

**CITY OF HAMILTON**

**COMMUNITY SERVICES DEPARTMENT**  
**Housing & Homelessness Division**

<b>TO:</b> Chair and Members Emergency & Community Services Committee	<b>WARD(S) AFFECTED:</b> CITY WIDE
<b>COMMITTEE DATE:</b> September 8, 2011	
<b>SUBJECT/REPORT NO:</b> City of Hamilton Domiciliary Hostel Program Review (CS10036(a)) (City Wide) (Outstanding Business Item – “K”)	
<b>SUBMITTED BY:</b> Joe-Anne Priel General Manager Community Services Department	<b>PREPARED BY:</b> Gillian Hendry 905-546-2424 ext 4818 Shari Webb 905-546-2424 ext 3600
<b>SIGNATURE:</b>	

**RECOMMENDATION**

- (a) That Report CS10036(a) – City of Hamilton Domiciliary Hostel Program Review, be received.
- (b) That staff be directed to develop a work plan to address the recommendations contained in the City Of Hamilton Domiciliary Hostel Program Review (attached as Appendix A and B to Report CS100369(a)) and report back to Emergency and Community Services Committee by December 7, 2011.
- (c) That Item “K”, respecting the City of Hamilton Domiciliary Hostel Program Review, be considered completed and removed from the Emergency and Community Services Outstanding Business List.

**EXECUTIVE SUMMARY**

**Overview**

During the winter and spring of 2011, a Program Review was undertaken by the Housing and Homelessness Division, in its role as Service System Manager for the

**SUBJECT: City of Hamilton Domiciliary Hostel Program Review (CS10036(a))  
(City Wide) - Page 2 of 11**

---

Domiciliary Hostel Program in Hamilton. The Program Review was conducted to respond with current and evidence-based information to the concerns raised by the residents, Residential Care Facility operators and community partners. The findings from the review will be utilized for program planning and future budgetary decisions.

SHS Consulting Inc. was retained through a Request for Proposal process to conduct the review. The review was completed in June 2011.

Two separate reports summarize the results of the Program Review:

- Attached as Appendix A to Report CS10036(a) is the Room for Potential - Domiciliary Hostel Program Review Summary Report. The report provides a summary review of the recommendations with supporting rationale.
- Attached as Appendix B to Report CS10036(a) is the Domiciliary Hostel Room for Potential - Program Review Full Report. The report provides greater detail in outlining the key issues and recommendations with supporting rationale.

A Domiciliary Hostel Program Review Advisory Committee was formed to provide advice on the focus and course of the review, to assist in identifying issues, and to provide input into the recommendations.

The Program Review focused on the following key components:

- Needs of the residents
- Current service delivery model
- Benefits provided to residents
- Referral and placement processes
- Requirements of each City Department for the Domiciliary Hostels
- Legislation governing the administration of the Domiciliary Hostel Program
- Funding model, including the per diem rate.

Schedule 20 of the City of Hamilton By-Law 07-170 is not a part of this review, as it was included in the review by Public Health Services and Municipal By-Law Enforcement.

The following requirements for the Domiciliary Hostel Program were identified during the course of the review in order to strengthen the program:

- Recognize the important role that Domiciliary Hostels play in the housing continuum;
- Move towards a person-centred approach to program delivery and facility oversight;

- Improve the program model to facilitate additional quality of life supports for the residents;
- Improve supports to residents so they to achieve their individual potential while residing at a Domiciliary Hostel and to possibly progress to alternative housing options;
- Improve the referral and placement process in order to place people in Domiciliary Hostels that meet their needs;
- Ensure adequate benefits are provided to residents, such as personal needs benefits and transportation allowance and assistance with financial management, where required;
- Improve the City's cross-department integration, communication and interactions with operators;
- Improve, update and formalize the City's infrastructure, policies and procedures;
- Explore the possibility of reallocating subsidized beds to new or existing facilities to increase choice for new residents and;
- Provide funding that better reflects the costs of operating a Domiciliary Hostel.

The recommendations developed to address these areas are as follows:

#### **Role of Domiciliary Hostels and Domiciliary Hostel Model**

1. That the City of Hamilton adopt a policy statement recognizing the important role that the Domiciliary Hostel Program provides in the City's housing continuum and that the City commit to working in partnership with the operators, residents and agencies to improve the effectiveness of the program
2. That the housing options for individuals who require supports to daily living be expanded beyond the current Domiciliary Hostel Program Model to offer greater choice to meet the varying needs of residents
3. That the City work with key stakeholders to implement a person-centred approach in the delivery of services within the Domiciliary Hostel Program

#### **Basic Needs, Quality of Life, and Helping Residents Achieve their Potential**

4. That the Domiciliary Hostel Program be funded adequately to meet the needs of residents. The per diem funding, direct benefits for residents, and the funding of support services should be reviewed and adjusted.
5. That the City explore ways to improve the quality of life of the residents through either the provision of additional direct service, purchase of service from community agencies or increased funding to the operators
6. That the City collaborate with the operators and the Community Care Access

Centre to better meet the basic care needs of individuals with higher needs

7. That a request is sent to the Ministry of Community and Social Services to extend the maximum absence period from 28 days
8. That the City implement a qualitative monitoring of care for residents such as an annual survey or interview
9. That the residents and operators be informed of, be provided with assistance in making use of, and have access to other services including those that are available to all of Hamilton's residents such as recreational opportunities
10. That the City explore the possibility of Resident Support Workers who would offer a broad range of case management supports to every resident who is subsidized through the Domiciliary Hostel Program

#### **Benefits Provided to Residents**

11. That the City provide additional benefits for Domiciliary Hostel residents and support an increase to the monthly Personal Needs Benefit

#### **Trusteeships/Assistance with Financial Management**

12. That the City improve trusteeships and other supports for management of the residents' personal finances
13. That the City make use of the current policy for Ontario Works recipients, and encourage the Ministry of Community and Social Services to make use of the current policy for Ontario Disability Support Program (ODSP) recipients, to permit personal needs benefits to be provided to the individual separately from the shelter allowance payments provided directly to the landlord, where agreed upon by the individual
14. That the City ensure that all of the operators and residents are provided with accurate information regarding the treatment of tenant earnings and the impact that the employment income may have on subsidy payments

#### **Referral and Placement**

15. That a web-based publicly accessible system be established that provides real-time information on the Domiciliary Hostel Program and Residential Care Facilities by location, number of beds, population served, vacancies, care provided, and contact information
16. That there be a feasibility study to establish a centralized placement process where clients are referred to Program staff who will conduct an assessment for subsidy and suitability for the program, determine the client's preferences and potential accommodations; arrange visits; and, enter into a subsidy

agreement for the individual with their preferred operator

**Cross-Department Integration, Communication and Improved Interactions with Operators**

17. That the City identify a single department in the municipal leadership role for the management of Domiciliary Hostels and provide the additional capacity to effectively fulfill this responsibility, including staffing and infrastructure
18. That the roles of various stakeholders in the Domiciliary Hostel Program be clearly defined
19. That the City consider creating a one-window approach, with a partnership focus, to support Domiciliary Hostel residents and operators, that coordinates a team of municipal staff from various departments which interacts with operators and facilitates communication. This may include joint inspections from more than one Department
20. That the City continue to strengthen cross-departmental communication and information sharing, including the development of shared objectives to avoid the adverse impacts of different mandates
21. That the City expand activities to improve communications with stakeholders, such as expanding outreach to operators, developing a newsletter, and setting up a formal advisory committee to provide advice to Council

**Infrastructure, Policies and Procedures**

22. That the City improve, update and formalize infrastructure, including information technology and operational policies and procedures, to facilitate stakeholders in fulfilling defined roles and responsibilities for the Domiciliary Hostel Program
23. That the City update the Domiciliary Hostel Subsidy Agreement Point Schedule

**People Focused Subsidy Reallocation and Expansion Policies**

24. That the City study the impact of reallocating subsidy agreements and explore potential reuse of existing beds, and if appropriate to reallocate subsidy agreements, develop a formula for reallocating subsidy agreements based on chronic vacancies and undertake the reallocation of service agreements based on the formula chosen
25. That the City establish an evaluation framework for new or expanded subsidy agreements for reallocated beds that considers the client group served, locational amenities, existing facilities for specific population groups,

available support services, and size

### **Funding**

26. That the City increase the per diem funding to \$55, with annual adjustments for inflation, to better reflect the cost of operating Domiciliary Hostels, and encourage the Ministry of Community and Social Services to increase the per diem funding levels it establishes for the Program
27. That the City provide input to the Province on program funding consolidation to encourage flexibility in the use of Domiciliary Hostel program funding
28. That the City work collaboratively with operators and community partners to continue to advocate for changes to the ODSP system so that benefits are not provided at the end of the month for the preceding month
29. That the City monitor the development of the Accessibility for Ontarians Act Standards on Built Environment and Ontario French Language Services Act in relation to the potential financial impact on Domiciliary Hostels

SHS Consulting noted that implementation of the recommendations would constitute a significant adjustment to the Domiciliary Hostel Program and would have staffing and financial implications. The consultant also noted that during implementation, it will be important to have dedicated resources to manage the implementation and to actively engage stakeholders throughout the process.

Given the range of recommendations, it is critical to establish a work plan with priorities and timeframes. Full implementation may take several years, but there are a number of recommendations that can be addressed in the short term. Housing and Homelessness Division staff will report back to the Emergency and Community Services Committee with a work plan by December 7, 2011.

### **Observations Outside of the Scope of the Review**

There were two observations noted in the report. The first observation is that some operators feel that the requirements related to Schedule 20 of the City of Hamilton By-Law 07-170 and building standards are placing a burden on their businesses. As Schedule 20 and building standards are outside of the scope of this review, operators were advised to contact the Parking and By-Law Enforcement Division of the Planning and Economic Development Department and request revisions to the by-law in accordance with established procedures.

The second observation is that during the consultation process, some operators expressed concern with the City's planning regulations, specific to zoning. They felt that the zoning regulations were creating barriers to inclusivity, integration and choice

for residents. As planning regulations are outside of the scope of this review, operators were advised to contact the Planning and Economic Development Department and request a review, in accordance with established procedures, of the zoning regulations that are in their opinion, negatively impacting their businesses.

***Alternatives for Consideration – Not Applicable***

**FINANCIAL / STAFFING / LEGAL IMPLICATIONS** (for Recommendation(s) only)

**Financial:** There are no financial implications to Report CS11036(a). Financial implications will be determined as part of the Implementation Strategy for the various recommendations.

**Staffing:** There are no staffing implications to Report CS11036(a). Staffing implications will be determined as part of the Implementation Strategy for the various recommendations.

**Legal:** There are no legal implications to Report CS11036(a). Legal implications will be determined as part of the Implementation Strategy for the various recommendations.

**HISTORICAL BACKGROUND** (Chronology of events)

Residential Care Facilities (RCFs) are licensed to operate under Schedule 20 of the City of Hamilton By-Law 07-170 and the Medical Officer of Health's RCF Guidelines. There are 90 licensed RCF's in Hamilton for a total of 3,013 licensed beds. There are 62 RCF's that provide a total of 1040 subsidized beds. The subsidized beds are called the Domiciliary Hostel Program. The Domiciliary Hostel Program is a discretionary program cost-shared (80/20) with the Ministry of Community and Social Services (MCSS) for program costs and funded 100% by MCSS for the administration of the program.

Over a number of years, RCF Operators have been vocal to City Council and the Community Service Department in their requests for increased funding and supports for residents to meet the costs of delivering the service. They have also expressed concerns regarding standards and information requirements related to the Domiciliary Hostel Service Agreement.

On April 7, 2010, Report CS10036 - City of Hamilton Domiciliary Program Review was provided to the Emergency and Community Services (E&CS) Committee. E&CS Committee was informed that a Program Review would be undertaken to assess the needs of those seeking housing with supports and the needs of the current Domiciliary Hostel residents to determine whether there should be changes to the program.

In February 2010, Council instructed Community Services Department staff to conduct a survey across the province to compare the level of funding that Hamilton provides through the Domiciliary Hostel Program with other municipalities. Staff reported back to E&CS Committee on May 19, 2010 with Report CS11059 - Domiciliary Hostel Funding Survey. Findings of the survey showed that Hamilton's licensing fees are significantly higher than the comparator municipalities. All of the surveyed municipalities were providing no higher than the maximum allowable per diem rate of \$47.75. The information gathered during the survey provided an information base for the Domiciliary Hostel Program Review.

In November 2010, a Request for Proposals for the Domiciliary Hostel Program Review commenced with a closing date of December 22, 2010. Also in November 2010, the Domiciliary Hostel Program Review Advisory Committee was convened. Two members of the Advisory Committee participated in the review of the proponent's proposals. The successful proponent was SHS Consulting Inc. The Program Review commenced February 2011 and was completed in June 2011.

On June 22, 2011, the Audit, Finance and Administration Committee received Audit Report 2010-13 – Domiciliary Hostel (AUD11017). The purpose of the audit was to assess the administration of the Domiciliary Hostel Program with a view to identifying opportunities for operational efficiencies, improved controls and potential cost savings. Recommendations were made to strengthen processes and identify opportunities for administrative improvements.

On June 22, 2011, E&CS Committee received Report CS11050 – Domiciliary Hostel Program Re-Investment. For 2011, on a pilot basis, \$138,000 in levy funds will be reinvested in the Domiciliary Hostel Program. The available funds will be divided between the administrative costs for the operators and programming for the residents. The funding may not be used for capital costs or the delivery of the program such as staffing costs, food or utilities which is covered through the per diem payment.

#### **POLICY IMPLICATIONS**

There are no policy implications for Report CS10036(a). Policy implications will be determined as part of the Implementation Strategy for the various recommendations.

#### **RELEVANT CONSULTATION**

During the course of the review, consultation took place with over 100 key informants in the form of focus groups and interviews with residents, operators, community agencies and other service providers and City staff who interact with the Domiciliary Hostel Program. Consultations included:



- Focus groups with residents (50 participants), the Coalition of Residential Care Facility Tenants (5), Operators (21), Housing with Supports Group (8), and Affordable Housing Flagship Committee (5)
- Interviews with community service providers (9) (Canadian Mental Health Association, Community Care Access Centre, COAST, Hospital and Provincial Corrections Discharge Planners, and the Mental Health Rights Coalition), a neighbourhood association, Provincial staff (3), and City staff (9) including Service Manager staff, Municipal Law Enforcement, and Public Health Services.
- Interviews with staff at each of the four comparator municipalities (Windsor, York, Ottawa and Waterloo) to identify best practices and benchmarks.

The operators expressed disappointment that Schedule 20 and zoning regulations were outside of the scope of the review. City of Hamilton's Public Health Services and City Parking and By-law Services Division responded that Schedule 20 underwent an extensive review prior to its implementation and that they would discuss points of concern according to their normal procedures. Operators were instructed to access the City's regular procedures to request revisions to the By-Law or zoning regulations.

The Ontario Homes for Special Needs Association (OHSNA) provided feed back regarding the recommendations. Although OHSNA had indicated support for the majority of the recommendations, the following feedback was received:

- If the City wishes to enhance the Domiciliary Hostel Program beyond Provincial standards, the City should also accept the associated costs;
- Disappointment that feedback regarding the implementation of Schedule 20 was reduced to an observation and that the review should have been a comprehensive one that includes all aspects of the program;
- Concern was expressed regarding the reallocation of vacant beds and that the beds could be used in alternate ways to serve the community rather than reallocation to another facility; and,
- If a proper referral system is implemented; there would be fewer vacancies.

#### **ANALYSIS / RATIONALE FOR RECOMMENDATION**

Originally, Domiciliary Hostels were created for low-income elderly adults. In the 1980's, adults who were discharged from psychiatric hospitals were also included. The Domiciliary Hostel Program model has been criticized for its limitations in providing for the complex, diverse needs and abilities of residents. Operators and community service providers have indicated that the needs of residents have changed over time. While the

needs of residents have become more diverse and complex; the funding and other supports have not increased sufficiently to meet that need.

Implementation of the recommendations in the report, if completed in a careful and strategic manner will support an improved service delivery model that will better meet the needs of residents who require housing with supports. Domiciliary Hostels have an important role in the housing continuum in Hamilton. A strong infrastructure and funding model is necessary to support this critical resource. The four comparator municipalities consulted in the writing of the report shared some promising practices that should be considered during the planning process.

There are limited resources to meet the housing needs of Hamiltonians, many of whom have an increased complexity of needs. It is necessary to reconsider present practices in the Domiciliary Hostel Program and look for ways to integrate services, improve the efficiency and effectiveness of the program and provide a person-centred service that meets the needs of the residents.

It will be necessary to continue to engage the residents, operators, community agencies and all related City Departments in the review of the recommendations and the creation of the implementation strategy that will follow. The consultation process should be comprehensive and include not only members of the OHSNA but the many other RCF operators who deliver the Domiciliary Hostel Program. A Domiciliary Hostel Program Planning Committee will be established to provide oversight to the implementation strategy and explore ways to continue to engage the many stakeholders who are connected with the Domiciliary Hostel Program.

## **ALTERNATIVES FOR CONSIDERATION**

There are no alternatives for consideration for Report CS10036(a)

## **CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)**

Focus Areas: 1. Skilled, Innovative and Respectful Organization, 2. Financial Sustainability, 3. Intergovernmental Relationships, 4. Growing Our Economy, 5. Social Development, 6. Environmental Stewardship, 7. Healthy Community

### ***Skilled, Innovative & Respectful Organization***

- ◆ A culture of excellence
- ◆ A skilled, adaptive and diverse workforce, i.e. more flexible staff
- ◆ More innovation, greater teamwork, better client focus

- ◆ An enabling work environment - respectful culture, well-being and safety, effective communication
- ◆ Council and SMT are recognized for their leadership and integrity

***Financial Sustainability***

- ◆ Financially Sustainable City by 2020
- ◆ Delivery of municipal services and management capital assets/liabilities in a sustainable, innovative and cost effective manner

***Intergovernmental Relationships***

- ◆ Influence federal and provincial policy development to benefit Hamilton
- ◆ Acquire greater share of Provincial and Federal grants (including those that meet specific needs)
- ◆ Maintain effective relationships with other public agencies

***Growing Our Economy***

- ◆ An improved customer service

***Social Development***

- ◆ Everyone has a home they can afford that is well maintained and safe
- ◆ Residents in need have access to adequate support services
- ◆ People participate in all aspects of community life without barriers or stigma

***Healthy Community***

- ◆ An engaged Citizenry
- ◆ Adequate access to food, water, shelter and income, safety, work, recreation and support for all (Human Services)

**APPENDICES / SCHEDULES**

Appendix "A" to Report CS10036(a) – Room for Potential - City of Hamilton Domiciliary Hostel Program Review Summary Report

Appendix "B" to Report CS10036(a) – Room for Potential - City of Hamilton Domiciliary Hostel Program Review Final Report



**ROOM FOR POTENTIAL:**  
A Review of the City of Hamilton's  
Domiciliary Hostel Program

Summary Report

August 9<sup>th</sup> 2011

Prepared by



## Table of Contents

1.0	Introduction.....	1
1.1	Background.....	1
1.2	Context .....	1
1.3	Project Objectives .....	2
1.4	Project Approach and Methodology .....	3
1.5	Policy Context.....	4
2.0	Key Messages from the Consultations.....	5
3.0	Findings and Recommendations.....	8
4.0	Moving Forward.....	24



## 1.0 Introduction

### 1.1 Background

The City of Hamilton, Housing and Homelessness Division, is the Consolidated Municipal Service Manager responsible for providing a continuum of housing options to the residents of Hamilton. The responsibility of this Division covers the full housing continuum including homelessness prevention, Emergency Shelter Services, the Domiciliary Hostel Program, social housing, affordable housing development and home ownership.

The Domiciliary Hostel Program is administered by the City of Hamilton. The Program provides subsidies for vulnerable adults with a wide range of special service needs who do not have the financial means to pay for their stay. Domiciliary Hostels offer subsidized accommodation that provides basic necessities such as meals, as well as assistance with activities of daily living, to this component of Hamilton's population. The Ministry of Community and Social Services and the City cost-share the program (80% provincial, 20% municipal) and the Ministry funds its administration with 100% provincial funding.

There are 90 licensed Residential Care Facilities (RCFs) in total in Hamilton providing 3,013 licensed beds. The Community Services Department has Domiciliary Hostel Service Agreements with 62 of these facilities for a total of 1,040 subsidized beds.

While the City has Agreements that cover 1,040 beds, the funding envelope available for subsidies is on an average 765 beds. The higher number of beds under agreement compared to available funding represents vacancies within the system.

Due to a number of emerging issues and concerns, the City felt the time was appropriate to assess the needs of Domiciliary Hostel residents, the current service delivery model, and the funding model to determine whether there should be changes made to the program to better meet the needs of residents and operators and if there are other housing options to better meet the needs of the residents. As a result, the City of Hamilton's Housing & Homelessness Division is undertaking a review of the Domiciliary Hostel Program.

