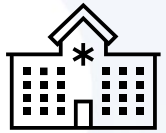
→Upstream care is more cost-effective than acute or long-term care (LTC)
→ Efficiencies for service providers related to coordination and co-location

→Improved provider communication and collaboration
→Improved sense of "team", promoting effectiveness and retention

Outcomes & Impact | Health and Value Outcomes

Improved Self-Perceived Wellness

31% Lower Rate of Hospitalizations for Ambulatory Care Sensitive Conditions (ACSCs)



14% Fewer Less/Non-Urgent Emergency Department Visits

$90M /year

value from reduced hospitalization demand
related to chronic conditions for 100,000 older adults

~57K days/year

of hospital beds could be reallocated annually
related to chronic conditions for 100,000 older adults

30% or 3.4x less

of the average healthcare system cost
for people with a similar profile to CWH members (living in community) vs long-term care residents

$1.3M /year

value from reduced less/non-urgent emergency department demand
and improved ED staffing shortages, closures, wait times, and delayed/missed diagnoses

Outcomes & Impact | Member and Provider Experience

Member Experience

74
Average Member Age

$20,000
Average Member Income

7
Languages Spoken

11%
Hub Members with a non-English first language

*I feel like I belong here. It's very inclusive and good for my self-esteem. I'm **recovering my dignity**; the Hub makes us feel like we belong, **and we are not invisible and forgotten.***

Provider Experience

"The Hub has allowed me to not only continue my patient care but **build stronger bonds with my clients.**"

"Reduced travel, more patients served, improved communication, greater retention, **collaboration efficiencies, economies of scale**"

"**Resource sharing** has been a huge success…we use each other and our unique strengths and knowledge to support residents in the best way possible."

"We are more aware of who is doing what, so we **do not to duplicate service or create redundancy,** which was definitely happening before."

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We are testing the model in more rural geographies and with other populations, such as those living with Mental Health & Addictions, more to come on those findings!

Community Wellness Hub
BURLINGTON ONTARIO HEALTH TEAM

Future Opportunities | Scalable across geographies and populations

The Community Wellness Hub Model delivers **proven health and economic outcomes**. To date, CWHs have been implemented with strong leadership and limited investment, leveraging existing funding envelopes and distributed, in-kind resources.

However, **coordinated support from all local and provincial levels of government is required to sustainably resource** this model - much through re-design- and scale it across municipalities, OHTs and the entire province.

- ➔ **Upstream and preventative care delivered where people live and support longer tenancies**
- ➔ **Improve health outcomes of older adults in Ontario allowing people to age well in place**
- ➔ **Optimize scarce healthcare and social service resources**
- ➔ **Make Ontario a leader in the future of innovative integrated health and social care**

A minimal investment of $160,000 annual operating can serve over 500 members participating in the Hub; less than a $1/day

Expansion in Ontario

Community Wellness Hub

BURLINGTON ONTARIO HEALTH TEAM

DAVIS PIER

Guidance & Next Steps | Standardized Guide

BOHT has partnered with the Davis Pier, social impact advisory firm, to develop the CWH Standardized Guide, which provides step-by-step guidance on how to implement and operate a Hub, including tools, templates, resources, and examples.

1 Overview

- Glossary
- How to use this guide

2 Intro to the Model

- Vision, mission, motto
- History
- Benefits
- Essential components

3 Pre-Implementation

- Foundational partnerships
- Resource requirements
- Location/physical space
- Monitoring & evaluation
- Understanding community needs
- Recruiting, onboarding, training hub staff
- Internal & external communications

4 Ongoing Operations

- Member intake
- Member care plans
- Ongoing assessment of member needs
- Communication channels and tools to support member care
- Measuring Hub impact

Guidance & Next Steps | Considerations & Take Aways

If you are interested in assessing the fit of the Hub Model for your local context:

- Share your interest in the model with your Ontario Health Team and/or Community Safety & Well-being System Leadership Tables
- Conversations with local health, housing, social and wellness service providers and patient/family advisors to identify shared interest, goals, vision, and potential resources available
- Consider an exploratory call with Davis Pier regarding readiness to implement the model
- Connect with Burlington OHT and learn about our Community Practice and to request the Letter of Intent & CWH Standardized Guide

Acknowledgements

Daryl Kaytor
Director of Housing Services

Alex Sarchuk
Commissioner of Social & Community Services

Andrew Balahura
Former Director of Housing Services

Councilor Paul Sharman

Lucy Sheehan
Chief Operating Officer

Andrea Evershed
Director of Community Services

Guidance & Next Steps | Contacts

Or for further information, please contact:

Kathy Peters
Executive Director
kpeters@burlingtonoht.ca

Matthew Rios
Associate Partner
matthew.rios@davispier.ca

Or use the link below to book an exploratory 1-hour call with Davis Pier to:

- Understand your interest in the CWH model and needs of your community
- Evaluate fit of the CWH model
- Identify key actions required before moving forward with implementation
- Help estimate indicative timelines and budget for implementation

Integrating Housing and Health Supports

AMO 2025

Clara Freire

She/Her
General Manager
Community and Social Services
City of Ottawa

Ottawa's housing and homelessness emergency

Ottawa

City declares housing emergency

Unclear how Wednesday's declaration will ease waiting list for affordable housing

Laura Osman · CBC News · Posted: Jan 29, 2020 4:06 PM EST | Last Updated: February 3, 2020

City council declares a housing and homelessness emergency

By Jon Willing
Published Jan 29, 2020 5 minute read 11 Comments

Transitional Emergency Shelter Program

Operated by Shepherds of Good Hope.

