2014 ONPHA Conference and Trade Show

Session #506:
Playing a Bigger Part: The LHINs' Role in the Future of Housing

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ONPHA
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Association

Objectives

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- Learn new information on innovative partnerships in housing and health
- Appreciate the value of aligning housing and health resources
- Understand the key success factors to align housing and health resources

Overview of Ontario LHINs

Created by the Ontario government in March 2006, LHINs work with local health providers and community members to determine the health service priorities of our regions.

LHINs plan, integrate and fund local health services, including:

- **Hospitals**
- **Community Care Access Centres**
- **Community Support Services**
- **Long-term Care**
- **Mental Health and Addictions Services**
- **Community Health Centres**

The LHIN model reflects a belief that a community's health needs and priorities are best understood by people familiar with the needs of their local communities and the people who live there, not from those in offices hundreds of miles away

LHIN Structure

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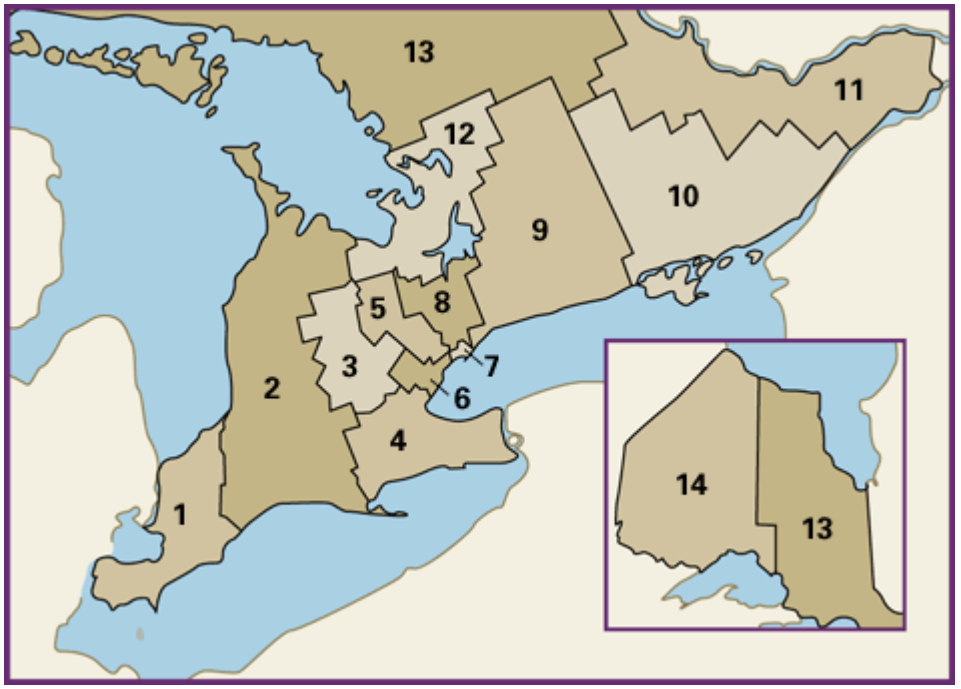
14 community-based not-for-profit crown corporations with geographic boundaries

