SUBJECT: Residential Care Facilities HCS04021 (CITY WIDE)

COMMENDATION:

(a) That report HCS04021 with respect to Residential Care Facilities is received for information.

(b) That Council correspond with the Ministry of Health and Long Term Care and the Ministry of Community, Family and Children’s Services, urging the Province to implement the Homes for Persons with Special Needs Program.

(c) That the Residential Care Facilities item, referred from Social & Public Health Committee on February 10, 2004, be identified as completed and removed from the Outstanding Business List.

Joe-Anne Priel, General Manager
Public Health and Community Services

EXECUTIVE SUMMARY:

At the February 11th, meeting of council the following motion was passed:

(a) That Public Health and Community Services staff report on the issue of residential care facilities in relation to domiciliary hostels and the responsibility of the Ministry of Health to fund these facilities.

(b) That this status report include recommended actions to address the inequity that exists in funding across the Province.
(c) That the report also outline the existing residential care facility system in
Hamilton including the number of licensed beds vs. the number of subsidized
beds in order to ensure full funding requirements for the system.

Since the provincial downloading in 1998, the City has been advocating for the province
to accept responsibility for the needs of persons with serious mental illness.

In March 2003, the Ministry of Community, Family and Children’s Services apprised the
City that work was underway to incorporate Domiciliary Hostels into the proposed
Homes for Persons with Special Needs program. The transfer of the domiciliary hostels
was contingent on a policy review by the Ministry of Health and Long Term Care
(MOHLTC). The Ministry of Health and Long Term Care received the recommendations
of Mental Health Implementation Task Forces December 2002.

There has been no further communication from either the MOHLTC or MCSS on the
status of the Homes for Persons with Special Needs program.

Staff recommends that Council correspond with both the MOHLTC and MCSS to urge
them to implement the Homes for Persons with Special Needs program.

BACKGROUND:

Residential care facilities provide 24-hour supervision and guidance with the daily
activities of living for individuals who are; elderly, developmentally delayed, suffer from
mental illness or brain injuries. In the City of Hamilton they are licensed by the Building
and Licensing Department and are regulated under Schedule 20 and Guidelines. The
City enters into purchase of service subsidy agreements with 62 Residential Care
Facilities (RCF) to provide services to eligible tenants.

Historically, the common form of community housing available for people with mental
illness was a supervised housing option. The Domiciliary Hostel program was
established in response to de-institutionalization. It was a discretionary program under
the General Welfare Assistance Act, and was 80/20 cost shared with the Ministry of
Community and Social Services (MCSS). Windsor, Ottawa and Hamilton were the
forerunners in the development of comprehensive and regulated domiciliary hostel
system. The 2003 OMSSA Inventory of Provincially Funded Homelessness Programs
indicates the City of Cornwall, Durham Region, Grey County, Halton Region, County of
Lambton, City of London, County of Norfolk, County of Oxford, Region of Peel, County
of Simcoe, Region of Waterloo and County of Wellington do have domiciliary hostel
programs but do not have by-laws in place regulating them.

At the time the domiciliary hostel program was initiated under the General Welfare Act,
the Ministry of Health (MOH) introduced a similar program called the Homes for Special
Care and Approved Homes. This was a parallel program to the domiciliary hostels,
regulated and funded 100% through the MOH. Detailed information on the specific
locations of those homes throughout the Province was unavailable at the time this
report was prepared. However, staff will continue to search for the information.
The per diem rates and client benefits of the two programs are significantly different. Residents of Homes for Special Care receive a higher personal needs allowance and a greater range of benefits than those under the domiciliary hostel program. Correspondingly, service providers receive a per diem rate that reflects actual costs versus a per diem rate that was “set” by the regulations under the General Welfare Assistance Act.

Toronto initiated a very different solution under its Habitat Services program. They established a system of licensed boarding homes where residents receive social assistance to pay for their accommodation and a mental health transfer payment agency monitors and administers the program and provides additional mental health supports. Program costs are subsidized 80/20 by the Ministry of Health and Long Term Care (MOHLTC).

There were a number of studies of the Homes for Special Care and Domiciliary Hostel program between 1984 and 1999. The key recommendations for these studies are consistent with input and reports received from stakeholders and include advice:

- To develop a province-wide set of standards of service which will address the quality of service as well as physical plant requirements;
- To ensure that residents have access to a full range of structured and unstructured programs, such as those that exist in the mental health delivery system;
- To increase funding levels and provide financial incentives for homes that provide; and
- To ensure that residents be financially supported through the Provincial social assistance programs.

In 1998 the MOHLTC introduced the implementation phase of the Mental Health Reform. To achieve this goal, nine regional Task Forces were established to develop recommendations for regional and local improvements to mental health services.

The recommendations and advice of the Task Forces were to guide and give direction for the implementation of the principles in the province’s mental health policy, Making It Happen, enacted in 1999. These principles included: moving people living with mental illness to the centre of Ontario’s mental health system; ensuring that services meet the needs of people living with mental illness at all stages of life and are delivered as close to home as possible; and offering better services and support, improved choices, and streamlined access to services for people living with mental illness and their families.

In 1999, MOHLTC and MCSS were committed to an integrated approach to special needs housing and were to develop the Homes for Persons with Special Needs Program. The policy framework was to ensure people with similar special needs in provincially funded residential care programs received similar services and consistent funding.

