

Supportive Housing Services for Seniors with Mental Illness and the Stepping Stone Project

LOFT Community Services
Seniors Programs and Services

Maria Egervari, Program Director
Will Shin, BSW, MSW, Project Co-ordinator

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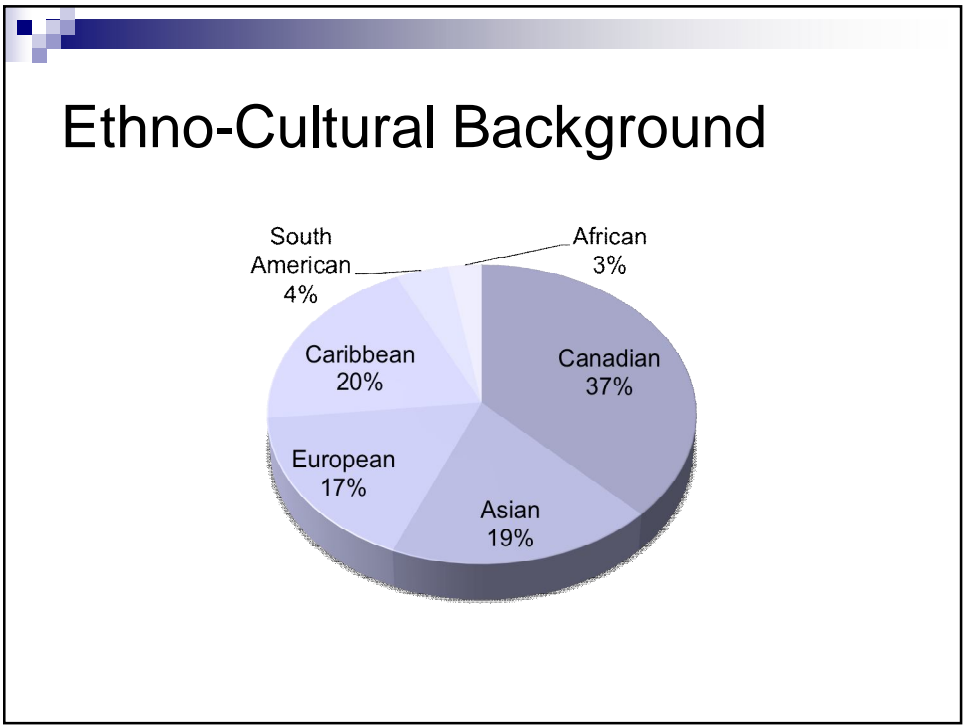


- Provides housing, support and outreach in the Greater Toronto area
- Serving people with mental illness, addictions, social isolation and poverty, and those who are homeless or come from homelessness
- Serves 4000 clients

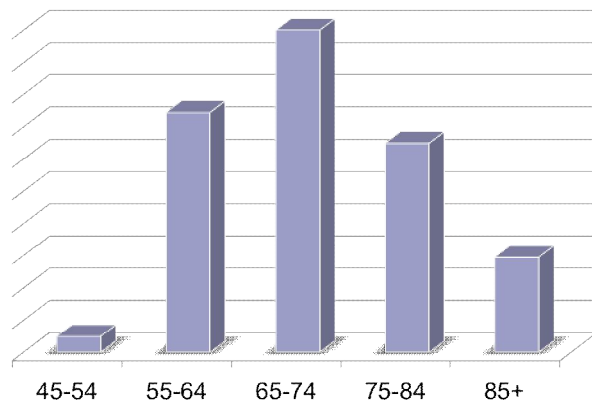
LEAP OF FAITH TOGETHER
LOFT
Community Services

