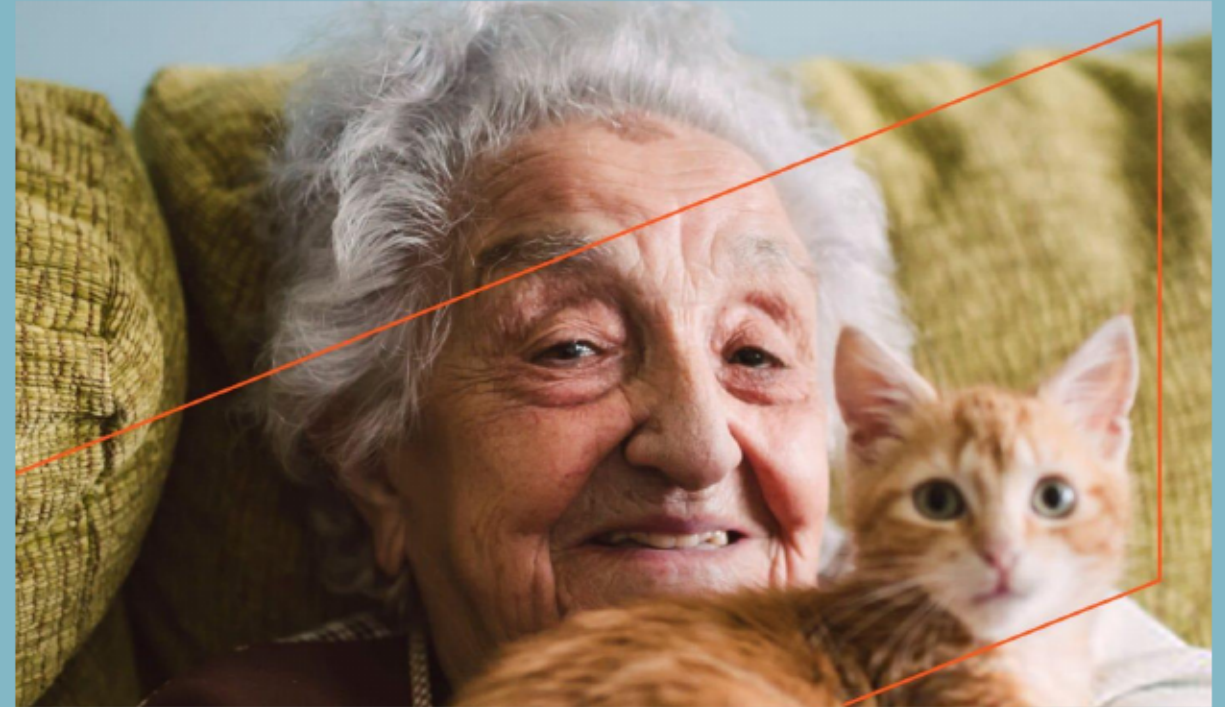


October 2023

Aging & Mental Health

What Services are Needed ?

....How they are delivered just as important!



VISION

Together, we can all live successfully in our community.

MISSION

To help people achieve their optimal health and well-being in the community, LOFT offers unwavering support and hope.

VALUES

Compassion, Collaboration and Community delivered with Dignity, Innovation and Excellence.

BY THE NUMBERS *



941

Staff



19,633

Clients Served
(from youth to seniors)



1,861

Number of beds



467

Clients transitioned from hospitals to the community or long-term care

Housing Services

We provide a recovery-based model of supportive housing for people living with complex mental health and/or addiction challenges in over 30 residential locations. In addition, we have a partnership with Toronto Community Housing (TCH) and Simcoe County Housing (SCH) to provide supports.

Specialized Support Services

Specialized support programs ensure no one gets left behind. We constantly evolve our inclusive, innovative, and personalized programs so individuals who are facing complex challenges while managing HIV, gender transition, or legal/justice cases have the support they need.



Community Support Services

Assistance with daily activities, health care system navigation and crisis management for clients living in their own home. We also help families and caregivers learn strategies for dealing with behavioural challenges and provide referrals to services.

Leading Complex Mental Health Support

Training and education, with a focus on mental health and addiction, to long-term care homes, community agencies and hospitals. Expertise and support to organizations assisting people with dementia and other cognitive challenges.

