Budget 2020

Submission to the Standing Committee on Finance and Economic Affairs, Ontario

House of Friendship

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Introduction

At House of Friendship, we have an 80-year legacy of supporting some of the most vulnerable people in our community. For over 8 decades we have been walking alongside individuals struggling with poverty and/or addiction issues by providing food, emergency shelter and housing, addiction services and vital supports in low income neighbourhoods. The changing landscape of needs in the population we serve has exposed us to the on-going health challenges – including physical and mental health and addictions - that many individuals who are homeless, or on the verge of homelessness, face each day.

Among the many service areas of concern to House of Friendship is providing health care to the population we serve. We share the Premier's Council on Improving Healthcare and Ending Hallway Medicine's view that continuing to pour more resources into the status quo is not sensible. As noted in the Council's latest report, "There are gaps in health services that can't be addressed by offering more of the status quo. It is time to nurture innovative ideas and design new solutions to solve long-standing problems."

It is in that spirit, and drawing on our long experience as service providers, that House of Friendship offers the following observations and advice as the government considers its choices for the upcoming budget.

Hospital emergency rooms, which are the current go-to option, are neither the most effective nor efficient venues for treating the complex combination of health and social issues faced by those experiencing homelessness. We see an alternative, and we believe it is important for the Government of Ontario to develop policy that re-directs people to access health services where they have the highest chance of success.

What the data tells us

Studies from the US and Canada are clear that those who are homeless tend to suffer from poorer health and more health conditions than those who have proper shelter[1]. Conditions include skin and foot challenges, mental health conditions, addictions, respiratory illnesses, sexually transmitted infections and many others. Surveys of homeless populations in Ontario also show that among individuals with no fixed address, less than half report having[2] a family doctor compared to 89.9%[3] of the general population. Emergency rooms are rapidly becoming the primary place for individuals not receiving preventative care, or early onset care, that could reduce the risk or seriousness of a condition. It also results in hospital readmission rates that are 5 times higher than the general public[4].

As is well documented in publicly-available fee schedules and cost information, as well as in the reports of the Premier's Council on Ending Hallway Medicine, emergency rooms are not the most effective, efficient or dignified places to treat individuals with non-emergency needs. Our emergency rooms cost on average 3 times more than a visit to a doctor or clinic[5] and follow up care challenges may negatively impact longer

[1] Multiple studies looked at – 2007 – Street Health, Homelessness and Health Outcomes: What are the Associations, Public Health Ontario and Others
[2] No Health Card Means no family doctor for many homeless people – summary published by St. Michael's Hospital
[3] Canadian Institute of Health Information – People who report they have a regular health provider 2015-2016
[4] Hwang, Stephen – Hospital Readmissions in a Community Based Sample of Homeless Adults: a matched cohort study based_Sample_of_Homeless_Adults_a_Matched-cohort_Study
[5] Cost of a visit to a family doctor – Vaughan Health Clinic Fee Schedule and Canadian Institute of Health Information data on the cost of emergency room visits by province

term health outcomes. Further, in health care situations involving individuals who are homeless, these visits can often involve transport by police or ambulance to the emergency room, requiring a first responder to wait hours with the individual until care is administered. Following the care provided in the emergency room, the individual may be discharged back to the street or again require transport from the hospital to a shelter. These are costs that are absorbed by the public in police and ambulatory service budgets[6].

A significant portion of those accessing shelter are experiencing severe physical and mental health and addiction issues. In the absence of shelter-based health care options, the emergency room is the default. In 2018-19, the Waterloo-Wellington Local Health Integration Network (LHIN) tracked in excess of 1,000 cases per quarter of unscheduled emergency room visits by people with issues related to problematic substance use. Of these, between 25 and 30% were back in the emergency room with the same issue within 30 days. Not coincidentally, about 40% of people admitted to Waterloo Region emergency rooms were discharged to somewhere other than a home or simply left the hospital after triage. Local emergency shelters, such as at House of Friendship, local hospitals, police and paramedics see this revolving door every day.

While there is great work going on in communities like Waterloo Region to provide community-based health care support, homeless individuals are still 5 times more likely to visit an emergency room, to come back sooner, and have a longer than average hospital stay[7]. The pressure this is creating on Emergency Rooms in Waterloo Region and across Ontario is significant, and it comes at a premium cost while not producing better health outcomes for the patient.

Bridging the funding silos for better outcomes

To break out of this paradigm, we believe the first step is to explicitly recognize that homelessness is *both* a social issue and a health care issue and that, therefore, our funding support needs to accommodate that reality.

House of Friendship, together with members of the emerging Inner City Health Alliance in Waterloo Region, are developing an innovative proposal to re-imagine how we treat those who are homeless. We are calling it *ShelterCare*. Our thinking is focused on improving health care outcomes for people who are homeless in Waterloo Region, while helping to reduce hallway healthcare and service pressures and costs on local police and paramedics.

