

Central East **LHIN**

Supportive Housing Priority Project

April 2009



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EXECUTIVE SUMMARY

The definition of Supportive Housing varies nationally, provincially, regionally and locally. For the purpose of this project, Supportive Housing refers to permanent housing combined with access to a 24/7 flexible menu of support services (e.g. help with daily living, personal care and homemaking) including the availability of 24/7 emergency response capability that is coordinated and case-managed around individual needs.

Ideally, the home should be an affordable, accessible, safe and secure environment that is enabling to the individual. It should allow for privacy as well as the opportunity to participate in available social and/or recreational activities.

“Ontario’s Ministry of Health and Long-Term Care (MOHLTC) defines supportive housing by the 24 hour availability of personal support and homemaking services. Rather than emphasizing discrete services, alternative definitions see supportive housing as integrating housing with access to a comprehensive and coordinated package of services and programs necessary to support individuals to maintain their optimal level of health and well-being. Supportive housing is said to promote mental and physical health by encouraging independence, providing opportunities for socialization and friendship, ensuring a secure living environment and providing regular contact with staff, other residents, family and neighbours who would be aware of changes in a resident’s well-being”.¹

The CE LHIN geographically extends from portions of Scarborough in the west, north to the edge of Algonquin Park and east to the town of Colborne (Appendix 4). The area includes heavily populated and culturally diverse communities in the southwest and sparsely populated rural areas in the north and east. The CE LHIN area has the second highest percentage of people age 65 and over in the province. The 85+ age group is projected to grow by 91% from 18,000 in 2006 to over 35,000 by 2016. The ageing baby boomer population will introduce new demands on a system that is currently stretched to the limit. The mapping of Supportive Housing suggests that there are services/programs available in many of the urban communities throughout the Central East area. However, these programs are at capacity and are unable to support or add new clients without additional funding.

It must be understood that there are distinct Supportive Housing service delivery models for each of the following priority populations: people with chronic illness, the elderly, people with mental health challenges and/or addictions, and people who have physical disabilities. Each population has specific service requirements that require flexible services tailored to each individual’s needs.

There are existing perceptions that Supportive Housing always encompasses the physical structure as well as the support services in one complete service. This is not always the case. In many instances, municipal governments manage the access to affordable housing, and support services are provided separately by a Supportive Housing service provider. The current needs of the priority populations are being met in the various existing community based Supportive Housing models in operation including:

- Accessible, affordable Supportive Housing units in privately owned developments;
- In not-for-profit housing developments; and
- Through the ‘cluster model’ of support with Supportive Housing services.

This service is not necessarily just provided in affordable housing; people of mixed incomes are entitled to Supportive Housing just as they would be if they needed Community Care Access Centre (CCAC) services. This service is available for people of all income levels and is not limited to those requiring financial supports for rent or living expenses.

¹ CE-LHIN, Supportive Housing Project Charter: Appendix 1.

Existing evidence supports the value of Supportive Housing as instrumental in providing appropriate living conditions including the necessary supports for Activities for Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) (Appendix 10). It demonstrates that Supportive Housing can reduce the demand for, and the premature, inappropriate use of long-term care home and hospital beds.

Through their success stories, the recipients of Supportive Housing services articulate the most valuable evidence of the benefits of Supportive Housing by sharing how their lives have been improved in a healthy and positive way (Appendix 5).

The benefits to people living in a Supportive Housing environment are numerous. They include:

- Case managed services tailored to the individual's needs;
- Stability through consistent service and staffing;
- Enhanced independent living skills;
- Assistance with daily living, homemaking, personal care and medications;
- Access to 24/7 support;
- Increased sense of safety and security;
- Decreased inappropriate use of hospital emergency department visits and 911 services;
- Opportunity to age in place/home;
- Enhanced linkages to other professional services;
- Increased opportunities for socialization;
- Needs focused support wrapped around individuals; and
- Sustained access to ethno-specific supports and community.

The cost effectiveness of Supportive Housing versus Nursing Homes is supported by the April 1st, 2005 data from the MOHLTC.²

Supportive Housing	Nursing Home
Annual regional average cost/individual \$6,984.00 Food and rent paid by client	Annual regional average cost/individual \$26,929.70 Food and accommodation \$17,885.00
Annual total cost to MOHLTC \$6,984.00	Annual total cost to MOHLTC \$44,814.70

What We Did

The Supportive Housing Project Team explored and researched the existing services and created an inventory (Appendix 3) and Service Delivery document repository of Supportive Housing Service Providers within the CE LHIN. By understanding the existing types and methods of Supportive Housing, we can then develop potential approaches and recommendations consistent with the MOHLTC's commitment to helping people age at home.

² Supportive Housing for the Frail Elderly VON Canada-Lori Cooper;
<http://www.rhsn.ca/Supportive%20Housing%20Aging%20in%20Place.pdf>

What We Concluded

It is estimated that up to 50% of those on the waiting list for long-term care beds could be living in the community with a more robust system of community options within the Continuum of Care (Appendix 13). In addition, due to the lack of Supportive Housing and other community supports, individuals are being admitted prematurely and/or inappropriately to Long-Term Care Homes. The existing Supportive Housing for seniors, people with mental illness and people with physical disabilities is neither adequately available nor equitably distributed across the CE LHIN.

Supportive Housing is an efficient and effective way of supporting individuals to remain healthy and active members of their community. By strengthening this service through new investment and expansion of existing services, Supportive Housing can enable people to age in place with the supports they require. New investment in the expansion and enhancement of existing services is essential. The Committee strongly endorses Supportive Housing as a priority for the Aging at Home Strategy funding in the Central East LHIN. A listing of the Project Team's recommendations can be found on pages 20 of this report.

SUMMARY of PROJECT OUTCOMES by PROJECT CHARTER GOALS

The following highlights the results achieved under each goal of the Project Charter. *Suggestions to move forward toward solutions to these barriers, are identified in the 'Recommendations' section of this report.*

Goal #1:

Develop an online CE LHIN Supportive Housing Inventory and statistical information database.

Issue

A clear picture of the types and availability of Supportive Housing in the CE LHIN did not exist at the beginning of this project.

Resolution

Client data from the CE LHIN and the Supportive Housing service providers was collected and collated into a spreadsheet that included: Service Provider Name, Location, Number of Clients Funded, method of service delivery, site features, programming offered and contact information.

Goal #2:

Develop a method of determining where Supportive Housing should be available / enhanced.

Issue

A method did not exist to determine how to identify, manage and project the need for Supportive Housing services in the CE LHIN.

Resolution

A research project has been established with the Centre for Research in Healthcare Engineering (CRHE) at the University of Toronto (UofT) to quantify demand for Supportive Housing and Community Support Services based on the needs of the population residing within the CE LHIN region. At the time of writing this report, work was still underway on the project.

Goal #3:

Explore barriers and solutions to the uptake of Supportive Housing.

Issue

Adequate incentives are not available for developers/builders and some municipalities to advance new Supportive Housing building initiatives.

Resolution

A joint government (municipal, provincial and federal) effort needs to be created and authorized to ensure funds and incentives are available for builders to create universally accessible units. A commitment to ongoing funding for building maintenance and support services for the clients is required to sustain the

residence. Further commitment is required to ensure units are affordable to clients who need financial assistance.

Goal #4:

Identify best practice approaches to Intake and Assessment for Supportive Housing.

Issue

It is unclear how to access and obtain information regarding Supportive Housing in the CE LHIN.

Resolution

It is recognized that 'every door needs to be the right door' to access Supportive Housing services, particularly for people with disabilities who experience transportation challenges. These 'access doors' need to be coordinated with one central repository of applications for service.

There is several assessment tools used to assess people for Supportive Housing services within the CE LHIN. There has not been sufficient validation for any one specific tool to be used to assess people for Supportive Housing services. A feasibility study/needs assessment of these existing assessment tools and processes is required to gain a clear understanding of their capabilities and limitations. Once completed, a decision is needed on the appropriate tool and process to be used by hospitals, Long-Term Care Homes, Community Agencies and the CCAC when assessing people for Supportive Housing services.

During the development of this report, the Minister of Health and Long-Term Care (MOHLTC) announced the use of the current common assessment tool used by the CE CCAC to be used to assess people for Supportive Housing services. This assessment would occur through the CE CCAC. There needs to be further dialogue to understand the impacts of this announcement regarding the assessment of people for supportive housing services.³

Goal #5:

Identify best practice models of Supportive Housing identified for the priority population.

Issue

One service delivery model of Supportive Housing will not meet the needs of everyone. There needs to be a model for each of the priority populations that includes the flexibility to meet the needs of each individual served.

Resolution

Identify and replicate an established Supportive Housing service provider's model of service delivery for each of the priority populations. Ensure the model has the ability to increase, decrease and monitor the level of services required, based on the clients' changing needs.

³ Ontario Government Strengthens Home Care MOHLTC Announcement December 15th, 2008.

Goal #6:

Develop recommendations for collaborative exchange of resource information and training opportunities.

Issue

A coordinated education and training information resource system is required for the CE LHIN.

Resolution

The CE LHIN should consult with the MOHLTC to leverage the PSW Training Funds for shared Supportive Housing training. The various forms of shared training are outlined in the recommendations for this goal. It is anticipated that this would bring consistency to the competencies required of all PSW's in a Supportive Housing environment within the CE LHIN and would be more cost effective than separate training sessions for each agency.

Goal #7:

Develop strategies to raise awareness of Supportive Housing as an essential component of the continuum of care.

Issue

Supportive Housing services are not yet fully recognized as a critical component in the overall continuum of care.

Resolution

Through educational sessions and commercial advertisement, Supportive Housing options need to be provided as a vital service that can play a role in increasing the options of community-based support to avoid or delay admission to Long-Term Care Homes and decrease length of stay in Alternate Level of Care in hospitals.

INTRODUCTION

Background

Ontario's population is aging; recent estimates project the seniors' population to double in the next 16 years. It is therefore becoming vitally important to ensure that there are resources available to assist those who wish to remain at home.

The [Aging at Home Strategy](#) (AAH) announced on August 28, 2007, intends to expand community living options for seniors, with a wider range of home care and community support services available to enable people to continue leading healthy and independent lives in their own homes. More than \$700 million in funding over three years will be invested through the province's [14 Local Health Integration Networks \(LHINs\)](#).

The Local Health Integration Networks will lead this initiative by identifying and providing funding for enhanced home care and community support services, as well as for innovative projects specific to their Local Health Integration Network.

"Twenty per cent of the funding is earmarked for innovative projects. The idea behind this strategy is to invite proposals for new projects to support non-traditional partnerships and initiate innovative preventative and wellness services. This will provide new opportunities for Local Health Integration Networks to better serve the province's culturally diverse populations and increase equity and access for all of Ontario's seniors".⁴

Central East Local Health Integration Network

The CE LHIN is committed to enabling the system to provide the right care in the right place at the right time. Through innovative solutions, health care service providers will be able to respond more effectively to the needs of our diverse, aging population. This is aligned with the MOHLTC's AAH Strategy. The aim of the Strategy is to reinforce the ability of community support services to assist seniors to live healthy, independent lives in their own homes.⁵

The CE LHIN's Integrated Health Service Plan (IHSP 2006-2009) identifies Seamless Care for Seniors, Mental Health and Addictions, and Chronic Disease Prevention and Management as compelling priorities. As well, the Province has prioritized the issue of wait times for the provision of critical care services. The Aging at Home Strategy, which includes Supportive Housing, has the potential to address many of the CE LHIN's priority areas by strengthening the overall capacity of care to be delivered in the community and within a person's home wherever possible.

In order to assess the opportunities in this region for the expansion of Supportive Housing, the CE LHIN supported the development of a Project Charter and the subsequent work of a Team to undertake the activities identified in the Charter. The Project Charter (Appendix 1) outlines the scope; objectives and participants involved in the project and is used as a reference tool in the development of the workplan, and completion of the project. In April 2008, a Project Coordinator was hired and a Project Team was formed.

At the 2007 CE LHIN symposium, "From Planning to Action", planning partners prioritized a list of projects from the Integrated Health Service Plan. One of these priorities was Supportive Housing. In December

⁴ Ontario MOHLTC, Aging At Home Strategy Announcement, August 2007.

⁵ Central East LHIN Aging At Home Initiatives, June 2008.

2007, the CE LHIN Board of Directors approved the Supportive Housing Project along with a number of other projects aligned to the CE LHIN's [strategic directions](#). The Supportive Housing Project was sponsored by the Peterborough Collaborative and Seamless Care for Seniors Network. A project charter writing team was developed from those two groups and from other interested members to advance the goals and objectives of the Project Charter consistent with the CE LHIN's identified priorities (Appendix 2).

Both researchers and provincial associations have proven that Supportive Housing is an effective way of achieving quality and cost-effective care for a population that is aging and increasingly disabled. Despite this, there has been very little new Supportive Housing service funding over the past few years. The introduction of the Canada-Ontario Affordable Housing Program provides the opportunity for Supportive Housing to be delivered in new or renovated buildings. This has focused attention on Supportive Housing as an important and appropriate solution for both health promotion and effective care and support.

"Informal preliminary observations by local Supportive Housing Task Groups suggest there is opportunity for improvement in appropriate use of beds in both hospitals and Long Term Care facilities. Patients that require Alternate Level of Care (ALC) are inappropriately utilizing Acute Care beds. A [CCAC] in Peterborough determined that of the Alternate Level of Care patients who are waiting in hospital for long-term care beds, 15% could be supported living in Supportive Housing."⁶

The CE LHIN requires a methodology to prioritize Aging At Home project proposals and to successfully address the service gaps within their jurisdiction. A research project has been established with the Centre for Research in Healthcare Engineering (CRHE) at the University of Toronto (UofT) to quantify demand for Supportive Housing and Community Support Services based on the needs of the population residing within the CE LHIN. This model will provide information on service gaps by geographical areas that can be used to support the allocation of AAH funds for the targeted populations.

