



Housing and LHINs

Presentation to the
Ontario Municipal Social Services Association

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Central East LHIN

Engaged Communities.
Healthy Communities.

attention to housing:

Who is responsible?

How do we get started?

What is our guide?

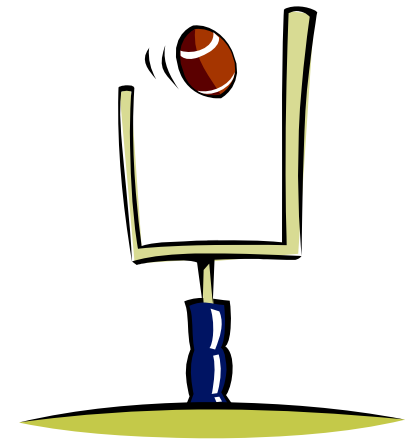
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Our Vision

| Engaged Communities | Healthy Communities |
|---|--|
| <p>People are supported and proactively engaged in</p> <ul style="list-style-type: none">• managing their own health and wellness• providing direction and solutions for their health care system and their LHIN• coordinating the delivery of timely health care services | <ul style="list-style-type: none">• Supportive and sustainable environments that address the social determinants of health and cultural competency• Timely and equitable access to care• The health of the population has improved |
| <p>Values: Accountability. Responsiveness. Respect. Integrity. Innovation. Equity.</p> | |

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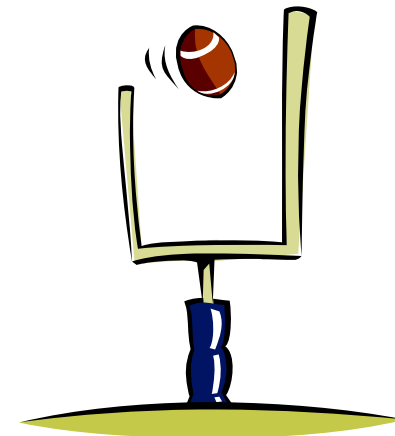
Central East LHIN Big Goal



Save 1,000,000 hours spent by patients in hospital Emergency Departments by 2013.

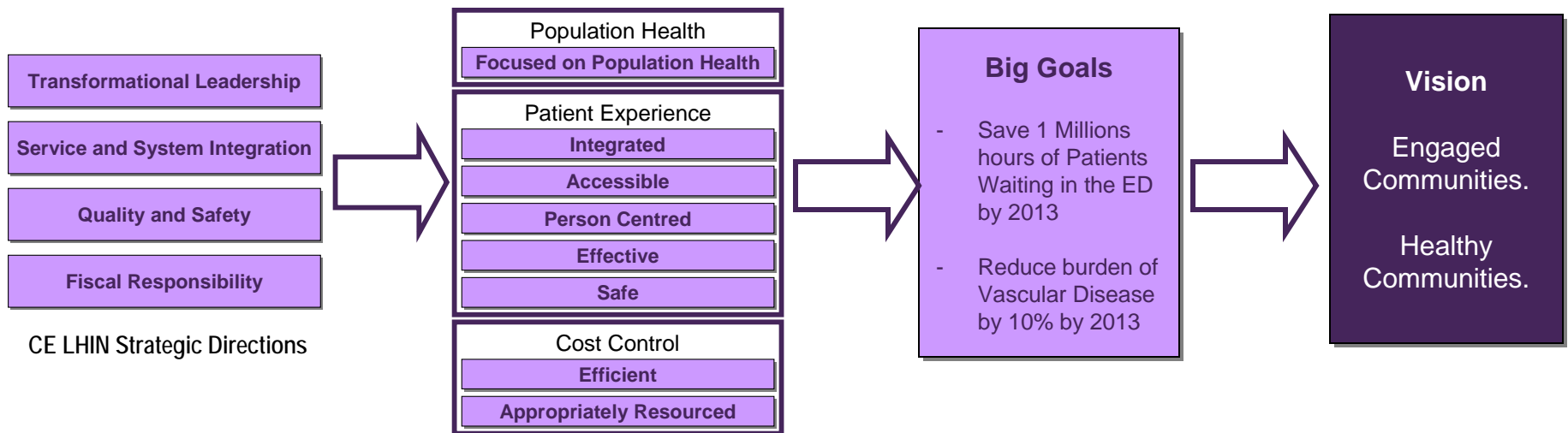
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Central East LHIN Big Goal



**Reduce Impact of Vascular
Disease by 10% by 2013**
as measured by hospital patient days

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Why should the health care sector pay attention to housing?

Who is responsible?