Each LHIN governed by Board of Directors appointed by Order-in-Council

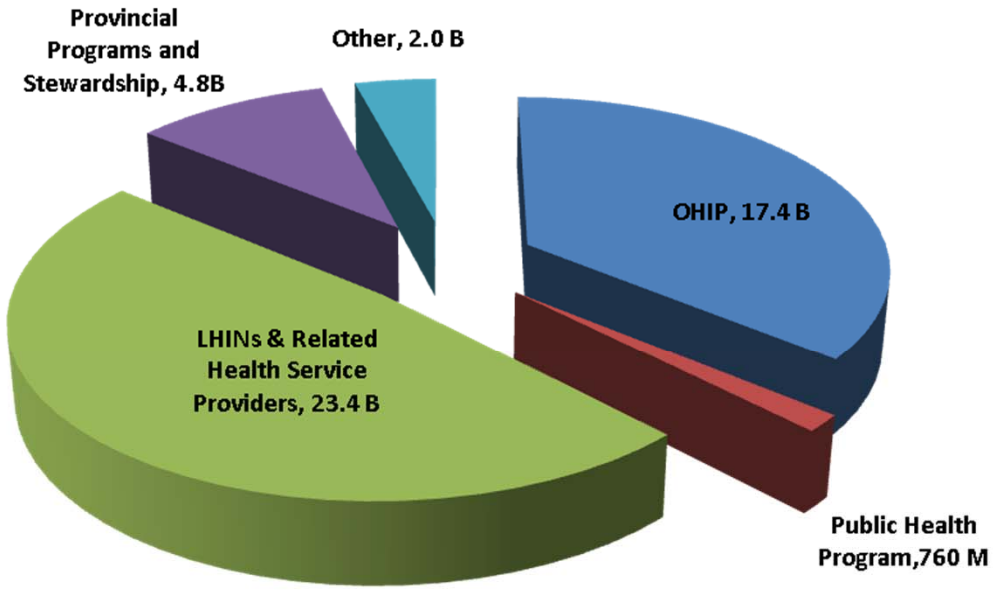
As LHINs, oversee just over half of the $48+ billion health care budget in Ontario

Transforming the way that the Ontario health care system is managed



Ontario Spending on Health Care
$48.36B

MOHLTC operating expenses by area (2013/14)



Source: Provincial Estimates

Programs Not Funded by LHINs

What parts of the system are outside LHIN responsibilities?

- Ontario Health Insurance Program (OHIP), including physician fees
- Clinics, ambulance services and laboratories
- Provincial programs such as Cancer Care Ontario and the Ontario Renal Network
- Capital for hospital and community investments
- Provincial drug programs
- Most primary care providers, including Family Health Teams and other inter-professional teams
- Municipal public health

LHINs' Role as Local System Managers

Our Mandate

- **Local health system planning** – setting the local vision, direction and strategic priorities
- **Funding** – allocating resources to local providers and enabling new initiatives
- **Accountability and performance** – LHINs currently hold Service Accountability Agreements with more than 2000 organizations
- **Measuring and reporting** – including public reporting on performance
- **Community engagement** – a core LHIN value
- **Integration** – making the system work more like a system

Local Health INTEGRATION Network

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Why

- *To provide the right care, at the right time and in the right place*

How

- Legislative mandate to support, facilitate and direct integration amongst LHIN funded programs
- Strategic role to partner with other stakeholders, systems and sectors to enhance person-centred care
- Identifying policy and legislative barriers and helping to inform changes at the provincial level
- Working with other funders and other levels of government to help advance strategic aims and to improve health outcomes for individuals who live in the LHIN

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Champlain LHIN

The Champlain Region

18,000 sq. km

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Champlain LHIN
Integrated Health Service Plan 2013-2016
for a Person-Centred Regional Health Care System