### 1.2 Context

In the late 1950s, municipalities began providing financial support to individuals living in lodging homes, although it was the early 1970's when Domiciliary Hostels were developed in Ontario. Domiciliary Hostels came into being in 1972 through the proclamation of the *Nursing Homes Act*. Some nursing homes did not meet the standards of the new Act, and were adapted to become hostels for

older adults who required a basic level of care (assistance with daily living activities requiring less than ninety minutes per day). Originally, Domiciliary Hostels were created for lower-income elderly adults. In the mid-1980's, adults who were discharged from psychiatric facilities were also included.

The Domiciliary Hostel Program has evolved to become permanent housing for many vulnerable adults with a wide range of special service needs. In addition to preventing homelessness, Domiciliary Hostels provide permanent housing with some supports and 24-hour supervision for a diverse range of individuals who have modest incomes.

Residents living in Domiciliary Hostels now include persons with physical or developmental disabilities, mental illness, addictions issues, dual diagnosis (individuals with mental illness and substance abuse issues), and older adults. Residents are provided with room and board, some supports with daily living activities, and other services that vary with each individual provider.

The program costs for the Domiciliary Hostel Program are shared between the province (80%) and municipalities (20%). Operators are funded per day per occupied bed. The province has set the current per diem rate at \$47.75 per person per day. The per diem is covered jointly by the resident (payments vary depending on their income), and the province/municipality. All operators receive equal payment for each bed that is occupied. The province covers 100% of the municipal costs to administer to the program up to a maximum.

The vast majority of operators in the City of Hamilton are private, for-profit businesses, with a single not-for-profit operator.

### **1.3 Project Objectives**

The purpose of the program review is to assess the adequacy of the funding and delivery of the Domiciliary Hostel Program and identify potential changes to the program that will better meet the needs of residents.

The four main objectives in the review are to:

- Determine the needs and circumstances of Domiciliary Hostel residents
- Review and assess the current service delivery model and determine whether it meets the needs of those utilizing the service
- Propose program changes to better meet the needs of individuals who require housing with supports
- Assess the funding model and provide alternative funding options that support operational costs while providing quality service for residents.



## 1.4 Project Approach and Methodology

This program review has focused on a number of key components of the program:

- Needs of the residents
- Current service delivery model
- Benefits provided to residents
- Referral and placement processes
- Requirements of each City Department involved with domiciliary hostels
- Legislation governing the administration of the Domiciliary Hostel Program
- Funding model, including the per diem rate.

The consultant's role was to gather and analyze program information and suggest recommendations for addressing identified issues. This was done through two key methods: a literature review of research reports, academic publications, government reports, community based reports, and policy documents, and legislation; and consultations with over 100 key informants.

Consultations included:

- Focus groups with residents (50 participants), the Coalition of Residential Care Facility Tenants (5), Operators (21), the Housing with Supports Group (8), and the Affordable Housing Flagship Committee (5);
- Interviews with community service providers (9) (such as the Canadian Mental Health Association, Community Care Access Centre, COAST, Hospital and Provincial Corrections Discharge Planners, and the Mental Health Rights Coalition), a neighbourhood association, provincial staff (3), City Councillors (2) and City staff (9) including Service Manager staff, Municipal By-Law Enforcement, and Public Health Services;
- Visits to 3 Domiciliary Hostels to determine whether the program meets the needs of those utilizing the service and;
- Interviews with staff at each of the four comparator municipalities (Windsor, York, Ottawa and Waterloo) to identify best practices and benchmarks.

The Domiciliary Hostel Program Review Advisory Committee was established to provide direction on the focus and course of the project, assist in identifying issues, and to provide input into the recommendations that evolved from the review.

It is comprised of staff from the related City Departments, operators, the Coalition of Residential Care Facility Tenants, the Ministry of Community and Social Services, community service providers and the academic community,

## 1.5 Policy Context

A wide range of local and provincial legislation and regulations guides the delivery of Hamilton’s Domiciliary Hostel Program (see Table 1). This has resulted in a complex network of policies that govern the program’s delivery.

Further discussion on the legislation is provided in Appendix A of the report.

**Table 1: Legislation Governing Hamilton’s Domiciliary Hostel Program**

Legislation	Description
<b>Provincial Legislation</b>	
Ministry of Community and Social Services Act	The Act authorizes the Minister of Community and Social Services to enter into agreements with municipalities respecting the provision of social services and community services. The Act also authorizes a municipality with an agreement with the Ministry to pay subsidies to Operators of residential care facilities.
Ministry of Community and Social Services Domiciliary Hostel Program Framework (2006)	The Framework identifies the provincial expectations for standards that Consolidated Municipal Service Managers (CMSMs) are to develop and implement within their local Domiciliary Hostel Program.
Ontario Works (OW) and Ontario Disability Support Program (ODSP) Acts	These Acts and associated directives outline required payments by residents for room and board, as well as additional personal allowances for residents.
Residential Tenancies Act (2006)	The Act outlines the responsibilities of landlords and tenants of care homes including agreements with respect to care services and meals, information provided to clients and matters of compliance.
<b>Municipal Legislation</b>	
Schedule 20 of City of Hamilton By-Law No 07-170	This By-law licences all Residential Care Facilities (RCFs), including Domiciliary Hostels, and prescribes standards of operation for both the physical premises and the care of residents in RCFs.
Residential Care Facility Subsidy Agreement	This is the service contract between the City and the operator which provides the terms under which the operator will receive subsidy through the Domiciliary Hostel Program.
Hamilton’s Official Plan	The Official Plan permits Residential Care Facilities in

	Urban areas and Mixed Use designation areas, subject to zoning regulations. It also permits them in Rural land use designation areas, provided they are primarily related to and directly serving the needs of the rural population, and that the use does not adversely impact the surrounding agricultural uses or settlement areas.
Hamilton's Zoning By-Law	The Zoning By-Law identifies the types of buildings Residential Care Facilities are permitted to be, parking space requirements, zones in which RCFs are permitted, maximum capacity of RCFs in various zones, and sets out a minimum radial separation distance between facilities.

## 2.0 Key Messages from the Consultations

The following are the key messages from the consultations with over 100 key stakeholders:

### Role of Domiciliary Hostels and the Domiciliary Hostel Model

- Both operators and community service providers agreed that domiciliary hostels play an important role in the housing continuum and that there is a need to ensure domiciliary hostels have the necessary resources to provide the level of care and support required by residents
- Operators and community service providers both felt that the Domiciliary Hostels' role has expanded beyond custodial care. They have taken on more responsibility, and are occupying a broader position along the housing continuum than originally intended
- Community service providers identified that there are limited alternative forms of housing that provide for the expanded needs of residents along this broader section of the continuum

### Basic Needs and Quality of Life

- Consultations with residents and community service providers found that most Domiciliary Hostels are able to meet the basic care needs of residents, although some identified instances where they had concerns with how these needs have been met
- From the consultations with residents and community service providers it was clear that some providers are not able to fulfill enhanced undocumented expectations for quality of life, while others do fulfill these expectations

- Community service providers and operators noted that the current program model can be a barrier to better meeting the care needs of those with higher needs
- Key informants from a range of groups identified that operators and residents are not always aware of available services and supports or where to obtain information in this regard
- Some community service providers noted that there are missed opportunities for additional services in some facilities due to a lack of openness of some operators to services and programs offered in the home by external agencies
- Many community service providers felt that the current legislation supporting domiciliary hostels does not support a high quality of life for the residents
- It was clear from the consultations that although the funding model is based on delivering the minimum standards, some operators choose to provide a more enhanced model, but they are not compensated accordingly

### **Supporting Residents to Achieve Their Personal Potential**

- Residents, operators, and resident advocates/community service providers all identified that there are gaps in the supports provided to help residents achieve their personal potential, including accessibility to and availability of information and services
- Residents and some community service providers identified that residents' limited access to computers and the Internet is hindering their access to information

### **Referral and Placement**

- Community service providers indicated that some residents may be placed in homes that do not meet their needs due to the general lack of knowledge about the specific domiciliary hostels available

### **Benefits Provided to Residents**

- Residents and community service providers agreed that the current personal need benefit is inadequate
- Resident advocates and community service providers raised concerns about the potential conflict of interest situation where operators are acting as a financial trustee for residents. However, they noted that there may not be the capacity in the system to enhance trustee services

- Resident advocates/community services providers as well as residents themselves felt strongly that transportation subsidies are an important benefit, but both identified that access to and availability of assistance is inconsistent and isn't always understood

### **Cross-Department Integration, Communication and Improved Interactions with Operators**

- Key informants from a range of groups identified that operators and residents are not always aware of available services and supports or where to obtain information in this regard
- Operators identified that having a number of different departments involved in administering domiciliary hostels is confusing for operators as to who is the appropriate point of contact
- Operators felt that the City has not always acknowledged them as partners in delivery
- Operators noted that the approach to enforcement of municipal regulations by City Parking and By-law Services Division and Public Health Services is inconsistent and has created a challenging relationship between operators and the City
- Residents and community service providers identified cases where some facilities are not in compliance with standards

### **Infrastructure, Policies and Procedures**

- Operators and residents both identified the concern that Schedule 20 and other building standards are not always informed by the needs of the individuals that use the program and felt that they are creating burdens on Domiciliary Hostel operators.

### **Funding**

- Operators raised the concern that the existing per diem funding is insufficient to respond to cost increases and expanded expectations for services and administration and has not been adjusted on a regular basis to keep pace with these increases. Accordingly, they are having difficulty maintaining the level of service required to meet the needs of residents
- Operators noted that they are now seeing residents with higher needs that require greater levels of care at higher costs without being provided additional funding support needed to provide the higher levels of service required

### 3.0 Findings and Recommendations

Based on the consultation process, literature review, discussions with comparator municipalities and discussions with the Advisory Committee overseeing this study, the following findings and recommendations have been determined.

#### **Role of Domiciliary Hostels and Domiciliary Hostel Program Model**

- 1. That the City of Hamilton adopt a policy statement recognizing the important role that the Domiciliary Hostel Program provides in the City's housing continuum and that the City commit to working in partnership with the operators, residents and agencies to improve the effectiveness of the program**

Key stakeholders consulted were clear that housing with supports, including the Domiciliary Hostel Program, are important parts of Hamilton's housing continuum. Domiciliary Hostels provide permanent housing with some supports and supervision for a diverse range of individuals who have low and modest incomes, which in turn reduces the rate of homelessness. However, key stakeholders, including operators, identified that the important role they play isn't always recognized or valued. Domiciliary Hostels should have the necessary resources to provide the level of care and support required by their residents.

- 2. That the housing options for individuals who require supports to daily living be expanded beyond the current Domiciliary Hostel Program Model to offer greater choice to meet the varying needs of residents**

Operators and community service providers both felt that the role of the Domiciliary Hostel has expanded beyond custodial care. They have taken on more responsibility, and are occupying a broader position along the housing continuum than originally intended. At the same time, the current Domiciliary Hostel Program Model has certain limitations as described below.

While the current model requires that residents are provided with room and board, support with daily living activities, and recreational activities; there are broad variations amongst the operators in the quality of care, levels of supports and provided activities. The achievement of specific objectives by tenants or expressed quality of life is not presently a requirement of the program.

Community Service Providers indicated that many individuals are not choosing Domiciliary Hostels, if they have the choice. Community Service

Providers identified that there are few alternative forms of housing that provide for the expanded needs of residents.

Housing options for individuals who require supports should be expanded to offer greater choice to meet the varying needs of residents. Alternate models for housing include supportive housing models with a rehabilitative focus that enable residents to learn and/or practice independent living skills, thus maximizing the likelihood they may move to more independent living. Others have identified an empowerment, person-directed, or person-centred approach to housing that is centred on residents' rights and the means to ensure that these rights are respected and protected.

**3. That the City work with key stakeholders to implement a person-centred approach in the delivery of services within the Domiciliary Hostel Program**

There is a continuum in approaches to programs that ranges from a program driven approach to a person-directed approach, with person-centred approach in the middle. The current approach to the Domiciliary Hostel program is a program driven approach. The program revolves around the administration/fulfillment of a contract between the municipalities and an operator and licensing by-laws. Care services are funded and distributed through this contractual relationship.

At the opposite end of the spectrum is a person-directed approach which acts on what is important to the person receiving services. It is responsive to the needs of the individuals that use the program, rather than the program being prescriptive in the types of services offered.

The City should work to transition the program toward a more person-directed approach. A person-directed approach acknowledges the primacy of residents, and services are tailored based on residents' input. A person-centred approach would be a move toward this end of the continuum, and is in keeping with the Department's Business Plan. This would be a good place to start at this time. A person-centred approach is still responsive to residents' preferences, but less control is given to residents.

## **Basic Needs, Quality of Life, and Helping Residents Achieve their Potential**

- 4. That the Domiciliary Hostel Program be funded adequately to meet the needs of residents. The per diem funding, direct benefits for residents, and the funding of support services should be reviewed and adjusted**

The funding model and provincial framework for the Domiciliary Hostel Program limit enhanced services that contribute to an improved quality of life for the residents. The funding model is based on delivering the minimum standards, although some operators provide a more enhanced model and are not compensated accordingly. Domiciliary Hostels should be funded adequately to meet the need of residents.

- 5. That the City explore ways to improve the quality of life of the residents through either the provision of additional direct service, purchase of service from community agencies or increased funding to the operators**

Domiciliary hostels' role has expanded beyond custodial care as the needs of the residents have become more diverse and complex; however, the funding and other supports have not adequately increased to meet that need.

Domiciliary Hostels are required to provide some quality of life supports such as recreation activities and assistance with transportation, although the level of services varies considerably by facility. Some facilities provide enhanced services, while some do not. Enhanced services are not supported by the provincial standards framework or the level of funding. The minimum expectations regarding quality of life services was identified as a concern of residents and community service providers, and was also identified in the literature.

Some Domiciliary Hostels in Hamilton receive additional supports from external service providers, while others do not. Reasons for the inconsistency in supports provided by external service providers include funding constraints of the service organizations as well as some operators' unwillingness to have services and programs offered in the home by external agencies.

Residents, service providers, and operators all expressed a need for more structure and more meaningful activities for residents, including social and recreational activities. Meaningful activities, whether on or offsite, or



provided internally or externally, would enhance quality of life for domiciliary hostel residents.

**6. That the City collaborate with the operators and the Community Care Access Centre to better meet the basic care needs of individuals with higher needs**

Barriers exist with the current program model for the provision of adequate service for individuals with greater needs. Operators identified that they are reluctant to accept residents with higher care needs that require home care services due to the terms for admission under Schedule 20. Service providers also reported that there are times when the needs of the resident are too great but the operator has been reluctant to admit this as the resident would be relocated and the revenue lost.

The per diem rather than block funding creates a situation where some operators admit and keep residents regardless of suitability in order to generate revenue. The City should collaborate with operators and the Community Care Access Centre to determine ways to better meet the basic care needs of individuals with higher needs.

**7. That a request is sent to the Ministry of Community and Social Services to extend the maximum absence period from 28 days**

During the consultations, a number of residents expressed dissatisfaction with the rule that they could not have an absence from their house for more than 28 days in a calendar year and maintain their tenancy. It was mentioned that residents may be in the hospital for longer than 28 days, and in such situations would like to be able to return to their home after their stay in the hospital. In Rent Geared to Income housing in Hamilton, there is a local rule that absences are permitted up to a maximum of 120 days. It is suggested that the City send a request to the Ministry of Community and Social Services to extend the 28 day absence rule.

**8. That the City implement a qualitative monitoring of care for residents such as an annual survey or interview**

During the consultations some residents expressed that their basic needs and additional quality of life needs were not being met. Some were not satisfied with the amount, quality, and diversity of food. Others expressed concerns about privacy, safety and security. Sometimes, the sense of insecurity was directed to the Domiciliary Hostel staff. Some of the residents who participated in the consultations indicated that they feel threatened that they will be evicted if they report issues. Residents also

expressed concern about incidents of verbal abuse or elder abuse, where the resident was not provided with his/her appropriate personal needs benefits. Some community service providers also identified concerns regarding some instances of abuse. There is a need to qualitatively monitor the care of residents to ensure their needs are being met.

**9. That the residents and operators be informed of, be provided with assistance in making use of, and have access to other services including those that are available to all of Hamilton's residents such as recreational opportunities**

Key stakeholders indicated that many operators and residents are not fully informed of available services and supports that are provided by the City and community. Residents indicated that they would like more information on available programs and community services. Limited access to computers and the Internet was also identified by residents and community service providers as curtailing resident access to information.

The City should explore ways to improve information distribution and access to services. This may include linking residents and operators with already available social and recreational services provided by the City or in the community, through a regularly updated guide distributed in paper and on-line and regular information sessions.

**10. That the City explore the possibility of Resident Support Workers who would offer a broad range of case management supports to every resident who is subsidized through the Domiciliary Hostel Program**

The model in which Domiciliary Hostels operates plays a huge role in the residents' ability to meet their potential. The current model of care is largely focused on maintenance of daily living, and most operators do not view it as their responsibility to provide services to assist residents in achieving their potential. By focusing on maintenance of daily living, the current Domiciliary Hostel model does not provide incentives for residents to move to more independent living.

In the consultation with residents, they identified the desire for more programs, including employment programs, evening mental health programs, and substance misuse counsellors. They also desired assistance with transitioning to independent living.

To support residents in achieving their potential, residents would benefit from access to a resident support worker. It is envisioned that the resident support worker would work collaboratively with residents to facilitate the

establishment and achievement of personal goals directed and determined by the resident, provide information to residents and operators related to available support services, competitive employment and employment programs and the City's Licensing By-law, connect residents and operators with the City and other community services, and advocate on behalf of residents to address issues with their tenancy or support services.

### **Benefits Provided to Residents**

#### **11. That the City provide additional benefits for Domiciliary Hostel residents and support an increase to the monthly Personal Needs Benefit**

Domiciliary Hostel residents receive room, board, laundry and some toiletries included in the cost of living in the Residential Care Facility. In addition, the Program establishes a Personal Needs Benefit (or Personal Needs Allowance (PNA)) amount which residents are able to retain from their income for their personal use. The current amount established by the Program is \$130 per month (\$4.33 per day). It is expected that recipients use this amount for additional transportation, clothing, and miscellaneous expenses.

These rates are inadequate and are not reflective of personal needs costs today. The amount of the Personal Needs Benefit has not kept pace with inflation and studies have found that it does not cover basic monthly needs, including toiletry supplies, clothing, and bedding<sup>1</sup>. The residents consulted as part of the program review confirmed the inadequacy of the current personal needs benefits, and suggested a figure of \$200 per month would be more appropriate. The City should fund additional allowances for residents, such as a clothing allowance, and/or discretionary benefits, and/or an increased personal needs benefit. Further, in collaboration with community partners and residents, the City should continue to advocate to the Ministry of Community and Social Services for increases in the Personal Needs Benefit for all residents funded under the Program.

It is also suggested that the City consider the provision of a transportation allowance for all Domiciliary Hostel residents when their transportation costs are not covered through other programs. Transportation subsidies are an important benefit, but access to and availability of assistance is inconsistent and isn't always understood. Domiciliary Hostel residents

---

<sup>1</sup> Wilton, R. (2004). Putting policy into practice? Poverty and people with serious mental illness. *Social Science & Medicine*, 58, pp. 25-39.

indicated that they would benefit from additional transportation subsidies to support their ability and accessibility to programs and support services. This recommendation is supported by a study of Residential Care Facility residents in Hamilton who found that residents, family members, and providers feel strongly about the importance of bus passes for residents to be able to engage in community activities.

The current eligibility for transportation subsidies varies for each individual. There is a lack of clarity and communication regarding eligibility for these subsidies. This is due to the complexity of the eligibility criteria and lack of user friendly information on eligibility. Some, but not all, residents are eligible for transportation costs under the OW and ODSP Programs. There is also a lack of stability regarding transportation subsidies as City Council has not currently committed on an ongoing basis to provide transportation subsidies.

### **Trusteeships/Assistance with Financial Management**

#### **12. That the City improve trusteeships and other supports for management of the residents' personal finances**

Further research is required into what assistance residents need in managing their finances, how best this can be provided, and what accountabilities could be put in place if the operator/Domiciliary Hostel staff are providing assistance with the resident's financial management. There are three external trusteeship programs in the City. However, there are capacity constraints, and locational challenges (some external trustees are located in emergency shelters) with existing trusteeship programs in the City.

The consultations also identified that many of the residents do not have bank accounts, partially because of the related service fees, which creates additional barriers in residents managing their own finances. The City should continue to work with local lenders to investigate opportunities for facilitating residents' access to bank accounts with low or no fees.