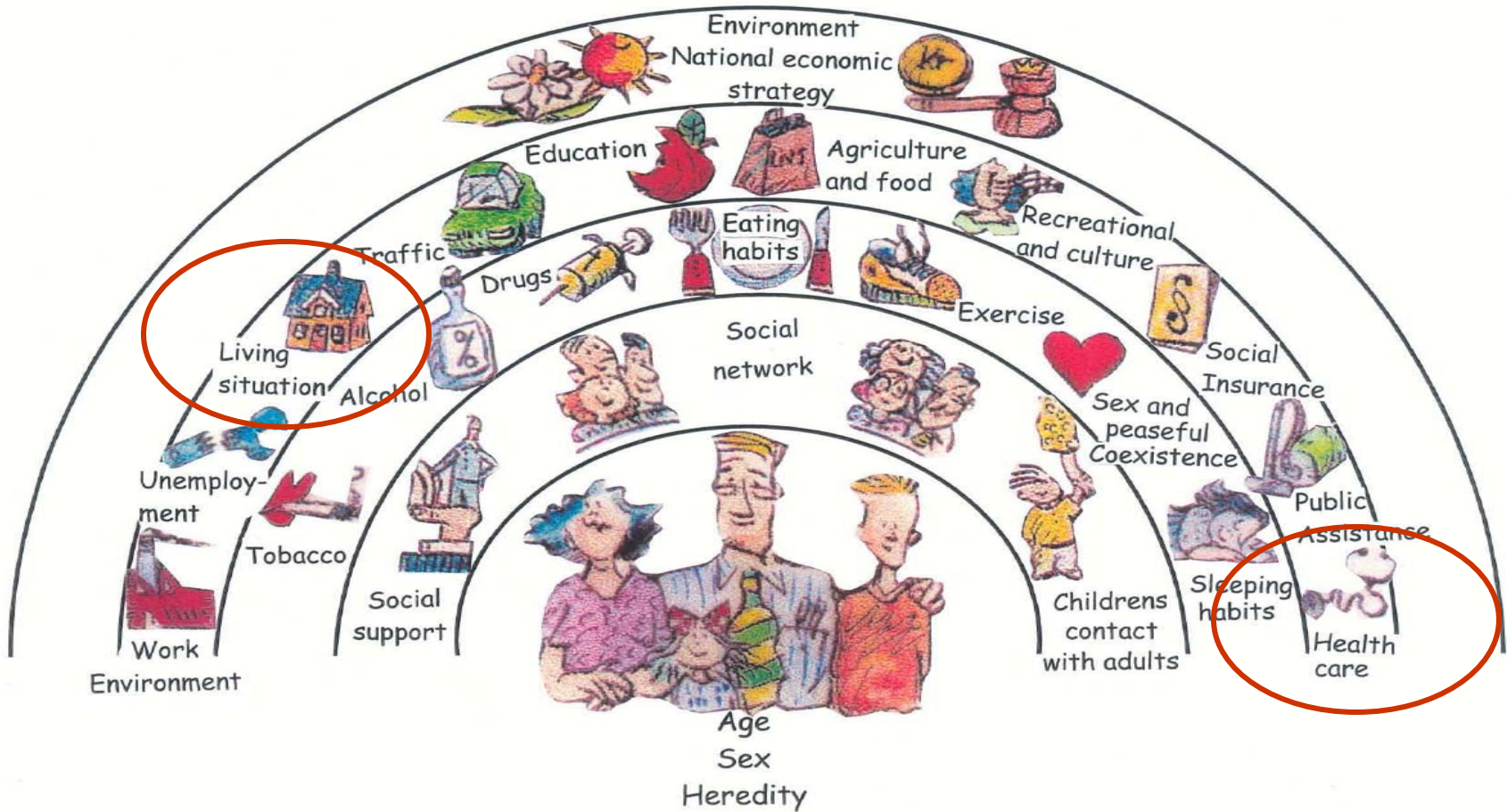
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Success Stories and Opportunities

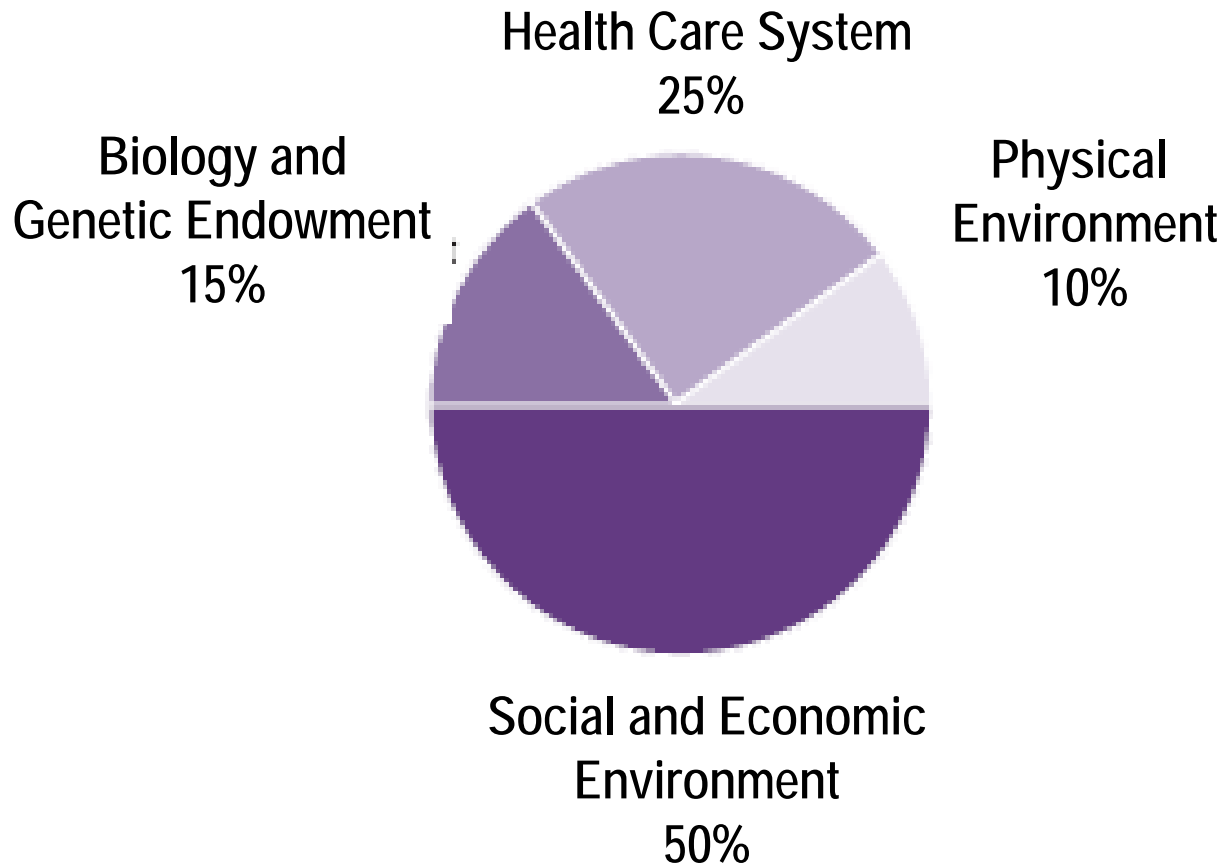
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Determinants of health