Project Charter

The goals of the project included the following:

- Develop an online CE LHIN Supportive Housing Inventory and statistical information;
- Develop a method of determining where Supportive Housing should be available / enhanced;
- Explore barriers and solutions to the uptake of Supportive Housing;
- Identify best practice approaches to Intake and Assessment for Supportive Housing;
- Identify best practice models of Supportive Housing identified for the priority population;
- Develop recommendations for collaborative exchange of resource information and training opportunities; and
- Develop strategies to raise awareness of Supportive Housing as an essential component of the continuum of care.

Purpose

This project is an exploration of existing service models (Appendix 9), methods of delivery and an inventory of existing Supportive Housing statistical information in the CE LHIN.

Scope

Target populations within the scope of this project include a range of at risk adult clients including those:

⁶ Housing our Collective Opportunity: Presentation to the Ontario Municipal Social Services Association by James Meloche 2008.

- With chronic disease
- With mental health challenges and/or addictions
- With physical disabilities
- Frail elderly

Out of Scope

This project is limited to Supportive Housing as it relates to a specific group of projects identified by MOHLTC and the CE-LHIN. As such, this report excludes:

- The implementation of any new, enhanced or expanded models
- Affordable and social housing data
- Rent-geared-to-income housing data
- Rent Supplements
- Retirement Homes
- Group homes
- Long-Term Care homes

Benefits of Supportive Housing

Clients:

- Increased responsive, flexible, supports provided in a resident's home environment in more communities throughout the CE-LHIN;
- Enhanced sense of security and well-being with availability of 24/7 service;
- Improved seamless care upon discharge from an acute or other inpatient facility, for example, the continuation of rehabilitation routines established in acute care thus improving client outcomes and decreasing the risk of deterioration;
- Decreased use of long-term care facilities in the absence of other community options;
- Appreciation of the value of ethno-culturally appropriate services;
- Opportunities for group-based learning e.g. falls prevention; and
- Respect for the dignity and choice of the resident by supporting independence for as long as possible in a home environment.

Health Service Providers and Agencies:

- Improved utilization of service funding: There is substantial variation across the province as well as across the CE LHIN regarding the cost to support individuals in various settings. This is a multi-faceted issue that reflects the type of supports required, the level of care provided, the critical mass of individuals served, the service delivery model, the geographic location and the funding model, etc. For example, the average per diem for Supportive Housing in Ontario is \$32. When this per diem is compared to the average cost for acute care or long-term care per diem, Supportive Housing is a lower cost option in the care continuum.
- In the CE LHIN, the 2006/2007 inpatient cost per day, for a large community hospital, was \$413 (Hospital Indicator Tool).⁷
- Best practice models for expansion or enhancement opportunities in the CE LHIN.
- Equitable, collaborative approach to planning and implementation based on integrity and evidence-based information.
- Enhances support to caregivers.

⁷ CE-LHIN Supportive Housing Project Charter: Appendix 1.

Community:

- Opportunity for overall improved determinants of health with an emphasis on wellness and prevention.
- Preferred place in which to live with dignity and independence.
- Ability to age at home with a suitable quality of life.
- Provision of a social environment, decreasing isolation.
- Reduction in caregiver burden for family members of service users.

Health Care System:

- Improved appropriate utilization of health care services, including hospital emergency departments, acute care, long-term care and rehabilitation resources.
- Expanded collaborative initiatives with other sectors e.g. social housing providers, municipalities, Ministry of Community and Social Services resulting in a reduction of service silos.
- Increased health promotion and illness/injury prevention by enabling the right care in the right place at the right time.

Information Gathering Process

Data Collection

In order to gather the necessary client statistics and the models of service provision, initial phone and on-site interviews were established with the Supportive Housing service providers. A document repository was created on the Supportive Housing web site at the CE LHIN and the data collected through this project, is available at the site. This inventory enabled the Team to look at a wide variety of approaches, models and best practices, in order to formulate opinions and recommendations.

Financial and Service Data

The 2007/08 Supportive Housing year-end reports from the Service Providers to the CE LHIN were used to create the inventory for Supportive Housing (Appendix 3). In situations where the data was not available, the coordinator contacted the service provider directly to confirm the Supportive Housing statistical information and service delivery models that they offer. The 2007/08 financial and service data is subject to interpretation for the following reasons:

- 2007/08 was a transition year with the service providers reporting the service definitions from either the Planning, Funding & Accountability (PF&A) Manual or Ontario Health Reporting Standards (OHRS), resulting in the potential for inconsistency
- The financial and service data was not available or was incomplete from the CE LHIN for most of the Mental Health and/or Addictions service providers
- There are variances regarding the targeted populations with respect to the definition of the delivery unit of service for Supportive Housing. In the previous MOHLTC Planning, Funding & Accountability (PF&A) Manual for Supportive Housing there were two separate definitions for the units of service:
 1. 1 hour unit of service for seniors
 2. 24 hour unit of service for people with physical disabilities

The OHRS unit of service to be used by all LHIN funded organizations as of April 1, year? is one day of service.

Literature Review

In developing this report the coordinator considered the following studies and/or projects:

- A Summary of Best Practices, Hollander 2006, Ontario Community Support Association (OCSA)
- Supportive Housing, Vancouver Coastal Health
- Alternate Level of Care Systems Issues and Recommendations, Acute Level of Care Task Group, CE LHIN
- Supportive Care Apartment Program, North Renfrew Long Term Care Services Inc.
- Home Care and Supportive Housing in Denmark, Eigil Boll Hansen, AKF
- Appropriate Level of Care Project, Mississauga/Halton Local Health Integration Network
- Supports for Daily Living, Mississauga/Halton Local Health Integration Network

Policy Review

The following manuals were reviewed and referenced during the project:

- 2001/2002 Planning, Funding & Accountability Policies and Procedures Manual for Long-Term Care Community Services
- 2001 Long Term Care Supportive Housing Policy and Guidelines
- 2007/2008 Ontario Health Reporting Standards Versions 5.1 to 6.2

Community Engagement Consultation January 27, 2009

In conjunction with the Community Support Services (CSS) Review Project Team, the Supportive Housing Project Team held a community forum on January 27, 2009. The purpose of the day was to provide an opportunity to dialogue with the community partners on the preliminary findings from both projects. It enabled the Teams to provide an update and also receive feedback regarding issues that impact both projects. It provided the opportunity to generate new ideas and solutions, as well as create a sense of community through networking with one another.

The consultation strongly confirmed the need for a common assessment tool for the Community Support Services sector (including Supportive Housing), preferably linked to other components of the health care system, with the desire to create shared policies and procedures for the sector.

Overview of Team Challenges

Supportive Housing is complex in the province of Ontario, there are various funding models and multiple ministries and levels of government involved.

The following high-level challenges were faced by the project team in completing this review:

1. The service data for the sector was not complete for some of the target populations. Historically and currently, Supportive Housing for people with mental illness is funded through a different funding stream.
2. The Centre for Research in Healthcare Engineering was not able to complete the Evidence-Based Allocation Model by March 31, 2009.
3. The Project Team was comprised of members who were volunteers, many of whom served on more than one project. They also had full time commitments and responsibilities in their full-time employment.
4. The budget for the project was reduced by \$39,000 after 3 months into the project. The result of the reduction impacted the following areas:

- a. Training/Development
- b. Community Engagements
- c. Use of Consultants
- d. Communications

These limitations impacted on the team's ability to leverage consultants to fund the creation and delivery of Supportive Housing training/education materials, survey materials, communication methods and additional community engagement events.

Financial and Service Data Collection for Community Supports (including Supportive Housing)

The current method for capturing financial and service data does not adequately convey either the capacity or demand for service. The sector is presently in transition to a new Management Information Systems (MIS) for accounting and reporting financial and service data. This system will improve the data available for this sector. Mental health and/or addictions data had to be extracted from another database at the MOHLTC.

Service Data for the Central East Community Care Access Centre (CE CCAC)

The project acknowledges the effort and support of the CE CCAC in attempting to retrieve service data from their information system. Unfortunately the data was not available in the categories that were requested.

In order to gain an understanding of the amount of PSW's hours that are being delivered in a Supportive Housing environment by the CE CCAC, we provided the CE CCAC with many of the CE LHIN Supportive Housing addresses.

The exercise was to clearly identify where Supportive Housing services should be enhanced, based on the number of PSW hours delivered to clients in the same location by the CE CCAC, who are not on the Supportive Housing program.

The Supportive Housing Team was therefore unable to complete the analysis for the service utilization in each municipal zone, nor to identify the potential for additional partnerships between the CE CCAC and the Community Support Services (including Supportive Housing).

Cross Local Health Integration Network Data Collection

There are examples where Supportive Housing programs available in the CE LHIN area, are funded through an adjacent Local Health Integration Network. This is most evident in Northumberland County and Scarborough. In these cases the financial and service data is not included in the CE LHIN database.

Multiple Models

Supportive Housing service delivery models vary for the frail elderly, people with physical disabilities and people with mental illness and/or addictions. Each identified population requires unique services to meet their needs. The methods to access Supportive Housing and the support services vary greatly. The client data and service delivery documentation by each service provider are similar, but there is no consistency throughout the region. Some agencies are quite large, while other agencies are smaller.

Key Elements of Supportive Housing

While having multiple ways to access the data, there should be one centralized repository database that manages all relevant Supportive Housing statistics and documentation within the CE LHIN region.

Three Methods to Access Supportive Housing

1. Contacting the (CCAC)
2. Contacting the Supportive Housing service provider directly
3. Contacting your local Municipality

Two Components of Supportive Housing

1. Bricks and Mortar (physical structure)
2. Support Services

A common process and standardized tools will assist in improving the linkage to health providers and to broader human services. It will also enable the sector and government to accurately plan for the changes required to meet the demand, for expanded services in the future.

Opportunities

Application of a Common Assessment Tool

There has not been sufficient validation for any one specific tool to be used to assess people for Supportive Housing Services. There are several assessment tools currently available and in use. A feasibility study/needs assessment of these existing assessment tools and processes is required to gain a clear understanding of their capabilities and limitations. Once completed, a decision is needed on the appropriate tool and process to be used by hospitals, Long-Term Care Homes, Community Agencies and the CCAC when assessing people for Supportive Housing Services.

During the development of this report, the Minister of Health and Long-Term Care announced the use of the current common assessment tool used by the CCAC to be used to assess people for Supportive Housing Services. This assessment would occur through the CCAC. There needs to be further dialogue to understand the impacts of this announcement.

The CE LHIN should consult with the Community Support Services/Supportive Housing sector on selecting a common assessment tool and identify the process to phase in the application. It is anticipated that staff training will be required. The 2009/10 fiscal year should be used to support training and building the IT capacity as required. The cost of the application and training should be supported fiscally by the CE LHIN.

Steps:

1. Under the direction of the CE LHIN the Community Support Services/Supportive Housing providers will select representatives to form a committee with the mandate to review the options in selecting a common assessment tool.
2. Once the common assessment tool has been confirmed, the committee will create an implementation plan that includes the cost of the tool, infrastructure requirements, staff training needs and how the assessment tool can be phased in starting in 2010/11.
3. The South East Local Health Integration Network is also moving to a common assessment format for Community Support Services/Supportive Housing and it is recommended that the Local Health Integration Network's consult on the potential to share knowledge and expertise and

- possibly standardize the tool among the LHIN's.
4. Consultations and/or linkages are necessary with the CCAC, to ensure seamless care.
 5. All costs associated with supporting a common assessment should be supported by the CE LHIN.

Shared Supportive Housing Training

The CE LHIN should consult with the MOHLTC to leverage the PSW Training Funds for shared Supportive Housing Training. It is anticipated that this would bring a consistency to the competencies required of all PSW's in a Supportive Housing environment within the CE LHIN and would be more cost effective than separate training sessions for each agency. This coordinated training effort already exists in the Scarborough area.

Steps:

1. Under the direction of the CE LHIN the Supportive Housing providers will select PSW representatives to review the essential training needs specific to Supportive Housing clients.
2. These people would form the basis for a PSW Supportive Housing Committee in the CE LHIN.
3. The committee will create a Personal Support Worker survey to understand the existing knowledge of Supportive Housing client needs.
4. The committee will identify advanced training skills required for Supportive Housing clients with higher than average needs.
5. The committee will consult with existing Training Providers like Ontario Community Support Association (OCSA) Capacity Builders.
6. Based on the input received through the consultative process, the committee will develop and implement a training plan for all participating agencies.
7. All costs associated with supporting Supportive Housing PSW training, should be supported by the CE LHIN.

Develop Service Delivery Models for each of the Priority Populations

The CE LHIN should work on providing a consistent Service Delivery Model for each of the identified populations. This would ensure that there is a consistent skill set and model throughout the region. It would also assist with consistent data reporting. For example:

Applying for Supportive Housing

- Application to the Municipality for affordable housing funding & rent subsidy (if required)
- Intake application for the Support Services
- Client Profile/information
- Eligibility criteria

Assessments

- Physical, Mental health, Functional and/or Social Assessment
- Risk Assessment
- Home Safety Assessment

Evaluations

- Client satisfaction evaluation
- Family satisfaction evaluation
- Worker Performance evaluations

Client status

- Wellness checklist
- Health checklist
- Safety checklist
- Employee Shift Report

Consent, Policies and Rights

- Family History and available supports
- Confidentiality agreement
- Consent agreement
- Multi-agency consent form
- Human Resource Policy
- Abuse Policy
- Bill of Rights
- Rights and responsibilities

Service Delivery

- Service Plan
- Service Agreement
- Wait list
- Referrals
- Appeals

An investment to consolidate and/or integrate service delivery documentation will support improved service and consistent reporting for statistical data. Furthermore, it will assist the sector to demonstrate the quality of service delivery and to participate in accreditation.

