

## Central East Priority Project Summary

Project Name: Supportive Housing

**Purpose of Board Review**  For Information Only  
 For Approval  
 For Endorsement to Proceed with Further Planning/Refinement/Review

**Project Charter Sponsor(s)** Seamless Care for Seniors Network/Peterborough City-County Collaborative

**Project Type**  Service Enhancement  New Service / Program  Single Phase Project  
 Integration Activity  Multi-Phase Project  
 Demonstration Project

**Funding Required** \$209,845 (2007/08: \$78,872 + 2008/09: \$130,973)

**Funding Source** Aging at Home Strategy Funding Year (s) Funding Type  
 LHIN Priority Funds 07-08/08-09 One Time

**Anticipated Project Owner (Accountability)**  CE LHIN  Assigned CE LHIN Project Team  
 CE LHIN Health Service Provider

- Project Deliverables / Goals**
- 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.

**Project Timelines** Start: October 07 Completion: March 09

**Project Reviewed By:** Networks: *SCFS Network Steering Committee received an update on the Charter in September.*  
 Collaboratives: *Draft Charter circulated to Peterborough Collaborative*  
 Task Groups: *No*  
 CE LHIN Staff: *Involved in Charter development*

**Strategic Directions**

- The LHIN Board will lead the transformation of the health care system into a culture of interdependence.
- Healthcare will be person-centred in safe environments of quality care.
- Create an integrated system of care that is easily accessed, sustainable and achieves good outcomes.
- Resource investments in the Central East LHIN will be fiscally responsible and prudent.

**Priorities for Change**

- Seamless Care for Seniors
- Mental Health and Addictions
- CDPM
- Wait Times and Critical Care

**Enablers**

- Primary Care
- E-health
- Health Services Planning
- Health Human Resources
- Diversity
- Back Office Transformation
- Moving People Through The System

**System Outcomes**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Accessible | <input checked="" type="checkbox"/> Safe | <input type="checkbox"/> Appropriately Resourced      |
| <input type="checkbox"/> Effective             | <input type="checkbox"/> People Centred  | <input checked="" type="checkbox"/> Equitable         |
| <input type="checkbox"/> Efficient             | <input type="checkbox"/> Integrated      | <input type="checkbox"/> Focused on Population Health |

# Project Charter

Project Name <b>Supportive Housing – Sage Solution for Aging at Home</b>		Project Acronym or No. <b>S/H</b>	
Project Sponsor SCFS Network Peterborough City-County Collaborative	Workstream Lead Kate Reed	Target Project Completion Date 2008/00/00	
Project Lead Supportive Housing Project Team		Version No. 2.0	Version Date 2007/10/04

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## PROJECT BACKGROUND

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### 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 and other residents who would be aware of changes in a resident’s well-being.<sup>1</sup>

### Key Characteristics of Supportive Housing

The key characteristic of supportive housing is access to a 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 physical environment should be an affordable, safe and secure home-like environment that is enabling to the individual. It should allow for privacy as well as include common areas and organized opportunities for social and recreational activities.<sup>2</sup>

### 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.

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While supportive housing has been suggested by both researchers and provincial associations as an effective way of

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<sup>1</sup> British Columbia Ministry of Health 1999; Canadian Medical Association, 1987; Toronto District Health Council, 2003.)

<sup>2</sup> Excerpt from “In Focus Fact Sheet,” Canadian Research Project for Care in the Community, October 2006.)

## **PROJECT BACKGROUND**

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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). 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 recently announced 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.

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## **Project Scope**

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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.
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## **Project Benefits**

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### 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.
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- 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.

## PROJECT BACKGROUND

### Goals, Objectives/Deliverables & Performance Measures

OBJECTIVES	DELIVERABLES	PERFORMANCE MEASURES
<p>1. 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 tool 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"> <li>• A standard template will be created that all service providers will have populated. 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.</li> <li>• Recommendations to enhance capacity to access, update and maintain the information.</li> </ul>
<p>2. Research, explore and recommend best practice models/approaches to serving the identified priority populations in supportive housing.</p>	<p>A. Identify best practice models/guidelines to be used in supportive housing for the identified priority populations through already published work.</p> <p>B. 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.</p> <p>C. Develop recommendations for a model(s) for supportive housing that includes guidelines/norms for:</p> <ul style="list-style-type: none"> <li>• Funding</li> <li>• Scope of services</li> <li>• Assessment practices</li> </ul>	<ul style="list-style-type: none"> <li>• Best practice models are identified and common guidelines are drafted for the priority populations.</li> <li>• An inventory of best practice models has been completed.</li> <li>• 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</li> </ul>