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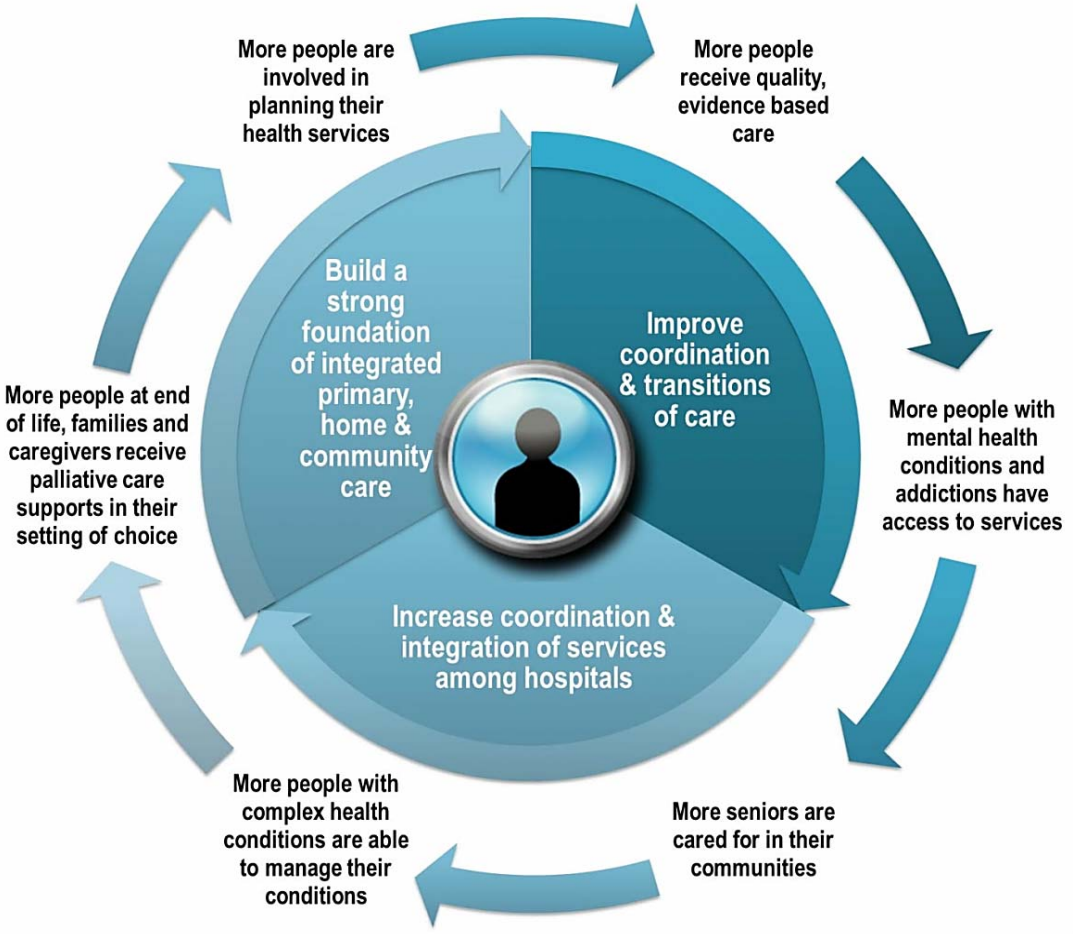
Vision:
Healthy people and healthy communities supported by a quality, accessible health system

Mission:
Building a coordinated, integrated and accountable health system for people where and when they need it

Values:
Respect, Trust, Openness, Integrity, Accountability



Operationalizing Strategic Partnerships: Persons with Physical Disabilities

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Canadian Red Cross Supportive Housing Program Cornwall

- There was no adapted living space in all of Stormont, Dundas and Glengarry
- Partnership between LHIN health services (Red Cross), housing (Cornwall and Area Housing Authority and the Ministry of Health and Long Term Care (capital renovations)
- Accepts 16+ with significant physical disabilities who are welcome to age in place
- Built on a strong foundation of partnership between health and housing that also includes other Red Cross clients living in other housing settings
- Congregated units allow for 24/7 staff that averts the need for a long term care home placement

Operationalizing strategic partnerships: Frail Elderly

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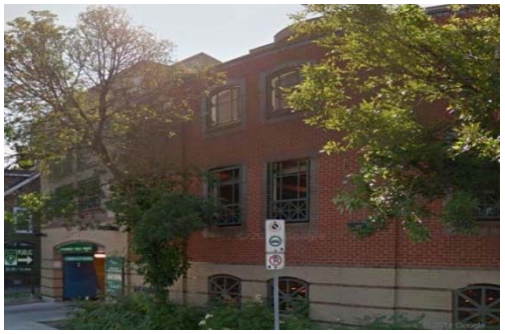
Résidence Montfort Renaissance



- Built to suit the residents need Montfort Renaissance
- 50 residents and a team of 19 staff
- LHIN funding for health care services and operating cost of the common spaces
- Rent geared to income covers room costs
- Residents have high Method for Assigning Priority Levels (MAPLE) scores, frail elderly, complex health needs including dementia that otherwise may have been in a long term care facility
- On site staff 24/7 and rooms with emergency call systems

Operationalizing strategic partnerships: Elderly and Homelessness in Champlain

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CORNERSTONE
HOUSING FOR WOMEN

314 Booth St.
Aging -at-home in a mixed affordable housing community

20 units within a 42 unit affordable, permanent, supportive housing community

Health services for seniors provided by Ottawa Inner City Health under "Aging At Home" strategy

Many residents were at risk of homelessness or otherwise have had a history in other housing settings that were unsuccessful.