RECOMMENDATIONS

The table below identifies the Project Charter Goal number with the associated recommendation and the funding body for which the recommendation is intended. Project Charter Goal information is in Appendix 1.

Goal Number	Recommendation	CE LHIN	MOHLTC
1. Online CE LHIN Supportive Housing Inventory and statistical information (Appendix 3)			
1.0	Create a centralized online software application/tool, that provides access to Community Support Service Providers (Supportive Housing included) to update and maintain their agency's data	√	
1.1	Revert back to 1 hour unit of service for all Supportive Housing Supportive Housing needs to be an hour of service versus one day of service so that agencies providing this service can monitor the utilization per client (Appendix 10).		√
2. Method of determining where Supportive Housing should be available/enhanced			
2.0	<p>Create and communicate a consistent process that identifies the required elements in order to receive funding for Supportive Housing services. There are five main elements that should be identified when creating this process;</p> <ol style="list-style-type: none"> 1. Include the government requirements 2. Leverage the data from the output of the needs and supply gap analysis from the CRHE project 3. Supportive Housing services consider the practicality of implementing a new or expanding an existing service 4. The current population 5. The projected population growth regarding target groups in the CE LHIN area <p>All of these factors should be weighted in the allocation model.</p>	√	√
2.2	Continue with the Allocation Model with the Centre for Research in Healthcare Engineering	√	
3. Solutions to the Barriers to the uptake of Supportive Housing			
3.0	It is desirable to include partnerships among many levels of government, for profit and non-profit developers, Supportive Housing service providers and the CE LHIN in all new construction and renovations for affordable housing projects as a requirement for funding approval	√	√
3.1	Secure capital funding for the development of Supportive Housing options	√	√

Goal Number	Recommendation	CE LHIN	MOHLTC
3.2	Increase the number of rent subsidies available for affordable housing options	√	√
3.3	The MOHLTC and CE LHIN funding streams be consolidated to provide Supportive Housing to people with mental illness	√	√
3.4	Ongoing recommendations for improvement to Supportive Housing services continue to flow through the local Supportive Housing Networks to the CE LHIN	√	
4. Best practice approaches to Intake and Assessment for Supportive Housing			
4.0	Conduct a review of the existing assessment tools and processes currently being utilized for the target populations to understand and determine the appropriate tool and process to be used by hospitals, Long Term Care Homes, Community Agencies and the CE CCAC when assessing people for supportive housing services. Ensure the tool/process considers and supports the unique needs of the respective target population and is based on the principle of keeping people in their homes and communities.	√	√
4.1	Utilize the knowledge of existing community agencies to support the individuals within the target populations to identify their ethno-cultural and supportive housing service provision needs during the intake and assessment process	√	√
4.2	Create multiple yet coordinated intake access to supportive housing keeping in mind that 'every door is the right door'.	√	√
4.3	Train staff to effectively screen applicants to determine if the client's needs can be met in Supportive Housing	√	
4.4	Re-access Acute Level of Care (ALC)/Long-Term Care (LTC) home applicants to determine if their needs can be met in Supportive Housing environments	√	
4.5	Encourage Community Care Access Centre's (CCAC's) and Community Support Service Providers to work and dialogue together, to reach a common understanding of the intake and assessment processes and results	√	
5. Best practice models of Supportive Housing identified for the priority population (Appendix 4) and (Appendix 12)			
5.0	Recognize the difference in models required to accommodate the needs of the priority populations, while seeking out opportunities for new and innovative models to provide Supportive Housing to meet the demands of the increasingly aging population	√	

Goal Number	Recommendation	CE LHIN	MOHLTC
5.1	Utilize the existing models of Supportive Housing within the CE LHIN region as a framework for the elderly, people with physical disabilities and those with mental health challenges and/or addictions	√	√
5.2	Increase the number of accessible housing units	√	√
5.3	Consider accommodating the full spectrum of clients with a range of needs	√	√
5.4	Utilize Supportive Housing units as an option to Alternate Level of Care and/or Long-Term Care Home placement/wait lists to ensure Alternate Level of Care/Long-Term Care Home beds are available to those who really require them	√	
5.5	Ensure Supportive Housing units developed and/or modified adopt universal design, at a minimum, to accommodate clients with varying levels and types of disabilities		√
5.6	Encourage MCSS and MOHLTC to jointly plan for the population of aging individuals with developmental disabilities		√
5.7	Ensure capital funding is made available for the development, design and ongoing property management of Supportive Housing units	√	√
5.8	Ensure discharge planners and other related professionals are aware of all community resources including Supportive Housing	√	
5.9	Increase collaboration and communication between MCSS, MMAH, MOHLTC and the CE LHIN		√
5.10	Ensure best practice models consider cultural diversity needs.	√	
6. Collaborative exchange of resource information and training opportunities (Appendix 7)			
6.0	Use the existing CE LHIN web site as a single point of access for all Supportive Housing resources related to the region, including information, training, education, and communications	√	
6.1	Publish Supportive Housing service providers' information on the existing 310CCAC web site	√	
6.2	Leverage existing training groups to promote collaboration and consistency across the CE LHIN region for Supportive Housing (PSW) training and transfer of skills in various environments	√	
6.3	Utilize the "train-the-trainer" model and other training methodologies for cost effective training approaches.	√	
6.4	Extend Personal Support Worker training funds from the MOHLTC to cover costs of Supportive Housing Training Modules		√

Goal Number	Recommendation	CE LHIN	MOHLTC
6.5	Educate developers and advocate for universal design in all new construction and renovations for Supportive Housing units	√	
7. Raise awareness of Supportive Housing as an essential component of the continuum of care (Appendix 6)			
7.0	Create and deliver educational sessions to community agencies, pharmacists, physicians, nurses, hospital discharge planners, social workers, case workers, PSW's, families and the general public	√	

REFERENCES

Organizations

Association of Discharge Planning Coordinators of Ontario
 Association of Discharge Planning Coordinators of Ontario
 Canadian Research Network for Care in the Community
 Centre for Independent Living
 Connex Ontario Health Services
 Independent Living for Service Providers
 Ontario Association of Community Care Access Centre
 Ontario Association of Non-Profit Homes & Services for Seniors
 Ontario Community Support Association
 Ontario Home Care Association
 Ontario Municipal Social Services Association
 Ontario Non-Profit Housing Association

Ministries

Government of Alberta, Seniors and Community Supports
 Ontario Ministry of Health and Long Term Care
 Ontario Ministry of Municipal Affairs and Housing
 Ontario Ministry of Community and Social Services
 Ontario Seniors Secretariat

APPENDICIES

- Appendix 1: Final Supportive Housing Project Charter
- Appendix 2: Supportive Housing Project Team Members
- Appendix 3: CE Local Health Integration Network Supportive Housing Transfer Payment Agencies Inventory
- Appendix 4: Location of Supportive Housing in Central East LHIN
- Appendix 5: CE LHIN Client Success Stories
- Appendix 6: CE LHIN Supportive Housing Fact Sheet
- Appendix 7: CE LHIN Supportive Housing Personal Support Worker Training List
- Appendix 8: Supportive Housing Models
- Appendix 9: Supportive Housing Definitions
- Appendix 10: Aging At Home Performance Funding & Accountability, Ontario Health Reporting Standards Service Code Reconciliations
- Appendix: 11: Ontario Community Supports Associations; Supportive Housing Best Practices, Hollander
- Appendix: 12: Continuum of Care Diagram

Appendix 1

PROJECT BACKGROUND

What is Supportive Housing?

Definitions of “supportive housing” vary within Canada. Basically, supportive housing combines permanent housing with access to supportive services as one of the benefits of living there.

Ontario’s Ministry of Health and Long-Term Care defines supportive housing by the 24 hour availability of personal support and homemaking services. Rather than emphasizing discrete services, alternate definitions see **supportive housing as integrating housing with access to a comprehensive and coordinated package of services and programs necessary to support individuals to maintain their optimal level of health and well-being.** Supportive housing is said to promote mental and physical health by encouraging independence, providing opportunities for socialization and friendship, ensuring a secure living environment and providing regular contact with staff, other residents, family and neighbours who would be aware of changes in a resident’s well-being.⁸

Key Characteristics of Supportive Housing

Supportive housing is access to a 24/7 flexible menu of support services (e.g. help with daily living, personal care and homemaking) that are coordinated and case managed around individual needs. Ideally, the home should be an affordable, accessible, safe and secure environment that is enabling to the individual. It should allow for privacy as well as the opportunity to participate in available social and/or recreational activities.

Why Consider Supportive Housing in the Central East LHIN?

The Central East LHIN’s Integrated Health Service Plan (IHSP 2007-2010) identifies Seamless Care for Seniors, Mental Health and Addictions and Chronic Disease Prevention and Management as compelling priorities. Added to these are the provincial priorities of addressing wait times and critical care. The recently announcement Aging at Home Strategy, which includes supportive housing, has the potential to leverage many of the Central East LHIN’s priority areas by strengthening the overall capacity of care to be delivered in the community and within a person’s home wherever possible.

While supportive housing has been suggested by both researchers and provincial associations as an effective way of achieving quality and cost-effective care for an increasing aging and disabled population, there has been very little new supportive housing service funding over the past few years. With the introduction of the Federal/Provincial/Municipal Affordable Housing Program, the opportunity for supportive housing to be delivered in purpose-built or renovated buildings, caused increased attention to be given to supportive housing as an important and appropriate solution for both proactive health promotion and effective care and support made possible in a 24/7 service delivery model.

Current health care goals of best bed utilization in health care facilities have prompted probing as to who is occupying beds in both hospitals and long term care facilities. Informal preliminary observations by local Supportive Housing Task Groups suggest there is opportunity for improvement. These include examples of inappropriate occupancy of hospital beds (ALC clients).

⁸ British Columbia Ministry of Health 1999; Canadian Medical Association, 1987; Toronto District Health Council, 2003.)

A recent CCAC review in Peterborough determined that of the people waiting in hospital for long-term care beds, 15% could be supported in supportive housing.

It is further estimated that up to 50% of those on the waiting list for long-term care beds could be supported in the community with a more robust system of community options. Supportive housing is considered an element of a more robust community support system as evidenced in the Provincial Aging at Home Strategy. In addition, there is the reality that due to the lack of supportive housing and other community supports, individuals are being admitted prematurely and/or inappropriately to Long-Term Care Homes. Of the supportive housing that does exist, there is inequitable distribution available for the elderly, the mentally ill, and the physically disabled populations throughout the Central East LHIN.

In conclusion, the Supportive Housing project seeks to address these observations and develop potential solutions and recommendations consistent with the Ministry of Health and Long-Term Care's commitment to helping people age at home.

Project Scope

To undertake a range of activities to increase the equitable and effective delivery of supportive housing throughout the CE LHIN. Target populations within the scope of this project include a range of at risk, adult clients including those:

- With chronic disease;
- With mental health and/or addictions;
- With physical disabilities;
- Over the age of 65 years.

Project Benefits

Clients:

- Increased responsive, flexible, supports provided in a resident's home environment in more communities throughout the Central East LHIN.
- Enhanced sense of security and well-being with availability of 24/7 service.
- Improved seamless care upon discharge from an acute or other inpatient facility. For example, the environment facilitates continuation of rehabilitation routines that were established in acute care thus improving client outcomes and decreasing the risk of deterioration.
- Individuals are in the most appropriate setting for their needs. For example, consider people currently placed in long-term care facilities prematurely as a result of the absence of other community options. Also consider the value of ethno-cultural needs being met through supportive housing.
- Opportunities for group-based learning e.g. falls prevention.
- Independence supported for as long as possible in a home environment, respecting dignity and choice.

Health Service Providers & Agencies:

- Improved utilization of service funding: There is substantial variation across the province and indeed across Central East LHIN regarding the cost to support individuals in various settings. This is a multi-faceted issue that seems to reflect the type of client being served, the level of care provided, the critical mass of individuals served, the service delivery model, the geographic location, the funding model, etc. For example, while the average per diem for supportive housing in Ontario is \$32, there are programs in Central East far below and far exceeding this amount. That said, when this per diem is considered next to the average acute care, long-term care or even municipal shelter allowance per diems, supportive housing is indeed a low cost alternative

in the care continuum.

- In the Central East LHIN, the 2006/2007 inpatient cost per day, for a large community hospital, was \$413. (Hospital Indicator Tool)
- Peterborough City shelter allowance is \$48.02/day plus \$5/day personal allowance. In Durham Region, it costs \$1900/month to house an individual in a shelter (approx. \$63/day).
- Best practice models will be identified for expansion or enhancement opportunities in the Central East LHIN.
- Equitable, collaborative approach to planning and implementation based on integrity and evidence-based information will be developed.

Community:

- Opportunity for overall improved determinants of health with an emphasis on wellness and prevention.
- Preferred place in which to live with dignity and independence.
- Ability to age at home with quality of life.
- Provision of social environment, decreasing isolation.
- Reduction in caregiver burden as loved one has a supportive environment.