FINANCIAL POSITION *

Total Revenue

\$80 MILLION

Operating Expenses



- 71% – Salaries & benefits
- 20% – Operating costs
- 5% – Resident's expenses
- 4% – Administration

Sources

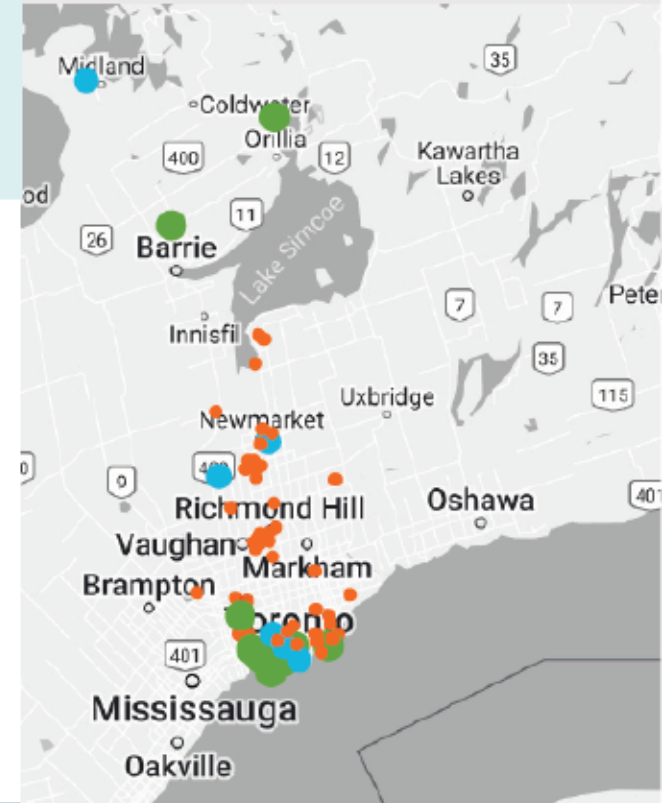


- 85% Government funding
 - 85% – Province of Ontario
 - 7% – Municipal
 - 8% – Other
- 9% – Client contributions
- 4% – Charitable donations
- 2% – Other

HOUSING AND SERVICE HUB LOCATIONS

Number of housing sites and service hubs by numbers served

● 40-112 ● 20-40 ● 0-20



Considerations.....



EVERYONE IS ON A DIFFERENT JOURNEY



What Needs to be Focussed On?

- Working towards an integrated health and social service system
- Health/social service System navigation with population that has histories of being stigmatized
- Right place of care and transitions(Ed diversion/avoiding eviction/discharge to shelter/ LTC)
- ALC transitions- lessons learned and gaps identified



Integrated Approach to Service Delivery

Holistic services focusing on Complexity in seniors care including:

- Social determinants of health
- Landlord/tenant considerations
- Mental health
- Addiction (Harm reduction/client led recovery)
- Chronic health concerns
- Dementia
- Integrated behavioural supports



ALC Transitions – teaches us about our system & what needs are not being met.....

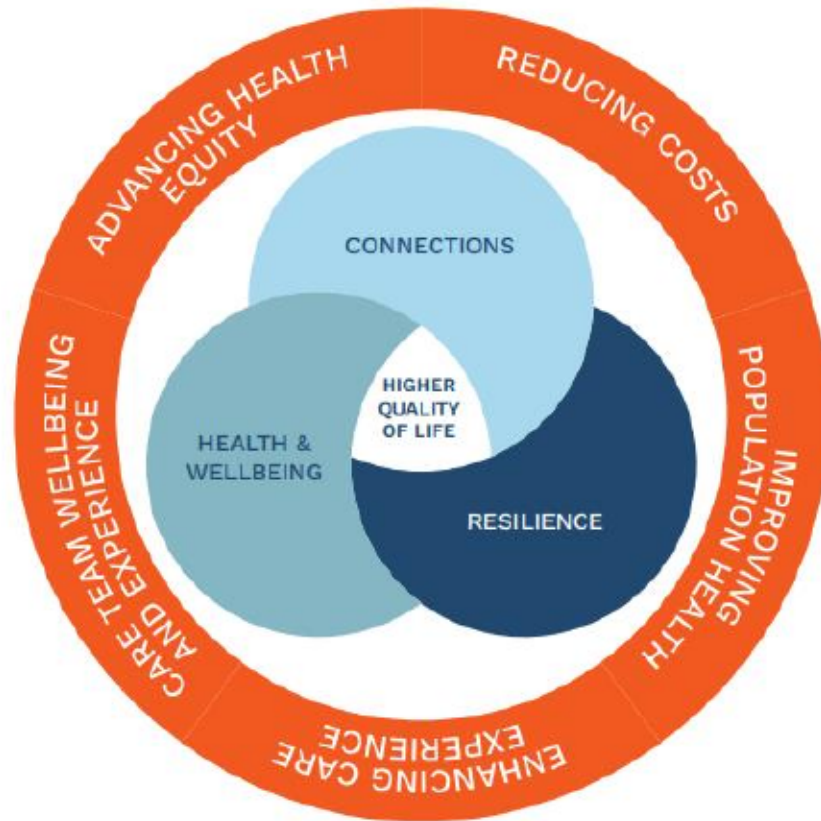
As a leader in ALC transitions, LOFT understands the critical need to support clients in finding a home to live safely with dignity in the community.

