

Goals and Objectives

There are more than 10,000 vulnerable tenants who live in social housing and many other vulnerable adults who live on their own across NE Ontario (SHS, 2016). It is critical that a coordinated system of innovative housing with health supports be in place to help meet the needs of these vulnerable persons. To support this, parties involved need to engage in a collaboration of committed public and private partners with shared responsibility to better, objectively meet the needs of clients. This can be done through the development of innovative solutions and addressing District Housing and Homelessness Ten Year Plan directions and service provider housing gaps developed by DSSABs and the CGS. Below are four goals and related objectives:

- Goals provide a broad set of themes
- Objectives are categorized by related Goals and identify observable activities. They are further broken down by Time to Implement: Immediate Term (less than 6 months); Short Term (six months to one year); Intermediate Term (one year to two years) and Long Term (over two years).
- There will need to be further definition of this strategy by assigning prioritized objectives to leads / organizations.

GOAL 1: Clients/People

To develop a 'People First' approach to the development of Innovative Housing with Health and Social Supports in NE Ontario, citizens must be involved in a meaningful, ongoing way in the design and provide input into that development process.

Objective:

- 1) Develop strategies to engage, reduce and prevent the number of people experiencing chronic homelessness and homelessness among vulnerable persons, youth and Indigenous peoples, as appropriate to the local context incorporating innovative approaches and a Housing First philosophy (INTERMEDIATE TERM)

GOAL 2: Innovative Housing and Infrastructure

Identify a range of innovative funding mechanisms to aid in the development /creation, renovation or re-purposing of a range of adequate, affordable, safe and energy efficient housing through the judicious and accountable use of government, public and private sector funds to reduce/eliminate homelessness and/or inadequate housing.

Objectives:

- 1) Explore and develop innovative funding and construction/renovation/repurposing/energy conservation methodologies (ONGOING)
- 2) Develop/use consistent, objective methods of measuring need, including households experiencing homelessness/inadequate housing. These methods must go beyond the Housing First policy's reliance on Point in Time counts, which ignore issues of 'hidden homelessness' (INTERMEDIATE TERM)
- 3) 'Bench test' and modify the financial analysis tool developed by Housing Services Corporation, with a view to maximize its utility for communities/organizations considering developing innovative housing in NE Ontario (IMMEDIATE TERM)
- 4) Engage the private sector to seek innovative ways to involve them in investing in affordable housing (ONGOING; INTERMEDIATE TERM)
- 5) Housing builders and providers need to know how to engage Home Care and/or service providers if they are to develop or provide units for the "frail" community members or a hospital discharge program. This link needs to exist to emphasize the connection between integrated service delivery and the development of community homes for high needs citizens (INTERMEDIATE TERM)
- 6) Mandate more education for property managers/building superintendents to help them link tenants with service providers. If a social housing provider or developer doesn't want to invest in expanding the role of their staff, they could partner with a support services agency who could a) provide assessments b) deliver care/interventions where appropriate. Property owners could accelerate this process by offering some space in their building where agencies delivering care (could be multiple agencies) can write their reports/share information with other caregivers where appropriate as well as reach out to tenants or provide several units that an agency is responsible to fill and provide care. This approach allows for a natural nucleus of service delivery in the building while respecting the fact that there will be all levels of independence represented in the housing (INTERMEDIATE TERM)
- 7) Where there are buildings housing vulnerable citizens such as frail seniors, or adults with physical disabilities and where a minimum of 4 individuals require personal support care services and there are a minimum of 12 individuals living in that building:
 - a. A single provider be contracted to service all personal support needs to the citizens of the building
 - b. Personal support hours are extended for each eligible individual in that location to enable variability and flexibility on a daily basis to care of all individuals in that building.
 - c. Consistency in attendant care be a standard of expectation
 - d. Flexibility in range of type of services provided be pursued and supported

- e. The facility be utilized as a 'community hub' to serve the health needs of neighboring residents – volume permitting
- f. A model that supports these concepts be developed by the NE LHIN by December 31, 2016 and implemented by April 1, 2017 (SHORT TERM)

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Where there are buildings and neighborhoods where this is a high concentration of vulnerable citizens:

- a. Satellite support offices be positioned within a close geographic proximity
 - b. Social housing complexes be encouraged to provide rental arrangements to such support agencies using a variable cost recovery for rent
 - c. The LHIN and local health service providers commit to supporting a community hub model which is premised upon improving the social determinants of health be prioritized for the most marginalized neighborhoods across the NE LHIN in particular in alignment with the rural health hub strategy and urban areas of the NE LHIN
 - d. When new health care models are being developed such as community health centres they be prioritized to areas where there are a high concentration of vulnerable citizens.
 - e. Within the social housing portfolios of local communities where there are units that are 3-4 bedrooms and identified as surplus, they be identified as sites supported for accommodations for individuals identified as Alternative Level of Care (ALC), pending service commitment (SHORT TERM)
- 9) Where there are long term care, hospital, or agencies providing concentrated health services within close proximity to assisted or retirement living or social housing projects, these organizations coordinate health and ancillary services (INTERMEDIATE TERM)
- 10) Ensure energy efficiency is prioritized (SHORT TERM)
- 11) The funding complexities at start-up could be eased if there was a basic Memorandum of Understanding that assigned a matrix of funding available for the creation of Home Care units e.g. "5+ Bachelor apartments with Home Care available will be awarded \$7,000 each for initial construction costs." Having such a commitment would encourage easier facilitation of loans or grants for the builders and still allow the actual amount of funding to be controlled with-in predetermined limits (INTERMEDIATE TERM)

GOAL 3: Innovative Health/Social Support Provision (Service Design and Delivery)

Goals for the development of innovative health and social supports in NE Ontario include:

-The development of effective, innovative and inclusive partnerships/networks that are responsive and flexible in addressing client needs and apply a No Wrong Door approach. These 'Resource hubs' should employ 'best practice' identification, capture and communication of these practices. These groupings should be adequately resourced and have skilled workers.

-These organizations are oriented to providing early intervention/prevention (i.e. assessment tool), provide appropriate transitional support, responsive crisis care and use a 'wrap around', integrated care team approach/continuum of support (prevention/early intervention to life skills to intensive care to crisis support).

-These organizations provide equal access to support services that provide accessible and available support systems in all communities. They make effective use of technology, 211 services and mobile options to address geographic, physical and psychological isolation.

Objectives:

- 1) Develop a system of support for social housing tenants/providers to allow streamlined access to health and social services to allow them to remain in their homes (LONG TERM)
- 2) Address collaboration with community partners and provincial ministries to reduce and prevent homelessness amongst those transitioning from provincially funded institutions and service systems, as appropriate to the local context (ONGOING; IMMEDIATE TERM)
- 3) A System and Patient 'navigator' or a Transitional Support Worker approach should be pilot tested between agencies providing services in housing, including First Nations and Urban Indigenous organizations with a view to improving quick access to services for clients and early resolution of issues clients face (SHORT TERM)
- 4) Develop coordinated 'success teams' which could include housing, financial, health, system navigation, employment or other support(s) to provide 'wrap around' service to clients where warranted (SHORT TERM)
- 5) Where managed alcohol programs are implemented across the NE to deal with the chronic homeless issue crossing over the housing and health continuum, the shelter component be prioritized by the DSSABs and the City of Greater Sudbury, and the supports funded by the NE LHIN (INTERMEDIATE TERM)
- 6) A Central Client Registry of persons requiring health or social supports and/or housing should be established, using 'best practice' technology to maximize support and minimize wait times (SHORT TERM)
- 7) Develop standardized data on clients. Develop a common intake form that identifies all services a client is receiving. Work in collaboration with First Nations/Urban Indigenous organizations to develop appropriate methods of data collection (SHORT TERM)
- 8) Enhance use of 211 system technology to provide coordinated and timely health and social service information and referral (INTERMEDIATE TERM)
- 9) Mandate that front-line service and health care treatment promotes well-being by ensuring all service providers are trained in human rights and Indigenous cultural competency. Implement human-rights based frameworks that are incorporated in

service delivery operations and audited regularly for compliance (INTERMEDIATE TERM)

- 10) Support the training, hiring and promotion of service providers and health care professionals who reflect the community they serve (INTERMEDIATE TERM)

GOAL 4: Innovative Leadership and Sponsorships

Funding should come with appropriate, flexible, objective oversight and advice and both the funder and funded agencies should be accountable for monies spent. Funders/sponsors should be pro-active, responsive and listen to community needs, engaging service providers, cultural and Indigenous groups and clients. Funders/sponsors should promote integration, energy efficiency and affordability of housing and/or supports. There should be ongoing engagement with communities and local level partnerships should be encouraged. Finally, cultural competency training should be promoted.