Health Care System:

- Better distribution and availability of supportive housing service in the Central East LHIN.
- Improved utilization of health care services, including hospital emergency departments, acute care, long-term care and rehabilitation resources.
- Collaborative initiatives expanded with other sectors e.g. housing / municipalities, developmentally delayed (Community and Social Services) and reduction of silo mentality.
- Health promotion and illness/injury prevention by enabling the right care in the right place.

OBJECTIVES	DELIVERABLES	PERFORMANCE MEASURES
<p>An on-line inventory of supportive housing services that includes statistical information as well as the model of service provision.</p>	<p>A. Develop an online CE LHIN-wide template to inventory current supportive housing services in the CE LHIN based on the identified populations for this project.</p> <p>This repository should have two main functions: to capture/document the various models in the current system and secondly, to gather statistical information that will assist the Project Team in their planning process e.g. client statistical information, organization, unit info, # of clients served, support services, wait list info, contact person etc.</p> <p>B. Identify and recommend methods/tools by which to easily access, update and maintain the information for collective planning purposes.</p>	<ul style="list-style-type: none"> • A standard template will be populated with statistical data from the service providers. Resulting in an improved understanding by the LHIN, Health Service Providers and the general public of the various models currently in operation in the CE LHIN. • Recommendations to enhance capacity to access update and maintain the information.
<p>Research, explore and recommend best practice models/approaches to serving the identified priority populations in supportive housing.</p>	<p>Identify best practice models/guidelines to be used in supportive housing for the identified priority populations through already published work.</p> <ul style="list-style-type: none"> • Utilize the information gathered in Goal #1 to identify best practice models within the LHIN. Site visits to and/or interviews with providers about their best practices may be required. • Develop recommendations for a model(s) for supportive housing that includes guidelines/norms for: <ul style="list-style-type: none"> • Funding • Scope of services • Assessment practices • Outcome measurements • Other? 	<ul style="list-style-type: none"> • Best practice models are identified and common guidelines are drafted for the priority populations. • An inventory of best practice models has been completed. • A best practice model/approach that can be easily applied by the HSPs has been drafted. This model encompasses what is efficient and effective delivery of supportive housing to priority populations.

OBJECTIVES	DELIVERABLES	PERFORMANCE MEASURES
	<ul style="list-style-type: none"> • Ensure that the perspective of clients and families are incorporated into the model through interviews with consumers of supportive housing and their families about their experiences with supportive housing. 	<ul style="list-style-type: none"> • The model has incorporated family and consumer feed back.
<p>Identify the barriers and offer potential solutions to the uptake of supportive housing within the Central East LHIN.</p>	<ul style="list-style-type: none"> • Develop a spreadsheet that identifies the barriers to implementing supportive housing in the CE LHIN. The spreadsheet should be available to all stakeholders including the general public. • Through discussions with stakeholders, develop and recommend strategies that address the identified barriers with particular attention to the gaps and differences in each geographical area and to cultural pressures. Track improvements annually and include this information in the spreadsheet. 	<ul style="list-style-type: none"> • Spreadsheet is created and its effectiveness is monitored annually. • Strategies are developed and recommendations are submitted to stakeholders.
<p>Explore, document and recommend best practice approaches to intake and assessment for supportive housing that is more integrated and client centred. Emphasis should be on processes that respect diversity and ease navigation of the application process for those needing supportive housing.</p>	<ul style="list-style-type: none"> • Explore current intake and assessment processes within the CE LHIN and glean the key best practice approaches. 	<ul style="list-style-type: none"> • An assessment of current processes is completed.
	<ul style="list-style-type: none"> • Research other methods from outside the CE LHIN and capture the best practice approaches. • Recommend the most promising system(s) of intake and assessment for supportive housing in Central East. In doing so, recognize the cultural and faith needs of ethnic and religious groups in the CE LHIN as they may relate to supportive housing. 	<ul style="list-style-type: none"> • An assessment of other methods is completed. • Cultural and faith sensitivities are an integral part of every project plan.

OBJECTIVES	DELIVERABLES	PERFORMANCE MEASURES
	<ul style="list-style-type: none"> Document the most promising systems of coordinating a wait list for at risk clients according to support needs. 	<ul style="list-style-type: none"> Provide the right care in the right place.
<p>Develop a means of collaborative exchange of resource information, training opportunities and best practice models for service providers of supportive housing.</p>	<ul style="list-style-type: none"> Identify the training needs of supportive housing service providers. Encourage organizations such as OCSA /Capacity Builders and Training Institutes to develop and offer modules that can be delivered electronically or otherwise to providers of supportive housing during 2008 – 2010 	<ul style="list-style-type: none"> Increase in available training opportunities. Increased numbers of trained PSW's and SH staff available for hire as SH workers. Client satisfaction in competency skill levels of workers / support staff
<p>Raise awareness of supportive housing as a critical component of the continuum of care through a range of activities directed towards the clients, caregivers and public in general.</p>	<ul style="list-style-type: none"> A portal /link for service providers and the public so that supportive housing information can be both easily posted and accessed by users in 2008/09. An easy to read, eye-catching Fact Sheet on the role and value of SH in the continuum of care. 	<ul style="list-style-type: none"> "Hits" of site increase and users identify positive satisfaction with accessibility and resources provided /exchanged Increased understanding of and support for supportive housing as an essential service in achieving a full and integrated continuum of care for a broad range of clients.
	<ul style="list-style-type: none"> Four papers / publications in the CE LHIN run a feature story on Supportive Housing during 2008/09. Opportunities will be sought through local publications (e.g. Osprey News / Seniors) for stories that feature clients at various locations where SH is provided. Develop and recommend an education program to inform clients, service providers, funders, governments and the general public on the availability of supportive housing in all geographical areas of the CE LHIN. 	<ul style="list-style-type: none"> Articles printed. Client stories featured. Client inquiries after stories run. Educational tools are created and education program is implemented.

Project In & Out of Scope Items

In Scope	Out Scope
<ul style="list-style-type: none"> • An on-line inventory of supportive housing services in Central East; • Research, explore and recommend best practice models/approaches to supportive housing; • Develop a fair, transparent and supportable basis for determining where supportive housing should be available/ enhanced in Central East; • Identify the barriers and offer potential solutions to the uptake of supportive housing; • Explore, document and recommend best practice approaches to intake and assessment for supportive housing that is more integrated and client centred; • Develop a means of collaborative exchange of resource information, training opportunities and best practice models for service providers of supportive housing; • Raise awareness of supportive housing as a critical component of the continuum of care. 	<ul style="list-style-type: none"> • Implementation of any new, enhanced or expanded models; • Affordable and social housing data collection • Retirement homes, group homes

Project Timelines

High-Level Milestones	Target Completion Dates
i. Retain staff for project support	Oct. 07
ii. Configure Project Team	Nov – Dec. 07, April 08
iii. Goals #1, #2 can begin once Team established	Nov 08-Mar 09
iv. Goal #3 and #4: Retain expertise to assist with modeling and develop model	Dec 08-Mar 09
v. Goal #5: Subcommittee to address	Dec 08-Mar 09
vi. Goals #6, #7: Subcommittee to address	Dec 08-Mar 09

Project Team

Member	Organization
Andrea Bloom	Consumer at Kawartha Participation Projects
Birgitte Robertson	Momiji Health Care Society
Carol Gordon	Kawartha Participation Projects
John Poch	Victorian Order of Nurses

Joy Husak	Volunteer
Karen Wallace	Long Term Care/Seamless Care for Seniors
Laszlo Cifra	Community Care Access Centre
Mark Graham	Canadian Mental Health and Addictions/Peterborough Collaborative
Mary Menzies	Durham Region
Peter Ouimet	Peterborough Community Chaplaincy
Sue Marincak	Central East Local Health Integrated Network
Susan Bacque	City of Peterborough
Valmay Barkey	Community Care-City of Kawartha Lakes

Team Member, Organization	Role on the Project	Required Involvement	
		Estimated Duration	Level of Effort
Require a range of stakeholders including:	<ul style="list-style-type: none"> • Community support providers – 4 • CECCAC – 1 • Recipients of supportive housing – 2 • Family/caregivers of priority populations identified – 2 • LTC Homes – 2 • Affordable Housing Network – 2 • Housing Corporation rep. – 2 • Faith and ethno-culturally-bases supportive housing providers reps. – 2 • Primary care rep. – 1 • SCFS Network rep. – 1 • Peterborough Collaborative Member – 1 	<ul style="list-style-type: none"> • 18 months 	

Project Partners

Partners	Common Interests & Priorities	Roles & Responsibilities
Project Partners:		
Project Stakeholders		
Stakeholders	Interests & Needs	Management Strategies
<ul style="list-style-type: none"> • Community support providers • CE CCAC • Recipients of supportive housing • Family/caregivers of priority populations identified • LTC Homes • Affordable Housing Network • Housing Corporation rep. • Faith and ethno-culturally-based supportive housing providers reps • Primary care rep. • SCFS Network rep • Peterborough Collaborative Member 		

Other Related Projects & Initiatives

Project/Initiative	Interdependency & Impact
<u>LHIN Projects:</u> Caregiver Support Project Seamless Care for Seniors Chronic Disease Management Mental Health and Addictions Community Support Service Review Aging at Home Strategy	<ul style="list-style-type: none"> • There is extensive overlap amongst all the groups identified as supportive housing is a critical element of the continuum of care. SH will provide more appropriate environments for individuals within each of the three population based LHIN priority areas. Supportive housing aims to help relieve caregivers and prevent caregiver burnout. Community Support Services, in many cases, provide the actual “hands on” supports. The Aging at Home Strategy is the “glue” to bring all of this together.

Project Communications

Audience	Information Needs	Format & Timing	Responsible
<ul style="list-style-type: none"> Physicians HSPs Consumers Caregivers General Public Boards of Directors of LHIN Community Leaders/Politicians Media 	<ul style="list-style-type: none"> We need to communicate many things including what is supportive housing, where does it fit within the continuum of care, the value it offers, the importance of partnerships to make it happen, the services available throughout the LHIN, how people can get involved, etc. 	<ul style="list-style-type: none"> Meetings, information sessions, presentations, fact sheets, one on one opportunities, stories in the media, etc. 	<ul style="list-style-type: none"> Tools for the above need to be developed in tandem with the LHIN's communication plan.

Project Risks

Risk	Likelihood	Impact	Risk Response
<p><u>Opportunity:</u> Demonstrates a cost effective response consistent with provincial direction, the IHSP and client preference</p>			<ul style="list-style-type: none"> A full communications and education plan is required to ensure broad buy in.
<p><u>Threats:</u></p> <ul style="list-style-type: none"> Politics has influenced past allocations regardless of decision matrix 	Moderate/High	M/H	<ul style="list-style-type: none"> Communicate any changes immediately to all stakeholders.
<ul style="list-style-type: none"> There has always been confusion of highest priority of need based on visible disability verses invisible frailty and "risk" status 	Moderate	M/H	<ul style="list-style-type: none"> Ensure approached and recommendations are for the target population.
<ul style="list-style-type: none"> Can agencies around the "table" be truly objective in their deliberations – known world colours our thoughts and drives our passions. 	High	H	<ul style="list-style-type: none"> Ensure that the deliverables of the project charter are met, which are fair and equitable. Escalation process to CE LHIN Portfolio Lead

Risk	Likelihood	Impact	Risk Response
<ul style="list-style-type: none"> Preparedness (or lack of) to break down silos and share resources 	Moderate	High	<ul style="list-style-type: none"> Escalation process to CE LHIN Portfolio Lead
<ul style="list-style-type: none"> Ability to extract accurate and reliable data from multiple sources 	Moderate/High	High	<ul style="list-style-type: none"> Documenting sources along with margin of error, etc.
<ul style="list-style-type: none"> Meetings/ Schedules/Workloads 	High		<ul style="list-style-type: none"> Ensuring that stakeholder are notified of any large changes to time, schedule and resources

Critical Success Factors

- Involving both housing and service providers in discussion, including the municipalities and private (non-profit) housing providers
- Resources (people) to assist with the planning and future implementation phases as this is not a quick fix process but will yield large dividends in the long term. There is also the need to gather requisite information so that effective decision-making can be assured.
- An effective and committed Project Team
- Resource (funds) dedicated to moving this project forward, including across fiscal years as necessary given timeframes to become operational and the complexities involved.