Operationalizing strategic partnerships: Mental Health, Addictions and Homelessness in Champlain

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The Targeted Emergency Diversion program

- Operated by Ottawa Inner-city Health, The TED program is embedded within the Shepherd's of Good Hope Shelter
- Instead of a trip to the hospital ER, people can be brought to the program, Day or night, for primary care monitoring and support and to facilitate engagement into other health services and access into more stable housing

Operationalizing strategic partnerships: Mental Health, Addictions and Homelessness in Champlain

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The Addictions Supportive Housing Program

- A province wide strategy with services across Champlain
- Funding for Rent Supplements provided by the Ministry of health and long term Care provincial Programs Branch ($456/month) to local programs
- Funding for supportive care provided by the LHIN to local programs (intensive case management: 1 FTE per eight residents)
- Permanent, portable rent supplement
- Supportive care through a harm reduction approach

Operationalizing strategic partnerships: Mental Health, Addictions and Homelessness in Champlain

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The Addictions Supportive Housing Program

Results:

- program is delivering supports and housing to a clientele with complex concurrent disorders and a long history of Homelessness
- Partnership and relationships are key between case manager, client, landlord other health services

Operationalizing strategic partnerships: Mental Health, Addictions and Homelessness in Champlain

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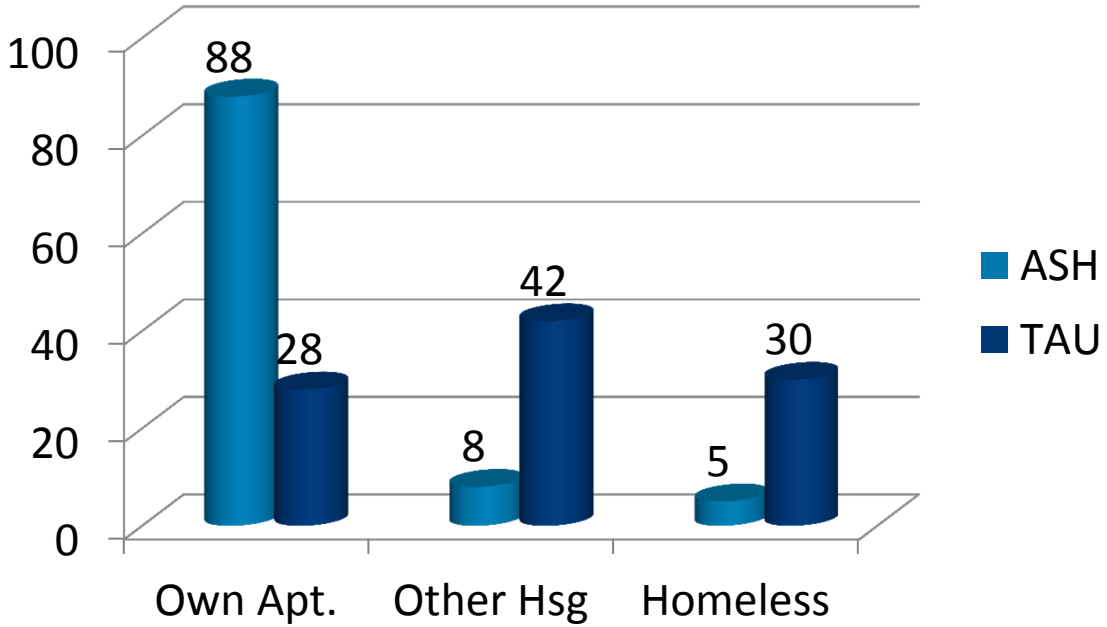
The Addictions Supportive Housing Program