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	<ul style="list-style-type: none"> <li>• Outcome measurements</li> <li>• Other?</li> </ul> <p>D. 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.</p>	<p>populations.</p> <ul style="list-style-type: none"> <li>• The model has incorporated family and consumer feed back.</li> </ul>
<p>3. Develop a fair, transparent and supportable basis for determining where supportive housing should be available/ enhanced within the Central East LHIN.</p>	<p>A. Develop an approach that facilitates the assessment of need for supportive housing both geographically and by priority populations identified above.</p> <p>B. Ensure the model aligns with the LHIN's mandate, strategic directions and decision-making criteria as well as the directions of the various LHIN planning partners e.g. Networks, Task Groups.</p> <p>C. Apply the approach to the Central East LHIN.</p>	<ul style="list-style-type: none"> <li>• A draft approach to determining the need for supportive housing by geography and population is developed.</li> <li>• The methodology is aligned with the work of other LHIN planning partners.</li> <li>• Draft recommendations on the distribution of supportive housing across Central East are developed.</li> </ul>
<p>4. Identify the barriers and offer potential solutions to the uptake of supportive housing within the Central East LHIN.</p>	<p>A. 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.</p> <p>B. Through discussions with stakeholders, develop and implement 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.</p>	<ul style="list-style-type: none"> <li>• Spreadsheet is created and its effectiveness is monitored annually.</li> <li>• Strategies are developed, prioritized and implementation plans are formed and actioned.</li> </ul>

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<p>5. 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>	<p>A. Explore current intake and assessment processes within the CE LHIN and glean the key best practice approaches.</p> <p>B. Research other methods from outside the CE LHIN and capture the best practice approaches.</p> <p>C. 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.</p> <p>D. Document the most promising systems of coordinating a wait list for at risk clients according to support needs.</p>	<ul style="list-style-type: none"> <li>• An assessment of current processes is completed.</li> <li>• An assessment of other methods is completed.</li> <li>• Cultural and faith sensitivities are an integral part of every project plan.</li> <li>• Provide the right care in the right place.</li> </ul>
<p>5 Develop a means of collaborative exchange of resource information, training opportunities and best practice models for service providers of supportive housing.</p>	<p>A. 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</p>	<ul style="list-style-type: none"> <li>• 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</li> </ul>
<p>7. 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>	<p>A. 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.</p> <p>B. An easy to read, eye-catching Fact Sheet on the role and value of SH in the continuum of care.</p> <p>C. Four papers / publications in the CE LHIN run a feature story on Supportive Housing during 2008. Opportunities will be sought through local publications (e.g. Osprey News / Seniors) for stories that feature clients at various locations where SH is provided.</p> <p>D. Develop and implement an education program to inform clients, service providers, funders,</p>	<ul style="list-style-type: none"> <li>• "Hits" of site increase and users identify positive satisfaction with accessibility and resources provided /exchanged</li> <li>• 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.</li> <li>• Articles printed. Client stories featured. Client inquiries after stories run.</li> <li>• Educational tools are created and education program is implemented.</li> </ul>

## PROJECT BACKGROUND

	governments and the general public on the availability of supportive housing in all geographical areas of the CE LHIN.	
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## Project “IN” & “OUT” of Scope Items

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

## Project Timelines

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

**Project Costs: Given the Aging at Home Strategy, the cost associated with staffing/supporting the project have been split 3 ways amongst this Project Charter as well as the Community Support Services Review and Caregiver Support Projects.**

<b>Category</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>TOTAL</b>
Salaries and Wages	\$27,222	\$65,333	To be evaluated based on progress achieved to date	\$92,555
Benefits (22% of S&W)	5,989	14,373		20,362
ODOE (5%of S&W)	1,361	3,267		4,628
Materials/Equipment	1,800	500		2,300
Office Space/Facilities	500	-		500
Training/Development	1,000	2,500		3,500
Consultants	24,000	20,000		44,000
Communication	5,000	5,000		10,000
Community Engagement	12,000	20,000		32,000
<b>Total for Project</b>	<b>\$78,872</b>	<b>\$130,973</b>		<b>\$209,845</b>
<b>TOTALS</b>				