Assumptions & Constraints

Assumptions	Constraints
<ul style="list-style-type: none"> Supportive housing is complex Ability to extract data Active participants Understanding CE LHIN direction 	<ul style="list-style-type: none"> Time Resources Workloads

Appendix 2

Supportive Housing Project Team

Name	Organization
Andrea Dodsworth	Kawartha Participation Projects
Birgitte Robertson	Momiji Health Care Society
Carol Gordon	Kawartha Participation Projects
Diana Chappell	Region of Durham
John Poch	Victorian Order of Nurses
Joy Husak	Community Lifecare at Home
Laszlo Cifra	Central East Community Care Access Centre
Mark Graham	Canadian Mental Health Association; Peterborough Peterborough Collaborative
Peter Ouimet	Peterborough Community Chaplaincy
Rebecca Morgan-Quin	City of Peterborough
Sue Marincak	Project Coordinator
Susan Bacque	City of Peterborough
Valmay Barkey	PP Team Supportive Housing December 2007

Appendix 3

Supportive Housing Provided by the CE LHIN Funded Transfer Payment Agencies

March 27th, 09

Version 2.1

Provider	Address	# of Clients Funded For	Facility Unit Capacity	Housing Type/Unit info	Priority Population Identified	Outreach Services	Associate/Partner Agency
Apsley & District Satellite Homes for Seniors-Spruce Corners	30 Simeon Cres. P.O. Box 88 Apsley, ON K0L 1A0	8	49	One and two bedroom apartments	Seniors	No	HAP
Branch 133, Legion Village Inc.	111 Hibernia St, Cobourg ON K9A 4Y7	46	199	one bedroom apartments and bedsitting rooms w/private bathroom	Frail and or cognitively impaired Seniors	No	CCAC does the assessments to determine eligibility and provides the waitlist and PSW's are all our own employees.
Campbellford Memorial Multicare Lodge	174 Oliver Road Campbellford, ON K0L 1L0	15	56	Apartments, 1 & 2 Bedroom	seniors, and physically disabled, Chronic disease	No	VON Day Center, Community Care Trent Hills, Community Care Northumberland, Campbellford and District Palliative Care, Four Counties, Oliver Studios, St. Elizabeth
Carefirst Seniors Community Services	3825 Sheppard Ave. East, Suite 601 Scarborough, ON M1T 3P6	77	300	Apartments, bachelor and 1 bedroom.	seniors, and physically disabled, Chronic disease	No	CCAC
Faith Place	44 William St W, Oshawa, ON L1G 1J9	20	185	Apartments	Seniors	No	Some CCAC
Haliburton Highlands Health Services	13 Independence St, Haliburton ON K0M 1S0	9	185	Apartments	Frail elderly, physically disabled,	Yes	CCAC and Community Living
	30 Prentice St. Minden, ON K0M 2K0	11		Apartments	Frail elderly, physically disabled,		CCAC and Community Living
	2117 Loop Rd. Wilberforce, ON K0L 3C0						
Kawartha Participation Projects	77 Towerhill Rd. Peterborough, ON, K9H 7N3	9	71	Apartments & townhouses 18 modified	Physically disabled singles, families, seniors	Yes	HAP
KPP-Auburn Village	931 Armour Rd. Peterborough, ON K9H 7H1	4	60	One bedroom apartments	Frail elderly and physically disabled	Yes	
KPP-St. Giles	775 Park St. Peterborough, ON K9J 3T6	3	48	One bedroom apartments		Yes	
KPP-Lindsay various private homes		11		Private homes		Yes	
KPP-St. Paul's House	41 Russell St. W. Lindsay, ON K9V 2W8	6	6	House-bedrooms with shared living	Physically disabled	Yes	
	550 McDonnell St. Peterborough, ON K9H 2X8	1	41	Private landlord	Physically disabled	Yes	
KPP-Myrtle Terrace	200 St. Lukes Avenue Peterborough, ON K9H 1E7	12	60	Private landlord	seniors, developmentally disabled, and physically disabled	Yes	Community Living
KPP-St. John's Retirement Homes	440 Water St. Peterborough, ON, K9H 7K6	10	92	apartments, 1 & 2 bedroom, supportive units Modified Wheelchair accessible: 1 bedroom	seniors, and physically disabled	Yes	Pro Home Health Care and CCAC provides nursing care
Momiji Health Care Society	3555 Kingston Rd. Scarborough, ON M1M 3W4	180	133	Apartments	Seniors, Japanese ethno background	Yes	CCAC Momiji does own assessment after referrals from CCAC/ Hospitals/ community Agencies/Cultural organizations

Supportive Housing Provided by the CE LHIN Funded Transfer Payment Agencies

March 27th, 09
Version 2.1

Provider	Address	# of Clients Funded For	Facility Unit Capacity	Housing Type/Unit info	Priority Population Identified	Outreach Services	Associate/Partner Agency
Participation House-Toronto Parent Association	1 Burnview Cres. Scarborough, ON M1H 1B4	6		Shared house	Cerebral Palsy and developmentally disabled	No	Accesses through CCAC
Participation House-Toronto Parent Association	11753 Sheppard Ave. East Scarborough, ON	6		Condo	Cerebral Palsy and developmentally disabled	No	Accesses through CCAC
Participation House-Toronto Parent Association	14 Eaglewing Scarborough, ON 670 King St. East Oshawa, Ontario L1H 1G5	5		Shared house	Cerebral Palsy and developmentally disabled	No	Accesses through CCAC
Participation House-Durham	1255 Terwilligar Ave. Unit # 9, Oshawa, Ontario L1J 7A4	20	22	Administrative Office	Physical and Intellectual Disabilities	Yes	Canadian Council on Rehabilitation and Work
	165 Bloor Street West, Oshawa	14	14	Wheelchair Accessible Apartments, roll-in showers	Physical and Intellectual Disabilities	no	Some Care provided through CCAC
	175 Bloor Street West, Oshawa	7	9	Wheelchair Accessible Apartments, roll-in showers	Physical and Intellectual Disabilities	no	
	258 West Scugog Lane, Bowmanville	6	6	House-bedrooms with shared living	Physical and Intellectual Disabilities	no	
	114 Concession Street East, Bowmanville	2	39	13 Wheelchair Accessible Apartments and 26 townhouse units	Seniors and Physically disabled	yes	
Rehabilitation Foundation for the Disabled-March of Dimes	90 Waller St. Whitby, ON L1R 2B7	10	16	Apartments	Seniors and Physically disabled	No	CCAC, CILT, Durham College, MS Society, Durham Non-profit Housing,
	139 Mary St. Oshawa, ON L1G 7X1	9	12	Apartments	Seniors and Physically disabled	No	WestPark Hospital, Durham College Resident Centre
	32 Commencement Dr. Oshawa, ON L1G 8G3	2	10	Apartments	Physically disabled	Yes	
St. John's Retirement Home	526 McDonnel St. Peterborough, ON K9H 0A6	82	102	bachelor, 1 & 2 bedroom, supportive units modified wheelchair accessibility 1 bedroom	Seniors 65 or older (referrals from Kawartha Participation Projects for Seniors under 65)		ProHome Health Care, Nursing with CCAC
St. Paul's L'Amoreaux Centre	3333 Finch Ave. East, Scarborough, ON M1W 2R9	80	80	Apartments, bachelor and 1 bedroom.	Seniors, physically disabled, mental health, Multi-ethno background	Yes	Referred by CCAC
St. Paul's-Wishing Well	2008 Pharmacy Avenue, Scarborough M1T 3T7	60	60	Apartments, bachelor and 1 bedroom.	Seniors, physically disabled, mental health, Multi-ethno background	Yes	Referred by CCAC, Partner with Yee Hong
Scarborough Support Services for the Elderly	17 Brimley Road Scarborough, ON	77	348	Apartments, bachelor and 1 bedroom.	Seniors and Physically disabled		Cluster care with CCAC
	120 Town Haven Place Scarborough, ON M1K 5H6						
Sunrise Seniors Place	75 John Street West, Oshawa L1H 1W9	31		Apartments, 1 & 2 Bedroom	Seniors		HAC/Region of Durham
	130 Centre Street South, Oshawa L1H 8R9				Seniors		
Community Care-City of Kawartha Lakes	70 Murray Street, Fenelon Falls, ON K0M 1N0	53	25	Apartments	Seniors	Yes	Fenelon Area Independent Living Association
West Hill Community Services	4175 Lawrence Ave. E. Scarborough, ON M1R 4S6	46		Apartments, bachelor and 1 bedroom.	Seniors, ABI, Mental Health/Addictions		Discharge Dept of Scarborough Hospital, General Div. and Rouge Valley Health Centre, Abused Women, Toronto Rehab
	4205 Lawrence Ave. E. ON M1E 4T7	40		Apartments, bachelor and 1 bedroom.	Seniors		

Supportive Housing Provided by the CE LHIN Funded Transfer Payment Agencies

March 27th, 09
Version 2.1

<i>Provider</i>	<i>Address</i>	<i># of Clients Funded For</i>	<i>Facility Unit Capacity</i>	<i>Housing Type/Unit info</i>	<i>Priority Population Identified</i>	<i>Outreach Services</i>	<i>Associate/Partner Agency</i>
Yee Hong Centre for Geriatric Care	2311 McNicoll Ave. Scarborough, ON M1V 5L3	40	130	1 and 2 bedroom apartments	Seniors	Yes	CCAC, hospitals, Community providers
CMHA Peterborough	604 Stewart St. Peterborough, ON K9H 4C3	43		4 bedroom house	Mental Illness		
	564 Sherbrooke St. Peterborough, ON K9J 2P5			1 one bedroom apartment, 1 two bedroom apartment	Mental Illness		
	311 Stewart St. Peterborough, ON K9J 3N2			2 two bedroom apartment	Mental Illness		
	267 Park St. Peterborough, ON K9J 3W3			2 two bedroom apartment	Mental Illness		
	568 Charlotte St. Peterborough, ON K9J 2W6			2 two bedroom apartment, 1 one bedroom apartment	Mental Illness		
	548 Barker St. Peterborough, ON			five 1 bdrm apartments (Dual Diagnosis; SIL; 24 hour supports)	Dual Diagnosis		
	60 McDonnell St. Peterborough, ON K9H 2V6			three 2 bdrm apartments; two 1 bdrm apartments	Mental Illness		
	174/176 Rubidge St. Peterborough, ON K9J 3N7			one 2 bdrm apartment; two 1 bedroom apartments	Mental Illness		
	674 Reid St. Peterborough, ON K9H 4H9			two 1 bedroom apartment	Mental Illness		
	767 Water St. Peterborough, ON K9H 3N5			two 1 bedroom apartment	Mental Illness		
Northumberland Hills hospital	975 Elgin Street Cobourg, ON K9A 5J3	24		Head lease			
CMHA Scarborough	referral agreement with private landlords within the City of Kawartha Lakes				Mental Illness and concurrent disorders		
CMHA City of Kawartha Lakes	referral agreement with private landlords within the City of Kawartha Lakes	57		Apartments, bachelor, 1 and 2 bedroom	Mental Illness and concurrent disorders		A Place Called Home, John Howard Society, Community Care Access Centre, Tri-County Home, John Howard Society, Community Care Access Centre, Tri-County Behavioral Services, Community Living Kawartha Lakes, Ross Memorial Hospital, Mental Health Programs, Non-Profit Housing, and SPAN
CMHA Durham	referral agreement with private landlords within the City of Kawartha Lakes	206		Current inventory: 162 individual apartments, 25 group living spaces, 44 designated units, 13 strong communities units	Mental Illness and concurrent disorders	No	Common Work Intake with Durham Mental Health Services, open referral process
City of Toronto Brimley Acres	2950 Lawrence Ave. E. Scarborough, ON M1P 2T9	64	200	bachelor, 1 & 2 bedroom	Elderly, multicultural, mental health	No	Partnerships with community providers
City of Toronto Cedarbrook Lodge	520 Markham Rd. Scarborough, ON M1H 3A1	57		Like a retirement home	Elderly, multicultural, mental health	No	Partnerships with community providers
City of Toronto Livingston Lodge	65 Livingston Rd. Scarborough, ON M1E 1L1	2		Like a retirement home, no new admissions	Mental Illness	No	Partnerships with community providers

Supportive Housing Provided by the CE LHIN Funded Transfer Payment Agencies

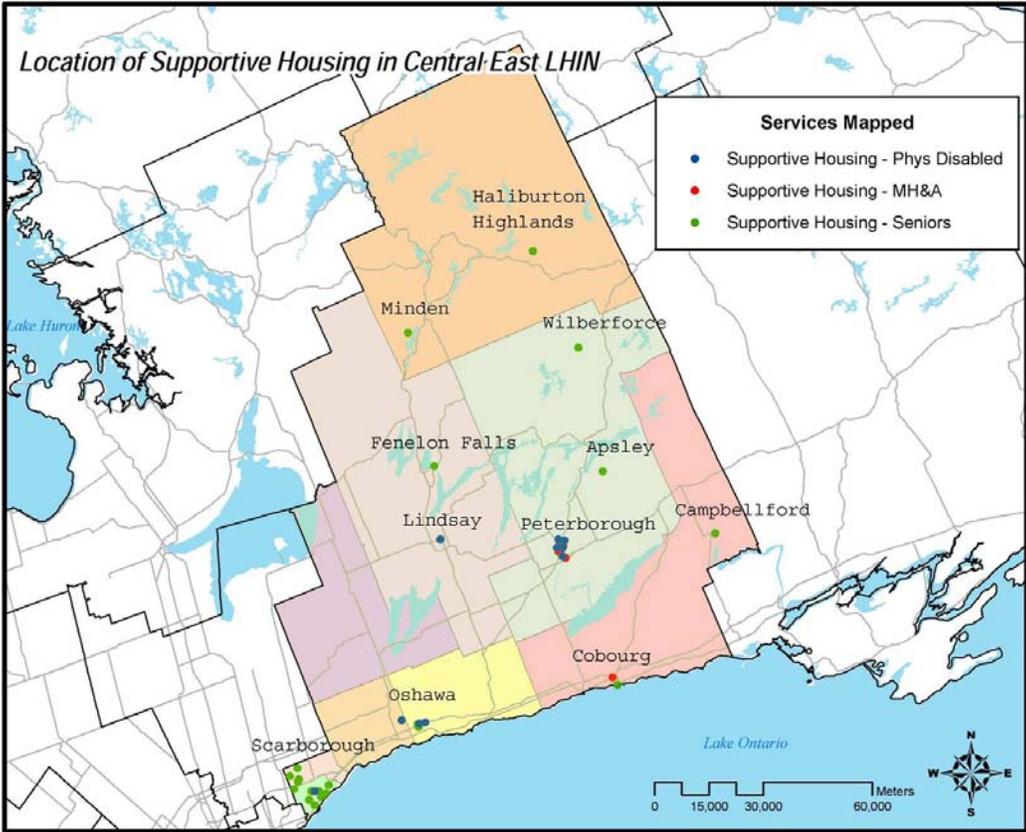
March 27th, 09
Version 2.1

Provider	Address	# of Clients Funded For	Facility	Housing Type/Unit info	Priority Population Identified	Outreach Services	Associate/Partner Agency
			Capacity				
Durham Mental Health Services	519 Brock Street South, Whitby, ON L1N 4K8			shared/group living (6 homes, 46 clients) and 9 rent supplement units in privately owned apartment buildings			
	McKay House, 206 Byron Street South, Whitby, ON L1N 4P6	17		House-bedrooms with shared living	Elderly, physically disabled, culturally diverse, mental health	Yes	Partnerships with community providers
	Sims House, 110 St. John St. E, Whitby ON L1N 1M8	7		House-bedrooms with shared living	Elderly, physically disabled, culturally diverse, mental health	No	Partnerships with community providers
	Smith House 104 Kent Street, Whitby L1N 4X9	5		House-bedrooms with shared living	Elderly, physically disabled, culturally diverse, mental health	No	Partnerships with community providers
	Elliott House - 200 Old Harwood Avenue, Ajax ON L1T 4W4	6		House-bedrooms with shared living	Elderly, physically disabled, culturally diverse, mental health	No	Partnerships with community providers
	Kent House, 611 Kent St, Whitby ON L1N 4Y8	4		House-bedrooms with shared living	Elderly, physically disabled, culturally diverse, mental health	No	Partnerships with community providers
	Ballantyne House, 610 Brock St. S. Whitby ON L1N 4K9	4		House-bedrooms with shared living	Elderly, physically disabled, culturally diverse, mental health	No	Partnerships with community providers
	Cormack Station- 250 Hickory St. S. Whitby, ON L1N 9G8	6					