Preliminary Outcomes:



Operationalizing strategic partnerships: Mental Health, Addictions and Homelessness in Champlain

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- Ensuring everyone has a home;
- Ensuring people get the support they need; and
- Working together
  - Common Agenda
  - Shared Measurement
  - Mutually Reinforcing Activities
  - Continuous Communication
  - Backbone Support

Ottawa

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Toronto Central LHIN

Toronto Central LHIN Strategic Aim

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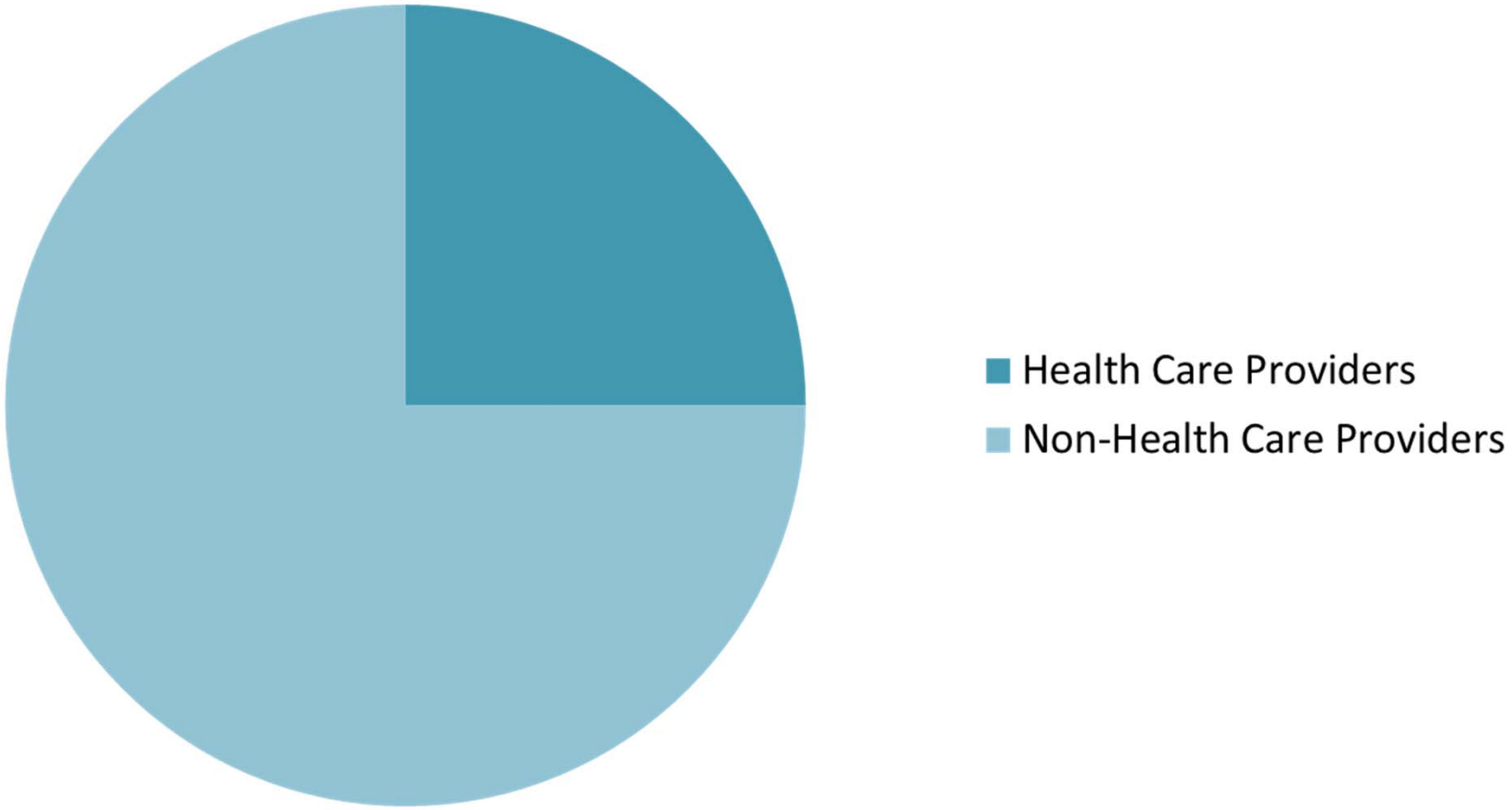
Transform the system to achieve better health outcomes for people now and in the future