Operators/domiciliary hostel staff should not act as trustees or assist in the management of residents' personal needs benefits. In some cases operators/Domiciliary Hostel staff have been appointed as the trustee to assist in the management of the resident's finances. While not formally acting as a trustee, operators/domiciliary hostel staff may assist residents in managing their discretionary income such as Personal Needs Benefit on a weekly or daily basis. Operators are in a potential conflict of interest position by providing assistance related to the management of resident's finances. Further, concerns have been identified by key informants that

the Personal Needs Benefit may have been used inappropriately by the operators/domiciliary hostel staff. The City should work with community partners to facilitate appropriate trusteeships for residents.

- 13. That the City make use of the current policy for Ontario Works recipients, and encourage the Ministry of Community and Social Services to make use of the current policy for Ontario Disability Support Program (ODSP) recipients, to permit personal needs benefits to be provided to the individual separately from the shelter allowance payments provided directly to the landlord, where agreed upon by the individual**

One of the preferred options to facilitate the management of personal needs benefits is for social assistance programs to allow personal needs benefits to be provided separately from shelter allowance payments (where agreed by the individual). The shelter component would be provided directly to the operator and the personal needs benefit would be provided directly to the residents. This policy is regularly utilized for Ontario Works recipients, but has not frequently been utilized with Ontario Disability Support Program recipients.

- 14. That the City ensure that all of the operators and residents are provided with accurate information regarding the treatment of tenant earnings and the impact that the employment income may have on subsidy payments**

The City should ensure that operators and residents are provided with information regarding the treatment of tenant earnings. Concerns were raised by key stakeholders that operators and residents are not fully aware of how earnings are to be treated and the impact of employment income on subsidy payments. This may result in residents retaining a smaller portion of their earnings than they are eligible to retain.

### **Referral and Placement**

- 15. That a web-based publicly accessible system be established that provides real-time information on the Domiciliary Hostel Program and Residential Care Facilities by location, number of beds, population served, vacancies, care provided, and contact information**

There is no information system accessible to the public to provide information on the program, and facilities by location, size, and population served, vacancies, care provided, and contact information to assist in the placement process. This can result in residents and their families being

unaware of the most suitable choices to meet their needs. Some residents may be placed in homes that do not meet their needs due to the general lack of knowledge about the available Domiciliary Hostels.

Discharge planners and other service providers have expressed interest in having more information on existing facilities, current management, services and population. They acknowledge that limitations in their knowledge of available domiciliary hostels may restrict the extent to which clients are placed in the most appropriate accommodations. At a minimum, the existence of a real-time web-based system for Domiciliary Hostels in Hamilton would facilitate access to better information and placements.

- 16. That there be a feasibility study to establish a centralized placement process where clients are referred to Program staff who will conduct an assessment for subsidy and suitability for the program, determine the client's preferences and potential accommodations; arrange visits; and, enter into a subsidy agreement for the individual with their preferred operator**

At present, there is no formal referral and placement process to the Domiciliary Hostel Program. Residents access the facilities independently, with the assistance of family, support service providers, discharge planners from hospitals or provincial corrections facilities. Discharge planners and other service providers tend to refer to those homes or operators that are known to them and have historically provided care services appropriate to their client base. They work closely with known operators to identify who has subsidized beds available, to arrange meetings and/or visitations and finalize placements. They acknowledge that their limited knowledge of available Domiciliary Hostels may restrict the extent to which clients are placed in the most appropriate accommodations.

Some municipalities, such as the City of Ottawa, operate a centralized referral process for clients applying for a Domiciliary Hostel subsidy. They have found that it results in better placements, and stakeholders, including operators, are satisfied with the process. The City should conduct a feasibility study to establish a centralized placement process in Hamilton.

### **Cross-Department Integration, Communication and Improved Interactions with Operators**

- 17. That the City identify a single department in the municipal leadership role for the management of Domiciliary Hostels and provide the**

**additional capacity to effectively fulfill this responsibility, including staffing and infrastructure**

The City should identify a single department in the municipal leadership role for the management of Domiciliary Hostels. There is currently shared leadership among the departments involved in administering the program. The position of the Domiciliary Hostel Program in the City of Hamilton and its relationship to other City departments and differing mandates present challenges for the operators of domiciliary hostels.

**18. That the roles of various stakeholders in the Domiciliary Hostel Program be clearly defined**

The roles of various City departments as well as those of the operators and other service providers are not well defined. It was observed that the City Departments are sometimes unaware of the role or responsibilities of the other Departments. In turn, the operators are unclear in what City Department or program is responsible for various areas of their facility operations and who should be contacted when issues arise. The roles of various stakeholders in the Domiciliary Hostel program should be defined.

**19. That the City consider creating a one-window approach, with a partnership focus, to support Domiciliary Hostel residents and operators, that coordinates a team of municipal staff from various departments which interacts with operators and facilitates communication. This may include joint inspections from more than one Department**

Operators have identified that the approach of certain City departments in the regulation of residential care facilities is inconsistent and has caused tensions in their ability to meet the terms of their service agreements with the City. Numerous inspections by various departments at different times add to the confusion around Program priorities and legislative mandates. It would be useful for residents and operators to have one point of contact at the City through which they can address issues related to various departments.

**20. That the City continue to strengthen cross-departmental communication and information sharing, including the development of shared objectives to avoid the adverse impacts of different mandates**

The City should strengthen cross-departmental communication and information sharing between departments to help ensure departments are implementing shared mandates. The divided responsibilities and lack of

communication across different City departments have been identified as a contributing factor to the tenuous relationship between the City and operators, as well as a limiting factor in the sharing of information on programs, services and other supports that could benefit residents.

Operators do not feel that they are supported by the City as partners in delivering the program. It is recommended that the City build on regular Residential Care Facility Case Conference meetings of staff from the Health Protection Division of Public Health Services, Municipal Law Enforcement of the Parking and By-Law Services Division of the Planning and Economic Development Department, and Domiciliary Hostel Program of the Housing and Homelessness Services Division of the Community Services Department to strengthen cross-departmental communication and develop a one-window approach to program delivery.

**21. That the City expand activities to improve communications with stakeholders, such as expanding outreach to operators, developing a newsletter, and setting up a formal advisory committee to provide advice to Council**

The City should expand outreach to operators related to program administration, oversight and support services for residents including supporting and building on the existing Residential Care Facility Education Committee<sup>2</sup>, the Domiciliary Hostel Working Group<sup>3</sup>, and the Residential Care Facility Operators Meetings<sup>4</sup>.

Operators and residents are not consistently aware of available services and supports. In response, the City initiated Residential Care Facility Case Conference meetings with the intent of bringing together members of the City departments most closely involved in the delivery of the Program to review the status of each Residential Care Facility. The Residential Care Facility Education Committee provides opportunities for operators and their staff to learn more about topics related to domiciliary hostel operations, such as meal planning and support services.

---

<sup>2</sup> Participants in the Residential Care Facility Education Committee include operators, the Domiciliary Hostel Program of the Housing and Homelessness Services Division and Hamilton Public Health Services

<sup>3</sup> Participants in the Domiciliary Hostel Working Group include operators, the Domiciliary Hostel Program of the Housing and Homelessness Services Division, and the Ministry of Community and Social Services

<sup>4</sup> Participants in the Residential Care Facility Operators Meetings include Municipal Law Enforcement, Health Protection, the Domiciliary Hostel Program, and Ontario Homes for Persons with Special Needs Association



The work of this Committee and other outreach activities is a valuable tool in fostering a positive relationship between the City and its Domiciliary Hostel Operators. These outreach initiatives should be continued and expanded. One expansion opportunity is to develop a newsletter to share and distribute information.

The City should consider establishing a formal advisory committee comprised of representatives from operators, support agencies, residents, the Health Protection Division, Municipal Law Enforcement, and the Domiciliary Hostel Program, and a member of Council to provide advice to Council aimed at improving the operations of Domiciliary Hostels and their ability to meet the need of existing and future residents. The Committee would advise on standards of care and report to a Committee or Council, bringing forward advice and recommendations.

### **Infrastructure, Policies and Procedures**

#### **22. That the City improve, update and formalize infrastructure, including information technology and operational policies and procedures, to facilitate stakeholders in fulfilling defined roles and responsibilities for the Domiciliary Hostel Program**

The regular sharing of and access to information on residential care facilities is vital to improving the management, regulation, delivery and quality of domiciliary hostels in Hamilton. The infrastructure, including information technology and operational policies and procedures, to facilitate stakeholders in achieving roles and responsibilities, is lacking and needs to be improved, updated and formalized. For example, the Residential Care Facilities with Subsidy Policy and Procedure Manual does not include recent legislative changes and is not readily available to all residential care facility stakeholders who could benefit from having access to the information it contains. Cross-departmental information sharing by residential care facilities has been limited by a lack of sufficient information technology, as well as Program policies and procedures.

#### **23. That the City update the Domiciliary Hostel Subsidy Agreement Point Schedule**

The Point Schedule is used by the Domiciliary Hostel Program to assess compliance of the facility to the subsidy agreement. The existing Domiciliary Hostel Subsidy Agreement Point Schedule is out of date and does not reflect current practices for operating Domiciliary Hostels. Further, there is a need to update the point schedule to provide for better grading (e.g. 0-5).

## **People Focused Subsidy Reallocation and Expansion Policies**

- 24. That the City study the impact of reallocating subsidy agreements and explore potential reuse of existing beds, and if appropriate to reallocate subsidy agreements, develop a formula for reallocating subsidy agreements based on chronic vacancies and undertake the reallocation of service agreements based on the formula chosen**

The current vacancy rate for subsidized beds under the Domiciliary Hostel Program is 25%, which has been relatively constant for a number of years. Some operators consistently have vacant beds, while others maintain waiting lists. The high number of chronic vacancies limits opportunities for potential residents to be served in other Domiciliary Hostels.

While in recent years, the province has permitted the City to transfer some of the unused Domiciliary Hostel Program funding to other homelessness programs, there is a risk that this may not always be permitted and that these funds could be lost to the community to address housing and homelessness needs.

By reallocating subsidies for beds that have been chronically vacant, to new facilities or existing facilities, there is an opportunity to better serve potential residents by increasing choice and competition. It would also help ensure that the use of the provincial funding is maximized to provide accommodation for more individuals who may be in need.

Concerns have been raised by operators that reallocating beds may have an impact on their ability to obtain financing, and therefore may impact the ongoing viability of the Program. This concern should be explored prior to undertaking a reallocation of beds.

There may be opportunity to investigate whether people currently in Alternative Level of Care (ALC) beds could be served through Domiciliary Hostels, or whether existing beds could be used for another client group not typically served by Domiciliary Hostels.

- 25. That the City establish an evaluation framework for new or expanded subsidy agreements for reallocated beds that considers the client group served, locational amenities, existing facilities for specific population groups, available support services, and size**

Currently, the criterion for new service agreements is based on the preference for wards with disproportionately few subsidized beds and high

occupancy rates. It is suggested that the City establish an evaluation framework with a series of criteria for new or expanded subsidy agreements to ensure a holistic and systematic analysis of potential facilities. Criteria could relate to the client group served, locational amenities, existing facilities for specific population groups, available support services, and size.

As part of the evaluation framework for new or expanded subsidy agreements the City should consider allowing service agreements to be awarded to facilities of any size. There are two reasons for this. First, the emphasis on smaller homes, based on the assumption that the more intimate environment provides a more home-like atmosphere, is negated by allowing a maximum of 24 subsidized beds in a Residential Care facility of any size. Second, the maintenance of the current 24-bed rule in any size facility may hinder the operator's ability to realize economies of scale. During consultations, a number of operators indicated that financial viability would be better achieved if the number of subsidized beds was relaxed.

### **Funding**

- 26. That the City increase the per diem funding to \$55, with annual adjustments for inflation, to better reflect the cost of operating Domiciliary Hostels, and encourage the Ministry of Community and Social Services to increase the per diem funding levels it establishes for the Program**

Consultations were conducted with operators on the adequacy of the current per diem funding. An analysis was conducted of the adequacy of the current per diem model. Both the consultations and the analysis found that the existing per diem funding is insufficient to respond to cost increases and expanded expectations for services and administration. Operators are now providing service to residents with higher needs that require greater levels of care at higher costs without being provided additional funding support needed to provide the higher levels of service required.

The analysis determined a recommended per diem of \$55.00 based on the current expense profile of sample operations and the cost required to fund the current service delivery model. The current service delivery model is not ideal. For example, many staff are paid minimum wage, and the quality of food in some facilities is poor. Additional funding increases would be warranted with corresponding service improvement requirements.

**27. That the City provide input to the Province on program funding consolidation to encourage flexibility in the use of Domiciliary Hostel program funding**

The Province allows no funding flexibility within the Domiciliary Hostel Program Cost budget. One of the goals of Ontario's Long-Term Affordable Housing Strategy is to consolidate Ontario's housing and homelessness programs to give municipalities more flexibility in addressing their local needs. The Domiciliary Hostel Program has been identified as one of 30 programs to be reviewed for consolidation under the Strategy. Increased flexibility in the use of Domiciliary Hostel Program funding would allow the City to use the funding to better meet the needs of residents, which may include using the funding to increase the per diem funding rate, increase benefits to residents, and enhance program support services.

**28. That the City work collaboratively with operators and community partners to continue to advocate for changes to the ODSP system so that benefits are not provided at the end of the month for the preceding month**

There are inherent challenges with the ODSP system in that benefits are provided at the end of the month for the preceding month. Some concerns were raised in the consultations that residents may leave at the end of the month without paying for their portion of the room and board provided during the month. The City should work collaboratively with operators and community partners to continue to advocate for changes to the ODSP system so that benefits are not provided at the end of the month for the preceding month.

**29. That the City monitor the development of the Accessibility for Ontarians Act Standards on Built Environment and Ontario French Language Services Act in relation to the potential financial impact on Domiciliary Hostels**

In the future, the Accessibility for Ontarians with Disabilities Act Standards on Built Environment and the Ontario French Language Services Act may set out additional requirements for Domiciliary Hostels, which may impact the costs of operating Domiciliary Hostel facilities. The City should monitor and provide input into the development of these standards in relation to the potential financial impact on Domiciliary Hostels.

## **Key Observations in Areas Outside the Scope of This Report**

### **Schedule 20 and Other Building Standards**

1. During the consultation process, some residents and operators expressed concern with Schedule 20 and building standards. Residents felt that some of the regulations were not informed by their input. Operators felt that some aspects of the regulations are burdensome for the operators. As Schedule 20 and other building standards including the Building Code are outside of the scope of this review, residents and operators are directed to contact the Parking and By-Law Enforcement Division of the Planning and Economic Development Department and request revisions to related by-laws in accordance with established procedures.

Concerns expressed by residents included Schedule 20 standards related to lighting and dietary requirements. Operators expressed concerns about the Building Code classifications and interpretation as well as cost implications of Schedule 20.

### **Zoning Policies**

2. During the consultation process, some operators expressed concern with the City's planning regulations, specific to zoning. They felt that zoning regulations were creating barriers to inclusivity, integration and choice for residents. As planning regulations are outside of the scope of this review, operators are directed to contact the Planning and Economic Development Department and request a review of the zoning regulations that were negatively impacting their residences in accordance with established procedures.

Hamilton's current zoning by-law restricts capacity for Residential Care Facilities in particular zones, and where permitted, that are subject to a minimum radial separation distance. The intent of the restrictions is to distribute domiciliary hostels more evenly throughout the City. However, the minimum separation requirement limits the locations new facilities can consider for development and could impact their ability to provide services to residents. For example, an existing domiciliary hostel wishing to establish a second facility next to its current facility to enable shared services is currently restricted from doing so. In addition, permitted locations may present higher property costs for operators. Further, the current policies are not people-focused, and create barriers to accommodating individuals with care needs.

Hamilton's current zoning by-law restricts domiciliary hostels to fully detached residential buildings. Limiting domiciliary hostels to detached buildings restricts them from being part of a mixed-use building, where, for

example, there is a commercial portion on the ground floor and a residential portion above. This policy can create barriers to accommodating individuals with care needs.

#### **4.0 Moving Forward**

Collectively, the recommendations in the report constitute a significant adjustment to the program, and would require additional ongoing staff capacity and municipal funding support. In addition, during implementation, it will be important to have dedicated resources to manage the implementation process, and to actively engage stakeholders throughout the process. Given the range of recommendations, it is critical for the City to establish an implementation plan with priorities and timeframes for implementation, so that changes are made in a strategic manner. Full implementation may take several years, but there are a number of recommendations that can be addressed in the short term.



**ROOM FOR POTENTIAL:**  
A Review of the City of Hamilton's  
Domiciliary Hostel Program

Final Report

August 9<sup>th</sup> 2011

Prepared by



## Table of Contents

Acknowledgements .....	ii
Consulting Team .....	iii
Executive Summary .....	iv
1.0 Introduction.....	1
1.1 Background.....	1
1.2 Project Objectives .....	2
1.3 Project Approach and Methodology .....	2
2.0 Policy Context.....	6
3.0 Profile of Residents.....	8
4.0 Key Messages from the Consultations.....	9
5.0 Residents' Needs .....	12
5.1 Role of Domiciliary Hostels and Domiciliary Hostel Program Model .....	12
5.2 Basic Needs, Quality of Life, and Helping Residents Achieve their Potential...	15
5.3 Benefits Provided to Residents .....	22
5.4 Trusteeships/Assistance with Financial Management .....	24
5.4 Referral and Placement.....	26
6.0 Program Administration .....	29
6.1 City's Structure.....	29
6.2 Cross-Department Integration, Communication and Improved Interactions with Operators .....	30
6.3 Infrastructure, Policies and Procedures.....	33
6.4 People Focused Subsidy Reallocation and Expansion Policies.....	34
6.5 Funding.....	37
7.0 Key Observations in Areas Outside the Scope of This Report .....	47
7.1 Schedule 20 and Building Standards.....	47
7.2 Zoning Policies.....	47
8.0 Moving Forward.....	49
Appendix A: Current Legislation and Potential Changes .....	54
Current Provincial Legislation .....	54
Current Municipal Legislation.....	55
Future Legislation with Potential Impacts.....	57
Appendix B: Profile of Residents .....	59
Appendix C: Consultation Highlights .....	63
Consultations with Residents.....	63
Consultations with Operators.....	65
Consultations with Community Service Providers .....	67
Appendix D: Consultations with Staff from Comparator Municipalities .....	72
Appendix E: Client-Directed Approach .....	79
Appendix F: References.....	80



## Acknowledgements

A Domiciliary Hostel Program Review Advisory Committee was formed to provide advice on the focus and course of this review, to assist in identifying issues, and to provide input into the recommendations. The members of the committee are as follows:

Michelle Baird, Program Manager, Health Protection Division, Public Health Services, City of Hamilton

Brian Burke, Residential Care Facilities Worker, Housing and Homelessness Division, City of Hamilton

Molly Elliott, Policy Analyst, Housing and Homelessness Division, City of Hamilton

Marg Foley, Director of Housing, Canadian Mental Health Association

Gillian Hendry, Director, Housing and Homelessness Division, City of Hamilton

John Iovio, Ontario Homes for Persons with Special Needs Association and Domiciliary Hostel Operator

Frances Jewell, Executive Director, Mental Health Rights Coalition

Moheb Michael, Domiciliary Hostel Operator

Jeffrey Neven, Affordable Housing Flagship Committee and Domiciliary Hostel Operator

Vince Ormond, Manager of Licensing and Permits, Planning and Economic Development, City of Hamilton

Mike Power, Domiciliary Hostel Operator

John Schalkwyk, Coalition of Residential Care Facility Tenants

Barbara Terry, Program Supervisor, Ministry of Community and Social Services

Shari Webb, Domiciliary Hostel Program Manager, Housing and Homelessness Division, City of Hamilton

Rob Wilton, Associate Director & Professor, School of Geography and Earth Sciences, McMaster University

We also wish to thank all of the key stakeholders including Domiciliary Hostel residents and operators, community service providers, and City staff for providing valuable input into the project. In particular, we would like to thank individuals who participated in interviews and focus groups.

## Consulting Team

The consulting team for this project consisted of:

Ed Starr, Partner, SHS Consulting (Study Director)

Cassandra Vink, Principal, SHS Consulting (Project Manager)

Kirsten Stein, Senior Research and Policy Analyst, SHS Consulting

Mary Campbell, Research Analyst, SHS Consulting

Vincent Minichiello, Financial and Economic Analyst, SHS Consulting

## Executive Summary

Due to a number of emerging issues and concerns, the City of Hamilton's Housing & Homelessness Division chose to conduct a review of the Domiciliary Hostel Program. The needs of the Domiciliary Hostel residents, the current service delivery model and the funding model were to be assessed to determine whether there should be changes to the Program to better meet the needs of residents and operators. The Program Review was to focus on the following key components:

- Needs of the residents
- Current service delivery model
- Benefits provided to residents
- Referral and placement processes
- Requirements of each of the three City Departments who work with the Domiciliary Hostel Operators
- Legislation governing the administration of the Domiciliary Hostel Program
- Funding model and per diem rate.