Supportive Housing Provided by the CE LHIN Funded Transfer Payment Agencies							
January 24th, 09							
Version 1.8							
Provider	Common Dinning Room	Wheelchair Accessible	Wheel In Shower	PSW Training	Client Satisfaction	Management Accreditation	Safety Measures
Apsley & District Satellite Homes for Seniors-Spruce Corners	Yes	Some		Red Cross	No		
Branch 133, Legion Village Inc.	Yes	Some	Some	Yes	No		Yes
Campbellford Memorial Multicare Lodge		Some	Yes	Yes	Yes		
Carefirst Seniors Community Services	Yes	No		Yes	Yes		
Faith Place	Yes	Some	Yes	Yes	No		Yes
Haliburton Highlands Health Services		Some		Yes	Yes	Accreditation Canada	Yes
Kawartha Participation Projects	No	Some	Yes	Yes	Yes	Performance Appraisal	Yes
Momiji Health Care Society	Yes	Some	Yes	Yes	Yes		yes
Participation House-Toronto Parent Association	Yes/No	Yes	Yes		No	MCSS	
Participation House-Durham		Yes	Yes		Yes	FOCUS	Yes
Rehabilitation Foundation for the Disabled-March of Dimes	No	Yes	Yes	Yes	Yes	ISO 9001-2000	Yes
St. John's Retirement Home							
St. Paul's L'Amoreaux Centre	Yes	Yes	No	Yes	Yes	Accreditation Canada	Yes
St. Paul's-Wishing Well	Yes	Yes	No	Yes	Yes	Accreditation Canada	Yes
Scarborough Support Services for the Elderly		Some		Yes	Yes		
Sunrise Seniors Place	Yes	Some	Yes	Yes	Yes		
Community Care-City of Kawartha Lakes	Yes	Some	Yes	Yes	Yes	Accreditation Canada	Yes
West Hill Community Services		Some		Yes	Yes		
Yee Hong Centre for Geriatric Care	No	Yes		Yes	Yes	CCHSA	Yes
CMHA Peterborough					Yes	Accreditation Canada	Yes
CMHA Scarborough							
CMHA City of Kawartha Lakes							
CMHA Durham							
City of Toronto Brimley Acres	No	Yes		Yes and with agencies	Yes	Evaluations	Yes
City of Toronto Cedarbrook Lodge	Yes	Yes		Yes and with agencies	Yes	Evaluations	Yes
City of Toronto Livingston Lodge	Yes	Yes		Yes and with agencies	Yes	Evaluations	Yes
Durham Mental Health Services	some	some	some	yes	yes	in process	yes

Appendix 4

Location of Supportive Housing in Central East LHIN



Appendix 5

Peterborough resident says CMHA supportive-housing program gave him back his independence

Deron Hamel

PETERBOROUGH, Ont. A man accessing services from the Canadian Mental Health Association (CMHA) says in the three years he has lived in a Peterborough supportive-housing unit he has regained confidence, learned new life skills and overcome fears.

Adding to this, Paul Markewitz says the CMHA's supportive-housing program has changed his outlook for the better and he's enjoying a fully independent life where he now welcomes the challenges that come with daily living.

Prior to moving into his own unit at Brock Towers, Markewitz lived with his brother in Buckhorn, north of Peterborough. While living in Buckhorn, Markewitz, an artist by trade, was initially informed about CMHA and supportive housing by his counsellor Peter Hewitt at the Schizophrenia Clinic associated with PRHC.

Upon moving into Brock Towers and with the assistance of his CMHA support worker, Markewitz learned to cook for himself and make decisions required in day-to-day living.

When he first entered the program, Markewitz was visited by his support worker twice per week, but as time went by, the visits decreased as he learned more skills, gained new found confidence and required less assistance.

"(Supportive housing) has enabled me to live on my own and to meet life's challenges and to be able to conquer them," Markewitz says. "Living on my own has enabled me to gain my independence back."

Through living on his own with support from the CMHA, Markewitz says he was even able to overcome a fear of knives he had, to the point where he now works as a prep cook and uses knives everyday with confidence.

Asked how he feels about the impact CMHA's supportive-housing program has had on his life, Markewitz says he feels "so energetic, enthusiastic and good about my life."

"It makes me feel good to be able to accept my surroundings and to be able to go about the challenges of everyday living (and) to be able to overcome my fears," he says.

CMHA Peterborough's oversees 80 one-bedroom apartments units and 11 residential properties with 35 units in Peterborough County, and 24 head-leased one-bedroom units in Northumberland.

The goal of the Supportive Housing program is to help people who have mental-health issues live independently while providing support services as needed.

More information about the program can be attained by visiting the branch's website at www.peterborough.cmha.on.ca, or calling 705-748-6711.

Supportive housing providing enhanced quality of life for people with physical disabilities

Deron Hamel

PETERBOROUGH, Ont. - Increased personal freedom, consistency of care and more time to herself. These are some of the benefits Andrea Dodsworth says she has received in the seven years since moving into Towerhill Village, a supportive housing complex in Peterborough managed by Kawartha Participation Projects (KPP).

These successes, says Dodsworth, are proof of the value that supportive living complexes have for people who have a physical disability. Having lived previously in a seniors' housing complex, Dodsworth says she found it challenging to be the youngest person living in the residence, which also lacked the accessibility and privacy she now enjoys.

"Living here, I was able to do more of my own personal care. I can set my own routines (and) I can come and go as I want," explains Dodsworth, 36, adding she's also had increased social stimulation since moving into Towerhill Village.

Dodsworth will be moving into St. Peter's, a newly-renovated, 30-unit supportive housing complex across town, at the end of February, when her husband Marc arrives from his native Australia.

Dodsworth says she's looking forward to starting a new life with Marc, an information technology specialist, in their new home, which, she adds, is better suited for a married couple.

"I'm looking forward to having my own space with even more privacy," she says.

Once she makes the move into her new unit, Dodsworth will be able to transfer her existing personal-care services, meaning she doesn't have to worry about the challenges that can come with dealing with new caregivers.

Sue Marincak, a project co-ordinator with KPP, says that while the increased independence Dodsworth has experienced in the past seven years is remarkable, the fact that the organization is positioned to help the married couple with their transition into a new home is also important to recognize.

"I think that the big success is not only Andrea getting the appropriate service by the appropriate people, but also starting her new life with her husband in a new location for both of them," says Marincak.

In order to provide people living in supportive housing with a holistic approach, KPP has partnered with a number of different local organizations, including the City and County of Peterborough Supportive Housing Network, the Victorian Order of Nurses, the Peterborough branch of the Central East Community Care Access Centre, CE LHIN Peterborough Collaborative and TVM School House Inc.

[Kawartha Participation Projects](#) (KPP) is an organization operating in the counties of Peterborough, Haliburton, Northumberland and the City of Kawartha Lakes dedicated to enabling people with physical disabilities live independently by providing supportive housing and personal-care services.

Resident says safety, personalized care highlight attributes of Yee Hong Centre

Deron Hamel

SCARBOROUGH, Ont. - Having moved into the Yee Hong Centre for Geriatric Care's McNicoll Ave. residence 14 years ago, Cho Hing Kwan says his sense of security, the personalized care he receives and living in a community that meets his cultural needs have all made a positive impact on life at the Scarborough supportive-living complex.

Although he has mobility issues, Kwan, 85, says Yee Hong's individualized support allows him to live at home in a comfortable manner, while providing him with state-of-the-art technology to ensure his personal safety 24 hours a day.

Kwan adds that the team of personal support workers does an excellent job of helping him care for himself and that they are available whenever he needs assistance.

Technology such as emergency alarms located throughout his apartment and strategically-placed grab bars, coupled with regular visits from support workers to tend to his needs, has made it possible for Kwan to live independently.

"I were to fall, I could pull the (alarm) and someone would be here immediately," explains Kwan, speaking in Chinese through his son Eric who translates.

Living at Yee Hong has also meant that Kwan's cultural needs are being met. Over the years, Kwan says he has made friends with other residents at the complex. Kwan has also participated in the centre's many programs, and still practises tai chi, the traditional Chinese martial art aimed at maximizing health through the body's energy.

Kwan and his wife moved into Chinese Evergreen Manor at Yee Hong, shortly after it opened in 1994. When the couple moved into Yee Hong they required minimal supports. Kwan's wife provided most of the support he needed, explains Eric.

However, after Kwan's wife passed away in February 2002, Kwan needed increased outside support and Yee Hong was able to provide him with the assistance he required, Eric says.

For Eric, who works full time and is unable to care for his father 24 hours a day, Yee Hong has also made a difference in his life. Eric adds that it would not be possible for him to work and care for his father, nor is this something Kwan would want.

"I'm really grateful for the support here," Eric says. "My father has received excellent care."

The Yee Hong Centre for Geriatric Care Centre is a not-for-profit organization serving seniors living in Greater Toronto. The organization, which primarily serves Asian seniors, operates four independent living complexes in Greater Toronto.

Information on the [Yee Hong Centre](#) can be obtained at the organization's website.

Supportive housing helping to keep couple in rural area

Deron Hamel

Fenelon Falls, ON - Having the opportunity to live in a supportive-housing apartment operated by the Fenelon Area Independent Living Association (FAILA) has meant that Don and Suzanne Fillmore have been able to receive needed care and supports, while maintaining residence in a rural area for the past six years.

Being able to continue living in a rural area was important to the couple after Don suffered three strokes in July 1993, resulting in him needing supportive care. When he was released from hospital three months later, Suzanne was provided with medicine, supplies and equipment to help care for her husband, but was not getting the full-time support services she needed living in the couple's apartment in Bobcaygeon.

Then, a unit opened up at the complex owned by FAILA in nearby Fenelon Falls in January 2004 and the Fillmores moved into their present home. Suzanne says living in their supportive-housing apartment affords the couple the best quality of life they can imagine.

"The quality of life here is bar-none the best," says Suzanne. "I have the same team of personal support workers from Community Care Kawartha Lakes, the service provider, coming in. We have housekeeping, we have meal service and anytime I need help all I have to do is ask and it's right there, because Community Care is located right within the building and staff are immediately accessible to respond to our changing needs."

In fact, Suzanne characterizes the supportive-housing unit where the couple lives as a “lifeline.” She says there’s a need for more supportive-housing services in rural communities, because many seniors living in the country don’t want to have to move to an urban centre to receive independent care.

“If you’re in a private home and your health is failing, you have one choice and that’s a nursing home, particularly in a rural setting,” says Suzanne, adding that the complex she and Don live in is the only one in the vicinity.

“You don’t have the choice of going to an assisted-living apartment — there’s only this one. The fact that we got in here was a miracle.”

Suzanne, who remains Don’s primary caregiver, says the emotional support she receives through Community Care is excellent, as are all support services the Agency offers. This frees up time for Suzanne to tend to Don’s needs and ensures she doesn’t suffer from “caregiver burnout,” she says.

“I have housekeeping coming in twice a week for two hours each time (and) I have laundry being done,” she says. “The things that the (staff members) do for me allows me to do more for Don because if I didn’t have them there I wouldn’t be able to do as much.”

What’s more, Suzanne describes the residents and staff members at the housing complex to be “like a family.”

“It’s the moral support you get and there’s a comfort level here,” she says. “You’re never alone.”

Information on [Community Care City of Kawartha Lakes](#) can be found on their website.

Appendix 6

CE LHIN Supportive Housing Fact Sheet

Geographical Region

The CE LHIN geographically extends from portions of Scarborough in the west, north to the edge of Algonquin Park and east to the town of Colborne.

What is Supportive Housing?

Supportive housing gives access to a flexible menu of support services (e.g. Help with daily living, personal support and essential homemaking) including the availability of 24/7 emergency response capability, 24 hours/7days a week, that are coordinated and case managed around the individuals needs. Ideally, the home should be an affordable, accessible, safe and secure environment that is enabling to the individual. It should allow for privacy as well as the opportunity to participate in available social and/or recreational activities.

Below is a list of the duties or tasks associated with Personal Support and Homemaking services.