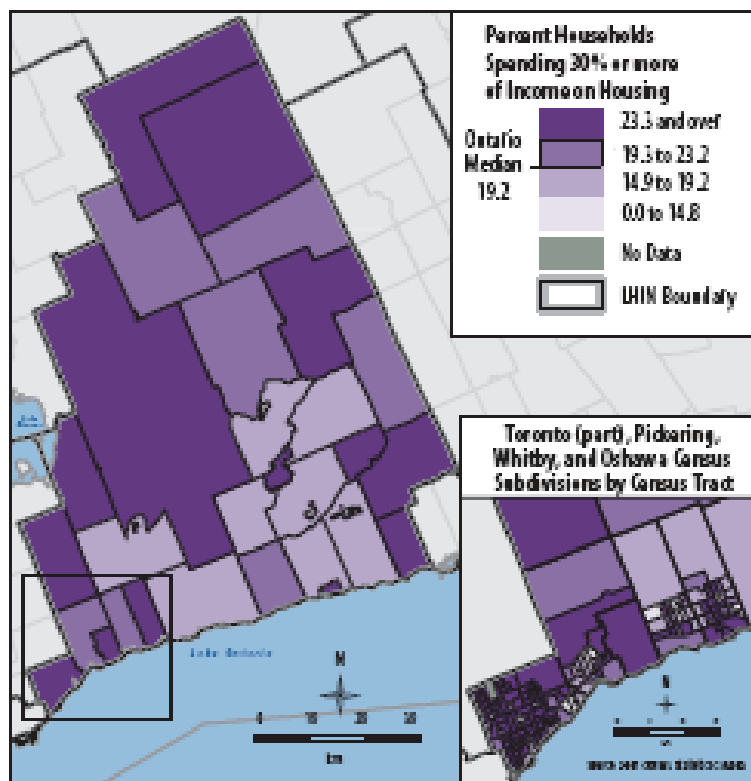
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Estimated Impact of Determinants of Health on the Health Status of the Population



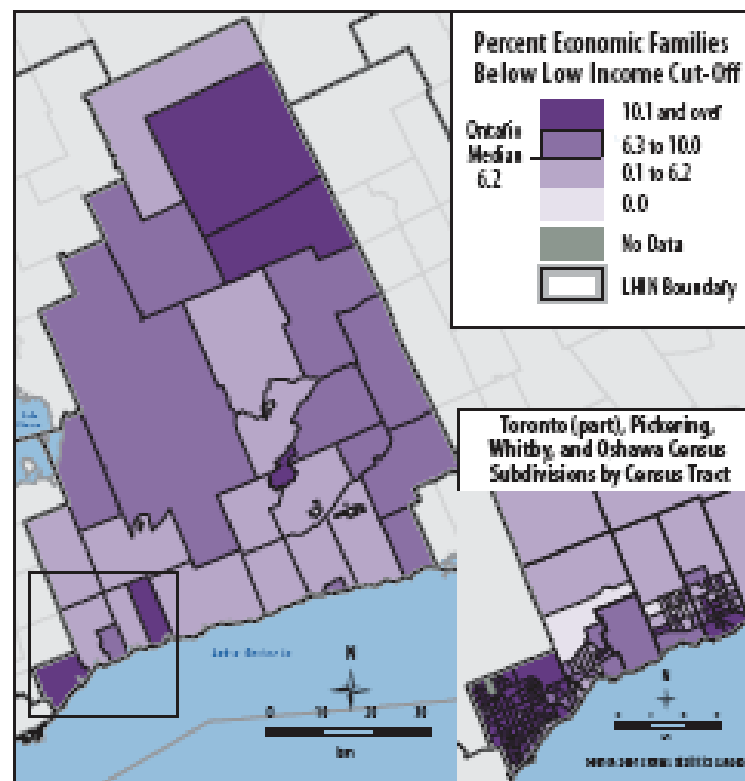
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% of Households Spending 30% or more of income on Housing



Source: MOHLTC Health Analytics Branch.

% Economic Families Below Low Income Cut-Off



Source: MOHLTC Health Analytics Branch.

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Supportive Housing Priority

Problem:

- 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

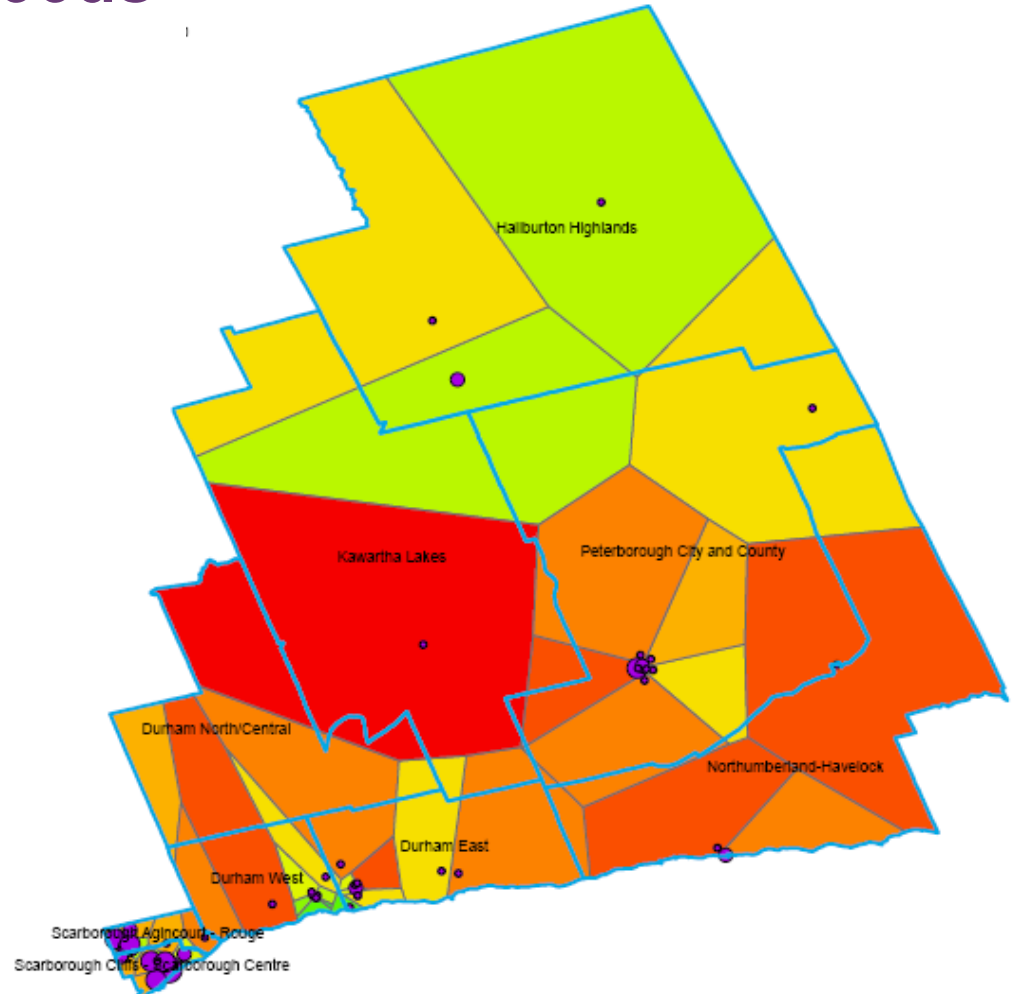
Solutions

- 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.

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Supportive Housing Needs Analysis

These maps show the Thiessen polygons for the SH providers in the CE LHIN. The polygons represent the area of the LHIN closest to the SH provider contained inside of them. The colour of the polygon indicates the % of demand met in that region. The SH providers are located by circles, the size of which correspond to the units supplied at the site.



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Health Equity Discussion Paper – 2008

Toronto Central LHIN

Excerpts:

- Lack of primary care means that homeless people do have to use emergency rooms far more than is appropriate.
- Over half of survey respondents used emergency departments in the previous year, and 24% were hospitalized (versus 5% for the Toronto general population).
- Underlying this, 59% did not have a family doctor (versus 9% of the general population) and 29% had no usual source of healthcare, with a further 15% whose usual source did not provide comprehensive stable care.

Assumption

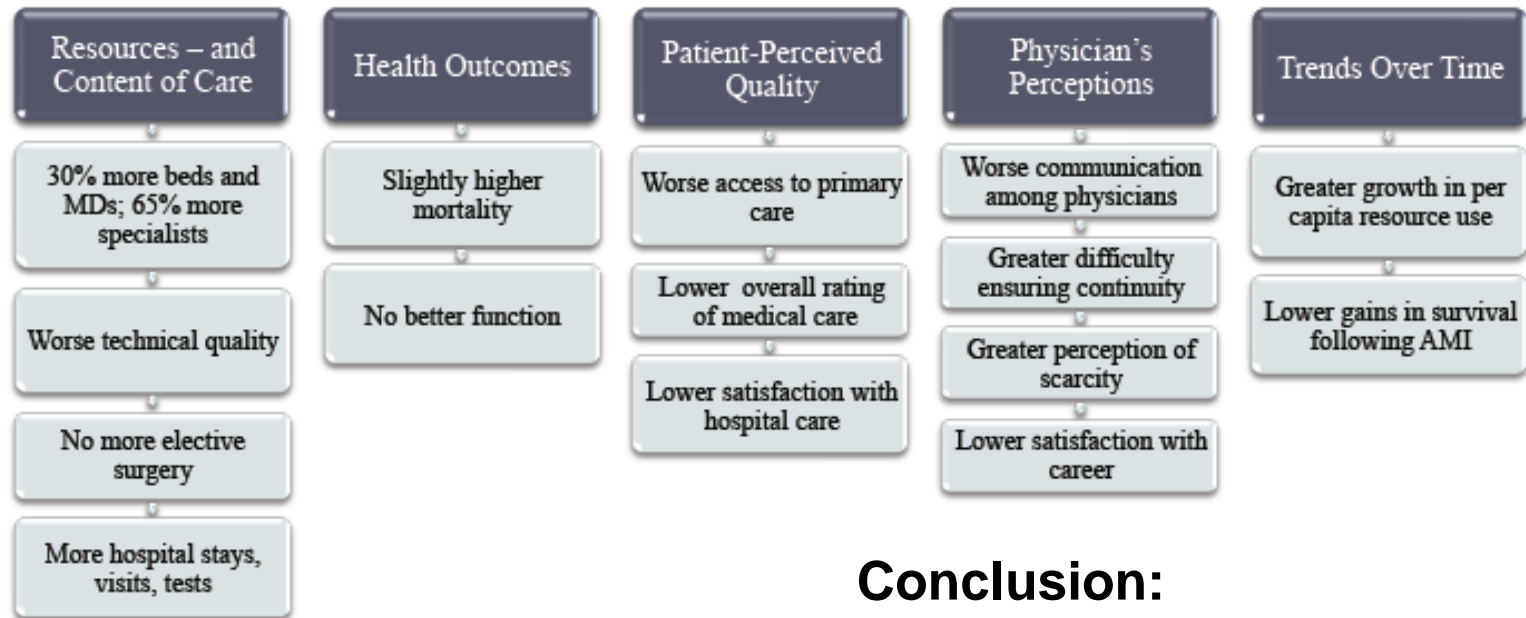
More Health Care \neq Better Health

Health care alone cannot solve our population's health need.

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What do High Spending Regions Get?