- *With a focus on preventing and delaying serious illness and injury among those who are at greatest risk of declining health*
- *In support of the provincial vision of 'Making Ontario the healthiest place in North America to grow up and grow old'*

Optimizing Health Outcomes



Drummond points out only 25 per cent of the population's health outcomes are attributed to the health system.

Commission on the Reform of Ontario Public Services, Feb 2012

Determinants of Population Health

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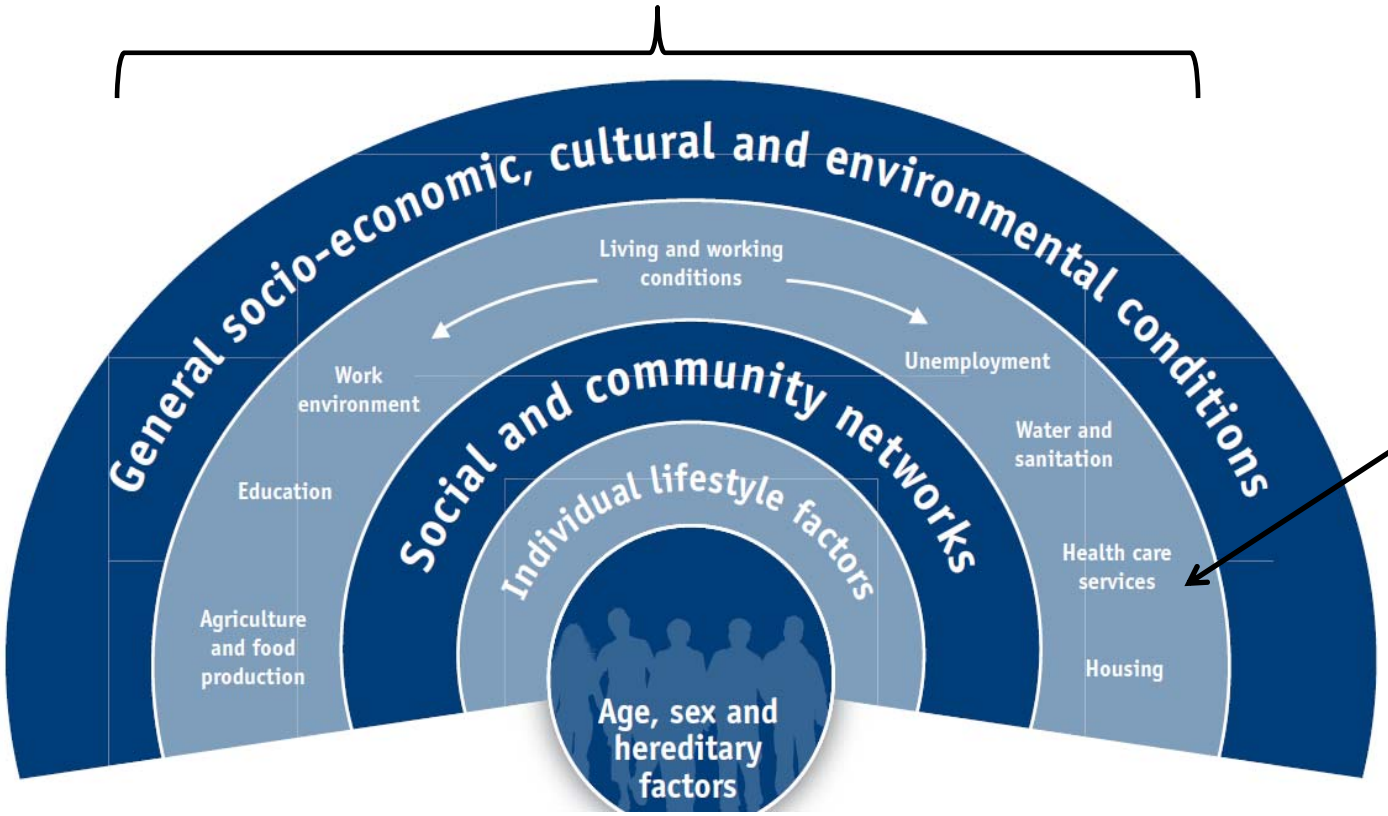
Other factors that impact health outcomes