Personal Support Services	Homemaking Services
Washing/bathing/showering/bed bath	Light housing cleaning
Mouth care	Doing laundry
Hair care	Ironing
Menstrual care	Mending
Preventive skin care	Shopping
Routine hand/foot care	Banking
Transferring/positioning/turning	Paying bills
Exercises (rehabilitation/ambulant)	Planning menus
Dressing/Undressing	Preparing meals
Assistance with eating	Caring for children (not babysitting)
Toileting, including empty/change leg bag catheterization	Assisting a person with any of the above
Bowel routines	Training a person to do or assist with any of the above
Assisting in the taking a pre-measured medications	
Escorting to medically related appointments	
Changing non-sterile dressings	
Tracheotomy care where the person's condition is stable	
Re-training, guidance, cueing for the completion of the above services	

What are the components of Supportive Housing?

There are two main aspects of Supportive Housing. The actual physical living accommodations (house, apartment building, townhouse) and the availability of 24/7 Support Services, identified as Personal Support Services and Homemaking services.

Who is eligible for Supportive Housing?

People 16 and over with physical disabilities who require personal support services and homemaking on a continuing basis in order to remain in the community

People 16 and over with acquired brain injuries who require continuing personal support, homemaking and/or cognitive retraining, cueing and direction

People 16 and over that are living with HIV or AIDS and require personal support services and homemaking

People 60 years and over who are frail and/or cognitively impaired and require personal support services and homemaking

People under 60 who show signs of being frail and/or cognitively impaired, require ongoing personal support and homemaking services and are not eligible for these services from other government programs

People 16 and over with mental health and /or addictions that are already receiving mental health services and require personal support services and homemaking services

How do I access Supportive Housing and get on a wait list?

For Support Services

You can contact the CCAC (Community Care Access Centre) for services available in your own home.

[CCAC](#)

Toll Free: 1 800 263 3877

CCAC Branches	Information
Campbellford	Tel: 705 653 1005 / Toll Free: 800 368 8053
Haliburton	Tel: 705 457 1600 / Toll Free: 800 368 8027
Lindsay	Tel: 705 324 9165 / Toll Free: 800 347 0285
Peterborough	Tel: 705 743 2212 / Toll Free: 888 235 7222 TTY: 705 743 7939
Port Hope	Tel: 905 885 6600 / Toll Free: 800 347 0299
Scarborough	Tel: 416 750 2444 / Toll Free: 866 779 1931 Chinese Line: 416 701 4806
Whitby	Tel: 905 430 3308 / Toll Free: 800 263 3877
French Line	Tel: 416 701 4646 / Toll Free: 877 701 4646

For rent-geared-to-income applications, contact your local municipal coordinated access centre.

Municipality	Information
Housing Access to City of Kawartha Lakes and Haliburton	Tel: 705 324 6401 / Toll Free: 800 463 4120
Durham Access to Supportive Housing	Tel: 905 666 6222 / Toll Free: 800 372 1102
Housing Access Peterborough	Tel: 705 742 4499
Housing Connects	Tel: 416 981 6111
Northumberland Housing Services	Tel: 905 372 6846 / Toll Free: 800 354 7051

Supportive Housing Providers, Funded by the CE LHIN

Seniors

- Apsley & District Satellite Homes for Seniors Inc. - Apsley 705-656-1982
- Branch 133, Legion Village - Cobourg 905-372-8705
- [Campbellford Memorial Multicare Lodge](#)- Campbellford 705-653-5980
- [Carefirst Seniors Community Services Association](#)- Scarborough 416-847-6009
- [Community Care, City of Kawartha Lakes](#)- Lindsay 705-887-1122
- [Faith Place](#)- Oshawa 905-436-1309
- [Momiji Health Care Society](#) - Scarborough 416-261-6683
- [Scarborough Support Services for the Elderly](#) - Scarborough 416-750-9885
- St. John's Retirement Home - Peterborough 705-749-5767
- [St. Paul L'Amoreaux](#) - Toronto 416-493-3333
- [Sunrise Seniors Place](#) - Oshawa 905-432-2018
- [West Hill Community Services](#) - Scarborough 416-282-3664
- [Yee Hong Centre for Geriatric Care](#) - Toronto 416-321-6333

Physically Disabled

- [Kawartha Participation Projects](#)- Peterborough 705-745-4122
- [Participation House Toronto](#) - Toronto 416-439-3226
- [Participation House Durham](#) – Durham 05-579-5267
- [Rehabilitation Foundation for the Disabled](#) - Durham Region 800-567-3746

Mental Health and/or Addictions

- [Canadian Mental Health Association](#) – Peterborough 705-748-6711
- [Canadian Mental Health Association](#) - City of Kawartha Lakes 705-328-2798
- [Canadian Mental Health Association](#) – Durham 905-436-8760
- [Canadian Mental Health Association](#) – Toronto 416-289-6285
- [Durham Mental Health Services](#) - - Durham 905-666-0831

A comprehensive list of [Service Providers](#) is available from the Central East Local Health Integrated Network web site. Inquiries about the Supportive Housing Initiative at the Central East Local Health Integrated Network, call 905-427-5497 or 1-866-804-5446.

Additional information can be found on the [Ministry of Health and Long Term Care](#) web site.

Appendix 7

CE LHIN Supportive Housing Service Providers Identified Training Courses

Below are the training courses that have been identified by Supportive Housing service providers as courses that are applicable to the Personal Support Worker's (PSW's) education.

The recommendation is to capture and create a standard orientation module for Supportive Housing PSW's and to develop further shared training initiatives.

Training

Abuse Prevention Training	Glucometer
Applied Suicide Intervention	Handle with Care
Alzheimer's Seminar	Health & Safety Certification
Back Care	HSW to PSW bridging program
Bill of Rights Workshop	Infection control
Bowel & Bladder care	Lifts & Transfer training
Bowel and Ostomy Care	Non Violent Crisis Intervention
Bridging from health care aide to personal support worker	Palliative Care courses
CPR	Occupational Health and Safety training
Canadian Hearing Society	Pandemic Planning
CNIB Inservices	Professional Boundaries
Conflict management	Respect/communication
Documentation Training	Safety Basics for Health Care
First Aid	Skin care
General Orientation Due Diligence	WHMS
Gerontology	Workplace Violence

Special Needs

Communication devices
Specific lifts
Dietary needs (G-Tube feeding)
Ventilator training

Supervisor Training

Impact Supervision (1 and 2)
Professional Boundaries
Labour Relations
Investigations
Communications
Conflict management
Respect/communication

Agencies that deliver Training Courses

4 County HR Committee (list of training, 16 agencies within, many transferable but also agency specific training)
Ministry of Community and Social Services
Health Care Health and Safety Association
Personal Health Information Protection Act
Attendance at PSW Conferences
Personal Support Worker Network of Ontario Annual Conference
Scarborough Support Services for the Elderly mentioned Humber College Client Care
Spruce Corners mentioned RED CROSS for TRAINING PSW's
Faith Place mentioned Training Providers
National Association of Career Colleges-Virginia Bond-519-753-8689 <http://www.nacc.ca/>
United Way Pickering/Ajax
Durham college PSW refresher
OSCA Capacity Builders
DVD Durham Elder Abuse Network-Joan Hill
The Personal Support Worker Network of Ontario Annual Conference
Gerontology Certification at Durham College

Methods of Training

Traditional training facilities (colleges, etc.)
E-training(on-line courses)

Video or DVD

Teleconferencing

Rotate the use of SH facilities for training events

- shared costs
- benefits of attending/touring other Supportive Housing facilities
- networking with colleagues
- building relationships

Appendix 8

Current Supportive Housing Models within the CE LHIN for the Target Populations

There are various Supportive Housing models within the CE LHIN. Affordable accessible apartments or in-home services can be provided in which the client owns or rents.

Housing Types

Type of Structure	Type of Accommodation
Multi-unit dwellings	Owned
Semi-detached houses	Market Rent
Detached houses	Affordable Rent (80% of market)
Mobile Unit (e.g. trailer or boat)	Rent-geared-to-income (30% of income)
	Shared accommodations (two or more unrelated persons)
	Living with family (two or more related persons)
	Group Homes (varying levels of support by agency staff)

Note: housing and accommodation types may be combined in a variety of different ways and any of them may be built or modified to be accessible to the current occupant based on their needs.

Service Types

On site

Staff is on site 24 hours a day, 7 days a week

Access to Services

Staff is available 24 hours a day, 7 days a week

Cluster Model

Staff is available within a 15 minute radius of the Service Providers office to address emergency response.

Target Population

People with Physical Disabilities

- Living in an environment with 24/7 hours supports on site or with 24/7 supports off site via the cluster model with emergency response;
- Mostly modified accessible units (townhouses, apartments)
- Financial assistance; Rent-geared-income, Ontario Disabilities, Rent Supplements

People with Mental Health and/or Addiction Issues

- Living in various accommodations with access to 24/7 supports
- Houses, group homes, private landlords, Social Housing

Frail Seniors/Chronic Illness

- Living in mostly apartments with 24/7 supports on site
- Financial assistance, Rent-geared-income, Rent Supplements, Social Housing

Appendix 9

Definitions of Supportive Housing Terms

Activities of Daily Living (ADL)

An activity that promotes personal care. Activities of Daily Living include personal care tasks like bathing, brushing teeth, shaving, going to the toilet, dressing/undressing, repositioning the body and moving around. Physical conditions can add to the difficulty of these tasks.

Instrumental Activities of Daily Living (IADL)

An activity or task that is performed in the course of normal everyday independent living. It includes keeping the home tidy by vacuuming, dusting, doing laundry, buying groceries, preparing meals, opening/sorting mail and paying bills.

Personal Support Services⁹

- Washing/Bathing/Showering/Bed Bath
- Mouth care
- Hair care
- Menstrual care
- Preventative skin care
- Routine hand/foot care
- Transferring/positioning/turning
- Transfers to and from a vehicle
- Exercises (rehabilitation/ambulant)
- Dressing/undressing
- Assistance with eating
- Toileting, including empty/change leg bag catheterization
- Bowel routines
- Assisting in the taking of pre-measured medications
- Escorting to medically related appointments
- Changing non-sterile dressings
- Tracheotomy care where the person's condition is stable
- Retraining, guidance, cueing for the completion of the above
- Any other services that may be included in Part II (6) of Bill 173

Homemaking Services¹⁰

- House cleaning
- Doing laundry
- Ironing
- Mending
- Shopping
- Banking
- Paying bills
- Planning menus

⁹ Appendix 1 Long Term Care Supportive Housing Policy and Guidelines; Health Care Programs Divisions 2001

¹⁰ Appendix 2 Long Term Care Supportive Housing Policy and Guidelines; Health Care Programs Divisions 2001

- Preparing meals
- Caring for children (not babysitting)
- Assisting a person with any of the above
- Training a person to do or assist with any of the above
- Any other services that might be included in Part II (5) of Bill 173

Alternate Level of Care (ALC)

Refers to those people in hospital who are no longer in the acute phase of their illness but still occupy an acute care bed while waiting for another more appropriate “alternate” type of service. The ALC occupancy rate for non-acute patients in acute care beds in the Central East Local Health Integrated Network hospitals is about 18% and equates to over 165 hospital beds, and this number is steadily growing. Over half of these ALC patients are waiting to move to a long term care home. Long term care homes in the Central East Local Health Integrated Network are at 98.9% occupancy.¹¹

Continuum of Care

Refers to the life cycle of independent living with little or no health service needs, to assisted living with high or increased health service needs.

¹¹ Alternate Level of Care Systems Issues and Recommendations; Report by the CE LHIN ALC Task Group

Appendix 10

Aging At Home Initiative Services – Ontario Health Reporting Standards Service Code Reconciliations

	Service Code	Service Description - A@H	Applicable Sectors	CSS PFA Unit - for HSPs yet to implement OHRS	OHRS FC	FC Description	OHRS Stat.	Remark
1	01A	Adult Day Service (Alzheimer/Other Aging Dementia)	CSS	1 full day equivalent of attendance	72 5 82 20	CSS IH COM - Day Services	Attendance Day	
2	01B	Adult Day Service (Frail Elderly)	CSS	1 full day equivalent of attendance	72 5 82 20	CSS IH COM - Day Services	Attendance Day	
3	01C	Adult Day Service-integrated-Frail/Alzheimers/Other Dementia	CSS	1 full day equivalent of attendance	72 5 82 20	CSS IH COM - Day Services	Attendance Day	
4	01D	Adult Day Service	CSS	1 full day equivalent of attendance	72 5 83 20	CSS ABI - Day Services	Attendance Day	
5	01E	Alzheimers/Dementia Overnight Service	CSS	1 full day equivalent of attendance	72 5 82 40	CSS IH COM - Overnight Stay Care	Resident Day	
6	02A	Meals on Wheels	CSS	1 meal delivered	72 5 82 10	CSS IH COM - Meals Delivery	Meals - combined	
7	03A	Diners Club/Wheels to Meals/Congregate Dining	CSS	1 attendance (2-way transporting, one meal and social activity)	72 5 82 12	CSS IH COM - Social and Congregate Dining	Attendance Day	
8	04A	Transportation	CSS	1-way trip	72 5 82 14	CSS IH COM - Transportation - Client	Visits	