The City of Ottawa has committed over $1 million annually to the Transitional Emergency Shelter Program (TESP) since 2014.

Transitional Emergency Shelter Program

This program is **saving lives and saving money**:

- **24/7 on-site health staff** provide medical detox, stabilization, and mental health care.
- **Police and paramedics** back on the road in minutes after diverting individuals to TESP instead of hospitals or holding cells.
- **Emergency rooms and hospitals** are relieved of non-acute cases, reducing strain and costs.
- **System coordination** is improved with diversions from OC Transpo special constables and from other shelters like the Mission, Salvation Army, and Cornerstone Women's Shelter.

TESP Diversions (January – June 2025)

Ottawa Police	395
RCMP	4
Paramedics	169
Hospital	43
OC Transpo	39
Salvation Army Outreach Van	92
Salvation Army Shelter	169
Ottawa Mission Shelter	294
Cornerstone Women's Shelter	15
3-1-1 (City of Ottawa referrals)	236

TESP Testimonials

"I feel secure and well looked after. I'm able to sleep peacefully at night. **As an all-gender individual, I appreciate the openness and acceptance of the staff and am able to access services free of discrimination.** It gives me peace of mind having the staff members and nurses nearby." -*Q.K.*

"It's where I feel safest – I'll go and sleep the whole night, it's good." -*T.N.*

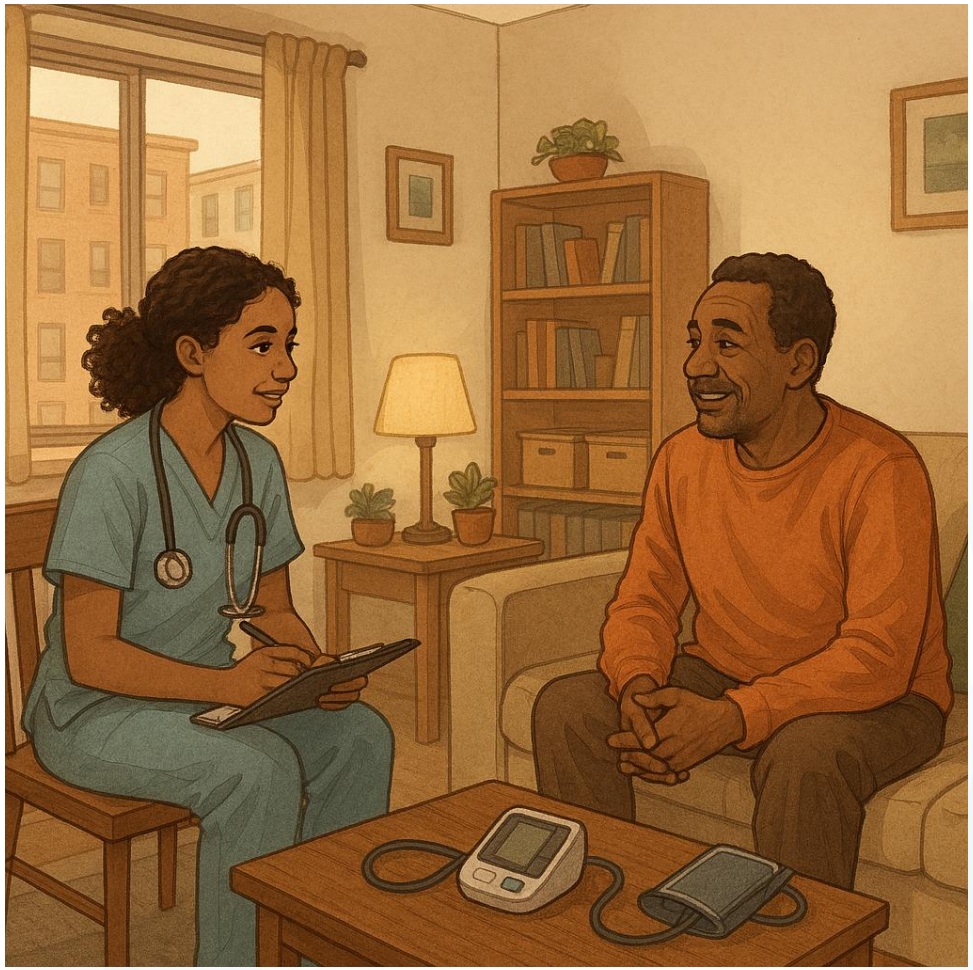
"The staff are nice, **they'll help when you need it.**" -*G.B.*

"**I like having the nurses around**, they've been nice. **The (frontline) staff are helpful too** and do what they can to help out." -*Anonymous*

Healthy@Home pilot proposal

Partnership between Community and Social Services, Ottawa Public Health, Ottawa Salus, South-East Ottawa Community Health Centre and Ottawa Community Housing

Place-based model that brings wraparound social and health services directly into community housing



The need for integrated funding

From CTV News

“A “siloed approach” to funding supportive housing from the upper levels of government is causing “disjointed supportive housing programs and services” in the City of Ottawa that is not meeting the needs of clients, according to the auditor general.”

From the Auditor General

"The city is left in a constant state of reactivity to try to find the operating funds to support this critical type of [supportive] housing."

From Councillor Rawlson King

"We simply can't continue expecting municipalities to absorb these costs while simultaneously demanding we balance budgets and maintain service levels."

We need to work together

From the Auditor General's 2025 report on Supportive Housing

Please get in touch!

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