Two key methods were used to conduct the review:

1. A literature review including research reports, academic publications, government reports, community based reports, policy documents, and legislation; and
2. Consultations with over 100 key informants. Consultations included focus groups and interviews with residents, operators, community agencies/service providers, City staff, and the Domiciliary Hostel Program Manager in four comparator municipalities, as well as visits to a selection of Domiciliary Hostels.

The review was guided by an Advisory Committee, comprised of City staff from the three Departments, Domiciliary Hostel operators, a representative from the Residents' Association, Ministry of Community and Social Services, and community service providers. The Advisory Committee provided direction on the focus and course of the project, assisted in identifying issues, and provided input into the recommendations to address identified issues.

This document represents the Full Report which presents the culmination of the results of the Program Review. For each of the areas reviewed this report outlines the key issues, provides discussion on the issues, and provides recommendations in each section for addressing the key issues identified.

A separate Summary Report has been prepared for quicker review of the recommendations. The Summary Report is organized by recommendation with the supporting rationale following each recommendation.

As a result of the consultation process, literature review, discussions with comparator municipalities and discussions with the Advisory Committee it was clear that there was a need to:

- Recognize the important role Domiciliary Hostels play in the housing continuum
- Move towards a person-centred approach to program delivery and facility oversight
- Improve the Program model to facilitate additional quality of life supports
- Improve supports to residents to achieve their individual potential within Domiciliary Hostels, as well as alternative housing options
- Improve the referral and placement process to increase the potential to place people in residences that meet their needs
- Ensure adequate benefits are provided to residents, such as personal needs benefits and transportation allowance, as well as appropriate assistance with financial management, where required
- Improve cross-department integration, communication and interactions with operators
- Improve, update and formalize infrastructure, policies and procedures
- Create person-centred subsidy reallocation and expansion policies, and
- Provide funding to better reflect the cost of operating Domiciliary Hostels.

The recommendations developed to address these areas are as follows:

### **Role of Domiciliary Hostels and Domiciliary Hostel Model**

1. That the City of Hamilton adopt a policy statement recognizing the important role that the Domiciliary Hostel Program provides in the City's housing continuum and that the City commit to working in partnership with the operators, residents and agencies to improve the effectiveness of the program
2. That the housing options for individuals who require supports to daily living be expanded beyond the current Domiciliary Hostel Program Model to offer greater choice to meet the varying needs of residents
3. That the City work with key stakeholders to implement a person-centred approach in the delivery of services within the Domiciliary Hostel Program

### **Basic Needs, Quality of Life, and Helping Residents Achieve their Potential**

4. That the Domiciliary Hostel Program be funded adequately to meet the needs of residents. The per diem funding, direct benefits for residents, and the funding of support services should be reviewed and adjusted.
5. That the City explore ways to improve the quality of life of the residents through either the provision of additional direct service, purchase of service from community agencies or increased funding to the operators
6. That the City collaborate with the operators and the Community Care Access Centre to better meet the basic care needs of individuals with higher needs
7. That a request is sent to the Ministry of Community and Social Services to extend the maximum absence period from 28 days
8. That the City implement a qualitative monitoring of care for residents such as an annual survey or interview
9. That the residents and operators be informed of, be provided with assistance in making use of, and have access to other services including those that are available to all of Hamilton's residents such as recreational opportunities
10. That the City explore the possibility of Resident Support Workers who would offer a broad range of case management supports to every resident who is subsidized through the Domiciliary Hostel Program

### **Benefits Provided to Residents**

11. That the City provide additional benefits for Domiciliary Hostel residents and support an increase to the monthly Personal Needs Benefit

### **Trusteeships/Assistance with Financial Management**

12. That the City improve trusteeships and other supports for management of the residents' personal finances
13. That the City make use of the current policy for Ontario Works recipients, and encourage the Ministry of Community and Social Services to make use of the current policy for Ontario Disability Support Program (ODSP) recipients, to permit personal needs benefits to be provided to the individual separately from the shelter allowance payments provided directly to the landlord, where agreed upon by the individual
14. That the City ensure that all of the operators and residents are provided with accurate information regarding the treatment of tenant earnings and the

impact that the employment income may have on subsidy payments

### **Referral and Placement**

15. That a web-based publicly accessible system be established that provides real-time information on the Domiciliary Hostel Program and Residential Care Facilities by location, number of beds, population served, vacancies, care provided, and contact information
16. That there be a feasibility study to establish a centralized placement process where clients are referred to Program staff who will conduct an assessment for subsidy and suitability for the program, determine the client's preferences and potential accommodations; arrange visits; and, enter into a subsidy agreement for the individual with their preferred operator

### **Cross-Department Integration, Communication and Improved Interactions with Operators**

17. That the City identify a single department in the municipal leadership role for the management of Domiciliary Hostels and provide the additional capacity to effectively fulfill this responsibility, including staffing and infrastructure
18. That the roles of various stakeholders in the Domiciliary Hostel Program be clearly defined
19. That the City consider creating a one-window approach, with a partnership focus, to support Domiciliary Hostel residents and operators, that coordinates a team of municipal staff from various departments which interacts with operators and facilitates communication. This may include joint inspections from more than one Department
20. That the City continue to strengthen cross-departmental communication and information sharing, including the development of shared objectives to avoid the adverse impacts of different mandates
21. That the City expand activities to improve communications with stakeholders, such as expanding outreach to operators, developing a newsletter, and setting up a formal advisory committee to provide advice to Council

### **Infrastructure, Policies and Procedures**

22. That the City improve, update and formalize infrastructure, including information technology and operational policies and procedures, to facilitate stakeholders in fulfilling defined roles and responsibilities for the Domiciliary Hostel Program

23. That the City update the Domiciliary Hostel Subsidy Agreement Point Schedule

### **People Focused Subsidy Reallocation and Expansion Policies**

24. That the City study the impact of reallocating subsidy agreements and explore potential reuse of existing beds, and if appropriate to reallocate subsidy agreements, develop a formula for reallocating subsidy agreements based on chronic vacancies and undertake the reallocation of service agreements based on the formula chosen
25. That the City establish an evaluation framework for new or expanded subsidy agreements for reallocated beds that considers the client group served, locational amenities, existing facilities for specific population groups, available support services, and size

### **Funding**

26. That the City increase the per diem funding to \$55, with annual adjustments for inflation, to better reflect the cost of operating Domiciliary Hostels, and encourage the Ministry of Community and Social Services to increase the per diem funding levels it establishes for the Program
27. That the City provide input to the Province on program funding consolidation to encourage flexibility in the use of Domiciliary Hostel program funding
28. That the City work collaboratively with operators and community partners to continue to advocate for changes to the ODSP system so that benefits are not provided at the end of the month for the preceding month
29. That the City monitor the development of the Accessibility for Ontarians Act Standards on Built Environment and Ontario French Language Services Act in relation to the potential financial impact on Domiciliary Hostels

### **Key Observations in Areas Outside the Scope of This Report**

1. During the consultation process, some residents and operators expressed concern with Schedule 20 and building standards. Residents felt that some of the regulations were not informed by their input. Operators felt that some aspects of the regulations are burdensome for the operators. As Schedule 20 and other building standards including the Building Code are outside of the scope of this review, residents and operators are directed to contact the Parking and By-Law Enforcement Division of the Planning and Economic Development Department and request revisions to related by-laws in accordance with established procedures.

2. During the consultation process, some operators expressed concern with the City's planning regulations, specific to zoning. They felt that zoning regulations were creating barriers to inclusivity, integration and choice for residents. As planning regulations are outside of the scope of this review, operators are directed to contact the Planning and Economic Development Department and request a review of the zoning regulations that were negatively impacting their residences in accordance with established procedures.

Collectively, these recommendations constitute a significant adjustment to the Program, and would require additional ongoing staff capacity and a greater ongoing financial contribution from the City of Hamilton. In addition, during implementation, it will be important to have dedicated resources to manage the implementation process, and to actively engage stakeholders throughout the process. Given the range of recommendations, it is critical for the City to establish an implementation plan with priorities and timeframes for implementation, so that changes are made in a strategic manner. Full implementation may take several years, but there are a number of recommendations that can be addressed in the short term.



## 1.0 Introduction

### 1.1 Background

The City of Hamilton, Housing and Homelessness Division, is the Consolidated Municipal Service Manager responsible for providing a continuum of housing options to the residents of Hamilton. The responsibility of this Division covers the full housing continuum including homelessness prevention, Emergency Shelter Services, the Domiciliary Hostel Program, social housing, affordable housing development and home ownership.

The Domiciliary Hostel Program is administered by the City of Hamilton. The Program provides subsidies for vulnerable adults with a wide range of special service needs who do not have the financial means to pay for their stay. Domiciliary Hostels offer subsidized accommodation that provides basic necessities such as meals, as well as assistance with activities of daily living, to this component of Hamilton's population.

There are 90 licensed Residential Care Facilities (RCFs) in total in Hamilton providing 3,013 licensed beds. The Community Services Department has Domiciliary Hostel Service Agreements with 62 of these facilities for a total of 1,040 subsidized beds.

While the City has Agreements that cover 1,040 beds, the funding envelope is available for subsidies on an average of approximately 765 beds. The higher number of beds under agreement compared to available funding represents vacancies within the system.

The Ministry of Community and Social Services and the City cost-share the Program (80% provincial, 20% municipal) and the Ministry funds its administration with 100% provincial funding. Operators are funded per day per occupied bed. The province has set the current per diem rate at \$47.75 per person per day. The per diem is covered jointly by the resident (payments vary depending on their income), and the province/municipality. All operators receive equal payment for each subsidized bed that is occupied.

The vast majority of operators are private, for profit businesses, with only one non-profit operator.

Due to a number of emerging issues and concerns, the City felt the time was appropriate to assess the needs of Domiciliary Hostel residents, the current service delivery model, and the funding model to determine whether there should be changes made to the Program to better meet the needs of residents and operators and if there are other housing options that should be explored to better meet the needs of the residents. As a result, the City of Hamilton's Housing &

Homelessness Division is undertaking a review of the Domiciliary Hostel Program.

## 1.2 Project Objectives

The purpose of the Program Review is to assess the adequacy of the funding and delivery of the Domiciliary Hostel Program and identify potential changes to the Program that will better meet the needs of residents.

The four main objectives in this review are to:

- Determine the needs and circumstances of Domiciliary Hostel residents
- Review and assess the current service delivery model and determine whether it meets the needs of those utilizing the service
- Propose Program changes to better meet the needs of individuals who require housing with supports
- Assess the funding model and provide alternative funding options that support operational costs while providing quality service for residents.

## 1.3 Project Approach and Methodology

This Program Review focused on a number of key components of the Program:

- Needs of the residents
- Current service delivery model
- Benefits provided to residents
- Referral and placement processes
- Requirements of each City Department involved with Domiciliary Hostels
- Legislation governing the administration of the Domiciliary Hostel Program
- Funding model and per diem rate.

The consultant's role was to gather and analyze information on the Program and suggest recommendations for addressing identified issues. This was done through two key methods: a literature review of research reports, academic publications, government reports, community based reports, and policy documents, and legislation; and consultations with over 100 key informants. Consultations included:

- Focus groups with residents (50 participants), the Coalition of Residential Care Facility Tenants (5), Operators (21), Housing with Supports Group (8), and Affordable Housing Flagship Committee (5)

- Interviews with community service providers (9) (such as the Canadian Mental Health Association, Community Care Access Centre, COAST, Hospital and Provincial Corrections Discharge Planners, and the Mental Health Rights Coalition), a neighbourhood association, provincial staff (3), and City staff (9) including Service Manager staff, Municipal Law Enforcement, and Public Health
- Visits to three Domiciliary Hostels to determine whether the Program meets the needs of those utilizing the service
- Interviews with staff at each of the four comparator municipalities (Windsor, York, Ottawa and Waterloo) to identify best practices and benchmarks.

The Advisory Committee, comprised of staff from a variety of related City departments, operators, Residents' Association, Ministry of Community and Social Services, community service providers, as well as the academic community, provided direction on the focus and course of the project, assisted in identifying issues, and provided input into the recommendations to address identified issues.

### 1.3.1 **Key Terms**

The key concepts for the study requiring definition include:

**Basic Care Needs-** Basic care needs refers to the advice, information, or supervision provided to tenants in meeting their basic needs and may include periodic personal care, as required, such as providing medications, bathing assistance, assistance with feeding, incontinence care, dressing assistance, assistance with personal hygiene, ambulatory assistance, housekeeping, laundry services, and personal emergency response services<sup>1</sup>.

**Basic Needs-** Basic needs are those that maintain residents' sufficient nutrition, hygiene, warmth, rest, and safety.

**Domiciliary Hostels-** Domiciliary Hostels are a subset of residential care facilities that have service agreements with the City to offer subsidized accommodation to residents with low and moderate incomes.

**Quality of Life Supports-** Quality of life supports include recreation and instructional programs, assistance with transportation, as well as social and community activities, designed to provide physical, emotional and social benefits to residents

---

<sup>1</sup> This definition excludes recreational or social activities, and assistance with transportation which, for the purposes of this report, are considered quality of life supports

**Per Diem Rate-** The per diem rate is the total amount that the operator receives for providing housing, supports, and supervision for one individual per day. This rate is covered jointly by the resident (payments vary depending on their income), and the Program (the Province contributes 80% of the Program portion, the municipality covers the other 20%). Each operator receives the same rate of \$47.75 per person per day, which has been set by the Province. The municipality could choose to increase the per diem rate, but it would be responsible for funding the full increase.

**Person-Centred or Client-Directed Approach-** A person-centred or client-directed approach acts on what is important to the person receiving services. It is responsive to the needs of the individuals that use the Program, rather than the Program being prescriptive in the types of services offered. It is designed to empower the individual and support them to direct and plan their life and supports.

**Personal Needs Benefit-** The personal needs benefit is intended to be general spending money for the resident. It is expected that recipients use this amount for clothing, transportation not covered elsewhere, and miscellaneous expenses. The province has currently set the amount at \$130 per month or \$4.33 per day. The amount represents the portion of income/assistance that the individual retains for their own use and is not expected to be used to cover a portion of the per diem rate.

**Residential Care Facilities (As defined by Schedule 20)-** A residential complex that is occupied or intended to be occupied by four or more persons for the purpose of receiving care services, whether or not receiving the services is the primary purpose of the occupancy.

**Supports for Residents to Achieve Their Potential-** Supports for residents to achieve their potential are empowering methods of supports such as rehabilitative services and skills development either in the home or in the community, including day programs, training and tools for greater independence such as training in life skills and employment skills and rehabilitation, casework and counselling<sup>2</sup>.

---

<sup>2</sup> Based on Schedule 20's definition for rehabilitative services

### 1.3.2 **Report Format**

This document represents the Comprehensive Final Report which presents the culmination of the results of the Program Review. It is organized as follows:

- Section 2- provides an overview of the relevant legislation applicable to the Domiciliary Hostel Program. Further details are provided in Appendix A.
- Section 3- provides a brief profile of residents. Further details are provided in Appendix B.
- Section 4- discusses the key messages from the consultations with stakeholders in Hamilton. Additional highlights can be found in Appendix C.
- Sections 5 and 6 outline the key issues in each of the focus areas, provide discussion of the issues, and provide recommendations in each section for addressing the key issues identified.
- Section 7 briefly discusses a few key observations that were outside of the scope of the review.
- Section 8 provides an overview of the recommended timeframes in moving forward with changes to the Program and includes a summary of all recommendations.

Appendix D provides highlights of some promising approaches used in other municipalities that the City of Hamilton may wish to consider. This Appendix also includes as an overview of the number of Domiciliary Hostels, beds, funding, financial requirements in comparator municipalities.

A separate Summary Report has been prepared for quicker review of the recommendations. The Summary Report is organized by recommendation with the supporting rationale following each recommendation.

## 2.0 Policy Context

A wide range of local and provincial legislation and regulations influences the delivery of Hamilton’s Domiciliary Hostel Program (see Table 1). This has resulted in a complex network of policies that govern the Program’s delivery. Further discussion on these pieces of legislation is provided in Appendix A.

**Table 1: Legislation Governing Hamilton’s Domiciliary Hostel Program**

Legislation	Description
<b>Provincial Legislation</b>	
Ministry of Community and Social Services Act	The Act authorizes the Minister of Community and Social Services to enter into agreements with municipalities respecting the provision of social services and community services. The Act also authorizes a municipality with an agreement with the Ministry to pay subsidies to Operators of residential care facilities.
Ministry of Community and Social Services Domiciliary Hostel Program Framework (2006)	The Framework identifies the provincial expectations for standards that Consolidated Municipal Service Managers (CMSMs) are to develop and implement within their local Domiciliary Hostel Program.
Ontario Works (OW) and Ontario Disability Support Program (ODSP) Acts	These Acts and associated directives outline required payments by residents for room and board, as well as additional personal allowances for residents.
Residential Tenancies Act (2006)	The Act outlines the responsibilities of landlords and tenants of care homes including agreements with respect to care services and meals, information provided to clients and matters of compliance.
<b>Municipal Legislation</b>	
Schedule 20 of City of Hamilton By-Law No 07-170	This By-law licences all Residential Care Facilities (RCFs), including Domiciliary Hostels, and prescribes standards of operation for both the physical premises and the care of residents in RCFs.
Residential Care Facility Subsidy Agreement	This is the service contract between the City and the operator which provides the terms under which the operator will receive subsidy through the Domiciliary Hostel Program.
Hamilton’s Official Plan	The Official Plan permits Residential Care Facilities in Urban areas and Mixed Use designation areas, subject to zoning regulations. It also permits them in Rural land use designation areas, provided they are primarily related to and directly serving the needs of the rural population, and that the use does not adversely impact the surrounding agricultural uses or settlement areas.
Hamilton’s Zoning By-Law	The Zoning By-Law identifies the types of buildings Residential Care Facilities are permitted to be, parking space requirements, zones RCFs are permitted in, maximum capacity of RCFs in various zones, and sets out a minimum radial separation distance between facilities.

There are also a few pieces of legislation that may come into force or change in the future which may have impacts on the Program (see table below).

**Table 2: Future Legislation with Potential Impacts**

Legislation	Description	Potential Impact
<b>Provincial Legislation</b>		
Housing Services Act & Ontario's Long-Term Affordable Housing Strategy	The Strategy and its associated legislation are aimed at moving toward community based planning and delivery of housing and homelessness services. A goal of the Strategy is to consolidate Ontario's housing and homelessness programs, including the Domiciliary Hostel Program, to give municipalities more flexibility in addressing their local needs.	Future program consolidations may give the City greater flexibility in determining the use of the funding.
Retirement Homes Act (2010)	The Act creates a provincial regulatory authority with the power to license retirement homes and conduct inspections, investigations and enforcement and will establish mandatory care and safety standards. There is currently uncertainty as to which facilities the Act will apply to and how enforcement will be conducted.	Once the entire Act comes into force, it will provide new rights to residents and may have cost implications and additional obligations for operators. The implementation of this Act could potentially change the licensing requirements and the body enforcing the requirements or add additional licensing and enforcement.
Accessibility for Ontarians with Disabilities Act (2005)	The AODA requires the establishment of accessibility standards, including standards for the built environment. The accessible built environment standards currently only apply to new buildings.	There is potential for future changes to the built environment standards which may establish requirements for existing facilities.
The Ontario French Language Services Act (1986)	The Act guarantees an individual's right to receive services in French from Government of Ontario ministries, and agencies in 25 designated areas, including Hamilton. The Act currently applies to non-profit corporations or similar entities that provide services to the public, are subsidized in whole or in part by public money and is designated as a public service agency by the regulations. Domiciliary Hostels in Hamilton are currently not designated as a public service agency.	There is a possibility that Domiciliary Hostels may be designated as a public service agency in the future and therefore be required to provide services in French.

### 3.0 Profile of Residents

Currently, there are approximately 4,700 Domiciliary Hostel residents in Ontario, and just under 800 residents living in units subsidized through the Domiciliary Hostel Program in Hamilton. With 17% of the entire provincial total, Hamilton ranks as one of the most significant providers in Ontario of this form of accommodation.

Data from the City of Hamilton revealed the following about the profile of Domiciliary Hostel residents:

- The majority (62.6%) of residents are male.
- Almost three-quarters of residents are between the age of 35 and 64 (74.2%), while 13.4% are over the age of 65, and 12.4% are under the age of 34.
- There is a high percentage of residents with psychiatric diagnoses or diagnosed developmental disabilities.
- The vast majority (82.4%) of Domiciliary Hostel residents in Hamilton receive their income from the Ontario Disability Support Program (ODSP)
- The length of time residents have lived in their current Domiciliary Hostel varies, with 20% having lived for less than one year, another 40% between one and five years, 16% between six and ten years, and a further 20% over ten years.