Seniors Services

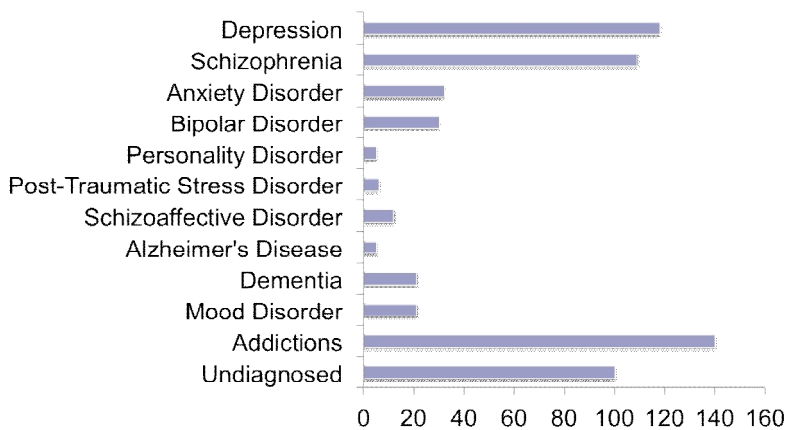
- 5 locations: John Gibson House/Stepping Stone, College View Supportive Housing and Simon Apts. Dunn Avenue Supportive Housing, Dunn/Spencer Project, St. Anne's Place, Crosslinks Seniors
- Serving 1000+ seniors
- 324 receive case management



Ages of Clients



Seniors Living With Mental Illness and Addictions



InterRAI CHA Assessment Index Pilot Results

Primary Diagnosis	Cognitive Performance Scale (CPS)	Depression Rating Scale	IADL Involvement Scale	CHES	Self-Reliance Index	Pain	MAPLe (priority level)	ADL Self-Performance
Schizophrenia	2 Mild	1 Some	19 Depend.	0 Stable	1 Impaired	2 Moderate	4 High	4 Extensive
Bipolar Dis.	2 Mild	0 No	18 Depend.	1 Low level	1 Impaired	0 No pain	3 Moderate	3 Extensive
Depression	1 Borderline	2 Some	5 Limited	1 Low level	1 Impaired	1 Mild	3 Moderate	2 Limited
Schizophrenia	0 Intact	0 No	18 Depend.	1 Low level	0 Self-Rel.	0 No pain	3 Moderate	0 Independent
Schizophrenia	2 Mild	2 Some	19 Depend.	1 Low level	1 Impaired	1 Mild	3 Moderate	2 Limited
Schizophrenia	1 Borderline	3 Possible	21 Total	2 Mild level	1 Impaired	1 Mild	4 High	3 Extensive
Dementia	3 Moderate	1 Some	18 Depend.	2 Mild level	1 Impaired	0 No pain	5 Very high	3 Extensive
Depression	2 Mild	4 Possible	7 Limited	2 Mild level	1 Impaired	3 Excruciating	4 High	4 Extensive
Schizophrenia	2 Mild	0 No	18 Depend.	0 Stable	1 Impaired	0 No pain	5 Very high	0 Independent
Alcohol Mis.	0 Intact	1 Some	2 Limited	0 Stable	1 Impaired	1 Mild	4 High	0 Independent
Bipolar Dis.	1 Borderline	4 Possible	19 Depend.	2 Mild level	1 Impaired	3 Excruciating	4 High	1 Supervision req.
No mental ill.	1 Borderline	0 No	15 Depend.	1 Low level	1 Impaired	0 No pain	3 Moderate	5 Dependant
Depression	1 Borderline	1 Some	13 Extensiv.	1 Low level	1 Impaired	0 No pain	5 Very high	1 Supervision req.
Dementia	3 Moderate	10 Severe	9 Extensive	2 Mild level	1 Impaired	2 Moderate	5 Very high	0 Independent
Depression	2 Mild	0 No	11 Depend.	2 Mild level	1 Impaired	0 No pain	5 Very high	0 Independent

InterRAI CHA Assessment Index Pilot Findings

Primary Diagnosis: Schizophrenia (5), Bipolar Disorder (2), Depression (4), Dementia (2), Alcohol Misuse (1), No mental illness (1).

Cognitive Performance Scale: Intact (2), Borderline intact (5), Mild impairment (6), Moderate impairment (2).

Depression Rating Scale: No depression (5), Some symptoms (6), Possible depression (3), Severe depression (1).

IADL Involvement Scale: Limited assistance required (3), Extensive assistance required (1), Dependant (9).

CHES: Stable (3), Low level of medical complexity (6), Mild level of medical complexity (9).

Self-Reliance Index: Reliant (1), Impaired (14).

Pain Index: No pain (7), Mild (4), Moderate (2), Excruciating (2).

MAPLe Score: Moderate priority (5), High priority (5), Very high priority (5). **Average score: 4 (High priority).**

ADL Self-Performance Scale: Independent (5), Supervision required (2), Limited impairment (2), Extensive assistance required level I (3) and level II (2), Dependant (1).

