



# 2023-2026 Strategic Plan

Context

# Indigenous reconciliation and Indigenous health

ICHA is deeply committed to advancing reconciliation with Indigenous Peoples. As a non-Indigenous community health organization, we are aware of our responsibility and are committed to do this in a manner consistent with the principles of Indigenous self-determination and community accountability.

ICHA's work with Indigenous communities will be guided by the Truth and Reconciliation Commission Calls to Action, International Human Rights Standards, accountability to Indigenous communities, and the centrality of Self-Determination in the governance, design, and delivery of health services. ICHA has dedicated positions established in our bylaws for Indigenous community representatives on our Board of Directors, and has a permanent Director of Indigenous Health role, staffed by an Indigenous physician leader, responsible for leading an Indigenous health program. This work is of fundamental importance to advancing good community relations and health that is fully inclusive of the breadth, diversity and richness of Indigenous communities in Toronto, and reflects our ongoing work in allyship with Indigenous People.

We are mindful that we live and work on Tkaronto lands that are the traditional territory of the Wendat, Haudenosaunee, Anishnabek, and Mississaugas of the Credit First Nations and that is subject to Treaty 13 with the Mississaugas of the Credit and the Williams Treaties with many Mississauga and Chippewa Nations. We also recognize that Toronto has long been, and remains, a meeting place for many Indigenous Nations. We are mindful that centuries of segregation and pervasive structures of Anti-Indigenous racism have resulted in the systemic social, political, and economic disenfranchisement of Indigenous people, some of the impacts of which are seen prominently in unacceptable present-day inequities in housing and healthcare. ICHA will continue to make space and dedicate resources towards Indigenous-led solutions as outlined above.

The strategic planning process and goals described in this document address ICHA's general direction and initiatives, noting the importance of culturally safe and trauma-informed care, as well as our commitment to ensuring the growth and development of ICHA's Indigenous Health Program. In addition to this general strategy, a parallel Indigenous Strategy is being evolved, led by Indigenous Board members and management, ICHA's Medical Director and Director of Operations, and Indigenous staff members.

# Strategic planning – core tensions

Along with our vision, mission, and strategic goals, our work involves core tensions. These are issues and challenges that are central to our work and are not to be solved but reflected on constructively for balancing as an ongoing part of accomplishing our mission.

## **Medical Care and Mobilization**

We believe that everyone has the right to excellent health services, and that health challenges can cause and perpetuate homelessness for our clients and patients. We also know the hazards of medicalization, and that unbalanced focus on health care can detract from our efforts to contribute to ending homelessness through our programmatic, system coordination and advocacy efforts.

## **Comprehensive and Transitional care**

Our patients and clients often have unique health needs call for services designed for their needs and experiences; in such circumstances, we are driven to develop tailored comprehensive services. Many of our clients and patients require less-intensive or ongoing care and can have their needs met through episodic care and a focus on supporting successful transitions to non-specialized community health services when this is desired and available while homeless, or in conjunction with housing transitions.

## **Homelessness and Housing Precarity**

Homeless exists on a continuum from unsheltered homelessness to extreme housing precarity and imminent sheltered homelessness. Unhoused communities can often cycle between unsheltered homelessness, sheltered homelessness and unstable housing. A singular focus on providing care for people who are acutely homeless risks contributing to such cycling and poor quality continuity and transitions of care. The care we provide is person-centred and responsive to the complex needs of clients, and is not simply or exclusively determined by the physical location of clients. This tension itself is related to and exists in tension with the other two tensions described. While the majority of care we provide will be to acute homeless individuals and communities, there will be instances where we provide care, within our available resources, in high-risk housed environments where these are determined to be necessary as part of the wider system of care to maintain housing.

# Vision and Mission



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Vision:

A healthy end to homelessness

Mission:

- To set the standard of excellence in the delivery of homeless health services
- To address and confront the social determinants of health and homelessness
- To advocate for peaceful, secure and dignified housing for all.

# Strategic Imperatives

# Strategic imperatives

The **foundational systemic challenges** framing our strategy are:

1. Toronto's unhoused population has disproportionately complex healthcare needs ***without the consistent, timely, and low-barrier healthcare*** they need in the community.
2. Even when meaningful clinical care is provided, securing broader care coordination and system navigation services is a ***systemic obstacle to sustained well-being***.
3. Given the ***intersectionality of health and its social determinants***, improvements limited to isolated singular factors threatens the sustainability of individual and population impacts.

ICHA's strategic goals are framed in the context of these imperatives.