A Survey of Domiciliary Hostel Program Tenants of Ontario provided further insights into the profile of Domiciliary Hostel residents:

- Many residents are not currently working in paid positions and receive government income supports.
- Residents have low self-rated health-related quality of life and report frequent use of health care services.
- Community and social involvement is generally low among residents.

Further information can be found in Appendix B.



## 4.0 Key Messages from the Consultations

The following are the key messages from the consultations with over 100 key stakeholders. Further discussion can be found in Appendix C.

### Role of Domiciliary Hostels and the Domiciliary Hostel Model

- Both operators and community service providers agreed that Domiciliary Hostels play an important role in the housing continuum and that there is a need to ensure Domiciliary Hostels have the necessary resources to provide the level of care and support required by residents
- Operators and community service providers both felt that Domiciliary Hostels' role has expanded beyond custodial care, they have taken on more responsibility, and are occupying a broader position along the housing continuum than originally intended
- Community service providers identified that there are limited alternative forms of housing that provide for the expanded needs of residents along this broader section of the continuum

### Basic Needs and Quality of Life

- Consultations with residents and community service providers found that most Domiciliary Hostels are able to meet the basic care needs of residents, although some identified instances where they had concerns with how these needs have been met
- From the consultations with residents and community service providers it was clear that some providers are not able to fulfill enhanced expectations for quality of life
- Community service providers and operators noted that the current Program model can be a barrier to better meeting the care needs of those with higher needs
- Key informants from a range of groups identified that operators and residents are not always aware of available services and supports or where to obtain information in this regard
- Some community service providers noted that there are missed opportunities for additional services in some facilities due to a lack of openness of some operators to services and programs offered in the home by external agencies
- Many community service providers felt that the current legislation supporting Domiciliary Hostels does not support a high quality of life of residents

- It was clear from the consultations that although the funding model is based on delivering the minimum standards, some operators provide a more enhanced model, but they are not compensated accordingly

### **Supporting Residents to Achieve Their Personal Potential**

- Residents, operators, and resident advocates/community service providers all identified that there are gaps in the support provided to help residents achieve their personal potential, including accessibility and availability of information and services
- Residents and some community service providers identified that residents' limited access to computers and Internet is hindering their access to information

### **Referral and Placement**

- Community service providers indicated that some residents may be placed in homes that do not meet their needs due to the general lack of knowledge about the specific Domiciliary Hostels available

### **Benefits Provided to Residents**

- Residents and community service providers agreed that the current personal need benefit is inadequate
- Resident advocates and community service providers raised concerns about the potential conflict of interest situation where operators are acting as a financial trustee for residents. However, they noted that there may not be the capacity in the system to enhance trustee services
- Resident advocates/community services providers as well as residents themselves felt strongly that transportation subsidies are an important benefit, but both identified that access to and availability of assistance is inconsistent and isn't always understood

### **Cross-Department Integration, Communication and Improved Interactions with Operators**

- Key informants from a range of groups identified that operators and residents are not always aware of available services and supports or where to obtain information in this regard
- Operators identified that having a number of different departments involved in administering Domiciliary Hostels makes it confusing for operators as to who is the appropriate point of contact
- Operators felt that the City has not always acknowledged them as partners in delivery

- Operators noted that the approach to enforcement of municipal regulations by City Parking and By-law Services Division and Public Health Services is inconsistent and has created a challenging relationship between operators and the City
- Residents and community service providers identified cases where some facilities are not in compliance with standards

### **Infrastructure, Policies and Procedures**

- Operators and residents both identified the concern that Schedule 20 and other building standards are not always informed by the needs of the individuals that use the Program and felt that they are creating burdens on Domiciliary Hostel operators

### **Funding**

- Operators raised the concern that the existing per diem funding is insufficient to respond to cost increases and expanded expectations for services and administration
- Operators noted that they are now seeing residents with higher needs that require greater levels of care at higher costs without being provided additional funding support needed to provide the higher levels of service required

## 5.0 Residents' Needs

This section reviews and assesses resident needs including housing, food, supports, benefits provided to residents, as well as service delivery including staffing, programming, and physical conditions of housing.

### 5.1 Role of Domiciliary Hostels and Domiciliary Hostel Program Model

#### Key Issues:

- Housing with supports including the Domiciliary Hostel Program is an important part of Hamilton's housing continuum and should be recognized as such. Domiciliary Hostels should have the necessary resources to provide the level of care and support required by their residents
- Domiciliary Hostels' role has expanded beyond custodial care as the needs of the residents have become more diverse and complex; however, the funding and other supports have not increased sufficiently to meet that need
- There are few housing options for individuals with these needs beyond the Domiciliary Hostel Program

#### *Domiciliary Hostel Role and Model Over Time*

In the late 1950s, municipalities began providing financial support to individuals living in lodging homes, although it was the early 1970's when Domiciliary Hostels were developed in Ontario. Domiciliary Hostels came into being in 1972 through the proclamation of the *Nursing Homes Act*. Some nursing homes did not meet the standards of the new Act, and were adapted to become hostels. The Domiciliary Hostel model was created as a custodial care model to provide support with daily living activities, such as housekeeping, laundry, personal hygiene/care, meals and snacks, as well as 24 hour supervision<sup>3</sup>. Originally, Domiciliary Hostels were created for lower-income elderly adults, and in the mid-1980's, adults who were discharged from psychiatric facilities were included.

The original Domiciliary Hostel model has been criticized for its limitations in providing for the complex, diverse needs and abilities of residents. These limitations include broad variations in the quality of care and accommodations provided to tenants, a lack of programming for certain populations, the uneven application of tenancy rights and responsibilities<sup>4</sup>.

Operators and community service providers consulted indicated that the needs of residents living in Domiciliary Hostels have diversified over time. Domiciliary

---

<sup>3</sup> Ministry of Community and Social Services. Domiciliary Hostel Program Framework, September 2006.

<sup>4</sup> Steven Rolfe. 2009. A Model of Supportive Housing for Ontarians with Serious Mental Illness.

Hostels now serve persons with physical or developmental disabilities, mental illness, and older adults. Operators and community service providers also felt that Domiciliary Hostels' role has expanded beyond custodial care. They felt that Domiciliary Hostels have taken on more responsibility, and are occupying a broader position along the housing continuum than originally intended.

Domiciliary Hostels currently provide permanent housing with some support with daily living activities, some recreational activities, and supervision. Key stakeholders consulted were clear that housing with supports, including the Domiciliary Hostel Program, are important parts of Hamilton's housing continuum. However, key stakeholders, including operators, identified that the important role they play isn't always recognized or valued.

Further, while the needs of the residents have become more diverse and complex, the funding and other supports have not increased sufficiently to meet that need.

As will be discussed further in the following sections, the current model does not require quality of life supports to be provided beyond some recreational activities, and does not require that assistance be provided to residents to help them achieve their potential.

#### *Alternative Housing Options*

Community Service Providers consulted indicated that many individuals would rather not live in a Domiciliary Hostel given the choice. Reasons for this range from the low personal needs benefits, to congregate living, to bad reputations of some facilities. Likewise, the Survey of Domiciliary Hostel Program Tenants in Ontario identifies that one-third of tenants would prefer to move into alternative accommodations. Residents need the life skills to be able to facilitate this. A case study by Edge and Wilton of residential care facilities in Hamilton noted that people with psychiatric disabilities continue to desire alternatives to board and care homes<sup>5</sup>. Indeed, many residents in our consultation sessions, while generally satisfied with the quality of accommodation within Domiciliary Hostels, indicated similar long term goals and objectives.

The variation in quality among Domiciliary Hostel operators and inadequacy of the present model in the face of growing needs is demonstrated by the situation that some Domiciliary Hostels are consistently at full occupancy with waiting lists, while others have consistent high vacancies.

There are alternative models for housing with supports to meet the needs and support the interests of residents. A Hamilton District Health Council Report

---

<sup>5</sup> Edge, G and Wilton, R. "Reengineering" Residential Care Facilities: A Case Study of Hamilton, Ontario. Canadian Journal of Community Mental Health, 28 (1).

prepared in 2001 proposed a shift to a supported housing model with a rehabilitative focus that would enable residents to learn and/or practice independent living skills, thus maximizing the likelihood they may move to more independent living. This model would provide access to greater housing choice, combined with flexible and individualized supports that address both housing preference and need<sup>6</sup>.

Some comparator municipalities such as Ottawa and Waterloo have partners with some non-profit organizations in the community to use Domiciliary Hostel Program funding to meet identified needs within the community that would not normally be service within existing Domiciliary Hostels. Further information is provided in Appendix D.

There is a continuum in approaches to programs that ranges from a program driven approach to a person-directed approach, with person-centred approach in the middle. The current approach to the Domiciliary Hostel Program is a program-driven approach. The Program revolves around the administration/fulfillment of a contract between the municipalities and an operator and licensing by-laws. Care services are funded and distributed through this contractual relationship.

Some have suggested a move towards a less program-driven approach and more person-directed approach. A person-directed approach acts on what is important to the person receiving services. It is responsive to the needs of the individuals that use the program, rather than the program being prescriptive in the types of services offered. Further explanation of a person-directed approach is provided in Appendix E.

The City should work to transition the Program toward a more person-directed approach. A person-centred approach would be a move toward this end of the continuum, and is in keeping with the Department's Strategic Plan. This would be a good place to start at this time.

### **Recommendations:**

The following are general recommendations for improving the current model:

1. That the City of Hamilton adopt a policy statement recognizing the important role that the Domiciliary Hostel Program provides in the City's housing continuum and that the City commit to working in partnership with the operators, residents and agencies to improve the effectiveness of the program

---

<sup>6</sup> Hamilton District Health Council. Background Report: Housing and Support Requirements for Person with Serious Mental Illness, October 2001.

2. That the housing options for individuals who require supports to daily living be expanded beyond the current Domiciliary Hostel Program Model to offer greater choice to meet the varying needs of residents
3. That the City work with key stakeholders to implement a person-centred approach in the delivery of services within the Domiciliary Hostel Program

## **5.2 Basic Needs, Quality of Life, and Helping Residents Achieve their Potential**

The following section provides further information on how well the current Program meets the needs of residents.

There were three key themes throughout the consultations and literature on Domiciliary Hostels - the ability of Domiciliary Hostels to:

- Meet residents' basic needs,
- Provide an adequate quality of life, and
- Provide opportunities for residents to meet their potential.

### **5.2.1 Basic Needs and Quality of Life**

#### **Key Issues:**

- Most Domiciliary Hostels meet the basic care needs of residents, however there are concerns regarding the level and quality of care at some of the facilities
- Barriers exist with the current Program model for the provision of adequate service for individuals with greater needs
- Operators and residents are not fully informed of available services and supports that are provided by the City and community
- There are missed opportunities for additional services due to a lack of openness by some operators to services and programs offered by external agencies
- The funding model and provincial framework for the Domiciliary Hostel Program limits enhanced services that contribute to an improved quality of life for the residents.
- The funding model is based on delivering the minimum standards, although some operators choose to provide a more enhanced model and are not compensated accordingly

### *Basic Needs*

Notably, many residents are very happy with their accommodations. These residents feel that they are provided the care and support that they need. Some mentioned that the staff and residents felt like one big family, and this was considered beneficial to their living experience. However, some felt that their basic needs and additional quality of life needs were not being met.

Some residents were quite satisfied with the food provided; however there are concerns about the nature or lack of food and enforcement of food requirements set out in Schedule 20. A number of residents expressed concerns about the amount, quality, and diversity for food and strictness of the requirements to follow Canada's Food Guide. Participants in Wilton's 2004 study also felt that the quality and quantity of food provided by the facilities was of concern.

Some residents expressed concerns about privacy, safety and security. For example, some residents said that they were not able to lock their doors. Sometimes, the sense of insecurity was directed to the staff. Some of the residents who participated in the consultations indicated that they feel threatened that they will be evicted if they report issues. Residents expressed concern about incidents of verbal abuse or elder abuse, where the resident was not provided with their appropriate personal needs benefits. Some community service providers also identified concerns regarding some instances of abuse. Edge and Wilton (2009) similarly found that residents shared concerns of overcrowding, lack of privacy, and theft as well as verbal harassment from staff.

Because of the concerns regarding care there is a need to qualitatively monitor the care of residents to ensure their needs are being met. This could be done through an annual survey or interview. Some comparator municipalities, such as Waterloo, Ottawa, and Windsor conduct tenant interviews as part of their annual reviews of the homes. Further information is provided in Appendix D.

### *28 Day Absence Rule*

During the consultation, a number of residents expressed dissatisfaction with the rule that they could not have an absence from their house for more than 28 days in a calendar year and maintain their tenancy. It was mentioned that residents may be in the hospital for longer than 28 days, and in such situations would like to be able to return to their home after their stay in the hospital. In Rent Geared to Income housing in Hamilton, there is a local rule that absences are permitted up to a maximum of 120 days. It is suggested that the City, in collaboration with the Ministry of Community and Social Services, review the 28 day absence rule for the Domiciliary Hostel Program residents.



### *Quality of Life Supports*

The ability to meet the needs of residents is largely dependent on the home. Based on the consultations and visits to a selection of Domiciliary Hostels, there appears to be a considerable variance in the quality of care and accommodation provided. There is a lack of consistency in the application of standards. Domiciliary Hostels are encouraged but not required to provide additional quality of life supports (beyond some recreational activities), which results in some facilities providing enhanced services, while some are not.

The lack of expectations regarding quality of life services was identified as a concern of residents and community service providers, and was also identified in a report by Newbold and McKeary (2008) (as cited in Rolfe (2009)). Some Domiciliary Hostels in Hamilton receive additional supports from external service providers, while others do not. Reasons for the inconsistency in supports provided by external service providers include funding constraints of the service organizations as well as some operators' unwillingness to have services and programs offered in the home by external agencies.

Residents, service providers, and operators all expressed a need for more structure and more meaningful activities for residents, including social and recreational activities. The Survey of Domiciliary Hostel Program Tenants in Ontario (2009) similarly found that residents had a low level of involvement in activities while living in the Domiciliary Hostels. Moreover, residential care facility residents in Hamilton who participated in Wilton's 2004 study voiced the importance of leisure activities and the dissatisfaction with leisure activities in their current life.

Based on the consultations, residents who did have access to meaningful activities through their home emphasized how valuable these activities are to their self-confidence and quality of life. Meaningful activities, whether on or offsite, or provided internally or externally, would enhance quality of life for Domiciliary Hostel residents.

The review of the current legislation and funding identified that they limit the quality of life of residents. A broad range of participants consulted agreed with this. Some of the key observations in this regard were as follows:

- Operators are required to provide some recreational activities, and are encouraged to provide additional quality of life supports, but this is not supported by the provincial standards or the level of funding.
- Operators identified that they are reluctant to accept residents with higher care needs that require home care services due to the terms for admission under Schedule 20.

- Service providers also reported that there are times when the needs of the resident are too great but the operator has been reluctant to admit this as the resident would be relocated and the revenue lost.
- The per diem rather than block funding creates a situation where some operators admit and keep residents regardless of suitability to order to generate revenue.
- The funding provided on a per diem basis to operators as opposed to residents also allows operators to be the ones to decide which supports and services residents receive, regardless if operators have the qualifications or training to make the assessment decisions (Lightman, 1992).

The City should explore ways of better meeting the quality of life support needs of residents within Domiciliary Hostels. This may include:

- Linking residents and operators with already available social and recreational services provided by the City or in the community, through a regularly updated guide distributed in paper and online, and regular information sessions. The resident support worker could also provide information on social and recreational services to residents and operators.
- Directly providing additional quality of life supports (i.e. social and recreational programs) to residents or contracting a community agency to provide such services.

It would promote consistency if the City or a community agency provides these services to all of the Domiciliary Hostels. It would generate a sense of empowerment for the resident to choose which programs and activities they wish to participate in. However, as an alternative, or in addition, additional funding could be provided to operators for them to provide social and recreational programs.

Comparator municipalities use varying approaches to ensuring additional quality of life supports are provided. York Region provides Quality of Life funding of \$50 per resident per month to operators with agreements to provide recreation and social programs and outings for the residents. Ottawa has conducted some pilot projects where City programs have been offered in Domiciliary Hostels, such as an arts program and a smoking cessation program. In Waterloo, some operators are creative in their service partnerships and have a university or college placement student come into the home and provide recreation and leisure activities or nursing students who provide other supports.

## 5.2.2 *Supporting Residents to Achieve Their Personal Potential*

### **Key Issues:**

- The programming does not support residents in achieving their personal potential
- There are gaps in accessibility and availability of information and services to residents
- Limited access to computers and Internet is curtailing resident access to information
- There is a need for resident workers to provide supports to residents so they may work towards achieving their personal potential

### *Programming Not Supporting Residents to Achieve their Personal Potential*

Residents of Domiciliary Hostels in Hamilton are very diverse, including persons with physical or developmental disabilities, mental illness, and older adults with low to moderate incomes. Since residents tend to be a part of vulnerable population groups, it is highly important to provide residents with tools which provide opportunity for greater independence, where possible.

The model in which Domiciliary Hostels operate plays a huge role in residents' ability to meet their potential. The current model of care is largely focused on maintenance of daily living, and operators do not view it as their responsibility to provide services to assist residents in achieving their potential. Furthermore, The Report of the Commission of Inquiry into Unregulated Residential Accommodation (1992) emphasized that by only focusing on basic care, the current Domiciliary Hostels model does not provide incentives for residents to move to more independent living.

In the consultations with residents, they identified the desire for more programs, including employment programs, evening mental health programs, and substance misuse counsellors. They also desired assistance with transitioning to independent living.

The consultations showed a clear need for using more empowering methods of supports which would focus more on the abilities of the residents and therapeutic care, such as rehabilitation and skills development. Rolfe (2009) also identified a lack of rehabilitation programming as a concern related to residential care facilities in Hamilton. The Report of the Commission of Inquiry into Unregulated Residential Accommodation (1992) emphasized the importance of using an empowerment approach with residents by involving residents in the decision-making regarding their needs and priorities. Refer to Appendix E for an explanation of a Client-Directed Approach.

Residents need opportunities for assistance with goal setting and follow-up to help residents achieve goals, including life skills such as cooking meals and cleaning their homes, and job skills including job coaching, bursaries for taking courses, or providing a small stipend for working to get experience. Some key informants suggested that some residents may benefit from the opportunity to provide peer support or lead various programs as well. If such services or opportunities were available more residents may be able to transition to more independent living environments.

#### *Information and Access to Services*

Operators are not always aware of services, programs, and/or benefits that residents could access. Likewise, many residents with whom we consulted indicated that they are often unaware of available services. Less than half of residents surveyed in the Survey of Domiciliary Hostel Program Tenants in Ontario (2009) used community services or supports in the past year while living in the Domiciliary Hostels. Operators and residents may benefit from an annual information session to improve clients' awareness of the services that are available.

Consultations also found that residents who have access to a computer and the Internet in their home indicated that it is a very valuable resource. Other residents who do not have access to a computer felt that access would be very useful for connecting to the community, becoming more informed and preparing for employment, and would contribute to greater independence.

Currently, residents have limited avenues to advocate for themselves. Community service providers and other residents' advocates identified that there is a clear need for residents to be able to increase their voice. There is also limited assessment on an annual basis regarding care needs of the residents.

#### *Resident Support Workers*

To support residents in achieving their potential, residents would benefit from access to a resident support worker. It is envisioned that the resident support worker would work collaboratively with residents to facilitate the establishment and achievement of personal goals directed and determined by the resident; provide information to residents and operators related to available support services, competitive employment and employment programs and the City's Licensing By-law; connect residents and operators with the City and other community services; and advocate on behalf of residents to address issues with their tenancy or support services.

The resident support workers would provide a linkage between the resident and the staff/operator as well as the City, and could lessen the power imbalances that currently exist. Resident support workers could also provide a neutral party who could identify more appropriate living arrangements as needs change. Further, resident support workers could conduct annual surveys/interviews with residents regarding their satisfaction with their Domiciliary Hostel, the quality of life supports they receive, and the assistance they are provided to help meet their potential. The provision of resident support workers could have one of the most significant positive impacts for residents.

It appears that the City is in the best position to explore and facilitate the provision of resident support workers. It is suggested that the City should explore the option of having City staff act as resident support workers, as this would facilitate communication, integration, and accountability for the services provided. It is anticipated that this would require increased capacity within the City's Domiciliary Hostel Program to be able to take on this responsibility. The specific level of resources required to undertake this initiative should be explored further by the City. As an alternative, the City should also explore the possibility of contracting this to a community agency to provide such services. A component of residential supports may also include peer supports.