High vs. low Spending regions



Conclusion:

If all U.S. regions could adopt practice patterns of most conservative fifth of US, Medicare spending would decline by 30%

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Ontario's LHINs Accountabilities

LHIN

- Public and Private Hospitals
- Long-Term Care Homes
- CCAC
- Community Mental Health and Addiction
- Community Health Centres
- Community Support and Service Agencies
e.g. Meals on Wheels

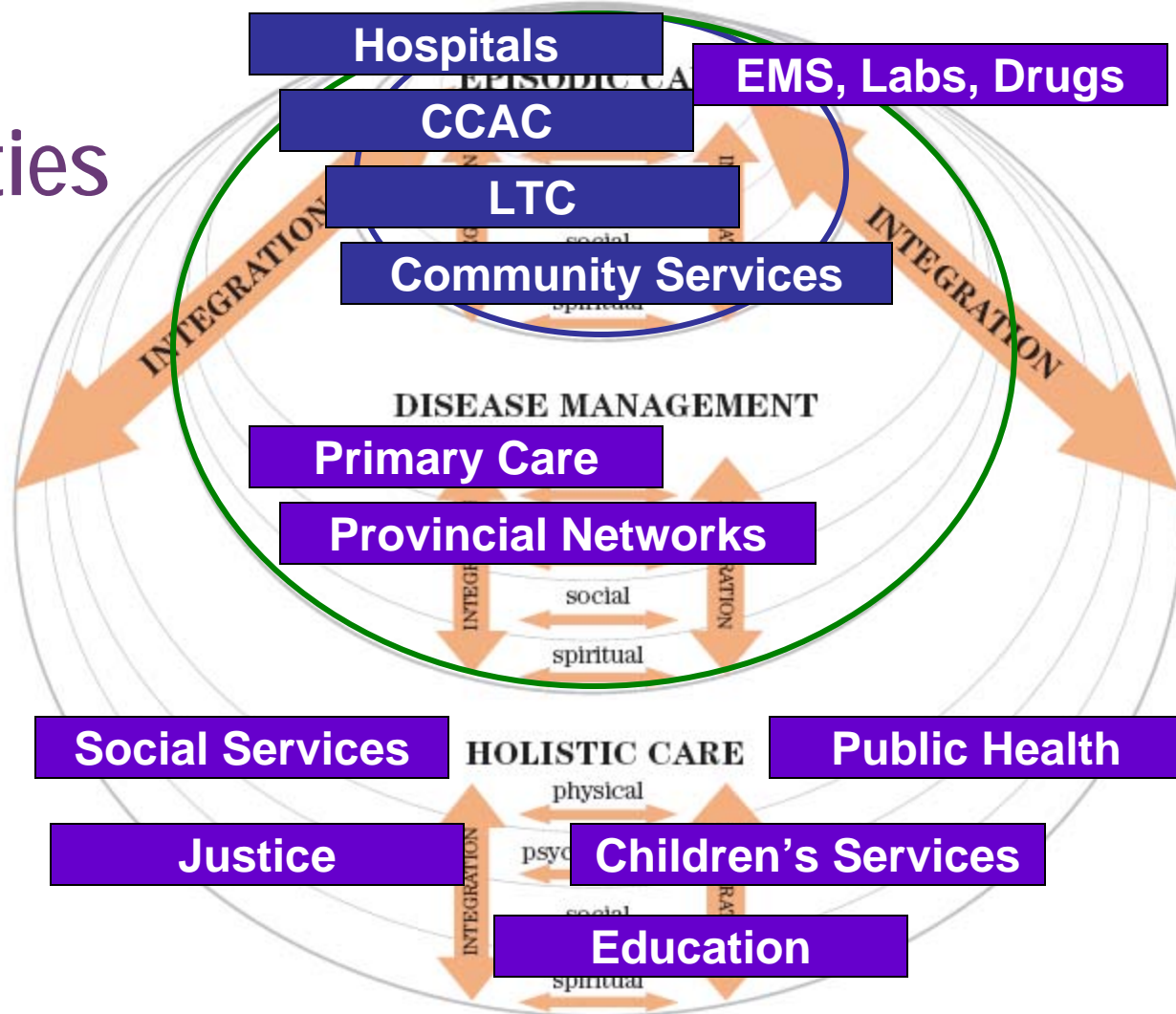
Provincial:

- OHIP & Doctors
- Family Health Teams
- Other Practitioners
- Provincial Drug Programs
- Trillium GoL / organ donations
- Ontario Drug Benefit
- Public Health
- Private Labs
- Ambulance Services
- Independent Health Facilities
- Provincial Networks / Programs

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Circles of Responsibilities

- **Circles of Accountability**
- **Circles of Responsibility**
- Our priorities require us to span the continuum and create new partnerships



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Mandates and Jurisdictions

- Does any one organization, agency or Ministry have the mandate for ensuring the right mix of health services and healthy physical, social and economic environments?
- Realistically, could any one organization, agency or Ministry manage all these effectively?
- What we do know is that working in isolation of one another will only give us more of what we already know we don't want!

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Start with the Client's Experience



Don is 52 years old and has been street homeless for four years. He has a sister who lives with her husband about 50 miles away. He is in methadone therapy and drinks alcohol heavily. He has neuropathy and also cirrhosis from Hepatitis B&C. He is a frequent user of the local hospital ED and has been hospitalized four times in the last 18 months for detoxification. His primary support is a counselor at the methadone clinic.