Health care services

Source: Butler-Jones D. The Chief Public Health Officer's report on the state of public health in Canada: Addressing health inequalities, 2008.
Adapted from: Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Stockholm: Institute for futures studies, 1991.

Impact of Housing on Health

In Toronto, nearly 25 percent of households do not have adequate housing, the highest rate in Canada. Toronto Public Health highlighted the impact of housing conditions in its 2011 report Healthy Toronto by Design:

- Poor housing conditions are associated with a wide range of health conditions, including respiratory infections, asthma, lead poisoning, injuries, and mental health.
- Stable, safe and secure housing is associated with positive child outcomes in areas of health, development and well-being.
- The association between homelessness and poor health has been documented in numerous studies
- Where people live and their neighbourhood can also play a role in shaping health and impact their ability to access services

Strategic Opportunities

- Ontario's recently announce Poverty Reduction Strategy, includes the creation of 1,000 new supportive housing spaces for Ontarians living with mental illness and addictions issues. The strategy also increases investments in the Community Homelessness Prevention Initiative, which enables local governments to develop homelessness programs tailored to their community's unique needs.

- Premier's mandate letters to various ministries include reference to housing (supportive housing, affordable housing). This includes:
  - Ministry of Health and Long-Term Care
  - Ministry of Community and Social Services
  - Ministry of Municipal Affairs and Housing

TC LHIN Focus on Housing

- At the end of 2013, over 77,000 households were waiting for affordable housing in Toronto, a 6% increase from 2012, and an average wait time of 6.7 years

- There are several population groups for whom housing is a particularly critical issue. These include Aboriginal people, people with mental illness and addictions, seniors, people with chronic illnesses and disabilities, women, youth and the homeless.

- For many of these groups, poverty is common barrier to achieving stable, suitable housing which is essential to their recovery and access to care. Additionally, some of these groups need supports to maintain their housing (e.g. home care for seniors, transitional supports for formerly homeless)

Collaborative Opportunities

- The well-being and outcomes of clients can be enhanced when there is increased collaboration between the social housing sector and the health care sector. For example:
  - Tenants who lack appropriate levels of care, sometimes jeopardize their tenancy and/ or their ability to continue to live independently
  - Often social housing buildings are stigmatized due to actual or perceived safety concerns; this can lead to isolation and reduced service levels

- Across the City of Toronto, there is an increasing trend of service integration and joint partnerships grounded in the realization that so many social issues require a service system response; the local health system is one of these collaborative partners

Innovation Highlights

- A systems approach to housing includes policy development, designated funding, service planning, leadership and coordination

- TC LHIN has experienced significant success with targeted initiatives that address the need for creative housing and health partnerships.

- The LHIN has focused its efforts on high needs populations, high priority neighbourhoods and areas with gaps in service, barriers to access and areas where there have been opportunities for collaboration

Innovation Highlights

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- Three examples of TC LHIN's housing and health strategic partnerships;
    - Creating new housing options for patients living in the Centre for Addiction and Mental Health
    - Supporting tenants in selected social housing buildings
    - Developing a collaborative response to a neighbourhood in need

New High Support Housing

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The Issue:

- Consistently 80-100 people residing in CAMH awaiting transition to a community service that meets their needs.
- Wait list of over 400 people for high support units, and potential lack of community capacity to support this group.
- Limited access to CAMH beds for those who need it.

The Aim:

- Develop a model to successfully transition long stay patients to the appropriate place of care within the resources available.