#### **Recommendations:**

4. That the Domiciliary Hostel Program be funded adequately to meet the needs of residents. The per diem funding, direct benefits for residents, and the funding of support services should be reviewed and adjusted
5. That the City explore ways to improve the quality of life of the residents through either the provision of additional direct service, purchase of service from community agencies or increased funding to the operators
6. That the City collaborate with the operators and the Community Care Access Centre to better meet the basic care needs of individuals with higher needs
7. That a request is sent to the Ministry of Community and Social Services to extend the maximum absence period from 28 days
8. That the City implement a qualitative monitoring of care for residents such as an annual survey or interview
9. That the residents and operators be informed of, provided with assistance in making use of, and have access to other services including those that are available to all of Hamilton's residents such as recreational opportunities
10. That the City explore the possibility of Resident Support Workers who would offer a broad range of case management supports to every resident who is subsidized through the Domiciliary Hostel Program

### 5.3 Benefits Provided to Residents

#### Key Issue:

- The current personal need benefit is inadequate

#### *Personal Needs Benefit*

Residents under the Domiciliary Hostel Program receive room, board, laundry and some toiletries included in the cost of living in the residential care facility. In addition the Program establishes a personal needs benefit (or Personal Needs Allowance (PNA)) amount which residents are able to retain from their income for their personal use. The current amount established by the Program is \$130 per month (\$4.33 per day). This is the total discretionary income of many residents. It is expected that recipients use this amount for additional transportation, clothing, and miscellaneous expenses. These rates are inadequate and are not reflective of personal needs costs today.

The residents consulted as part of the Program Review raised concerns about the inadequacy of the current personal needs benefits, and suggested a figure of \$200 per month would be more appropriate. A study by Robert Wilton of McMaster University (2003) indicated that most participants who were tenants of the residential care facilities in Hamilton had PNA as their only source of income and most were unable to meet their basic monthly needs, including toiletry supplies, clothing, and bedding<sup>7</sup>. Furthermore, the Commission of Inquiry into Unregulated Residential Accommodation (1992) identified that the greatest concern for residents of Domiciliary Hostels was lack of spending money<sup>8</sup>.

The personal needs benefit has only been raised by \$18 since 1993 even though inflation has increased by 30% since 1993<sup>9</sup>. The rate would have to be increased by at least \$45 just to keep up with 1993 levels. It was recommended by Wilton (2003)<sup>10</sup> that the Personal needs benefits be increased to a rate of \$160 per month as of 2001. Since considerable time has passed, it would need to be even higher today. Adjusting for inflation, it should be \$197<sup>11</sup> today. In addition, the PNA is a flat rate for all residents and not based on individual needs, thus there could be an even greater need for a higher PNA rate based on individual circumstances.

---

<sup>7</sup> Wilton, R. (2004). Putting policy into practice? Poverty and people with serious mental illness. *Social Science & Medicine*, 58, pp. 25-39.

<sup>8</sup> Lightman, E. S. (1992). *A Community of Interests: The Report of the Commission of Inquiry into Unregulated Residential Accommodation*.

<sup>9</sup> Statistics Canada. Table 6: Core Consumer Price Index (CPI) (Bank of Canada definition), not seasonally adjusted, historical data. Accessed from: <http://www.statcan.gc.ca/pub/62-001-x/2011003/t074-eng.htm>

<sup>10</sup> Wilton, R. (2004). Putting policy into practice? Poverty and people with serious mental illness. *Social Science & Medicine*, 58, pp. 25-39.

<sup>11</sup> Statistics Canada. Catalogue no. 62-001-X. Access from <http://www40.statcan.gc.ca/l01/cst01/econ150a-eng.htm>

Residents receiving Ontario Works and Ontario Disability Support Program assistance also qualify for a \$100 work-related benefit if they have earnings, and can exempt 50% of their earnings. Resident advocates and community service providers saw a need to better educate residents about this benefit, and facilitate competitive employment opportunities and employment programs for those who are interested, to enable residents to receive additional benefits.

### *Discretionary Benefits Such as Transportation*

One particularly costly expense is transportation. Dom hostel residents consulted indicated that they could benefit from additional transportation subsidies to provide further ability and accessibility to participate in programs and support services. This is supported by a study of residential care facility residents in Hamilton who found that residents, family members, and providers feel strongly about the importance of bus passes for tenants to be able to engage in community activities<sup>12</sup>.

The current eligibility for transportation subsidies varies for each individual. There is a lack of clarity and communication regarding eligibility for these subsidies. ODSP recipients may be eligible to receive MSN-Travel for medical appointments. Currently RCF residents are entitled to receive additional transportation supplements from the City to participate in social activities, recreational and therapeutic programs, and to attend medical/health related appointments that are not otherwise reimbursed. Each case is reviewed to determine what the tenant's individual transportation needs are. If ODSP has approved medical transportation, City staff determine whether or not additional transportation is required for therapeutic/recreational purposes. RCF operators are to discuss appropriate transportation needs for each tenant with the RCF Case Manager.

There is also a lack of stability regarding transportation subsidies as City Council has not currently committed on an ongoing basis to provide transportation subsidies. Residents considered the lack of transportation subsidies as a barrier to participation in the community, especially those living outside of the core of the City or far from a bus route.

### *Clothing*

The personal needs benefit amount does not allow for additional needs and activities which enhance quality of life which are not provided through the Domiciliary Hostels. A basic need expense which is not funded is clothing. Some residents consulted indicated that they do not have enough money to buy clothes with the current rate of the personal needs benefit. Wilton (2004) found

---

<sup>12</sup> Ibid

that the residents of Domiciliary Hostels often could not afford clothing or shoes, or weather-appropriate clothing such as a winter jacket.

Another important quality of life measure is social interaction with friends and family members. Wilton (2004) found that residents were unable to communicate or meet with family members, or avoided social interactions altogether because of an inability to afford social activities due to a lack of income.

The City should consider committing to the provision of a transportation allowance for bus passes/tickets and/or taxi for residents where they are not covered elsewhere, and consider funding additional allowances for residents, such as a clothing allowance, and/or discretionary benefits, and/or an increased personal needs benefit.

Each of the four comparator municipalities of Ottawa, Waterloo, Windsor, and York Region provide some additional benefits to residents such as transportation allowances, clothing allowances, and other discretionary benefits. Further details are provided in Appendix D.

### **Recommendations:**

11. That the City provide additional benefits for Domiciliary Hostel residents and support an increase to the monthly Personal Needs Benefit

## **5.4 Trusteeships/Assistance with Financial Management**

### **Key Issues:**

- There is a potential conflict of interest situation where operators are acting as a financial trustee for residents, and there may not be the capacity in the system to enhance trustee services
- Transportation subsidies are an important benefit, but access to and availability of assistance is inconsistent and isn't always understood

In some instances operators/Domiciliary Hostel staff have been appointed as the trustee to assist in the management of the resident's finances. In other cases, while not formally acting as a trustee, operators/Domiciliary Hostel staff assist residents in managing their discretionary income such as personal needs benefits on a weekly or daily basis.

However, operators are in a potential conflict of interest position by providing assistance related to the management of resident's finances. Further, concerns have been identified by key informants that, in some cases, the personal needs benefits may have been used inappropriately by operators/Domiciliary Hostel staff. For these reasons, resident operators/Domiciliary Hostel staff should not



act as trustees or assist in the management of residents' personal needs benefits. This is also supported by the Lightman report<sup>13</sup>.

Further research is required into what assistance residents need in managing their finances, how best this can be provided, and what accountabilities could be put in place if the operator/Domiciliary Hostel staff are providing assistance with the resident's financial management. There are three external trusteeship programs in the City. However, there are capacity constraints, and locational challenges (some external trustees are located in emergency shelters) with existing trusteeship programs in the City.

One of the preferred options for change to facilitate the management of personal needs benefits is for social assistance programs to allow personal needs benefits to be provided separately from shelter allowance payments (where agreed by the individual). The shelter component would be provided directly to the operator and the personal needs benefit would be provided directly to the residents. This is also supported by the Lightman report<sup>14</sup>. This policy is regularly utilized for Ontario Works recipients, but has not frequently been utilized with Ontario Disability Support Program recipients.

The consultations also identified that many of the residents do not have bank accounts, partially because of the related service fees, which creates additional barriers in residents managing their own finances. The City should work with local lenders to investigate opportunities for facilitating residents' access to bank accounts with low or no fees.

### **Recommendations:**

12. That the City improve trusteeships and other supports for management of the residents' personal finances
13. That the City make use of the current policy for Ontario Works recipients, and encourage the Ministry of Community and Social Services to make use of the current policy for Ontario Disability Support Program (ODSP) recipients, to permit personal needs benefits to be provided to the individual separately from the shelter allowance payments provided directly to the landlord, where agreed upon by the individual
14. That the City ensure that all of the operators and residents are provided with accurate information regarding the treatment of tenant earnings and the impact that the employment income may have on subsidy payments

---

<sup>13</sup> Lightman, E. S. (1992). *A Community of Interests: The Report of the Commission of Inquiry into Unregulated Residential Accommodation*.

<sup>14</sup> Ibid.

## 5.4 Referral and Placement

### Key Issues:

- Some residents may be placed in homes that do not meet their needs due to the general lack of knowledge about the specific Domiciliary Hostels available
- There is no information system accessible to the public to provide information on the Program, and facilities by location, size, population served, vacancies, care provided, and contact information to assist in the placement process. This can result in residents and their families being unaware of the most suitable choices to meet their needs

### *Current Referral and Placement Process*

There is no formal referral and placement process to Domiciliary Hostels. Domiciliary Hostel residents access Domiciliary Hostels independently, often with the assistance of family, support service providers, discharge planners from hospitals or provincial corrections facilities. City of Hamilton staff do not refer to facilities but, if contacted, Program staff will provide verbal information or copies of the list of Domiciliary Hostels with addresses, number of units, target group, and contact information. Hamilton's Housing Help Centre used to maintain a list of Domiciliary Hostels, with addresses, target group, services they provide, and contact information but it was difficult to collect accurate and up-to-date information so this service was ended.

Discharge planners and other service providers tend to refer to those homes or operators that are known to them and have historically provided care services appropriate to their client base. They work closely with known operators to identify who has subsidized beds available, to arrange meetings and/or visitations and finalize placements.

### *Need for More Information*

Discharge planners and other service providers have expressed interest in having more information on existing facilities, current management, services and population. They acknowledge that limitations in their knowledge of available Domiciliary Hostels may restrict the extent to which clients are placed in the most appropriate accommodations. At a minimum, the existence of a real-time web-based system for Domiciliary Hostels in Hamilton would facilitate access to better information and placements.

Some discharge planners and service providers would like the residential care facility assessment form to provide greater opportunities to coordinate additional care services to be provided to the client and more information on medical history.

### *Ottawa's Centralized Referral Process*

The City of Ottawa operates a centralized referral process for clients applying for Domiciliary Hostel subsidy. The resident, in some cases with the assistance of a family member, service provider, or discharge planner, provides the City's Residential Care Services Workers with an application form that includes a medical assessment and information to be used for a care plan designed by the Domiciliary Hostel. One of the City's eight Residential Care Services workers confirms eligibility for subsidy, meets with the client to understand his/her preferences and identifies the available facilities that best fit the client's needs and arranges visitations.

Once the preferred option is identified the Residential Care Services Worker establishes a subsidy agreement for the individual's accommodations with the Operator. This process is seen to have had a minimal impact on the time it takes to complete a placement and significant benefits in ensuring the most appropriate placement. Times from referral to placement vary depending on the applicant's circumstances, but there are standards to ensure that the City's response is met as quickly as possible. A recent Operator survey indicated satisfaction with the time frame.

The accumulated knowledge of Residential Care Services Workers in Ottawa is an important resource in determining the best fit for residents and in negotiating changes to residency, for example in instances where the individual is absent due to hospitalization and then wishes to return to a Domiciliary Hostel. Such a system facilitates referrals to (mainly for-profit) homes the City has contracts with, and benefits residents by ensuring choice and best fit into the placement process. It also streamlines the process for operators in applying for per bed subsidies and allows the City to maintain more accurate and up to date occupancy data.

While additional resources would be required to institute such as system in Hamilton, a streamlined intake system and better placements could reduce administrative costs related to intake processing, recordkeeping, and re-placements.

### **Recommendations:**

15. That a web-based publicly accessible system be established that provides real-time information on the Domiciliary Hostel Program and Residential Care Facilities by location, number of beds, population served, vacancies, care provided, and contact information
16. That there be a feasibility study to establish a centralized placement process where clients are referred to Program staff who will conduct an assessment for subsidy and suitability for the program, determine the client's preferences

and potential accommodations; arrange visits; and, enter into a subsidy agreement for the individual with their preferred operator

## 6.0 Program Administration

The following section reviews and assesses the structure, resources, allocation and funding of the Domiciliary Hostel Program.

### 6.1 City's Structure

The City of Hamilton's Domiciliary Hostel Program establishes and administers the subsidy agreements between the City of Hamilton and eligible Residential Care Facility (RCFs) operators under the City's cost-sharing agreement for Domiciliary Hostels with the Ministry of Community and Social Services. Subsidy agreements are entered into with the RCF operator and funding is dispersed on a per bed basis.

The Program is administered and managed by the Housing and Homelessness Division of Community Services. The roles and responsibilities of the Program staff include, but are not limited to:

- assessment of eligibility for subsidy agreement contracts;
- preparation of subsidy agreements with residential care facility operators;
- new tenant admissions and subsidy applications;
- coordination of trusteeship services and other forms of social assistance including available transportation subsidies;
- review and verification of monthly billing statements through regular client visits; and,
- approval for monthly processing and payment.

The management and administration of the Domiciliary Hostel Program is undertaken by the temporary Program Manager, 0.5 of a Supervisor, three Case Managers and a Program Clerk. The team is guided by the terms of the subsidy agreement with eligible residential care facility operators. Eligibility and compliance with subsidy agreements is determined through onsite inspection under the Subsidy Contract Point Schedule for Residential Care Facilities. These inspections are conducted prior to the approval of new or renewed subsidy agreements and with changes in facility ownership.

All residential care facilities, with or without subsidy, must comply with the City's Zoning By-Law 05-200 and Licensing Code By-Law No. 07-170, Schedule 20. Under this legislation residential care facilities are regularly inspected by the following agencies:

<b>Inspections</b>	<b>Department</b>	<b>Legislation</b>	<b>Timing</b>
Municipal Law Enforcement (Licensing and Building Standards)	Parking and By-Law Services Division, Planning & Economic Development	<ul style="list-style-type: none"> <li>Licensing By-Law No. 07-170, Schedule 20</li> <li>Provincial and Municipal Building Codes and Standards</li> </ul>	Annually on a rolling basis
Public Health Inspectors	Public Health Services, Health Protection Division	<ul style="list-style-type: none"> <li>Sections of Schedule 20 under the authority of the Medical Officer of Health (Environmental Health)</li> </ul>	Four times per year
Public Health Nursing Inspectors	Public Health Services, Health Protection Division	<ul style="list-style-type: none"> <li>Sections of Schedule 20 under the authority of the Medical Officer of Health (Care Services)</li> </ul>	Three times per year
Fire Safety Officers	Emergency Services Department	<ul style="list-style-type: none"> <li>Ontario Fire Code</li> <li>Fire Protection and Prevention Act</li> </ul>	Annual

Other City agencies can also be involved in the contracted services provided by Domiciliary Hostels. These agencies could include areas of the Community Services Department involved in the delivery of various support programs including Ontario Works, and the City's Corporate Services Department which disburses payment of the Domiciliary Hostel subsidies.

## **6.2 Cross-Department Integration, Communication and Improved Interactions with Operators**

### **Key Issues:**

- There is no clear municipal leadership in the management of Domiciliary Hostels
- The roles of various stakeholders in the Program are not well defined

- Approaches to implementation of the Program are inconsistent between City departments and limit achievement of Program objectives
- There are challenges with communication amongst the various departments and with the operators and cumbersome procedures that require streamlining
- Program implementation does not always acknowledge the operators as partners in delivery
- The operators state that the approach to the enforcement of municipal regulations by City Parking and By-law Services Division and Public Health Services is inconsistent and often adversarial
- There is a need for a more collaborative response between departments and operators in addressing issue areas

#### *Municipal Leadership for Domiciliary Hostels*

There is currently shared leadership for Domiciliary Hostels among the departments involved in administering Domiciliary Hostels. The position of the Domiciliary Hostel Program in the City of Hamilton and its relationship to other City departments and differing mandates present challenges for the operators of Domiciliary Hostels. The roles of various City departments as well as the roles of operators and other service providers are not well defined. Key informants consulted identified that different City departments are not always aware of the roles or responsibilities of the other departments. It is unclear to operators what City department or program office is responsible for various areas of their facility operations and who should be contacted when issues arise.

#### *One-Window Approach*

Operators have also identified that the approach of certain City departments in the regulation of residential care facilities is inconsistent and has caused tensions in their ability to meet the terms of their service agreements with the City. Numerous inspections by various departments at different times add to the confusion around Program priorities and legislative mandates. It would be useful for operators to have one point of contact at the City through which they can address issues related to various departments.

#### *Communications*

Despite internal administrative changes including the development of electronic invoicing and the institution of the electronic transfer of payment funds stemming from a 2003 Business Process Review, operators are currently required to submit hard copies of their monthly billing statements. Operators have expressed frustration with the inability to submit monthly statements electronically. As well, tight timelines associated with the submission process

are a reflection of a monthly billing process that requires additional internal streamlining.

The divided responsibilities and lack of communication across different City departments related to various aspects of Domiciliary Hostel operations have been identified as a contributing factor to the tenuous relationship between the City and operators, as well as a limiting factor in the sharing of information on programs, services and other supports that could benefit residents. Operators do not feel that they are supported by the City as partners in providing needed domiciliary accommodations.

In response to these challenges, the City has initiated Residential Care Facility Case Conference meetings with the intent of bringing together members of the City departments most closely involved in the delivery of the Program to review the status of each residential care facility. In addition, the Residential Care Facility Education Committee provides opportunities for operators and their staff to learn more about topics related to Domiciliary Hostel operations, such as meal planning and support services. The work of this committee and other outreach activities is a valuable tool in fostering a positive relationship between the City and its Domiciliary Hostel operators. These outreach initiatives should be continued and expanded. One expansion opportunity is to develop a newsletter to share and distribute information.

The City should also consider establishing a formal advisory committee comprised of representatives from operators, support agencies, residents, the Health Protection Division, Municipal Law Enforcement, and the Domiciliary Hostel Program, and a member of Council. The role of this Committee would be to provide advice to Council aimed at improving the operations of Domiciliary Hostels and their ability to meet the needs of existing and future residents. The Committee would meet every quarter to discuss issues, advise on standards of care and report to a Committee or Council, bringing forward key advice and recommendations. The wide representation of the Committee from a cross-section of stakeholders would enable a sharing of views from all perspectives, thereby bringing a wider understanding of the issues.

The following recommendations are proposed to improve the working relationship between the City and its Domiciliary Hostel operators with the goal of improving the residential services provided to the residents of Hamilton's Domiciliary Hostels.

## **Recommendations**

17. That the City identify a single department in the municipal leadership role for the management of Domiciliary Hostels and provide the additional capacity to effectively fulfill this responsibility, including staffing and infrastructure



18. That the roles of various stakeholders in the Domiciliary Hostel Program be clearly defined
19. That the City consider creating a one-window approach, with a partnership focus, to support Domiciliary Hostel residents and operators, that coordinates a team of municipal staff from various departments which interacts with operators and facilitates communication. This may include joint inspections from more than one Department
20. That the City continue to strengthen cross-departmental communication and information sharing, including the development of shared objectives to avoid the adverse impacts of different mandates
  - 21. That the City expand activities to improve communications with stakeholders, such as expanding outreach to operators, developing a newsletter, and setting up a formal advisory committee to provide advice to Council

### **6.3 Infrastructure, Policies and Procedures**

#### **Key Issues:**

- Operators and residents are not always aware of available services and supports or where to obtain information in this regard
- There are challenges with communication and cumbersome procedures that require streamlining
- The infrastructure, including information technology and operational policies and procedures, to facilitate stakeholders in achieving roles and responsibilities is lacking and needs to be improved, updated and formalized
- The existing Domiciliary Hostel Subsidy Agreement Point Schedule is out of date and does not reflect current practices for operating Domiciliary Hostels

The regular sharing of and access to information on residential care facilities is vital to improving the management, regulation, delivery and quality of Domiciliary Hostels in Hamilton.

The Residential Care Facilities with Subsidy Policy and Procedure Manual represents an essential information resource in the delivery of the Domiciliary Hostel Program. In its current state the manual does not include recent legislative changes and is not readily available to all residential care facility stakeholders who could benefit from having access to the information contained in it. In addition, the format and organization of the manual makes the material it contains difficult to find and interpret.

Cross-departmental information sharing by residential care facilities has been limited by a lack of sufficient information technology that both protects confidentiality, allows for real time updates and the sharing of information files, as well as Program policies and procedures.

A database with both internal and external capabilities would provide an accessible platform for posting Program policies, procedures, responsibilities and the facility portfolio. Such a system would facilitate coordination amongst the City's various departments and provide an up to date source of information for operators, residents and service providers.

