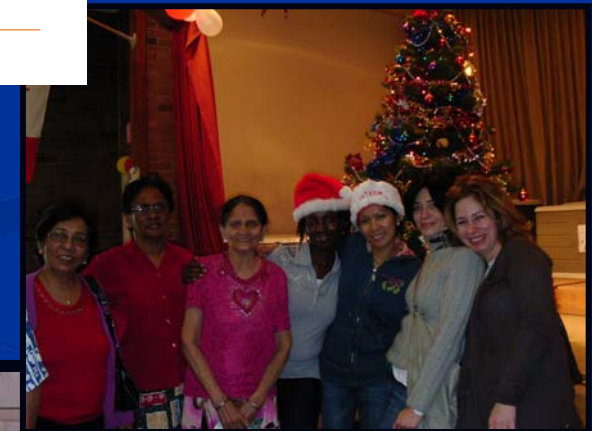


# Crosslinks Seniors Housing and Support Services



Integrated Health  
Service Plan Launch  
Series

June 14, 2010



Presented By:  
Jim McMinn &  
Debra Walko

# Background

- The Central LHIN identified Supportive Housing as a service gap in the last Aging At Home strategy
- Seniors with a mental health diagnosis or struggling with addiction continue to be under-serviced
- Humber River Regional Hospital has the highest rate of transfers from Emergency Departments to Mental Health Units
- 30% of ED visits at HRRH are patients with a primary diagnosis of mental health
- Jane/Finch has an older population than the Central LHIN average, and a higher incidence of poverty.

# Crosslinks Seniors Housing & Support Services



7 & 11 Arleta Avenue and  
35 Shoreham Drive



Led by LOFT Community Services in partnership with:

- Humber River Regional Hospital
- Downsview Services to Seniors
- Central Community Care Access Centre
- Saint Elizabeth Health Care
- Toronto Community Housing

# Crosslinks Seniors Supportive Housing Services Offered



- Supportive housing to seniors living with mental health and addiction related issues living in the North York West planning area.
- Capacity for 65 supportive housing units at each hub.
- Capacity for 179 clients at the designated residential sites and the surrounding area, for case management services.
- Total of 6 re-integration units for clients from HRRH who are ALC or have been seen in ED.
- Personal support and supportive housing services to assist with activities of daily living.
- Nursing services provided to supportive housing residents and re-integration unit residents

# Programs & Services

- Our Residents are culturally diverse older adults and seniors living with issues such as serious mental illness, addictions , major physical health concerns, severe social isolation, poverty, and homelessness.
  
- At each location we provide 24 hour on site services which include :
  - ➤ Personal Care
  - ➤ Medication Reminders
  - ➤ Meal Preparation
  - ➤ Emergency Response
  - ➤ Escorts to Appointments
  - ➤ Care Giver Relief
  - ➤ Essential Housekeeping
  - ➤ Laundry
  - ➤ Social/Recreational Activities
  - ➤ Ethno Cultural Services
  - ➤ Dining Services
  - ➤ Crisis Intervention
  - ➤ Affordable Housing
  - ➤ Case Management
  - ➤ Reintegration Housing



# Reintegration Units

- A short-term transitional program for mental health patients out of Humber River Regional Hospital.
- Eligible patients are either ALC or in ED.
- Offers an enhanced supportive housing environment aimed at readying residents for reintegration into the community.
- Average length of stay approximately three months.
- Residents are given priority to transition to one of the supportive housing apartments as appropriate and available.

# Eligibility for Reintegration Units



- Seniors with mental health and/or addiction related issues or are identified as high risk and presently ALC or ED patients.
- Seniors who are able to live independently in the community without special medical equipment, unless they can be supported with this by Central CCAC.
- Seniors who are predicted to eventually be able to live independently in the community with appropriate supports.
- Seniors not requiring long-term care home.
- No recent history of fire/arson, sexual abuse, physical violence, and/or unsafe smoking.
- Seniors with a goal to transition to appropriate community based housing.
- Voluntary agreement to the program and services.

# This Initiative Will.....

- Reduce ED hospital visits
- Decrease ED wait times
- Decrease the length of stay for ALC patients
- Improve access to supportive services, including nursing services.
- Improve coordination among various community support agencies, who deliver services to the high risk senior population



# Alignment with IHSP Priorities

- ED Wait times
- Reducing Time in Acute Beds Waiting for Alternate Levels of Care
- Enhancing Mental Health and Addictions Services
- Supporting Ontario's Diabetes Strategy

# Outcomes

- 14 seniors who were in ALC beds have moved into and through our reintegration units since mid January.
- Reduced hospitalization from client baselines
- Eviction prevention and housing stabilization
- Able to support seniors in the community with a RAI – CHA MAPLe score of 3, 4 and 5.

# Current State

- Shoreham Supportive Housing Hub is full with a waitlist
- Arleta Supportive Housing Hub will be full by June 30/10 with a waitlist.
- There have been no vacancies to date in our reintegration units.
- We have been able to take an Emergency Department referral for the reintegration units in addition to our ALC referrals.
- Hiring the balance of our case management team. Currently have a waitlist for this service.

# What have we learned?

- We have wonderful partnerships!!
- Each partner complements the project.
- The Jane/Finch community has welcomed us with open arms and is unique, defined and has wonderful spirit.
- “We were just waiting for you to get here!”
- The richness of the diversity is defining how we build the program.
- It is vitally important that we not only support our clients (particularly our reintegration clients) with their daily living activities but through activities that reduce isolation and build their connection to the community.
- That seniors who are not from Jane/Finch are open to living there while receiving supportive housing services.
- Stigmas that we thought would be there weren't
- The importance of having ethnoracial diversity in the staff team.



# Contact :

Debra Walko ~ Program Director  
416 661-2600 x26  
[dwalko@loftcs.org](mailto:dwalko@loftcs.org)

Jim McMinn ~ Director of Seniors' Services - LOFT  
416 537-3477 x222  
[jmmcminn@loftcs.org](mailto:jmmcminn@loftcs.org)