# Goal #1 (Access and Quality)

**We will lead the way in providing high-quality clinical care and population health services to unhoused people in Toronto**

## How will this be experienced by our clients?

- I will receive timely access to appropriate clinical care and population health services
- The care will meet me where I'm at rather than me having to seek it out
- The care I receive will be trauma-informed, culturally-safe and harm reduction-oriented
- I will receive a range of healthcare services tailored to my needs, including primary care, psychiatry, palliative care, substance use support, and population health services
- My primary care needs are being met and I will receive most of the non-urgent care I need from ICHA
- My chronic care conditions will be managed appropriately in the context of predominantly episodic and transitional care

## Key lines of action

- Complete physician services expansion across the shelter system
- Expand interdisciplinary clinical model across ICHA sites
- Strengthen and expand our clinical programs and population health service, and ensure that they are increasingly integrated and coordinated at the point of service, while:
  - prioritizing communities with unmet needs and heightened risk;
  - enhancing coordination of mobile/outreach services such as MDOT, SCOUT and PEACH.
- Develop & monitor quality indicators and outcomes against well-defined goals
- Develop and apply evidence-based approaches to improve clinical and population health services for homeless/underhoused people & communities.

# Goal #2 (Coordination and Navigation)

**We will strengthen transitions to comprehensive, wrap-around care that can enable effective transition to stable housing**

## How will this be experienced by our clients?

- My healthcare will be well-coordinated with acute and community care providers and with public health.
- Alongside the healthcare I receive, there will be people who know me, who understand my needs, and who can help me connect to the services I need, including housing, financial entitlements, and community-based culturally-safe and appropriate supports.
- When I transition into housing, I will continue to receive healthcare that meets my needs, either from those who have been caring for me, or through a warm hand-off to other providers who know my history and can ensure continuity of the care I receive.

## Key lines of action

- Strengthen the range of comprehensive care options available both at ICHA and through referral to community primary healthcare partners to ensure continuity of care for clients transitioning into housing
- Build and expand ICHA's partnerships to ensure that our clients have access to case managers, navigators, social workers, community health workers, and others whose support is increasingly integrated with clinical and population health services provided by ICHA
- Develop and monitor quality of healthcare transitions to comprehensive wrap-around care services against well-defined QI goals to promote continuous improvement
- Work with OHTs, Homelessness Health Services Framework and other regional partners to coordinate services and improve transitions

# Goal #3 (Addressing social determinants)

We will develop programs, collaborate with partners and advocate with funders and decision-makers to address the social determinants of inequities in health and housing

## How will this be experienced by our clients?

- My care provider is a knowledgeable and passionate advocate for improvement in the conditions that lead to health and housing inequities
- The clinical care and population health services I receive not only address my current health concerns, but are also trauma-informed and culturally safe, empowering me to help manage them better myself and support my protection from the harmful impact of my social experiences and situation
- I am receiving clinical care and population health services that help me avoid serious health issues later

## Key lines of action

- Advocacy for policy and funding change to address upstream factors that drive homelessness and poor health
- Support research and education to generate and disseminate knowledge of the causes and impacts of, and interventions for, the health impacts of homelessness and under-housing
- Develop and expand ICHA's preventative healthcare programs (screening, smoking cessation, etc.)
- Develop programs and partnerships that address the social determinants of health and housing (Indigenous Health, Street Medicine, Justice, Child Welfare and Acute-Care Transitions, and support for Refugees and Undocumented Migrants)
- Contribute information and expertise to regional/provincial efforts to understand and address SDOH impacting our clients and including through improved data capture related to SDOH both through ICHA's EMR and through integration with partner data-sets

# Goal #4 (Building institutional capacity)

We will position ICHA for success in the community health sector by investing in the core enablers of ICHA's continued growth: people, data and partnerships

How will this be experienced by our clients?

Key lines of action

- Invest in our people and build engagement with ICHA's mandate and mission
- Capture learnings from the COVID-19 pandemic response and build the processes needed to ensure our resilience and preparedness for similar unforeseen events
- Evolve our governance, corporate and administrative structure to support our broadened scale and model of service delivery, including development of our program management model and exploration of options to diversify our funding sources
- Deepen relationship with University of Toronto to build upon ICHA's priorities in education, research and health system improvement with a view to expanding and strengthening our thought/knowledge leadership role in homeless healthcare
- Improve ICHA's data posture by strengthening our data governance, and advancing data integration opportunities with regional partners
- Build diversity, equity, inclusion, cultural safety and reconciliation into our policies, programs and client/staff-facing services; include as core element of onboarding process