The Point Schedule is used by the Domiciliary Hostel Program to assess compliance of the facility to the subsidy agreement. The existing Domiciliary Hostel Subsidy Agreement Point Schedule is out of date and does not reflect current practices for operating Domiciliary Hostels. Further, there is a need to update the point schedule to provide for better grading (e.g. 0-5).

**Recommendations:**

22. That the City improve, update and formalize infrastructure, including information technology and operational policies and procedures, to facilitate stakeholders in fulfilling defined roles and responsibilities for the Domiciliary Hostel Program
23. That the City update the Domiciliary Hostel Subsidy Agreement Point Schedule

**6.4 People Focused Subsidy Reallocation and Expansion Policies**

**Key Issues:**

- The current approach to subsidy allocation does not maximize the best potential opportunities for residents, available funding, competition, and may inhibit economic feasibility
- The City's planning regulations are creating barriers to inclusivity, integration and choice for residents, and limit the potential for additional facilities

**6.4.1 Subsidy Agreement Reallocation Policies**

*Reallocation of Subsidy Agreements for Chronically Vacant Beds*

The current vacancy rate for subsidized beds under the Domiciliary Hostel Program is 25%, which has been relatively constant for a number of years. Some operators have consistently had vacant beds, while others maintain waiting lists. The high number of chronic vacancies limits opportunities for

potential residents to be better served in other Domiciliary Hostels. Further, while the province has permitted the City to transfer some of the un-used Domiciliary Hostel Program funding to other homelessness programs in recent years, there is a risk that this may not always be permitted and that these funds could be lost to the community to address housing and homelessness needs. By reallocating subsidies for beds that have been chronically vacant, to new facilities or existing facilities, there is an opportunity to better serve potential residents, by increasing choice and competition. It would also help ensure that the use of the provincial funding is maximized to provide accommodation for more individuals who may be in need.

However, concerns have been raised by operators that reallocating beds may have an impact on their ability to obtain financing, and therefore may impact the ongoing viability of the Program and/or of individual facilities. This concern should be explored prior to undertaking a reallocation of beds.

There may be opportunity to investigate whether people currently in Alternative Level of Care (ALC) beds could be served through Domiciliary Hostels, or whether existing beds could be used for another client group not typically served by Domiciliary Hostels.

If the City decides to reallocate beds, it is suggested that as an overall target, the City maintain agreements for at least 10% to 15% more beds than the available funding, to facilitate choice for residents and financially feasible operations.

One potential option for an initial reallocation for facilities with chronic vacancies operating for at least two years is as follows:

Renew no more than 15% more than the highest number of subsidized beds occupied in the past year, up to the number in the agreement from the previous year.

For example, for a facility with a subsidy agreement for 20 beds which had a maximum of 5 beds occupied in the past year, the subsidy agreement would be renewed for 6 beds ( $5 + .15 \times 5 = 5.75$ , round up to 6).

This formula would only be applied if the result were less than the number of beds in the current service agreement, otherwise the number in the current service agreement would be renewed.

Applying this formula to 2010 occupancies would result in the potential relocation of 108 beds. It appears that there may be room within the system to absorb the reallocated beds. A number of currently unsubsidized residential care facility operators, as well as operators with subsidy agreements at the City's 24-bed maximum number of subsidized beds, have expressed interest in entering into agreements for new or additional subsidized beds. Operators with service agreements with low vacancies have an additional 125 unsubsidized beds, and

many may be interested in entering into agreements for additional subsidized beds.

#### *24-Bed Maximum for Subsidized Beds*

The City currently has a policy that service agreements be for a maximum of 24 subsidized beds in a residential care facility of any size. When the policy was amended so that a facility of any size would be eligible for an agreement of up to 24 subsidized beds, the rationale was that it would maximize efficiency and increase options for where tenants may live.

The Ministry of Community and Social Services' Standards Framework states that the original intention of the Program was to provide a home-like atmosphere. A 24-bed maximum for subsidized and non-subsidized beds would place an emphasis on smaller homes, based on the assumption that the more intimate environment provides a more home-like atmosphere. However, this is negated by allowing service agreements to be awarded to facilities of any size. The report discussing the amendment to the facility size stated that the size of the facilities is less important than the "feel" and quality of services provided.

Further, the maintenance of the current 24-bed rule in any size facility may hinder the operator's ability to realize economies of scale. During consultations, a number of operators indicated that financial viability would be better achieved if the number of subsidized beds was relaxed. Some suggested that a number closer to 30 beds would be more viable. In other industries, such as long term care, for example, it is generally considered that the operation is not viable with less than 32 beds. While it is suggested that this policy be loosened, it is important to still maintain choice for residents and opportunities to live in smaller facilities for those that prefer it. This can be considered as part of criteria for awarding service agreements.

#### *Criterion for New or Expanded Service Agreements*

Currently, the criterion for new service agreements is based on the preference for wards with disproportionately few subsidized beds and high occupancy rates. It is suggested that the City establish an evaluation framework with a series of criteria for new or expanded subsidy agreements to ensure a holistic and systematic analysis of potential facilities. Criteria could relate to the client group served, locational amenities, existing facilities for specific population groups, available support services, and size.

#### **Recommendations:**

24. That the City study the impact of reallocating subsidy agreements and explore potential reuse of existing beds, and if appropriate to reallocate subsidy agreements, develop a formula for reallocating subsidy agreements

based on chronic vacancies and undertake the reallocation of service agreements based on the formula chosen

25. That the City establish an evaluation framework for new or expanded subsidy agreements for reallocated beds that considers the client group served, locational amenities, existing facilities for specific population groups, available support services, and size

## 6.5 Funding

### Key Issues

- The for-profit nature of Domiciliary Hostel builds in an inherent tension in the system that care may be sacrificed to achieve financial viability/profit
- The Province allows limited flexibilities with its funding
- The existing per diem funding is insufficient to respond to cost increases and expanded expectations for services and administration
- Operators are now seeing residents with higher needs that require greater levels of care at higher costs without being provided additional funding support needed to provide the higher levels of service required

#### 6.5.1 Current Funding Model

The Domiciliary Hostel Program is a discretionary Program cost shared between the Province and the City (80% funded by the Province and 20% by the Municipality). Funding is provided to operators, who are for the most part for-profit operations, based on occupied beds each day. The Province has set the current per diem rate at \$47.75 per person per day. The Program funds all operators equally based on the delivery of the minimum standards. Operators who provide a more enhanced model are not compensated accordingly. Also, it should be noted that the for-profit nature of Domiciliary Hostel builds in an inherent tension in the system whereby some may believe that care may be sacrificed to achieve financial viability/profit, although operators point out that, due to the competitive nature of their business, it is critical for them to maintain a high quality of care and accommodation.

The following table is a sample illustration of the current funding model for an individual residing in a Domiciliary Hostel on a daily and monthly<sup>15</sup> basis.

---

<sup>15</sup> Assumes 30 days in a month.

**Table 3: Example of Current Daily and Monthly Domiciliary Hostel Funding Model**

Funding Source	Daily Funding	Monthly Funding
Total Payment to Operator for accommodation and services @ \$47.75 per day	\$47.75	\$1,432.50
Average Payment from Individual <sup>1</sup>	\$23.49	\$704.70
Remaining cost to be shared by Province and Municipality	\$24.26	\$734.70
Funding from Province (80%)	\$19.41	\$582.30
Funding from Municipality (20%)	\$4.85	\$145.50

1. Average client contribution estimated at 49.2%. The actual amount depends on the individual's income. For example, an individual with ODSP as their sole income source would pay \$675.

The municipality has the option to increase the per diem rate; however, any increase in the per diem must be 100% funded by the Municipality.

### 6.5.2 Current Budget for the Domiciliary Hostel Program

In 2010, the total budget for the Domiciliary Hostel Program in the City of Hamilton was \$8,326,807. The table below illustrates the breakdown of the 2010 budget by provincial and municipal contributions, and allocations for administration, per diem subsidies, etc. In general, the Province restricts Provincial funding to administrative costs and per diem subsidies.

The total 2010 budget was reduced by the Province by \$426,981 as a result of historical under-spending. Of the remaining budget, \$490,557 was allocated to cover administrative costs. The total amount spent on per diem subsidies was \$6,769,128, with \$5,415,302 coming from the Province and \$1,353,826 coming from the municipality. As a result of vacancies, \$640,141 was not distributed as per diem funding (equivalent to funding for 90 beds), and the Province permitted the City to use this for other homelessness programs provided by the City.

**Table 4: Domiciliary Hostel Operating Budget for 2010**

Expenses	Municipality	Province	Total
Total	\$1,353,826	\$6,972,981	\$8,326,807
Allotment Reduction Historical Under- spending	\$0	\$426,981	\$426,981
Administrative Costs	\$0	\$490,557	\$490,557
Transfer to Consolidated Homelessness Prevention Program	\$0	\$640,141	\$640,141
Per Diem Funding Domiciliary Hostels	\$1,353,826	\$5,415,302	\$6,769,128

While there are 1,040 subsidized beds in Hamilton with subsidy agreements, the budget only supports subsidies for an annual average of approximately 765 occupied beds.

As mentioned in Section 0, the Province is in the process of consolidating its housing and homelessness programs, including the Domiciliary Hostel Program, to give municipalities more flexibility in addressing their local needs. The City should provide input to the Province on program funding consolidation to encourage flexibility in the use of Domiciliary Hostel program funding.

### **6.5.3 *Per Diem Versus Other Models***

As mentioned, the current per diem model funds Domiciliary Hostels based on the number of occupied beds. One of the objectives of the study was to consider alternative models. One alternative model would be to provide a flat rate based on the number of beds available, regardless of the level of vacancy, to provide more consistency for the operator.

One of the main issues with providing Domiciliary Hostel operators with a lump-sum subsidy is that the Province and the Municipality do not have direct funding control to ensure that subsidies are serving those most in need. In addition, a lump-sum subsidy indirectly removes financial accountability for Domiciliary Hostel operators since their net profits would remain the same regardless of their occupancy. This would reduce the incentive for operators to maximize the services provided or number of residents served. A per diem subsidy model is preferred in order to promote financial accountability and provide the highest quality of service for residents.

### **6.5.4 *Adequacy of the Current Per Diem***

SHS used two methods to determine the adequacy of the current per diem model to address the current costs of operating a Domiciliary Hostel. The first method, which is described briefly in this section, takes the current expense information from existing operators and calculates a per diem rate that would allow, on average, operators to sustain 5% vacancy rates, a 15% margin for profit and capital asset related expenses (ie. amortization and capital upgrades). The second method, which is discussed in the following section, looks at increases in costs compared to per diem rates since 1991.

#### ***Method 1 – Based on Current Expense Information Provided by Operators***

For the first method, financial information was sought from operators for assessment of the adequacy of the current per diem funding. SHS received financial information from one for-profit operator and one non-profit operator. These were supplemented by seven cases from throughout Ontario from the 2007 report on Rate Renewal prepared for the Ontario Homes for Special Needs Association by Ramond Chabot Grant Thornton Consulting Inc. The dates of the

financial information provided range from 2004 to 2010. In addition, OHSNA Hamilton provided two sample hypothetical cases.

The analysis was conducted from financial information from a limited number of operators due to the willingness of very few operators to share their information. The available documentation is not statistically significant nor has SHS Consulting assessed the financial information provided. However, SHS Consulting was able to use this information to perform analysis, which provides insights on the current and recommended per diem rate.

The following table identifies the expense items a Domiciliary Hostel incurs and illustrates the minimum, maximum, and average operating expenses of the cases analyzed per unit per day. Due to the limited financial information provided, some data required adjustments for inflation using their applicable CPI index. All expenses are adjusted to assume full occupancy.

The analysis includes operating costs only and has excluded costs and revenues related to the capital asset such as the principal payments on a mortgage or capital upgrades as these relate to the asset (as the investments may differ, for example one investor may choose to make a cash investment on the property while another may choose to finance the investment) and not the day-to-day operation of the facility. If these were included we would also need to factor in changes in the value of the asset over time. We have, however, considered interest costs as an operating expense. We have also allowed for a 15% margin, which we believe is quite reasonable, for profit and capital asset related items.

**Table 5: Summary of Per Bed Per Day Expenses for All Domiciliary Hostel Operators**

Expense	Min	Max	Average	Average Hamilton Only	Sample Cases Provided by OHSNA Hamilton		
					20-bed	10-bed	Average
<b>Labour<sup>1</sup></b>	\$13.59	\$29.11	\$21.23	\$21.44	\$26.57	\$30.36	\$28.46
<b>Food<sup>1</sup></b>	\$4.18	\$11.16	\$5.70	\$4.79	\$5.48	\$6.21	\$5.84
<b>Utilities<sup>1</sup></b>	\$1.52	\$6.30	\$2.74	\$3.52	\$2.60	\$3.22	\$2.91
<b>Maintenance<sup>1</sup></b>	\$1.24	\$6.53	\$3.34	\$3.95	\$3.70	\$2.87	\$3.28
<b>Insurance<sup>1</sup></b>	\$0.41	\$2.83	\$0.92	\$1.51	\$1.10	\$1.37	\$1.23
<b>Property Taxes<sup>1</sup></b>	\$0.52	\$1.66	\$1.01	\$0.74	\$1.23	\$1.37	\$1.30
<b>Interest</b>	\$1.74	\$6.58	\$3.20	\$2.19	\$0	\$0	\$0
<b>Other<sup>1</sup></b>	\$1.32	\$12.38	\$5.36	\$4.51	\$2.32	\$3.49	\$2.90
<b>Management Fees<sup>1</sup></b>	\$1.76	\$9.45	\$4.79	\$3.15	\$3.34	\$3.34	\$3.34
<b>Total Expenses</b>	\$37.16	\$56.93	\$45.80 <sup>2</sup>	\$45.79	\$46.34	\$52.23	\$49.28
<b>Adjusted for 15% Profit Margin and Amortization and 5% Vacancy</b>	<b>\$44.00</b>	<b>\$69.77</b>	<b>\$55.12</b>	<b>\$55.02</b>	<b>\$55.63</b>	<b>\$62.71</b>	<b>\$59.17</b>

<sup>1</sup> Adjusted for inflation using the appropriate inflation factor. Refer to the following section for further information on the sources.



<sup>2</sup> Does not equal to the sum of average expense categories due to exclusion of zero costs for particular expense categories for some operators

As shown in the table above, the average total per bed per day expense of the nine operators analyzed is \$45.80. This suggests that if Domiciliary Hostels were to operate at full occupancy, they would break-even on average assuming the current per diem rate of \$45.80. For the Domiciliary Hostels in Hamilton only, the average per bed per day total expense was \$45.79, slightly below the per diem rate. The average per bed per day total expense for the Domiciliary Hostel cases provided by OHSNA Hamilton was \$49.28, slightly above the current per diem rate.

As illustrated in the previous table, if all operators were to receive the average total per bed per day expense (\$45.80), each operator would be able to break-even on average. However, in order to create an incentive for operators to continue operation, a per diem rate would have to ensure each operator generates a profit. In addition, the value of \$45.80 would only allow operators to break-even on average if no beds were vacant and if there were no capital expenditures.

Since it is in the best interest of the City of Hamilton to have an adequate supply of beds, the per diem rate should reflect a vacancy rate that would provide the municipality with enough beds to prevent a lengthy waitlist and provide choice for potential residents. As such, a per diem rate of \$55.12 after adjusting for a 15% profit margin and amortization and a 5% vacancy rate, would, on average for all case studies, provide operators the incentive to continue operation and prevent long waitlists. For the cases in Hamilton only, the corresponding rate would be \$55.02. This analysis demonstrates that the existing per diem funding is insufficient to cover existing expenses.

This analysis, and the recommended per diem of \$55.00, is based on the current expense profile of sample operations and the cost required to fund the current service delivery model. However, as discussed above, the current service delivery model is not ideal. For example, many staff are paid minimum wage, and the quality of food in some facilities is low, which is not in the best interests of residents. Additional funding increases would be warranted with corresponding service improvements.

### ***Method 2 – Based on Increases in Expenses Over Time***

As the second method of determining the adequacy of the current per diem model to address the current costs of operating a Domiciliary Hostel, SHS Consulting reviewed the increases in expenses over time.

*Percentage of Expenses Related to Each Expense Category*

The financial information discussed in Table 6 above was used as the basis for applying inflationary increases in costs. Expenses were broken down into 10 categories: labour, food, utilities, maintenance, amortization, insurance, property taxes, interest, other, and management fees. Each expense item was calculated on a percentage of revenue for each of the nine cases<sup>16</sup>. From this information, an average percentage rate was calculated for each expense category<sup>17</sup>, and these were normalized (ie. converted to a percentage out of 100). This is shown in Table 6 below. These percentages are assumed to be relatively consistent over time, and therefore were maintained for the full period of the analysis.

**Table 6: Expenses as a Percentage of Revenue for Nine Sample Domiciliary Hostel Operations**

Expense	Normalized Percentage
Labour	41%
Food	12%
Utilities	6%
Maintenance	7%
Insurance	2%
Property Taxes	3%
Interest	10%
Other	12%
Management Fees	7%
<b>Total Expenses</b>	<b>100%</b>

*Inflation for Each Expense Category*

Since particular expenses changed at different rates as compared to a general inflation rate, the inflation rate for each expense category was applied separately to come up with an overall inflation rate for Domiciliary Hostel operations. Annual inflation rates from January 1, 1991 to January 1, 2011 were calculated for each category using their appropriate CPI index in Ontario<sup>18</sup>. Assumptions for each expense category are as follows:

<sup>16</sup> Operators from Hamilton OHSNA were excluded in this analysis.

<sup>17</sup> Due to varying operating styles, for operations that did not have an expense for a particular category, that value was omitted from calculating the average.

<sup>18</sup> Statistics Canada. (2011). CANSIM:2011042612444089928

**Table 7: Inflation Sources**

Expense	Inflation Source
Labour	Changes in minimum wage in Ontario <sup>19</sup>
Food	Statistics Canada monthly CPI index for food in Ontario
Utilities	Statistics Canada monthly CPI index for utilities in Ontario
Maintenance	Statistics Canada monthly CPI index for homeowner's maintenance and repairs <sup>20</sup>
Insurance	Statistics Canada monthly CPI index for homeowner's insurance in Ontario <sup>21</sup>
Property Taxes	Statistics Canada monthly CPI index for property taxes <sup>22</sup>
Interest	No inflation <sup>23</sup>
Other	Statistics Canada gross monthly CPI index for Ontario <sup>24</sup>
Management Fees	Statistics Canada gross monthly CPI index for Ontario <sup>25</sup>

*Weighted Annual Inflation Rate*

After determining the annual inflation rate for each expense category using the methodology as described above, this was applied to the weights identified in Table 7 to determine the weighted annual inflation rate for Domiciliary Hostels. The 1991 per diem rate was used as a base figure to which the weighted inflation rate of the cost of operating Domiciliary Hostels was applied.

*Increases in the Cost of Operating Domiciliary Hostels Compared to Per Diem Increases*

The following figure compares the historical per diem rates and the weighted inflation adjusted costs from January 1991 to January 2011.

<sup>19</sup> It was assumed that majority of employees working at a Domiciliary Hostel are paid minimum wage. Minimum wage increases have been significantly higher than the general inflation rate during 1991 to 2011, so if anything, the use of the minimum wage rate changes may be overstating increases in expenses.

<sup>20</sup> It was assumed that the CPI index for homeowners' maintenance and repairs is an approximate measure of the inflation rate for the maintenance cost of a Domiciliary Hostel

<sup>21</sup> Increases in homeowners insurance rates were assumed to be generally reflective of increases in insurance rates for Domiciliary Hostels

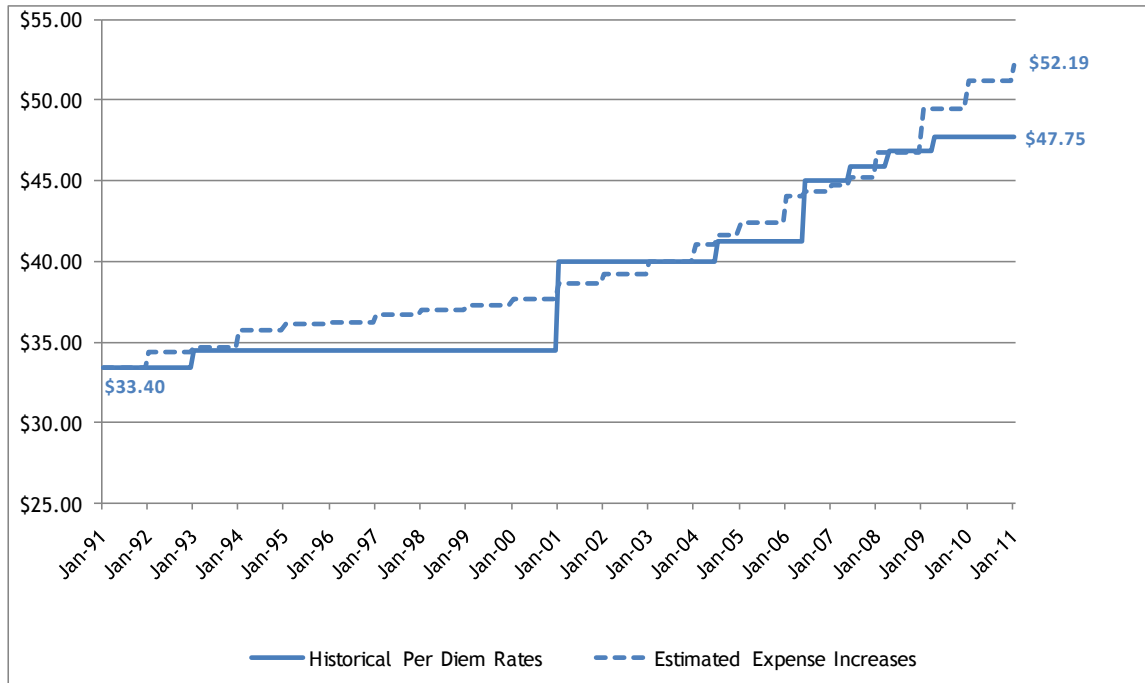
<sup>22</sup> This index accounts for appreciation/depreciation in appraised value of the property and increases/decreases in mill rates better than using changes in mill rates alone.