	Service Code	Service Description - A@H	Applicable Sectors	CSS PFA Unit - for HSPs yet to implement OHRS	OHRS FC	FC Description	OHRS Stat.	Remark
9	05C	Home Maintenance and Repair	CSS	1 job arranged	72 5 82 05	CSS IH COM - Service Arrangement / Coordination	Visits	
10	06A	Friendly Visiting	CSS	1 visit	72 5 82 60	CSS IH COM - Visiting - Social and Safety	Visits	
11	07A	Security Checks/Reassurance Service	CSS	1 completed contact	72 5 82 60	CSS IH COM - Visiting - Social and Safety	Visits	
12	08A	Caregiver Support - Support and Counselling	CSS	1 hour of counselling	72 5 82 50	CSS IH COM - Caregiver Support	Visits	
13	08B	Caregiver Support - Training, Information and Education	CSS	1 hour of information or education	72 5 82 50	CSS IH COM - Caregiver Support	Visits	
14	08C	Caregiver Support Service Respite (Paid Staff)	CSS	1 hour of direct service	72 5 82 34	CSS IH COM - Respite	Hours of Care	
15	08D	Caregiver Support - Volunteer Hospice Services	CSS	1 hour of visiting	72 5 82 65	CSS IH COM - Visiting - Hospice Service	Visits	
16	08E	Caregiver Support Respite (Brokerage)	CSS	1 match arranged	72 5 82 05	CSS IH COM - Service Arrangement/Coordination	Visits	

	Service Code	Service Description - A@H	Applicable Sectors	CSS PFA Unit - for HSPs yet to implement OHRS	OHRS FC	FC Description	OHRS Stat.	Remark
17	08F	Caregiver Support – Respite Service (Volunteer)	CSS	1 hour of direct service	72 5 82 60	CSS IH COM - Visiting - Social and Safety	Visits	
18	09B	Home Help/Homemaking (Paid)	CSS	1 hour of direct service	72 5 82 31	CSS IH COM - Homemaking	Hours of Care	
19	09C	Public Education Coordinator	CSS	1 hour of information or education	72 5 50 96 10	COM Health Promotion Education - General Geriatric	Visits	
20	09D	Psychogeriatric Consulting Services	CSS	1 hour of Consulting Service	72 5 50 96 76	COM Health Promotion Education - Psycho-Geriatric	Visits	
21	09I	Intervention and Assistance Services (Seniors)	CSS	1 hour of direct client service	72 5 82 15	CSS IH COM - Crisis Intervention and Support	Visits	
22	09J	Socio-Recreational Services	CSS	N/A	72 5 82 12	CSS IH COM - Social and Congregate Dining	Attendance Day	
23	09K	Independence Training – ABI Outreach	CSS	1 hour of direct client service	72 5 83 33	CSS ABI - Personal Support/ Independence Training	Hours of Care	
24	09P	Home Help/Homemaking (Brokerage)	CSS	1 match arranged	72 5 82 05	CSS IH COM - Service Arrangement/Coordination	Visits	

	Service Code	Service Description - A@H	Applicable Sectors	CSS PFA Unit - for HSPs yet to implement OHRS	OHRS FC	FC Description	OHRS Stat.	Remark
25	09X	Aboriginal Support Service	CSS	1 hour of direct client service	72 5 84 10	CSS Comm Sup. Init - Support Service Training	Visits	
26	10A	Homemaking/Personal Support/Attendant/Respite Service provided by CCACs on a visitation basis	CCAC	1 hour of direct client service	72 5 35 40 **	COM - In Home Support Services	Hours of Care	
27	11A	Homemaking/Personal Support/Attendant Services (Elderly in SHUs)	CSS	1 hour of direct client service	72 5 82 45	CSS IH COM - Assisted Living Services	Resident Day	Use 7258245 when services are provided on a 24-hour basis
			CSS		72 5 82 31	72 5 82 31 CSS IH COM – Homemaking	Hours of Care	Use applicable HM or PS FC when services are provided on an hourly basis
			CSS		72 5 82 33	CSS IH COM – Personal Support/ Independence Training	Hours of Care	Use applicable HM or PS FC when services are provided on an hourly basis
28	12A	Supportive Living Service – Physically Disabled Adults	CSS	1 day, 24 hours of service	72 5 82 45	CSS IH COM - Assisted Living Services	Resident Day	

	Service Code	Service Description - A@H	Applicable Sectors	CSS PFA Unit - for HSPs yet to implement OHRS	OHRS FC	FC Description	OHRS Stat.	Remark
29	12B	Homemaking/Personal Support /Attendant /Respite Services (Physically Disabled-Outreach visit)	CSS	1 hour of direct client service	72 5 82 33	CSS IH COM - Personal Support/ Independence Training	Hours of Care	
30	12D	Supportive Living Services.– ABI in SHU	CSS	1 day, 24 hours of service	72 5 83 45	CSS ABI - Assisted Living Services	Resident Day	
31	13A	Case Management (CCAC)	CCAC	1 case	72 5 09 30	COM Case Management Combined	Visit	
32	14A	Placement Coordination	CCAC	N/A	72 5 09 30	COM Case Management Combined	Visit	
33	15A	Nursing	CSS	1 visit	72 5 30 40 11	COM In-Home Health Care - Nursing - Visiting	Visits	
34	16A	Physiotherapy	CSS	1 visit	72 5 30 40 50	COM In-Home Health Care - Physiotherapy	Visits	
35	17A	Occupational Therapy	CSS	1 visit	72 5 30 40 55	COM In-Home Health Care - Occupational Therapy	Visits	
36	18A	Social Work	CSS	1 visit	72 5 30 40 70	COM In-Home Health Care - Social Work	Visits	
37	19A	Speech-Language Pathology Services	CSS	1 visit	72 5 30 40 62	COM In-Home Health Care - Speech Language Pathology	Visits	

	Service Code	Service Description - A@H	Applicable Sectors	CSS PFA Unit - for HSPs yet to implement OHRS	OHRS FC	FC Description	OHRS Stat.	Remark
38	20A	Dietetic Services	CCAC	N/A	72 5 30 4* 45	COM In-Home/Private/Home Schools/Public Schools Nutrition/Dietetic	Visits	
39	21A	Psychological Services (ABI)	CSS	1 hour of direct client service	72 5 30 40 75	COM In-Home Health Care - Psychology	Visits	
40	23A	Community & Facility Palliative Care Interdisciplinary Education	CSS, CCAC	1 completed course by one person	72 5 50 94 10	COM Health Prom. /Educ - Palliative Care Interdisciplinary	Hours of Care**	Align key stat. for CSS, CCAC to use visit in 09/10. Hours are collected in the CSS budget process as an interim approach to align with information in the memo sent by the Policy Branch in 2006. Visits are required stat. for CSS in Chapter 10
41	24A	Palliative Pain and Symptom Management Consultation	CSS, CCAC	1 completed consultation with a service provider	72 5 50 94 91	COM Health Prom. /Educ - Palliative Care Pain and Symptom Management	Hours of Care**	See remark in FC 72 5 50 94 10

	Service Code	Service Description - A@H	Applicable Sectors	CSS PFA Unit - for HSPs yet to implement OHRS	OHRS FC	FC Description	OHRS Stat.	Remark
42	25A	Special Services for the Blind and Visually Impaired	CSS	1 hour of direct client service	72 5 82 75	CSS IH COM - Vision Impaired Services	Visits	
43	26A	Special Services for persons with Acquired Hearing Loss	CSS	1 hour of direct client service	72 5 82 77	CSS IH COM - Hearing Impaired Care Services	Visits	
51	SGS	Specialized Geriatric Services	CSS	09C	72 5 50 96 10	COM Health Promotion Education - General Geriatric	Visits	
44	P&W	Prevention and Wellness	CSS	09J - Interim measure for PFA HSPs	72 5 50 10	COM Health Prom/Educ - General	Visits	PFA HSPs interim measure applicable only in 2008/09
45	CCAC – OPS	CCAC Other Professional Services	CCAC	N/A	72 5 09 30	COM Case Management Combined	Visit	
46	CS-EMS	Community Services – Emergency Medical Services	CCAC	N/A	72 8 40	EDU In-Service	N/A	
47	Aids for Daily Living	Aids for Daily Living – Information and resources, and where applicable, equipment	CCAC, CSS	N/A	72 5 09 30	COM Case Management Combined	Visit	
48	MH	Mental Health funded service	CMH&A		72 5 40 76 30	Residential Mental Health Support within Housing	Resident Day	

	Service Code	Service Description - A@H	Applicable Sectors	CSS PFA Unit - for HSPs yet to implement OHRS	OHRS FC	FC Description	OHRS Stat.	Remark
49	MH	Mental Health funded service	CMH&A	N/A	72 5 09 76	COM Case Management Mental Health	Visit	
50	MH-PG	Mental Health – Psychogeriatric	CMH&A	N/A	72 5 10 76 96	COM Primary Care - MH Pscho-geriatric	Visit	
52	RGP	Regional Geriatric Program	Hospital	N/A	71 3 40 96 **	Day/Night Care Geriatrics	Visit	
53	GEM	Geriatric Emergency Management	Hospital	N/A	71 3 10	Emergency Dept	Visit	
54	HS-ED	Hospital Service – Emergency Department	Hospital	N/A	71 3 10	Emergency Dept	Visit	
55	ISAR	Identification of Seniors at Risk (ISAR) Service	Hospital	N/A	71 3 10	Emergency Dept	Visit	Sunnybrook
56	ATB	Acute Transitional Beds	Hospital	N/A	71 21010	Inpatient Medical Beds		
57	Mobile Nursing Teams	Nursing/NP teams in LTC homes and in community	Hospital	N/A	72 5 30 40 11	COM In-Home Health Care - Nursing - Visiting	Visits	
58	LTCH-ALC	Long-Term Care Home – ALC Related Program	LTCH	N/A				Standalone LTCHs
59	CHC	Community Health Centre funded service	CHC	N/A				Some CHC receives funding for existing CSS services - PFA codes are in their letters (02A, 04A, 06A, 07A , 08C, 09B)

Notes:

1. This listing includes the functional centre (FCs) based on high level review and may not include all FCs HSPs can use for services funded by the Aging at Home initiative.
2. HSPs should select the most appropriate FCs based on the services they provide. Refer to the relevant OHRS chapters or OHRS Appendix H Glossary of Terms – FA/AC for FC definition.
3. Only FCs applicable to an organization's sector should be used unless significant amounts of the funding are used for services usually provided by another sector.

Appendix 11

Ontario Community Supports Association Supportive Housing: A Summary of Best Practices; Hollander, 2006

A) Best practices related to philosophy and policy

- Fostering independent living
- Client-centred approach
- Assessment and coordination of care and service
- Community development
- Client access to 24-hour support
- Emergency response
- Security checks
- Integration within health care system
- Responsiveness to health care system needs (e.g., in discharge capacity with hospitals)

B) Best practices related to service delivery

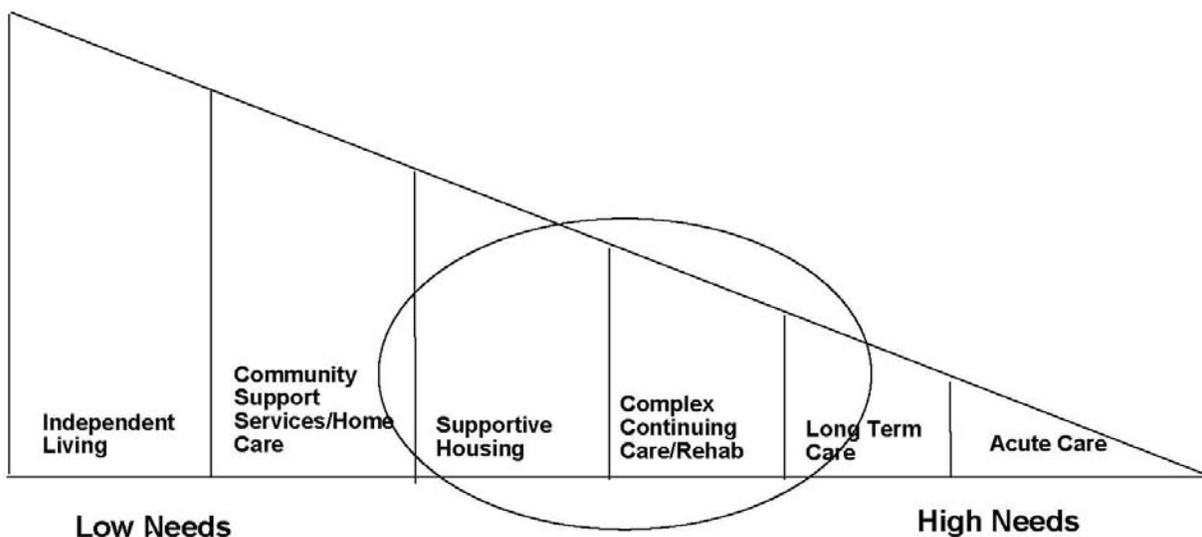
- Flexibility in delivery in a variety of housing models
- 'case management' functions of case finding, care/service coordination, referrals and community development
- Providing programs for all residents (e.g., congregate dining) to promote awareness and create community
- Address multiple client needs (i.e., frail, Alzheimer's, mental health, cultural)
- Flexible, consistent staffing
- Sensitivity to multicultural and other client diversities and needs in recruiting, hiring, training programs and education
- Accessible communication tool for frontline staff (e.g., paper, cell phone)

C) Best practices related to administration

- Leadership through common vision, commitment, and an understanding of seniors' needs and informed decisions
- Providing specialized environments for special needs (e.g., Alzheimer's)
- Funding for all residents under one envelope or buildings in close proximity to maximize flexibility
- Creating efficiencies through critical mass
- Use of client information management software
- Using an internal waitlist for seniors in need of services

Supportive Housing in the Continuum of Care

- Supportive Housing provides a home-like environment with supports



Engaged Communities.
Healthy Communities.

