

ALTERNATIVE RESIDENTIAL OPTIONS FOR OLDER ADULTS WITH COGNITIVE AND NEUROLOGICAL DISABILITIES AND COMPLEX HEALTH CARE NEEDS

“Institutions have no place in a just and caring society.”

*(Catherine Frazee, former head of the
Ontario Human Rights Commission)*



Summary of Recommendations

- ▶ *That unspent funding earmarked for long-term care institutions be redirected and invested in the residential options in the community outlined in this brief.*
- ▶ *That MLTC fund and expand existing Assisted Living Residences with Integrated Care Options like PACE and Hub and Spoke models as non-profit, community-based and cost-effective alternatives to long-term care institutions.*
- ▶ *That MLTC provide secure funding for the acquisition, building, and/or renovation of small neighbourhood care homes throughout the province developed, built, and operated by not-for-profit community organizations or municipalities, and located in the community where the home is proposed, and where residents and team members live.*
- ▶ *That positive behavioral support programs and trauma-informed care approaches be delivered in small neighborhood homes and assisted living residences rather than in locked wards in institutions which tend to exacerbate behavioral issues rather than effectively addressing them.*
- ▶ *That the Ministry of Long Term Care examine residential hospice expansion as an alternative to long term care institutions and hospitals being used for palliative and end of life care, and work with the Ministry of Health to ensure that residential hospice is available in areas of highest demand.*

The History

- ▶ For over 40 years governments of various stripes have made efforts to reform the long-term care system
- ▶ Today we continue to find ourselves with an institution-dominated system rather than a 21st Century model of community-based residential options with integrated care built in
- ▶ SSAO warned six years ago that the government could not build its way out of the long-term care crisis and address the looming demographic imperative
- ▶ Ontario can no longer afford to rely on an expensive institutional system where older adults do not want to go and which is difficult to staff and regulate
- ▶ It is vital to act immediately to fund alternatives to the outdated institutional model



What is the Problem?

- ▶ Staff shortages
- ▶ Lack of compliance with provincial legislation
- ▶ Lack of privacy and safety for residents
- ▶ High demand for community-based residential options
- ▶ Lack of supply of community-based residential options

FUNDING CURRENTLY EARMARKED FOR INSTITUTIONS NEEDS TO BE DIRECTED TOWARDS NON-PROFIT, COMMUNITY BASED RESIDENTIAL ALTERNATIVES



Assisted Living Residences with Integrated Care Built In

- ▶ **Multi-service seniors' buildings** - Kenora Model
- ▶ Older adults' residential buildings with **PACE Wellness Hubs** - Halton Model
- ▶ **Hub and Spoke** option in existing and new residential builds - Peel Model
- ▶ **Integrated care** located in buildings and neighborhoods where a high proportion of older adults live is a more effective, efficient, and sustainable approach to providing support.



Small Neighborhood Homes

- ▶ Non-profit or municipally operated
- ▶ Integrated into communities and neighborhoods
- ▶ Non-institutional
- ▶ No more than six to a small home
- ▶ Sustainable and accessible indoors and outdoors
- ▶ Featuring relational, not transactional support and collaborative decision-making
- ▶ Respect for human rights and social citizenship
- ▶ Funding is needed for the acquisition, building, or renovating of small homes



Positive Behavioral Support in the Community Not in Locked Wards in Institutions

- ▶ Community-based settings lend themselves to functional behavior assessments and interventions designed to address the function of a behavior
- ▶ Individualized assessments and interventions can better be designed and implemented in small homes and assisted living residences
- ▶ Trauma informed care principles do not exist in institutions, but are present in smaller, community-based settings



Compassionate End of Life Care in the Community



- ▶ The majority of older adults are currently ending their lives in hospitals and long-term care institutions
- ▶ It would be far more compassionate to provide residential hospice programs where effective pain control and symptom management and compassionate care can be delivered to them
- ▶ There is a need for the Ministry of Long-Term Care to collaborate with the Ministry of Health in providing funding for new residential hospice builds and staffing located in communities where current hospice programs are at capacity