Achieving this includes:

- Deep understanding of complex clients
- Building on relationships to breed a higher standard of care
- Moving away from rigid targets, timelines and processes
- Tailored efforts and approaches
- Innovative and creative support based on client needs



Impact with LOFT Tailored Services



CONNECTIONS

- Self and Others
- Community

HEALTH & WELLBEING

- Optimal Physical Health
- Positive Mental Health
- Reduced ER visits
- Reduced substance abuse

RESILIENCE

- Coping
- Empowerment
- Self-efficacy
- Regulation
- Hope

467 transitioned from hospital last year

\$175-\$350/day
at Back to Home



\$700/day
for ALC hospital beds



St. Anne's Place offers a home for retirees with complex health issues — and often nowhere else to go

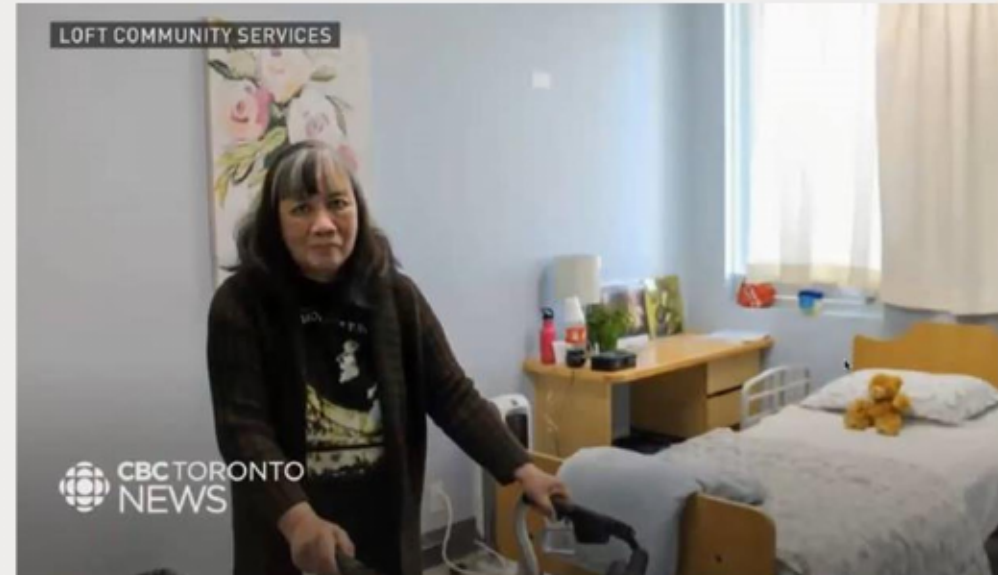
"The first thing we say to people is you have come to the right place and sadly most people don't often hear that," says LOFT Community Services CEO.

By **Emily Mathieu** Affordable Housing Reporter
Tue., June 11, 2019 | 5 min. read

[READ THE CONVERSATION](#)



LOFT Centre of Excellence
Presentation



LOFT COMMUNITY SERVICES
Opening doors to hope

LOFT'S BACK TO HOME MODEL

Background

Across Ontario, there is an increasing number of individuals who have complex needs who end up in hospital, in alternate level of care (ALC) beds, although they no longer need to, but continue to require ongoing care.

One of the challenges contributing to ALC rates in hospitals and waitlist pressure is a **lack of affordable supportive housing** that is able to meet the complex needs of individuals with mental health, addictions and psychosocial challenges.

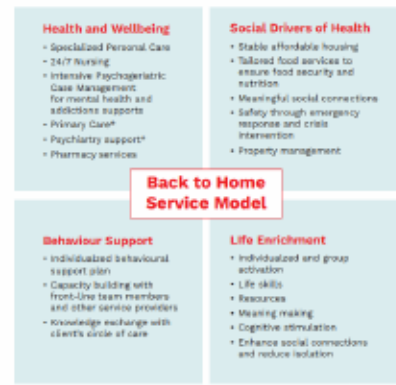
LOFT has 17 ALC-specifically designed supportive housing sites. Working together with integrated partnerships, we have created a model that is very successful.