## Funding Source

- 2007/08 funds from the Aging at Home Strategy
- 2008/09 funds to be found out of other dollars available to the LHIN

## Project Team

Team Member, Organization	Role on the Project	Required Involvement	
		Estimated Duration	Level of Effort
<p>Require a range of stakeholders including:</p> <p>It is recognized that it is sometimes challenging to recruit and retain consumers and caregivers on teams. That said, it is strongly encouraged that there be some representation on the Project Team. In addition, it is expected that there be evidence throughout the project that consumers/caregivers have been consulted.</p>	<ul style="list-style-type: none"> <li>• Community support providers - 4</li> <li>• CE CCAC - 1</li> <li>• Recipients of supportive housing - 2</li> <li>• Family/caregivers of priority populations identified - 2</li> <li>• LTC Homes - 2</li> <li>• Affordable Housing Network - 2</li> <li>• Housing Corporation rep. - 2</li> <li>• Faith and ethno-culturally-based supportive housing providers reps - 2</li> <li>• Primary care rep. – 1</li> <li>• SCFS Network rep – 1</li> <li>• Peterborough Collaborative Member - 1</li> </ul>	<ul style="list-style-type: none"> <li>• 18 months</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

## Project Partners

Partners	Common Interests & Priorities	Roles & Responsibilities
Project Partners:		

## Project Stakeholders

Stakeholders	Interests & Needs	Management Strategies

## Other Related Projects & Initiatives

### Project Stakeholders

Stakeholders	Interests & Needs	Management Strategies
<b>Project/Initiative</b>	<b>Interdependency &amp; Impact</b>	
<b>LHIN Projects:</b> 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"> <li>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.</li> </ul>	

### People & Organization Change Impacts

Description of Impact	Impact Management Strategies

### Project Communications

Audience	Information Needs	Format & Timing	Responsible
<ul style="list-style-type: none"> <li>Physicians</li> <li>HSPs</li> <li>Consumers</li> <li>Caregivers</li> <li>General Public</li> <li>Boards of Directors of LHIN</li> <li>Community Leaders/Politicians</li> <li>Media</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Meetings, information sessions, presentations, fact sheets, one on one opportunities, stories in the media, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Tools for the above need to be developed in tandem with the LHIN's communication plan.</li> </ul>

## Project Risks

Risk	Likelihood	Impact	Risk Response
<p><b>Opportunity:</b> Demonstrates a cost effective response consistent with provincial direction, the IHSP and client preference</p>			<ul style="list-style-type: none"> <li>A full communications and education plan is required to ensure broad buy in.</li> </ul>
<p><b>Threats:</b></p> <ul style="list-style-type: none"> <li>Politics has influenced past allocations regardless of decision matrix</li> <li>There has always been confusion of highest priority of need based on visible disability verses invisible frailty and "risk" status</li> <li>Can agencies around the "table" be truly objective in their deliberations – known world colours our thoughts and drives our passions</li> <li>Preparedness (or lack of) to break down silos and share resources</li> <li>Lack of purpose designed buildings in some areas to maximize effectiveness of model</li> <li>Need far outstrips available resources</li> <li>The partnerships required are extensive and sometimes non-traditional</li> </ul>	<p>Moderate/ High</p> <p>Moderate</p> <p>Moderate/ High</p> <p>Moderate</p> <p>Moderate</p> <p>High</p> <p>High</p>	<p>M/H</p> <p>M/H</p> <p>M/H</p> <p>H</p> <p>M/H</p> <p>H</p> <p>H</p>	

## 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 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

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**Critical Success Factors**

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- Resource (funds) dedicated to moving this project forward, including across fiscal years as necessary given timeframes to become operational and the complexities involved.

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**Assumptions & Constraints**

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Assumptions	Constraints

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**Sign-Off**

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**Workstream Lead/Project Sponsor**

Name & Organization	Signature	Date
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**Project Lead/Project Manager**

Name & Organization	Signature	Date
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**Project Partners**

Name(s) & Organization(s)	Signature(s)	Date(s)
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**Project Team Members**

Name(s) & Organization(s)	Signature(s)	Date(s)
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