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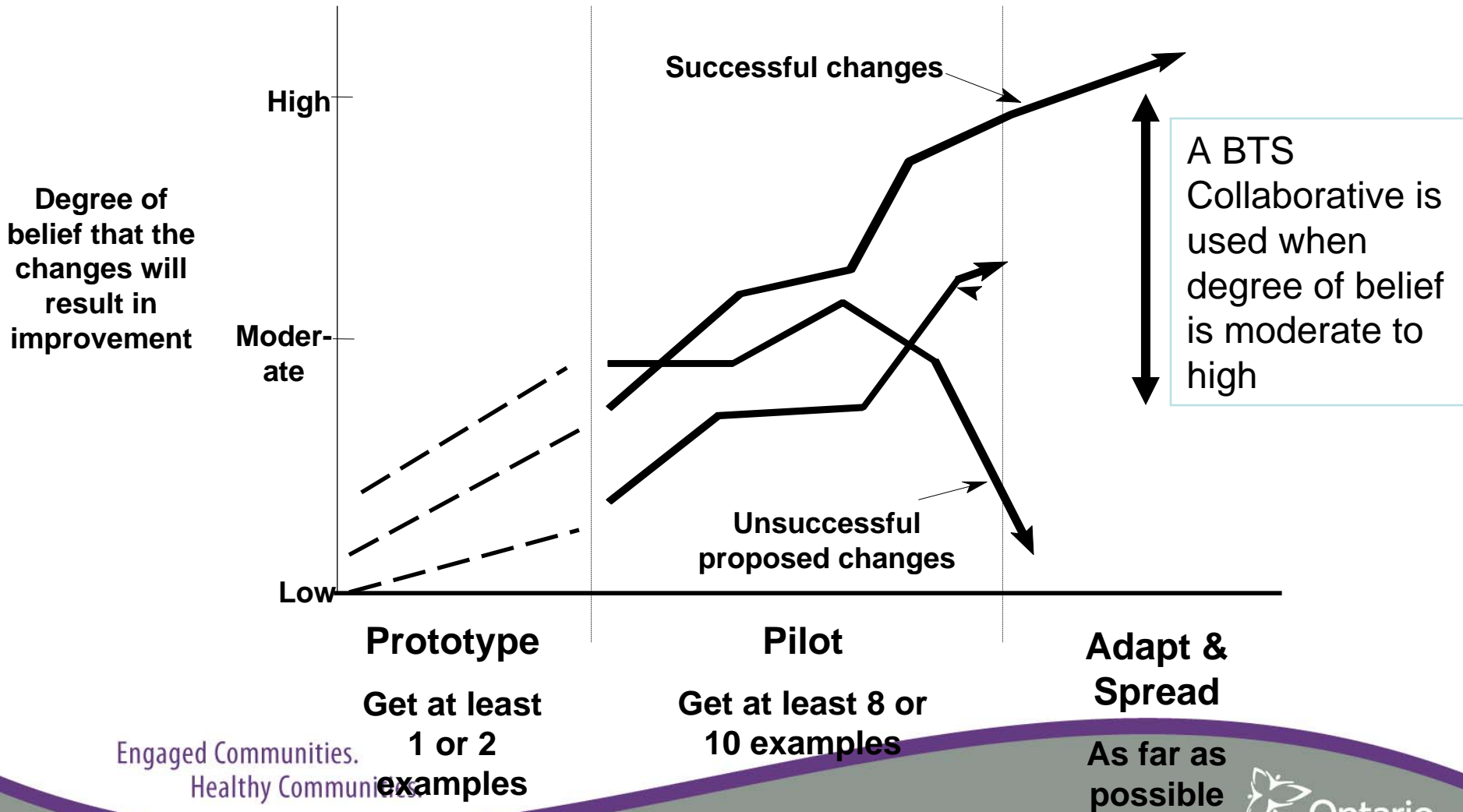
Start with the Client's Experience



Ms. Singh is a highly educated individual with two university undergraduate degrees. She had been formerly employed as a laboratory technician and was a qualified substitute high school teacher. Ms. Singh had immigrated to Canada many years ago. It was through a series of traumatic life events that her isolation grew to the point where the only way she knew to find any help was to call 911 which invariably ended in an emergency department visit.

As her mental health and living circumstances did not improve the frequency of her visits to the ED began to increase. During the first five months of 2009 Ms. Singh accessed the ED on eighty-three (83) separate occasions

Start Small with Tests of Change



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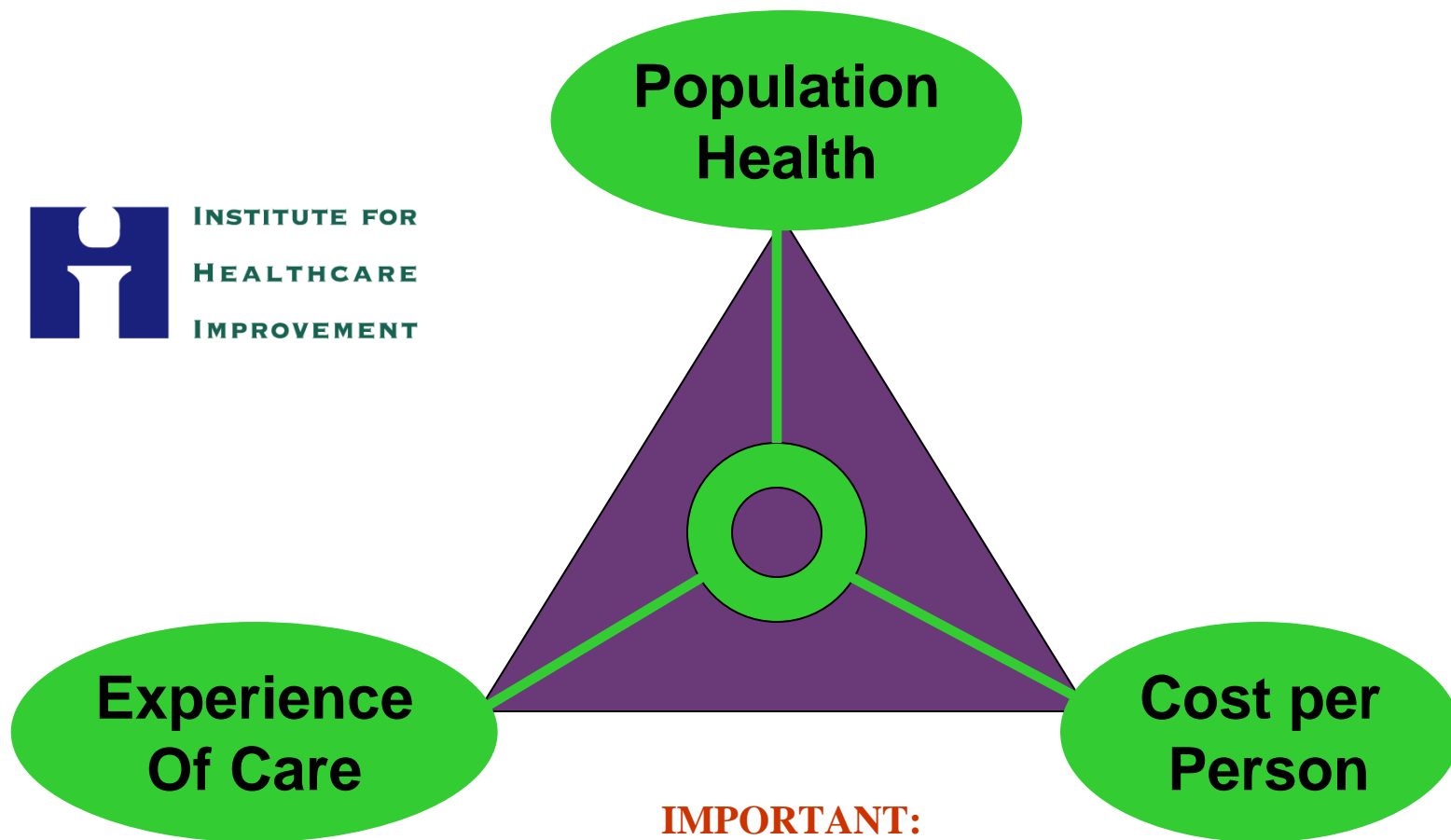
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A Unifying Framework: The Triple Aim