[6] Public Health Ontario, Homelessness and Health Outcomes: What are the Associations, April 2019
[7] Dr. Hwang from the Inner City Health Research Unit of St. Michael's Hospital in Toronto, for the Canadian Medical Association Journal, JAN. 23, 2001; 164 (2)

ShelterCare is an idea that seeks to recognize that

- our primary focus should be on the particular care needs of the individual
- people who are homeless and dealing with mental health or addiction issues have particular health care needs that are not best met in a hospital emergency room, and that
- the current approach to funding sets up barriers to innovative solutions. *ShelterCare* is a model that builds on the experience of the Ottawa Inner City Health program (OICH), which has been operating since 2001 with tremendous results. The concept is to bring health care directly to shelters on a 24/7 basis. Doing so would, as Ottawa's experience has proved, not only improve health care outcomes for the individuals who need it, but also reduce traffic into local emergency rooms and reduce pressures for first responder services. In the early days of the program, OICH calculated that for every $1 invested in shelter-based health care, $3 would be saved in public expenditures.

Recommendation 1:
Prioritize community-based health care solutions for vulnerable people without a place to call home.

A threshold challenge with our *ShelterCare* framework is that it has no place to go to receive the capital and operating funding required to bring it to life. Current funding models simply don't recognize the kind of hybrid health and shelter facilities that we believe are necessary.

The federal and provincial governments have, in the last few years, made a series of announcements regarding significant infrastructure investment on a cost-shared basis. In particular, the federal government's 2016 and 2018 budget announcements on infrastructure are unprecedented, with a confirmed investment of $180 billion through to 2027-2028, much of which is to flow to the provinces based on negotiated bilateral agreements.

However, despite the fact that part of this federal funding is dedicated to social infrastructure, intended to "strengthen Canadian communities and build a better quality of life for generations of Canadians" through (among other things) affordable housing, food cupboards/foodbanks, community centres, and homelessness prevention, there is no mention of funding alternative- or community-based health care provision facilities. Creating the infrastructure to serve health care needs of the homeless population in community is a key element in avoiding unnecessary and costly emergency room visits.

Provincially, Ontario infrastructure spending is divided into three buckets, the most relevant of which is "community, culture, and recreation" – clearly again, facilities for innovative health care provision are not at all envisioned in the provincial government's approach. And, while only not-for-profit entities like ours are entitled to apply for fed-prov funding under this category, it is not apparent that *ShelterCare* would qualify.

Further, since the announcement of both the federal and provincial infrastructure initiatives, dollars have been slow to flow, and the complications of securing mutually-dependent funding from multiple levels of government has stymied efforts to get projects like ours off the ground.

Rather than continuing to try to fit square pegs into round holes, we believe a more tailored approach to the specific needs of people experiencing homelessness – an explicit recognition that hybrid facilities designed to provide both health care and shelter is needed – is the first necessary step.

Recommendation 2:
Create a Social Benefit Fund for collaborative, innovative cost saving care solutions delivered in communities.

As a remedy, the Government of Ontario must consider opening a funding model that moves beyond the archaic bureaucracy of yesteryear. Currently, rules prohibit organizations that receive less than 50% of their funding from the Ministry of Health to apply for capital funding.

House of Friendship, for example, has a diversified budget from multiple funding streams because we help vulnerable populations in a multitude of ways with food, housing, community resources, and addiction treatment. But because less than half of it comes from the Ministry of Health, we're not able to apply for capital funding for an idea like *ShelterCare*. In fact, in our experience, the modest progress that has been made in bringing health care to the homeless populations owes more to organizations that have developed creative, improvised solutions than anything deliberate in the current funding model.

We know, given the plethora of research on social determinants of health, that helping vulnerable populations in these other ways also leads to better health outcomes. Yet, the government continues with rules that are not following the best evidence available.

The government has recognized this challenge in other areas of health care. The creation of Ontario Health Teams has, at its heart, understood that health care ought to be dealt with in an integrated way. In order to deal with housing and homelessness, addictions, poverty, health, and more, innovative solutions like the *ShelterCare* idea need to be able to have funding streams that allow them to tackle all these problems at once. We propose that a funding envelope be developed to deliver targeted health care to people experiencing homelessness. Organizations such as ours, in coordination with other community partners, could apply for funding envelopes that will deliver cost savings to the taxpayer and provide dignified community-based care solutions for individuals who are homeless.

"The health of a population is connected to certain economic and social factors, known as the social determinants of health. Having a job, eating healthy food and having a safe place to sleep are all foundations to good health; however, many of these economic and social issues are handled outside of the health care system in other ministries and governments."

- *Premier's Council on Health Care- 06 2019*

We understand that the government is dealing with a variety of organizations that are trying to fix problems in our communities. It has been our experience working with a newly emerging, local Inner City Health Alliance and through embracing the learnings of the Ottawa model, that efficiencies can be created through collaboration and coordination among many service providers. As such, we recommend that collaboration among many community groups that are focused on coordinating care for targeted populations becomes a pre-condition for funding through a new Ontario Social Benefit funding stream. Further, we recommend that funding for capital projects and program operational costs be available through the fund.

Conclusion

We believe the Government of Ontario is on the right track in recognizing the particular challenges in our health care system and we appreciate its openness to innovative ideas that put the people's interests ahead of bureaucratic and institutional traditions. We at House of Friendship, together with our partners in the emergent Inner City Health Alliance, stand ready to work constructively with you to refine and give life to this innovative strategy.

Summary of Recommendations

Recommendation 1:

Prioritize community-based health care solutions for vulnerable people without a home.

Recommendation 2:

Create a Social Benefit Fund for collaborative, innovative cost saving care solutions delivered in communities.

Learn more at sheltercare.ca