Presentation to the Hamilton Emergency and Community Services Committee

Domiciliary Hostels/ Residential Care Facilities

September 8, 2011
Overview of Presentation

1. Introductions
2. Response to Contract Review
3. Response to Per-diem
5. Closing
Residential Care Facilities

OHSNA Region #3 Hamilton

▪ Executives
  ▪ Calvin Cain
    ▪ OHSNA Regional Director
  ▪ Kathy Hulsman
  ▪ John Iovio
  ▪ Mike Power
  ▪ Anthony Gagliese

▪ Representing:
  ▪ 62 OHSNA Operators
  ▪ 750 – 800 Tenants
  ▪ 80% of subsidized beds in the City of Hamilton
Operators had concerns about the contract as written:

- Negotiations took place to revise certain requirements in the contract.
- The City of Hamilton legal department eventually agreed with our concerns related to financial disclosure.
- These negotiation caused the delay in the acceptance of the subsidy contract.
Schedule ‘B’ is a new provision in the subsidy agreement that was not discussed or presented at the last meeting on July 28, 2011 of the DOM–Hostel Working Group between City Staff and the Association.

The issues related to schedule B should be reviewed & discussed between the operators and city staff.

It is our recommendation that Schedule ‘B’ be removed from the contract pending further discussion and negotiations at the next Dom–Hostel working group meeting.
Residential Care Facilities

Per–Diem

- SHS Report Recommendations of (3) options
  - We believe that the recommendation of a $61.00 per diem more accurately reflects the true cost associated with the care of residents.
  - We recognize that none of the recommended per diems take into consideration the added cost of:
    1. Schedule 20 Amendments and implementation
    2. HST: $4.44 approximated value
    3. Fire Code Retro–fit ( $5000.00 to $20000.00)
    4. Costs required to comply with the Access Ontario Disability ACT (Pending)
SHS Report Recommendations of (3) options (cont)

- Taking into account the financial burden facing the city and with a view to act as partners, we will support the SHS recommendation of $55.00 per diem even though this per diem falls short of the true costs associated with providing a standard of care to residents.
The City of Hamilton has created a distinct/unique system beyond the Provincial guideline and therefore funding must be part of the equation.

We believe that if we as a community decide to pursue a program beyond the Provincial Government standards then the city should be prepared to fund the program.

Available funding suggestion

• During the Dom–Hostel working group meeting staff indicated available funds
  • Social Service Surplus funds: $4.1M (OMPF)
  • This one time funding will cover 2011 retroactive to January 2011
  • Staff also recommended it could be included for review in the 2012 budget going forward.
  • If all provincial and city per diem surpluses are reinvested solely in Dom Hostels it can assist in alleviating the cost of this suggested per diem increase.
### Residential Care Facilities

#### PER–DIEM FUNDING CITY OF HAMILTON PARTNERS

<table>
<thead>
<tr>
<th>Service Providers</th>
<th>Per diem</th>
<th>Per diem top up</th>
<th>Total</th>
<th>Not included in per diem</th>
<th>Services</th>
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<tbody>
<tr>
<td>RCFs’</td>
<td>$47.75</td>
<td>$0.00 since 2009</td>
<td>$47.75</td>
<td>Schedule 20</td>
<td>Full Service</td>
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<td>• Tax paying: $500k/yr</td>
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<td>• City Bylaw inspections</td>
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<td>• Fire escape retro-fits</td>
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<tr>
<td>Emergency Shelters’</td>
<td>$43.00</td>
<td>$10.00</td>
<td>$53.00</td>
<td>Not made public</td>
<td>Limited Service</td>
</tr>
<tr>
<td>SHS REPORT</td>
<td>$47.75</td>
<td>$7.25</td>
<td>$55.00</td>
<td>Exceptions from study</td>
<td><strong>Highest standards in the Province of Ontario</strong></td>
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<td>• Schedule 20</td>
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Historically the per–diem rate for the DOM–Hostel has always been higher than the Shelters due to the increasing by–law amendments' and high standard of operational requirements.
SHS Consultant Report

- OHSNA supports many of the 29 recommendations
- OHSNA was happy to support the good work and detailed study provided by SHS.
- The SHS report clearly showed that Dom Hostels provide a wide range of supports along the housing continuum and are an integral part of that continuum.
- OHSNA is opposed to some of the recommendations in the SHS report. More specifically some of the recommendations related to reallocation of beds this may trigger some legal and financial implications.
OHSNA’s recommendation during the SHS consultation was to always look at better utilization, not reallocation. If a proper referral system is implemented this will certainly diminish the vacancy rate.

We look forward to addressing our concerns with staff at upcoming Dom Hostel working group meetings.
Residential Care Facilities

In Closing

We believe there are 4 recommendations that should be addressed in the short term:

1. A comprehensive/detailed policy statement recognizing Dom Hostels position in the housing continuum with support in the per diems, standards, referral system and most important a statement; that if we as a community wish to enhance the program the city will commit to fund it.

2. We recognized the need for a committee of key stakeholders to work together to enhance the program. We believe the Dom Hostel working group is that group, but needs to add council representation and the General Manager of Community Services.
3. We also recognize the need for a proper referral system which proved highly successful in the Shelter system.

4. We support the immediate implementation of a per diem increase with annual adjustments for inflation as recommended in the SHS report, to better reflect the actual cost of operating a Dom Hostel. This increase should be retroactive to the implementation of Schedule 20 as discussed in the working group meetings. We accept that the payment may only be retroactive to January of 2011 and in the budget of 2012.
Further it is pivotal that we work together with the city to make our needs known to the province and to further work in bettering our relationship with city of Hamilton staff.

It is all for the well being of the residents

Thank you for the opportunity to present today