The Model:

- New funding for services to create high and medium support options
- Leverage existing underutilized units – no new rent supplements
- Piloting of Integrated Transition Team to help people move to new “home”
- Creation of “reviewing and matching process”
- Asking tenants if they would prefer other housing options

New High Support Housing

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Project results:

- 26 individuals have moved to high support housing in community
- 94% now have access to primary care
- 100% have an integrated support plan between CAMH, community mental health services and the housing provider
- Drastic reduction in ED visits and no readmissions to hospital

Shift in system culture and performance:

- Review and matching process
- Collaborative capacity review

Recovery:

- Acknowledgement that many tenants in high support housing are ready for more independence and require fewer formal supports
- Peer roles are important in tenants' consideration of options

New High Support Housing

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Key Lessons Learned:

- Highly complex people can live in the community with transitional support and integrated support plans.
- Focusing on the “burning platform” supports unique and innovative approaches.
- Collaboration was the key to success but also a significant challenge.
- LHINs or other funders have role in creating conditions for integration and collaboration.
- Quality Improvement approach allows the system to learn from mistakes and incorporate lessons into continuous improvement.

Social Housing Partnership

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The Issue:

- Many residents in Toronto Community Housing are unsupported for their mental health and addictions needs. Wait lists for supportive housing top 8,000 requiring the systems to look at supporting people in diverse housing models.

The Aim:

- Improve health and housing outcomes for high risk tenants of the Toronto Community Housing Corporation.

The Model:

- Funding for small community mental health and addictions teams
- Target agreed upon building that met joint criteria
- Coalition of stakeholders including; police, housing security, primary care, community services, housing staff, mental health and addictions community services

Social Housing Partnership

Ontario Local Health Integration Network

Project Results:

- Individuals connected to services and care
- Safety and security in building improved
- Tenants engaged in activities which improved their quality of life and reduced isolation

Pilot expansion to new sites:

- Programming in 6 buildings
- In last six months –
  - 346 tenants involved in activities **
  - 133 receiving short term supports **
  - 29 eviction preventions **

Evaluation:

- Centre for Inner City Health undertaking implementation evaluation.
- Report on key elements of models and produce implementation guide

Social Housing Partnership

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Lessons learned:

- Cross-sectoral approach is required to address social determinants.
- Need for strategic focus on partnership – communication, trust building, collaborative planning, issue resolution.
- Role clarity in partnership and service team is important.
- Challenge in measuring impact across all interests.
- Sustainability should be considered at outset.
- Future models need to harness community resources with existing relationships to tenants and building.

Neighbourhood Based Approach

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The Issue:

- Fire at the largest social housing complex in Toronto resulted in discovery that many vulnerable people in neighbourhood were not getting access to care. Many resources were available to residents, many organizations were involved in this priority neighbourhood but activities and services were not coordinated.

The Aim:

- Collectively address the health inequities across the neighbourhood resulting in improved health and well being for residents.

The Model:

- Cross-sector stakeholder Steering Committee including public health, city social policy division, social housing, united way and evaluation partner
- Creation of robust and sustainable resident engagement model
- Development of service access model and principles
- Maximization of infrastructure that existed both formally and informally
- Seed new health services to address needs

Neighbourhood Based Approach

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Project results:

- Leadership now sits with lead agency and steering committee in community
- Activity in the "hub" has increased steadily and quickly
- New services are meeting needs – diabetes clinic, mental health counselling, seniors mental health day program, tenant driven activities
- Outreach strategy - becoming sustainable – physical site, outreach staff, tenants trained to be connectors to hub

In the last six months:

- 102 newcomers and other high needs tenants connected to services
- 36 highly complex tenants attached to care
- 108 tenants have joined the Seniors Mental Health Day Program

Neighbourhood Based Approach

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Lessons learned:

- Cross sector and neighbourhood wide aims require adequate time and support to succeed
- Diverse populations/needs require flexible service models
- Peoples' basic needs are higher priority than other needs impacting their health
- Sustainability is important to residents
- Tenant engagement and local leadership are critical
- Cross sector measures of success are complex

Thank You

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Questions?