56% increase in number of individuals designated ALC in Toronto last year

25% ALC population in ON are seniors with cognitive, behavioural, addictions and mental health challenges

Complex Health Needs (CHNs) refer to a range of multiple, concurrent conditions that span physical and mental health challenges and social and economic vulnerability. They require the integration of multidisciplinary, interconnected health and social care that spans beyond traditional healthcare services in order to address social drivers of health at play. (Ho et al., 2017; Zhang et al., 2018)

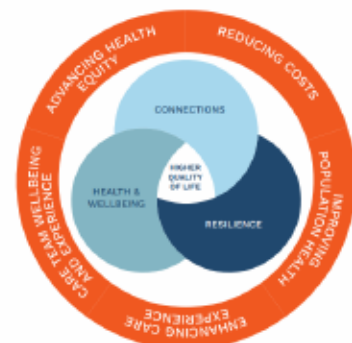
Method: LOFT's Back to Home Model



The model is rooted in Psychosocial Rehabilitation values, principles and best practices. It is provided within the framework of the Revised Assisted Living for High Risk Seniors Policy, The Care Transitions Best Practices, Health Quality Ontario Guidelines, Harm Reduction Principles, and have core competencies related to mental health, substance use, responsive behaviours and psychosocial supports.

LOFT's Back to Home model focuses on individuals facing complex mental health challenges, addiction, dementia and responsive behaviours along with physical health and care needs, who do not have access to appropriate housing and social determinants of health. LOFT programs support these individuals to live safely in the community.

Impact with LOFT Tailored Services



CONNECTIONS

- Self and Others
- Community

HEALTH & WELLBEING

- Optimal Physical Health
- Positive Mental Health
- Reduced ER visits
- Reduced substance abuse

RESILIENCE

- Coping
- Empowerment
- Self-efficacy
- Regulation
- Hope

467 transitioned from hospital last year

\$175-\$350/day at Back to Home **VS** **\$700/day** for ALC hospital beds

REDUCING COST

- A total cost savings of **\$2,235,453** was estimated from housing 28 hospitalized individuals for 12 months
- Reducing the hospital's ALC rate, e.g. from **25% to 16%**, for one partnership.

IMPROVING POPULATION HEALTH

- Hospitalizations and ER visits were reduced by **over 85%** during the first year

ENHANCING CARE EXPERIENCE

- LOFT's overall client satisfaction rate is **over 90%**

CARE TEAM WELLBEING AND EXPERIENCE

- Integrated interdisciplinary teams with strengths-based approach
- Flexible approach enabling innovation and autonomy
- Builds trust and strengthens relationships between providers —creates joy and meaning in work

ADVANCING HEALTH EQUITY

- Marginalized individuals have access to dignified housing with tailored supports considering intersectionality
- Higher flexibility to accept those who are not accepted in LTC and retirement home

"LOFT's transitional space has been an absolute game-changer for Trillium Health Partners and patients who have complex physical, cognitive, social, and/or mental health needs. Until we worked with LOFT, these folks were declined from every housing or care setting and languished in hospital."

— Stephanie Joyce PhD, Elder Care Services & Health System Integration, Trillium Health Partners

Key Success Factors

Commitment to a Shared Vision		
PERSON-CENTERED TAILORED SERVICES	MARGINALIZED PARTNERSHIPS AND COLLABORATION	ENABLERS OF EXCELLENCE
<ul style="list-style-type: none"> Flexibility and tailoring services to client needs (non-traditional details matter) Client and family/caregiver-centred care Evidence-based practices 	<ul style="list-style-type: none"> Integrated partnerships and multi-disciplinary teams Integration best practices Building trust across integrated partnerships and different cultures 	<ul style="list-style-type: none"> Skilled teams empowered to problem-solve and innovate Equity Diversity and Inclusion Commitment to excellence and quality improvement Engagement of different voices and perspectives

Culture of Safety



For the past five years, Brian has been one of LOFT's valued clients.

Brian's life has been profoundly impacted by major illness and struggles with substance use. The amputation of both his legs, along with cardiac concerns, pushed Brian's mental health to its lowest depths. Unable to manage his physical and mental health on his own, this led to prolonged hospital stays that hindered his ability to secure stable housing.

During a challenging two-year period, Brian constantly transitioned between hospital beds and living arrangements, including group homes, shelters, or residences funded by HSC/ DDM care. He accumulated over 120 ALC days. The prospect of leaving the hospital became a source of anxiety.

"When I finally found Bradford House in 2018, I was filled with hope and faith. Hope for the promise of stable housing and faith that my care needs would be met."