ED/ALC

- Emergency department diversion/Alternate level of Care
- Need for housing and services for people in ALC beds
- Funded by Toronto Central LHIN, Aging at Home Strategy
- Stepping Stone — transitional housing project
- Dunn /Spencer Project — permanent housing and support

Supportive Housing Services for Seniors with Mental Illness: Dunn/Spencer Project

Maria Egervari, Program Director



Dunn/Spencer Project

- Housing and services in two Toronto Community Housing (TCHC) buildings in South Parkdale
- Supportive Housing for Seniors with Mental Illness or dementia
- 37 clients – 19 from ALC, 18 from the two buildings
- In addition to existing program serving 33

Who Do We Serve?

- Seniors with mental illness and dementia
- Ages 60+ (55+ in extreme cases)
- Male, female, transgendered
- Half of the clients from ALC, other half from two TCHC buildings



Who Do We Serve?

- Clients with multiple physical conditions in addition to mental illness, dementia and addictions
- Seniors struggling with poverty, homelessness, social isolation
- Seniors suffering from discrimination, stigma
- Seniors who spent 1 month–7 years in hospitals



What Do We Do?

Personal Support	Case Management	Social Recreational Activities
<ul style="list-style-type: none"> • Personal care • Meal preparation • Medication support • Appointment support • Emergency phone system • Housekeeping • Laundry • Shopping • Care Giver Relief 	<ul style="list-style-type: none"> • Intake, assessment • Connecting with primary medical and psychiatric services – hospital and community • Budgeting (PG & T) • Goal setting • Emotional support • Crisis prevention and management • Conflict resolution 	<ul style="list-style-type: none"> • Physical, mental, spiritual, artistic activities • Outings • Health and wellness education • Special events • Adopt-a-Senior • Volunteerism • Discussion groups • Games • Movie nights

Connecting/reconnecting with health care providers, families, friends community



Jim's Mural



Providing Entertainment

Where Are We? Where Do Our Clients Come From?

- In two TCHC buildings in South Parkdale
- Close to CAMH, Parkdale CHC, St. Joseph's HC, Toronto Western Hospital
- Where do we get referrals from: hospitals, CCAC, housing, community agencies, doctors, other health care providers
- Seniors are referred from hospitals from the Toronto Central LHIN

What Are The Hours of Services?

- Personal support services are provided 24 hours a day, 7 days a week
- Case management provided during regular business hours
- Social rec activities mostly during weekdays, some weekend and evening programs
- On call manager is available 24/7 to provide support to on site staff

Why Do We Do What We Do?

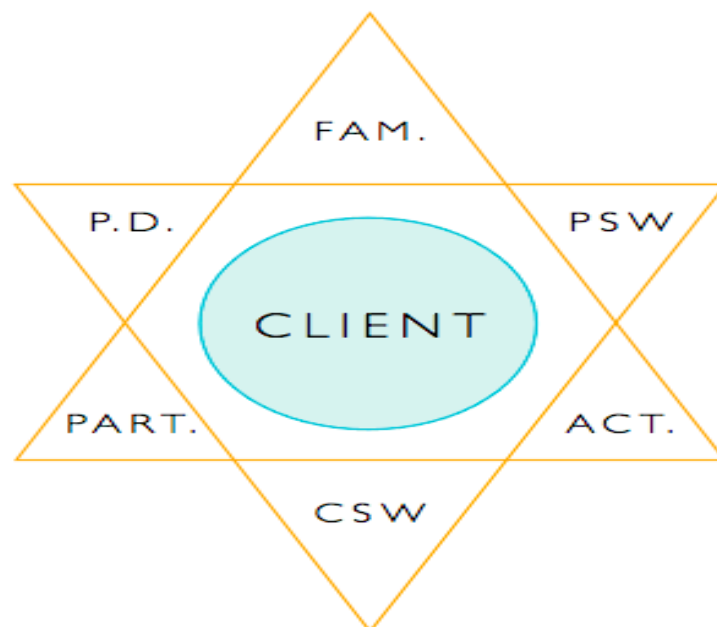
- There is a great need for services to older adults with mental illness and addictions—traditionally a gap in services
- ALC beds are expensive and don't meet the need—not the most appropriate level of care
- Long term care homes are not appropriate for the clientele and they are most frequently rejected
- Most appropriate setting for older adults with mental illness, addictions and dementia—at home with sufficient supports

Why is this more effective than other models?