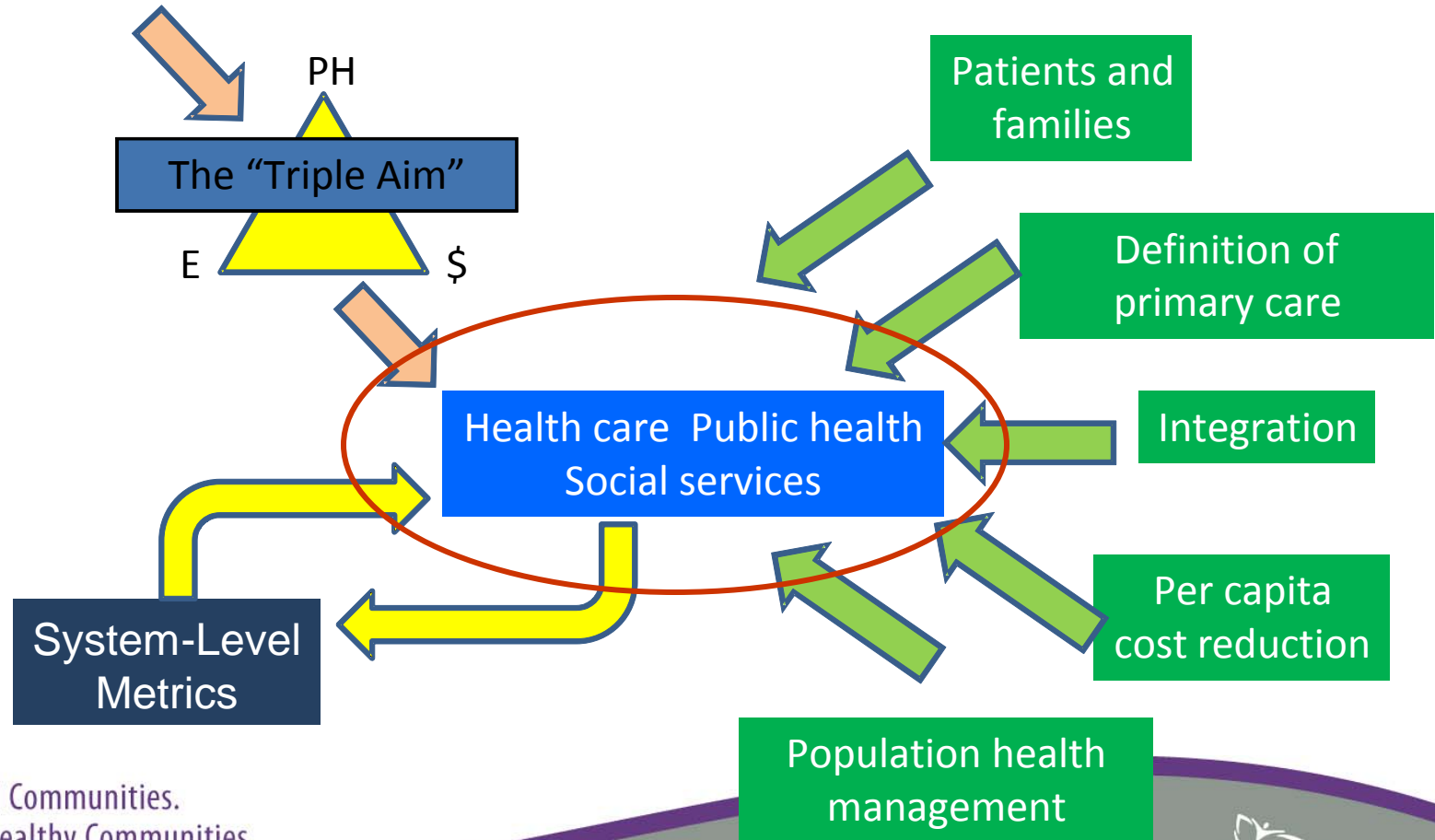


IMPORTANT:
Simultaneous pursuit of ALL Three AIMS

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Design of a Triple Aim Enterprise

Define "Quality" from
the perspective of an individual member
of a defined population