Objectives:

- 1) Intensify the link between housing and health and support services and continue the work of the Expert Panel. The Expert Panel should meet annually and report to the NE LHIN on action associated with this strategic plan. A 'report card' should be developed to report results back to the community for transparency and accountability (IMMEDIATE TERM)
- 2) Prioritize action for housing and health which supports Alternative Levels of Care solutions. (ONGOING; SHORT TERM)
- 3) Pilot projects should be evaluated for Return on Investment and other objective measures and if value is proven, longer term funding should be allocated. Pilot projects should not exceed eighteen months (SHORT TERM)
- 4) Coordination, consultation and collaboration amongst DSSABs/CGS and the NE LHIN should occur with respect to new capital housing considerations for investments and LHIN considerations for supports for assisted living and/or other support services within affected communities or client groups. LHIN contracts with existing service providers should have built in mechanisms to allow collaboration between organizations and use of collective resources is to be encouraged/incentivized (e.g. nursing, cafeteria, maintenance, custodial, etc.) (INTERMEDIATE TERM)
- 5) Funding should be transferable between line items to achieve outcomes as identified in work plans. Make Service Agreements more flexible, provide more flexibility to expend funds (SHORT TERM)
- 6) Service providers should be allocated funds for longer than one year intervals in order to leverage these funds by evidencing stability to enable housing and service development in their areas (INTERMEDIATE TERM)

- 7) Align service boundaries between health and social services to promote efficiencies in service delivery for clients (INTERMEDIATE TERM)
- 8) Where the NE LHIN receives community investment dollars on an annual basis
 - a. 25% of the community funding envelope be allocated to supports and services for vulnerable populations across the NE LHIN and half of those investments be for services in the new builds in communities, with long term commitments to housing providers.
 - b. New investments in supports be cognizant of the holistic needs of individuals recognizing health, social, cultural and spiritual differences (INTERMEDIATE TERM)
- 9) The NE LHIN educate service providers and front line staff on alternative support services available to citizens within their communities with the purpose of assisting vulnerable citizens transitioning to varying levels of support closest to home (SHORT TERM)
- 10) Identify ways to reduce bureaucracy and develop a simplified regulatory framework (INTERMEDIATE TERM)
- 11) Promote communication between NE LHIN, DSSABs, City of Greater Sudbury, hospitals, housing providers and health and social service providers at the local level. Develop clear lines of communication between those writing policies and those whose work is governed by those policies. (SHORT TERM)
- 12) Ensure rural and urban differences are taken into account when planning expenditures to ensure equity (LONG TERM)
- 13) Research and develop options between institutional care and home care. Fund pilot projects that provide the most promise. (INTERMEDIATE TERM)
- 14) Fund a system 'navigator' pilot test across the NE LHIN catchment between agencies providing service including First Nations and Urban Indigenous organizations to help clients with a view to improving quick access to services for clients and early resolution of issues clients face (SHORT TERM)
- 15) Where the ALC continues to pressure access to acute care services across the NE, a commitment from the NE LHIN and health service providers needs to be given, in order to:
 - a. Develop urgent priority wait lists for social housing for persons without shelter or with inadequate shelter or supports prioritize individuals identified as ALC in hospital to return to community via urgent local priority status for social housing, and provide NE LHIN assistance for their personal care and support needs in that setting.
 - b. Consideration be given to determine what is required to assist individuals in ALC who do not qualify for social housing to be given incentive to move to non-subsidized units in the community (SHORT TERM)

- 16) Recognizing variability in eligibility for support care hours:
- a. The Provincial Government permit equitable service level maximum for care regardless of an individual's type of residential setting.
 - b. The NE LHIN coordinate a regional policy discussion amongst sector leaders which seeks equity and patient centred care regardless of the individual's residential type by December 31, 2016 and implemented before April 1, 2017 (SHORT TERM)
- 17) The document, "**Community Hubs in Ontario: A Strategic Framework & Action Plan**" suggested that an action item for removing barriers and creating incentives could be, "*Increase Local Health Integration Networks' capital approval authority for community health projects.*" p. 38. This Provincial recommendation should be pursued as a method of promoting and controlling more investment in supportive housing/ community and health hubs creation (SHORT TERM)
- 18) The NE LHIN, CGS and DSSABs lead efforts for the continuation of the community paramedicine program which supports individuals in their homes (INTERMEDIATE TERM)
- 19) The NE LHIN establish a coordinated roster of college and university placements and promote placements in the health and social services fields through the development of partnerships via Memoranda of Understanding with post-secondary institutions to address health professional capacity shortages.
- 20) The NE LHIN provincially escalate the importance of additional housing and health investments as a means of keeping individuals in their homes longer which is in keeping with the provincial directives for access to care close to home (Poverty Reduction Strategy, Patients First, Policy Statement on Housing and Homelessness, etc.) (ONGOING; SHORT TERM)
- 21) This document be sent to DSSABs and the City of Greater Sudbury (IMMEDIATE TERM)