- Built on the back of existing programs
- Clients feel safe, connected
- Trust, rapport—need time to develop
- Cost effective – ~ \$30 per day per client as opposed to much higher cost in LTC and Hospitals

How do we meet the needs?

- Psychosocial rehabilitation model (recovery model)
- Client centered
- Goal oriented (clients' goal)
- Building on strengths, not focusing on weaknesses
- Proper staffing levels
- Emphasis on staff training
- Partnerships! – clinical supports provided by local CHC, CAMH, Family and Geriatric medicine centre at St. Joseph's Health Centre
- Partnerships with TCHC, CCAC, Parkdale Golden Age, COPA, St. Christopher House





Outcomes

- 20 seniors moved from ALC beds to permanent housing with supports including intense case management
- 1 senior died after brief physical illness
- Nobody returned to hospital, except for short stays – 13 hospitalizations due to physical health, 8 due to mental health

Challenges

- Capacity
- Creating and maintaining partnerships, the “external team”
- Everybody is an individual, no two people alike
- Overcoming stigma in the community
- Non-traditional staff roles
- Working with other housing providers

Overcoming Challenges

- Seeking creative solutions
- Networking, seeking partnerships
- Creative, understanding, respectful approach to every individual
- Educating the community—immediate and wider community information sessions
- Staff training +++
- Open and ongoing communication with housing providers



Future Enhancements

- Wellness model
- Emphasis on prevention
- Enhance partnerships with medical services to further decrease hospitalizations
- Increase numbers—effective use of health care \$

The Stepping Stone Project

William Shin, MSW, RSW
Coordinator



Beginnings

- Established in February 2009
- Funded as a 2-year pilot project under the Aging-at-Home strategy by the Toronto Central LHIN
- Partnership between LOFT Community Services and the Centre for Addiction and Mental Health (CAMH)
- A Collaborative response to the ED/ALC problem by LOFT, Toronto Central LHIN and CAMH

Project Description

- Transitional housing project
- Older adults and seniors (60+) with serious mental health and addictions challenges
- Located at John Gibson House Supportive Housing site of LOFT Community Services
- Trinity Bellwoods Park
- 50% of clients from
 - CAMH and 50% from other
 - TC LHIN acute care
 - hospitals



Primary Goal of TSSP

The goal of The Stepping Stone Project is to serve at-risk seniors with mental health and/or addictions challenges to transition from the hospital to permanent housing in the community with appropriate supports.



Project Description

➤ LOFT Community Services



- Lead organization
- 24-hour supportive housing services by Personal Support Workers
- 1 Transitional Housing Worker
- 1 Coordinator (Social Worker)
- On-site crisis intervention
- Initial assessment in liaison with CAMH team
- Access to Social/recreational/rehab services through John Gibson House

Project Description

- CAMH PACE (psychogeriatric outreach team)
 - RN care
 - Geriatric psychiatrist
 - Occupational Therapist on consult basis
 - Visit at least 2-3 times a week
 - On-site crisis intervention
 - Follow-up services

Project Description

- Building partnerships
 - Existing partnerships and supportive housing network
 - Toronto Central LHIN acute care hospitals
 - Other appropriate supportive housing providers
 - Other community support providers incl. ACT teams



Project Description

- Client as Tenant
 - When client moves in, client signs a lease that explains that the housing is transitional
 - Rent and care service charges are geared to income
 - Rooms are shared with one other client



Admission Criteria

- Seniors, 60 years and older, who have significant mental health and/or addiction challenges
- **Presently** in ALC or ED psychogeriatric patients in CAMH or a general hospital within the Toronto Central LHIN boundaries
- Seniors who are assessed (by OT) as being able to eventually live independently in the community with appropriate supports
- Seniors who are assessed as **NOT** requiring long-term nursing home care
- Must voluntarily agree to the program and services

Admission Criteria

- Out of scope
 - Cannot function in their daily lives without special medical equipment such as continuous IV, oxygen, etc.
 - Seniors assessed as requiring nursing home care
 - Seniors needing 24-hour nursing and medical/psychiatric on-site support
 - Seniors who are very violent and are likely to cause harm to themselves and/or others
 - Recent history of fire/arson, sexual abuse, physical violence, and/or unsafe smoking