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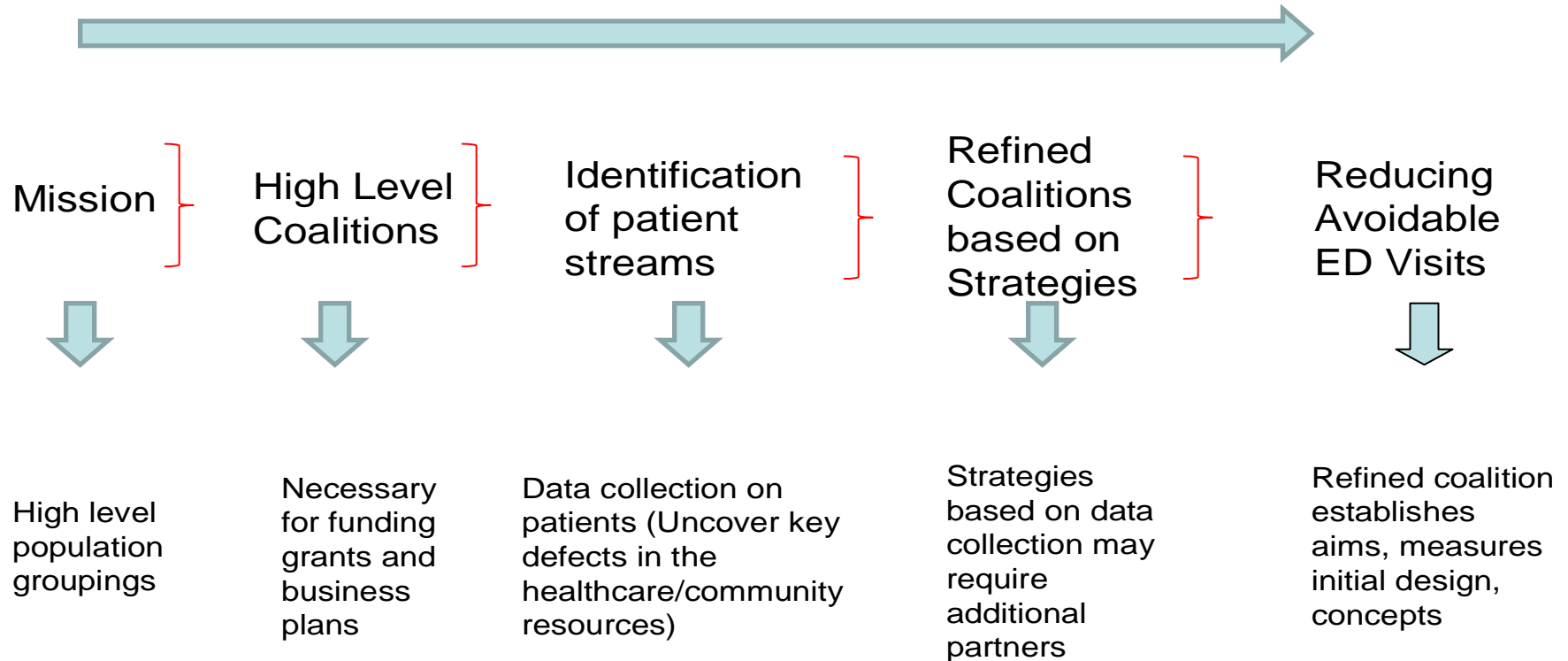
Design Needs by Sub-Population

| Sub population | Primary care | Role of patients & families | Cost control | Prevention and health promotion | Integration Micro & Macro |
|----------------|--------------|-----------------------------|--------------|---------------------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

All cells are important for all sub populations. Blank means only minor differences in approach.

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Coalition Building



Coalition Building

- Build a platform and coalition for human services
- Rally around one or two issues and get some “quick wins”
- Learn from ourselves and others. Test, Test, Test!
- Goal to simultaneously balance better health, better care and value for money

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Supportive Housing Coalition

KPP – Community Living Peterborough



**Kawartha
Participation
Projects**

Supportive housing services for 12 units at 200 St. Luke's Street in the City of Peterborough for seniors who have a developmental disability and who are eligible for Long-Term Care services.

CE LHIN \$

City of Peterborough
Rent supplements

TVM - Developers
Capital investments

Kawartha Participation Projects

Serves as the lead agency for funding received through the CE LHIN for personal support under the "Supportive Housing Services Policy and Implementation Guidelines" and agrees to transfer a portion of these funds to Community Living Peterborough as approved by the CE LHIN. They provide such services as supervision, case management, shopping, and community participation

MCSS \$

Community Living Peterborough

Serves as the lead agency for funding received through the Ministry of Community and Social Services for both case management and life skills as per the regulations and guidelines outlined in the Developmental Services Act and the Supportive Independent Living Guidelines.



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Mental Health ED Avoidance Coalition

Aim:

- To reduce the number of individuals needing to seek support for mental health services through the Emergency Department by
- Improving access to non ED-based mental health services
- Creating partnerships between hospital-based and community-based crisis services.

Population:

- Adults over the age of 18 experiencing a mental health issue that does not require acute emergency treatment.

Mental Health ED Avoidance Coalition

- Coalition was built upon those services who provide point(s) of access for individuals with urgent/emergent mental health concerns, including
 - Community Peer Support Program (United Survivors)
 - Community Mental Health Services (Durham Mental Health Services, Canadian Mental Health Association-Durham Branch)
 - Acute Care Hospitals serving patients in Durham region (Lakeridge Health, Rouge Valley Health System)
 - Tertiary Mental Health (Ontario Shores)
- CE LHIN functions in the role of system integrator

Where Next? Examples

COMMON
GROUND

Our mission is to **END** homelessness

Hospital to Home is designed to accomplish the following:

- Prevent homeless patients' continual cycling in and out of the hospital by linking them with housing upon discharge.
- Provide follow-up medical care services as needed; monitor delivery of individuals' medical and social support, facilitating transition into new homes and the community.
- Document before-and-after health care costs and savings.
- Demonstrate that housing and appropriate post-discharge services will effectively reduce hospitalizations.
- Advocate that the cost-savings realized through reduced hospitalizations should be redirected to housing subsidies and home-based social services.
- Make Hospital to Home the standard of practice for chronically homeless, chronically ill individuals in New York City acute care hospitals, with housing and home-based services financed in whole or in part by Medicaid savings.

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Success Stories



Ruth suffered a fracture after falling in her home. Ruth lived alone and the hospital discharge team were concerned about her return home. Ruth was asked what she needed to return home safely.

Acting in concert with the hospital, the WRAP around team from the community services provider did a pre-visit to Ruth's home.

Ruth's home was in a state of disrepair, with no working toilets, electrical cords strung to working outlets (which caused her fall) and over 100 cats.

The WRAP team fixed her plumbing, repaired her electrical outlets and did other repairs to help Ruth return home safely, and reduce the risk of another adverse event.

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Opportunities

- LHINS
- Provincial Aging at Home Strategy
- Government platform commitments on:
 - Mental Health and Addictions
 - Anti-Poverty strategy
 - Affordable Housing program
- MOHLTC 10 year Strategic Plan

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Thank you

For more information please visit our website at:

http://www.centraleastlhinc.on.ca/beinformed.aspx?ekmense1=e2f22c9a72_194_btnlink

Questions?

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