The proposed Homes for Persons with Special Needs program was seen as the program that would incorporate all of the existing “residential” programs to ensure:

- That residents receive consistent, high quality care in facilities funded through this program;
An appropriate quality of life for residents through clearly defined standards, monitoring mechanisms and remedial measures;

Residents overall health care needs are met by effectively linking them to required treatment and community-based services; and

Findings of research and best practices from other jurisdictions.

The MOHLTC was awaiting the recommendations of the Regional Mental Health Implementation Task Forces to solidify their housing approach. The recommendations of the Task Forces were finalized in December 2002. The regional Task Forces recognized the urgent need for more affordable housing options for people living with mental illness in Ontario. They indicated that until such needs as safe and affordable housing were met, many people living with mental illness could not achieve and maintain stability. The progress made by the Ontario Government in developing a community mental health housing system was acknowledged but it was emphasized that much more needs to be done. The Task Forces indicated the Ontario Government must build on the Homelessness Initiative and its consultation on reforming the residential housing sector through the new Homes for Persons with Special Needs program and it must integrate these findings into a comprehensive mental health housing strategy for Ontario.

The Task Forces recommended that the MOHLTC develop a Mental Health Housing Policy, within the period 2003 / 2004 and that it invest in Mental Health Housing during the second quarter of 2003/2004 onward.

A Provincial Forum of the Mental Health Implementation Task Forces recommended the following approaches to support the provision of safe and affordable housing for people living with mental illness:

- The Ontario Government must apply best practices from other jurisdictions and encourage a wide choice of supported living environments for people living with mental illness. These choices include private family homes with supports, home-share arrangements, and cooperative housing or multiple-unit apartments.

- The Ontario Government must review housing preferences to ensure that the housing needs of people living with mental illness are being met. It should also provide better housing supports to families. The system should link housing support to flexible and portable funds, rather than to service provision.

Council received and supported the report on Housing and Support Requirements from Persons with Serious Mental Illness – Interim Report (HCS03004) in February 2003.

That information report summarized the range of housing options and supports available to the serious mentally ill. It concluded that studies indicated that the supported housing models “work best” for persons with serious mental illness, within a broad range of housing options because; they are the preferred option by most persons with serious mental illnesses, they are shown to reduce hospitalizations rates and they are linked to improved mental health stability thus reducing intervention, re-hospitalization and risk of homelessness. The study recommended an overall shift from a custodial to more supported housing models.
The City acknowledges that the RCFs in Hamilton are a significant alternative within the housing continuum for the seriously mentally ill. The City must continue to lobby the government to move forward on the development of their housing policy for the seriously mentally ill and shift responsibility for regulation and funding of this sector to the MOHLTC. A letter from Mayor Wade was sent on behalf of council to the MOHLTC, October 10, 2002, expressing concern for the community impact of the delay in implementing the new legislation for Homes for Persons with Special Needs and the need for 100% provincial funding for RCF/domiciliary hostel programs.

Currently, the MCSS currently funds domiciliary hostels through a service contract. The 2003 approved service contract for domiciliary hostels was $6,058,680 gross, with a net levy of $1,213,465.

The City must license all homes operating as a RCF with more than four residents. The Public Health and Community Services Department has subsidy agreements with 62 RCFs. The subsidized capacity is 1110 beds. In 2003, council approved a financial cap based on the service contract to provide support to approximately 869 subsidies on a monthly basis.

**ANALYSIS OF ALTERNATIVES:**

Council and City staff continues to work in partnership with local and provincially based agencies to lobby the government to implement the Homes for Persons with Special Needs program and establish regulatory funding equities across domiciliary hostels, Homes for Special Care Approved Homes and Habitat under the MOHLTC.

The new Council may wish to submit a letter to MOHLTC / MCSS re-affirming the need for them to proceed with the Homes for Persons with Special Needs Program.

**FINANCIAL/STAFFING/LEGAL IMPLICATIONS:**

Currently, the 2003 approved service contract for domiciliary hostels is for $6,058,680 gross with net levy to the City of $1,213,465. This funding provides approximately 869 subsidized beds on a monthly basis.

The financial implication of funding all 1110 subsidized beds would be $7,850,071 gross, an increase of $1,786,662 net annually. Any expenditure that exceeds the approved provincial service contract level is paid 100% by the City.

**POLICIES AFFECTING PROPOSAL:**

Schedule 20 of the City Licensing code (2001) including Guidelines, governs the administration of residential care facilities. Fire, Public Health and Community Services, Environmental Health and Building and Licensing Departments also inspect them. The residents are protected under the auspices of the *Tenant Protection Act.*
CONSULTATION WITH RELEVANT DEPARTMENTS/AGENCIES:

City staff through its affiliation with OMSSA, continue to work lobby the government to implement the Homes for Persons with Special Needs program.

During the last half of 2004, PHCS plans to begin internal and external consultations to review Schedule 20 and the Guidelines for RCFs. The consultation process will include;

- Building and Licensing
- Environmental Health Branch
- Homes for Persons with Special Needs Association (formerly the RCF Association of Hamilton)
- RCF operators
- Community care agencies
- Legal Services

CITY STRATEGIC COMMITMENT:

Alternate funding secured for regulation of the program will support the goals and strategies identified in Vision 20/20:

- To develop a caring community which gives support and opportunity to all its members
- To provide adequate and appropriate health care services for all citizens
- To increase the good health for all citizens by reducing illness, disability and premature deaths
- To improve personal health status