Discharge

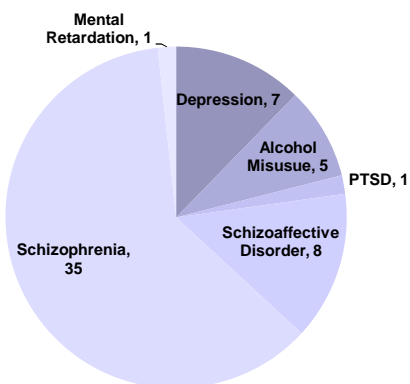
- The client may be discharged for the following
 - The client requires an additional level of professional services that LOFT is not qualified to provide or is unable to access through other available resources
 - The client is assessed to require long-term nursing home care
 - The client is no longer able to direct their own care to live independently
 - The client no longer wishes to continue to receive services
 - The client a risk to themselves and/or others and the situation remains unresolved after attempts to address it

Referral Process

- Referrals made directly to Coordinator, LOFT from CAMH or other TC LHIN general hospital
- Application form completed and signed by the prospective client
- A Take Back Agreement signed by the referring hospital or CAMH
- Application reviewed by Stepping Stone coordinator and psychiatric staff from CAMH
- An individual interview will be arranged at John Gibson House where the prospective client will meet with coordinator and CAMH PACE team

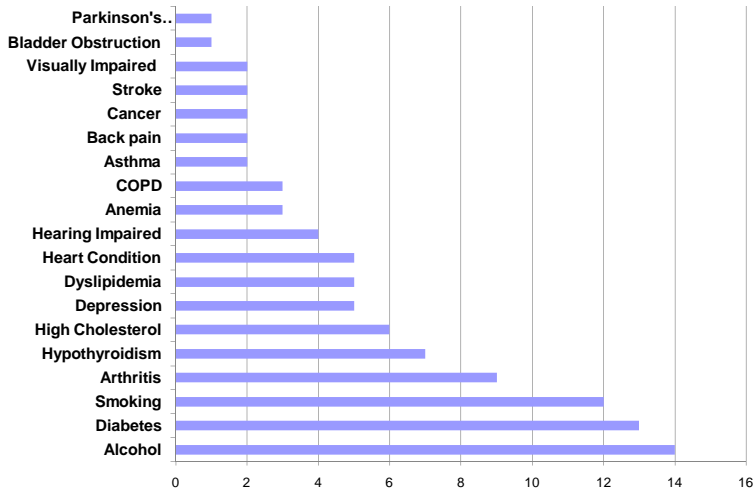
Statistics (since Feb '09)

- 65 unique individuals admitted (41 male, 24 female)
- Primary Diagnoses



Since February 2009...

Chronic Illnesses and Conditions



Since February 2009...

- Presenting issues

• Lack of housing	63
• Legal/criminal issues	5
• Medical Issues	47
• Mental Illness	62
• Physical Abuse	4
• Safety Concerns	12
• Substance Abuse	18
• Attempted Suicide	5
• Treatment Non-Compliance	65

Challenges

- Long-term institutionalized
- "Frequent flyers" to ED/ALC
- Long history of treatment non-compliance
- Clozapine, ECT, etc.
- History of social isolation
- Homelessness
- Rejected by Long-Term Care Facilities
- Limited housing resources in the community
- High MAPLe scores (interRAI CHA)



Successes

- Partnership between LOFT Community Services and CAMH
- In less than 2 years, 42 clients have moved into permanent lower supportive housing in the community
- Recovery of ADL skills and interests
- Building relationships and community
- Linkages to community resources, ie.
 - family physician, case worker, etc.



Jane' s Story

- 73 years old
- "Bag lady"
- Over 30 years in a Toronto mental health facility
- Has not remained in one residence for a long time
- Has not slept in a bed
- Initially, was resistant to services
- Change over time
- She is on the wait list for John Gibson House

Acknowledgements

Thank You!

Maria Egervari, Program Director

416-531-0444

megervari@loftcs.org

Will Shin, Project Coordinator

416-537-3477 ext. 243

wshin@loftcs.org