"With the support of Bradford House, I have been able to stabilize my physical and mental health. It has been a while since I have seen the inside of a hospital room. I really don't know where I would be without the truly amazing support I have received and continue to receive during my journey."

As an Example

Health and Wellbeing

- Specialized Personal Care
- 24/7 Nursing
- Intensive Psychogeriatric Case Management for mental health and addictions supports
- Primary Care*
- Psychiatry support*
- Pharmacy services

Social Drivers of Health

- Stable affordable housing
- Tailored food services to ensure food security and nutrition
- Meaningful social connections
- Safety through emergency response and crisis intervention
- Property management

Back to Home Service Model

Behaviour Support

- Individualized behavioural support plan
- Capacity building with front-line team members and other service providers
- Knowledge exchange with client's circle of care

Life Enrichment

- Individualized and group activation
- Life skills
- Resources
- Meaning making
- Cognitive stimulation
- Enhance social connections and reduce isolation

Integrated Services

Provided by LOFT:

- **Affordable supportive housing**
- **24/7 care through our specialized Personal Support Workers (PSW) team**, providing such services as assistance with personal care, essential housekeeping, laundry services, medication support, escorts to appointments and medical assessment and treatment.
- **24/7 nursing support - Registered Practical Nurses**
- **Psychogeriatric Case Managers** offer one-on-one support and provide care coordination, crisis intervention, system navigation and client advocacy.
- **Behavioural Supports** to support transitions and residents with individual care plans and group activities
- **Life enrichment services** offer residents opportunities to enjoy life and ensure that they have access to interesting and stimulating activities and social opportunities through regular in-house events and group outings in the community.
- **Meals**
- **Safety** through our emergency response systems

Additional support provided by hospital and integrated partners:

- Primary care
- Geriatric Psychiatry
- Clinical Mentorship for Nursing
- Infection Prevention and Control (IPAC)
- Nurse Led Outreach Team (NLOT)
- Pharmacy



Key Success Factors

Commitment to a Shared Vision

PERSON-CENTERED TAILORED SERVICES	INTEGRATED PARTNERSHIPS AND COLLABORATION	ENABLERS OF EXCELLENCE
<ul style="list-style-type: none">• Flexibility and tailoring services to client needs (non-traditional details matter)• Client and family/ caregiver-centred care• Evidence-based practices	<ul style="list-style-type: none">• Integrated partnerships and multi-disciplinary teams• Integration best practices• Building trust across integrated partnerships and different cultures	<ul style="list-style-type: none">• Skilled teams empowered to problem-solve and innovate• Equity Diversity and inclusion• Commitment to excellence and quality improvement• Engagement of different voices and perspectives

Culture of Safety

Brian's Story



“I Don't Know Where I Would be Without You!”

My life has been impacted by major illness and addiction struggles. I have struggled over the years with substance use and did not always have great insight as to how my use was impacting me physically, mentally, as well as personally.

Like many others I had good days and bad ones but my real struggles with depression and anxiety began when my health began to spiral and it seemed like I was not going to pull through. With the amputation to both of my legs – cardiac issues – the depression was at its lowest. I had lengthy stays in hospitals, in and out of with no promise of stable housing. The hospital would discharge me to various group homes, shelter, and HSC/ DOM care funded residences. After one experience having gone to sleep only to wake up with his clothing stolen. During one hospitalization I was discharged only to be told no one knew where my hearing aides were. Having very few worldly possessions you can only imagine the impact this had on me. After each discharge my health would quickly failed, and I would end up back in the hospital with more complex medical issues leading to lengthier hospital admissions.

“I could not find my place, none of these felt like home!” My anxiety was real and was at its worst. I remember thinking “Is this really where I am going to end up?” “This is not a life!- Not my life!” “Nobody cared about me – or my needs!” I felt hopeless-and lost all FAITH that things would ever get better for me. I could not go back to living independently due to my need for accessible housing with physical and mental health supports.

I spent a good two year living in and out of hospital.

Then LOFT happened! I was filled with HOPE and FAITH. HOPE for the promise of stable housing and FAITH that my care needs would be met. Could this be true? I thought! Well I moved in to Bradford House in 2018-and would not want to be anywhere else. I have had opportunities to move on-but in my heart I am aware that my care needs would not be met as they have been here at Bradford House. The staff are amazing. I could never say a bad thing about any of it. I have been supported, cared for, and in the driver's, seat directing My Care. With the supports of Bradford House I have been able to stabilize my health. It has been a long while since I have seen the inside of a Hospital Room. I really don't know where I would be without the truly amazing supports I have received and continue to receive during my journey. We need more homes and staff like Bradford House—cause I am sure there are others like me.



Thank You