<sup>23</sup> Interest is considered to be relatively constant over the life of an operation (assuming that each Domiciliary Hostel does not frequently obtain and finance a large piece of capital). If anything, interest rates may have decreased since 1991. Even though no inflation rate was calculated, interest was still included in the weighted inflation rate.

<sup>24</sup> Other expenses are assumed to change relative to the growth of the overall economy.

<sup>25</sup> Management fees are assumed to change relative to the growth of the overall economy.

**Figure 1: Historical Per Diem Rates and Weighted Inflation Adjusted Costs from 1991 to 2011(assuming a 1991 cost of \$31.20)**



As illustrated in the figure above, the weighted inflation adjusted costs calculated by SHS closely resembles the trend of per diem increases. The weighted inflation adjusted costs suggest that operating costs have significantly increased in Ontario since the last per diem adjustment. Based on this analysis the per diem rate should increase by at least \$4.44 (to at least \$52.19) to account for the increase in general operating costs.

*Additional Cost Increases*

It is important to note that in addition to increases in general operating costs, operators may have experienced additional cost increases in recent years as a result of changes to government regulations and policies.

*Schedule 20*

Examples of potential cost increases as a result of Schedule 20 include:

- Staff education and training
- While there are a number of options for training that are free or low cost, there is a replacement cost for staff during training, and as staff become more qualified it is more difficult to retain them.
- Resident storage locker
- Additional costs for creating a resident storage locker depend on the facility, in cases where there was an existing closet, large drawer, foot

locker, or single room, these are considered acceptable forms of storage lockers.

- Medication dispensing
- The type of medication administered and the care needs of the resident dictate the qualification requirements of staff, and can add additional costs depending on resident needs.

### *Fire Code Retrofits*

While not as a result of revisions to Schedule 20, in recent years changes to the Fire Code required retrofits for some residential apartment buildings, in particular older Victorian homes that have been converted into Domiciliary Hostels. This change came in on November 21, 2007, and the cost varied depending on the individual building needs.

### *Electrical Safety*

Building upgrades have also been required over time to meet new standards set by the Electrical Safety Authority. (However, Schedule 20 has slightly reduced the impact of annual electrical safety inspections as it has decreased the required frequency of electrical safety inspections).

### *HST*

HST was implemented in Ontario in July 2010. HST now applies to utilities, maintenance, insurance, management fees, and potentially expenses in the “other” expenses category. However, the full impact on the costs of operating Domiciliary Hostels is difficult to quantify as suppliers are generally not able to pass along the full increase to customers (the operators) (which could equate to an estimated \$4.44 per resident per day), and operators can claim input tax credits against HST expenses.

It should be noted that the impacts of HST have partially been accounted for in the above analysis as two of the Hamilton cases were for 2010 and would have included HST for half of the year. In addition, the inflation factors used to adjust the cases from previous years to the end of 2010 would have included HST.

### *Care Costs as a result of Higher Needs of Residents*

Over time, the type of residents being served in Domiciliary Hostels has shifted to more tenants with higher care needs, which can result in higher costs for the operator.

With limited data SHS Consulting was unable to quantify the additional cost increases, but they may justify additional increases beyond the \$4.44 increase, or \$52.19 figure, discussed above.

### **6.5.5 Future Potential Cost Impacts**

As mentioned in Section 0, in the future, the Accessibility for Ontarians with Disabilities Act Standards on Built Environment and the Ontario French Language Services Act may set out additional requirements for Domiciliary Hostels, which may impact the costs of operating Domiciliary Hostel facilities. The City should monitor and provide input into the development of these standards in relation to the potential financial impact on Domiciliary Hostels.

### **6.5.6 ODSP Payments**

There are inherent challenges with the ODSP system in that benefits are provided at the end of the month for the preceding month. Some concerns were raised in the consultations that there are occasions where the resident may leave at the end of the month without paying for their portion of the room and board provided during the month. The City should work collaboratively with operators and community partners to continue to advocate for changes to the ODSP system so that benefits are not provided at the end of the month for the preceding month.

### **Recommendations:**

26. That the City increase the per diem funding to \$55, with annual adjustments for inflation, to better reflect the cost of operating Domiciliary Hostels, and encourage the Ministry of Community and Social Services to increase the per diem funding levels it establishes for the Program
27. That the City provide input to the Province on program funding consolidation to encourage flexibility in the use of Domiciliary Hostel program funding
28. That the City work collaboratively with operators and community partners to continue to advocate for changes to the ODSP system so that benefits are not provided at the end of the month for the preceding month
29. That the City monitor the development of the Accessibility for Ontarians Act Standards on Built Environment and Ontario French Language Services Act in relation to the potential financial impact on Domiciliary Hostels

## **7.0 Key Observations in Areas Outside the Scope of This Report**

While Schedule 20, building standards, and zoning policies were not part of the scope of the review, concerns were identified during the consultations which have been noted here for the City's consideration.

### **7.1 Schedule 20 and Building Standards**

During the consultation process, some residents and operators expressed concern with Schedule 20 and building standards. Residents felt that some of the regulations were not informed by their input. Operators felt that some aspects of the regulations are burdensome for the operators. Concerns expressed by residents included Schedule 20 standards related to lighting and dietary requirements. Operators expressed concerns about the Building Code classifications and interpretation as well as cost implications of Schedule 20.

As Schedule 20 and other building standards including the Building Code are outside of the scope of this review, residents and operators are directed to contact the Parking and By-Law Enforcement Division of the Planning and Economic Development Department and request revisions to related by-laws in accordance with established procedures.

### **7.2 Zoning Policies**

During the consultation process, some operators expressed concern with the City's planning regulations, specific to zoning. They felt that zoning regulations were creating barriers to inclusivity, integration and choice for residents. As planning regulations are outside of the scope of this review, operators are directed to contact the Planning and Economic Development Department and request a review of the zoning regulations that were negatively impacting their residences in accordance with established procedures.

Hamilton's current zoning by-law restricts Residential Care Facilities to fully detached residential buildings. It restricts capacity for Residential Care Facilities in particular zones and to occupy mixed-use buildings, and where permitted, they are subject to a minimum radial separation distance, and a parking space requirement of 1 space per 3 persons. The intent of these restrictions is to distribute Residential Care Facilities more evenly throughout the City.

It is the opinion of the Residential Care Facility operators, that the minimum separation requirement limits the locations new facilities can consider for development and could impact their ability to provide service based on residents' needs. It is felt that the presently permitted locations will present higher property costs for operators. A potential implication of removing these regulations is a

greater concentration of Residential Care Facilities in particular areas. However, zoning regulations are not the only mechanism for the appropriate distribution of Residential Care Facilities. When allocating the subsidy for those Residential Care Facilities that are Domiciliary Hostels, the City could use the proximity to other Residential Care Facilities as one criterion for the distribution of subsidies.



## 8.0 Moving Forward

The preceding recommendations outline changes to the Program to create a Program that is more:

- Person-Centred
- Collaborative
- Coordinated, and
- Financially sustainable.

Collectively, these recommendations constitute a significant adjustment to the Program, and would require additional ongoing staff capacity and additional ongoing expenditures by the City. In addition, during implementation, it will be important to have dedicated resources to manage the implementation process.

Given the range of recommendations, it is critical for the City to establish priorities and timeframes for implementation, so that changes are made in a strategic manner. Full implementation may take several years, but there are a number of recommendations that can be addressed in the short term. The following table provides suggested priority levels and timeframes for each of the recommendations.

The following actions are suggested to facilitate the implementation process:

- Develop an implementation plan for the recommendations
- Dedicate staff resources to implement the recommendations
- Actively engage stakeholders throughout the implementation process.

**Summary Table of Recommendations by Timeframe**

Recommendation	Timeframe
<b>Role of Domiciliary Hostels and Domiciliary Hostel Model</b>	
1. That the City of Hamilton adopt a policy statement recognizing the important role that the Domiciliary Hostel Program provides in the City's housing continuum and that the City commit to working in partnership with the operators, residents and agencies to improve the effectiveness of the program	Short Term
2. That the housing options for individuals who require supports to daily living be expanded beyond the current Domiciliary Hostel Program Model to offer greater choice to meet the varying needs of residents	Medium Term
3. That the City work with key stakeholders to implement a	Short Term

<p>person-centred approach in the delivery of services within the Domiciliary Hostel Program</p>	
<p><b>Basic Needs, Quality of Life, and Helping Residents Achieve their Potential</b></p>	
<p>4. That the Domiciliary Hostel Program be funded adequately to meet the needs of residents. The per diem funding, direct benefits for residents, and the funding of support services should be reviewed and adjusted</p>	<p>Short Term</p>
<p>5. That the City explore ways to improve the quality of life of the residents through either the provision of additional direct service, purchase of service from community agencies or increased funding to the operators</p>	<p>Short Term</p>
<p>6. That the City collaborate with the operators and the Community Care Access Centre to better meet the basic care needs of individuals with higher needs</p>	<p>Medium Term</p>
<p>7. That a request is sent to the Ministry of Community and Social Services to extend the maximum absence period from 28 days</p>	<p>Short Term</p>
<p>8. That the City implement a qualitative monitoring of care for residents such as an annual survey or interview</p>	<p>Medium Term</p>
<p>9. That the residents and operators be informed of, be provided with assistance in making use of, and have access to other services including those that are available to all of Hamilton's residents such as recreational opportunities</p>	<p>Short Term</p>
<p>10. That the City explore the possibility of Resident Support Workers who would offer a broad range of case management supports to every resident who is subsidized through the Domiciliary Hostel Program</p>	<p>Short Term</p>
<p><b>Benefits Provided to Residents</b></p>	
<p>11. That the City provide additional benefits for Domiciliary Hostel residents and support an increase to the monthly Personal Needs Benefit</p>	<p>Short Term</p>
<p><b>Trusteeships/Assistance with Financial Management</b></p>	
<p>12. That the City improve trusteeships and other supports for</p>	<p>Short Term</p>

<p>management of the residents' personal finances</p> <p>13. That the City make use of the current policy for Ontario Works recipients, and encourage the Ministry of Community and Social Services to make use of the current policy for Ontario Disability Support Program (ODSP) recipients, to permit personal needs benefits to be provided to the individual separately from the shelter allowance payments provided directly to the landlord, where agreed upon by the individual</p> <p>14. That the City ensure that all of the operators and residents are provided with accurate information regarding the treatment of tenant earnings and the impact that the employment income may have on subsidy payments</p>	<p>Short Term</p> <p>Short Term</p>
<p><b>Referral and Placement</b></p>	
<p>15. That a web-based publicly accessible system be established that provides real-time information on the Domiciliary Hostel Program and Residential Care Facilities by location, number of beds, population served, vacancies, care provided, and contact information</p> <p>16. That there be a feasibility study to establish a centralized placement process where clients are referred to Program staff who will conduct an assessment for subsidy and suitability for the program, determine the client's preferences and potential accommodations; arrange visits; and, enter into a subsidy agreement for the individual with their preferred operator</p>	<p>Short Term</p> <p>Long Term</p>
<p><b>Cross-Department Integration, Communication and Improved Interactions with Operators</b></p>	
<p>17. That the City identify a single department in the municipal leadership role for the management of Domiciliary Hostels and provide the additional capacity to effectively fulfill this responsibility, including staffing and infrastructure</p> <p>18. That the roles of various stakeholders in the Domiciliary Hostel Program be clearly defined</p> <p>19. That the City consider creating a one-window approach, with a partnership focus, to support Domiciliary Hostel residents and operators, that coordinates a team of municipal staff from various departments which interacts with operators and</p>	<p>Short Term</p> <p>Short Term</p> <p>Short Term</p>

<p>facilitates communication. This may include joint inspections from more than one Department</p> <p>20. That the City continue to strengthen cross-departmental communication and information sharing, including the development of shared objectives to avoid the adverse impacts of different mandates</p> <p>21. That the City expand activities to improve communications with stakeholders, such as expanding outreach to operators, developing a newsletter, and setting up a formal advisory committee to provide advice to Council</p>	<p>Short Term</p> <p>Short Term</p>
<p><b>Infrastructure, Policies and Procedures</b></p>	
<p>22. That the City improve, update and formalize infrastructure, including information technology and operational policies and procedures, to facilitate stakeholders in fulfilling defined roles and responsibilities for the Domiciliary Hostel Program</p> <p>23. That the City update the Domiciliary Hostel Subsidy Agreement Point Schedule</p>	<p>Short Term</p> <p>Short Term</p>
<p><b>People Focused Subsidy Reallocation and Expansion Policies</b></p>	
<p>24. That the City study the impact of reallocating subsidy agreements and explore potential reuse of existing beds, and if appropriate to reallocate subsidy agreements, develop a formula for reallocating subsidy agreements based on chronic vacancies and undertake the reallocation of service agreements based on the formula chosen</p> <p>25. That the City establish an evaluation framework for new or expanded subsidy agreements for reallocated beds that considers the client group served, locational amenities, existing facilities for specific population groups, available support services, and size</p>	<p>Short Term</p> <p>Short Term</p>
<p><b>Funding</b></p>	
<p>26. That the City increase the per diem funding to \$55, with annual adjustments for inflation, to better reflect the cost of operating Domiciliary Hostels, and encourage the Ministry of Community and Social Services to increase the per diem funding levels it establishes for the Program</p>	<p>Short Term</p>

27. That the City provide input to the Province on program funding consolidation to encourage flexibility in the use of Domiciliary Hostel program funding	Short Term
28. That the City work collaboratively with operators and community partners to continue to advocate for changes to the ODSP system so that benefits are not provided at the end of the month for the preceding month	Short Term
29. That the City monitor the development of the Accessibility for Ontarians Act Standards on Built Environment and Ontario French Language Services Act in relation to the potential financial impact on Domiciliary Hostels	Long Term

## **Appendix A: Current Legislation and Potential Changes**

### **Current Provincial Legislation**

#### ***Ministry of Community and Social Service Act***

The Ministry of Community and Social Services Act authorizes the Minister of Community and Social Services to enter into agreements with municipalities respecting the provision of social services and community services. In addition, the Act authorizes a municipality with an agreement with the Ministry to pay subsidies to Operators of residential care facilities.

#### ***Ministry of Community and Social Services Domiciliary Hostel Program Framework (2006)***

The operation of Domiciliary Hostels is largely unregulated by the Province of Ontario. Because of the absence of provincial legislation regulating Domiciliary Hostels, for several years municipalities and service providers requested that the provincial government define standards to guide the delivery of the Program. The Ministry of Community and Social Services conducted an extensive consultation process, and released the Domiciliary Hostel Policy framework in September 2006.

The Domiciliary Hostel Program Framework identifies the provincial expectations for standards that Consolidated Municipal Service Managers (CMSMs) are to develop and implement within their local Domiciliary Hostel Program.

The Framework sets out the requirements including the minimum requirements to be provided under current per diem and personal allowance rates. It identifies 40 provincial categories under which CMSM's must develop standards for their local Domiciliary Hostel Program. The categories range from Program eligibility and intake, to kitchen facilities and house meetings.

The Framework defines the administrative responsibilities of municipal level government in delivering the Domiciliary Hostel Program. These responsibilities include contract administration, monitoring and reporting.

In Hamilton, the requirements of the Ministry's Domiciliary Hostel Program Framework are met through the City of Hamilton's By-Law 07-170 for Residential Care Facilities and the subsidy agreements between the Service Manager and operators. The City's By-Law and licensing practices is outside the scope of this review although observations will be provided on this topic given the high level of feedback from the operators.

### ***Ontario Works (OW) and Ontario Disability Support Program (ODSP) Acts***

The responsibility of the Ministry of Community and Social Services, the OW and ODSP Acts relate to income and employment supports to people who are in temporary financial need (OW) or with disabilities (ODSP). The terms of this legislation and associated directives outline required payments by residents for room and board, as well as additional personal allowances for residents.

### ***Residential Tenancies Act (2006)***

The Residential Tenancy Act regulates the province's rental housing system. The Act governs the landlord-tenant relationship. The Act addresses tenancy agreements, landlord and tenant responsibilities, security and termination of tenure, and rent increases. Specifically, the Act outlines the responsibilities of landlords and tenants of care homes including agreements with respect to care services and meals, information provided to clients and matters of compliance. Adherence to the responsibilities of this Act is a component of the Subsidy Agreement and the established Guidelines for the City's Licensing By-law.

### **Current Municipal Legislation**

The following sections discuss the municipal legislation that governs and regulates the operation, subsidy and location of Domiciliary Hostels in the City of Hamilton.

### ***Schedule 20 of City of Hamilton By-Law No 07-170***

In Hamilton all Residential Care Facilities (RCFs), including Domiciliary Hostels, are licensed under Schedule 20 of the City of Hamilton By-Law 07-170. Schedule 20 provides the operational expectations for RCFs. It prescribes standards of operations for both the physical premises and the care of residents.

Schedule 20 provides additional guidelines for the operation of facilities under subsection 57(a). Issued by the Medical Officer of Health, these Guidelines address matters relating to the health, safety, and well-being of the tenants of a facility. Health Protection Division and Municipal Law Enforcement are primarily responsible for enforcement and oversight of the By-Law.

Schedule 20 and its Guidelines were reviewed and updated by Public Health Services and Municipal By-Law Enforcement in April 2010. A review of the policies of Schedule 20 was not part of this Program Review; however some recommendations of this review may relate to the implementation of these policies as part of the Domiciliary Hostel Program.

### ***Residential Care Facility Subsidy Agreement***

The Subsidy Agreement is the service contract between the City and the operator of a residential care facility under the Ministry of Community and Social Services Act. The agreement provides the terms under which the operator will receive subsidy through the Domiciliary Hostel Program. The agreement defines the services to be provided through the subsidy, billing and payment procedures, and standards compliance. In addition, the subsidy agreement's schedules outline reporting requirements, current per diem rates, and payment procedures.

### ***Hamilton's Official Plan***

The Official Plan provides direction and guidance on the management of Hamilton's diverse communities, land use change and physical development over the next 30 years. The Official Plan for the amalgamated City of Hamilton is divided into two parts - the Urban Hamilton Official Plan and Rural Hamilton Official Plan. These two plans capture the vision for the amalgamated communities of Ancaster, Dundas, Flamborough, Glanbrook, Hamilton and Stoney Creek, as well as the Region of Hamilton-Wentworth Official Plan.

The City of Hamilton's Urban Hamilton Official Plan recognizes housing as a key component of creating a high quality of life and complete communities. A goal of the Plan is to increase the mix and range of housing types, forms, tenures, densities, affordability levels, and housing with supports throughout the urban area of the City. The Plan permits housing with supports, including residential care facilities, in Institutional, Neighbourhoods, Commercial and Mixed Use designation areas subject to zoning regulations, where applicable.

Under the Rural Hamilton Official Plan, Residential Care Facilities are permitted as an institutional use in Hamilton's Rural land use designation areas provided they are primarily related to and directly serving the needs of the rural population, and that the use does not adversely impact the surrounding agricultural uses or settlement areas.

### ***Hamilton's Zoning By-Law***

Hamilton's Zoning By-Law 05-200 is the first phase in the development of a comprehensive zoning by-law for the amalgamated City of Hamilton. The Zoning By-Law takes its direction from the City's Official Plan and sets out the size, height, location of buildings and permitted uses for every property in the City.

The Zoning By-Law defines Residential Care Facilities as fully detached residential buildings. It identifies a maximum number of supervised residents by zone and prescribes RCF parking space requirements at a rate of 1 space per 3 persons accommodated or designed for accommodation.



Residential Care Facilities are permitted in four of six Downtown zones, as well as Neighbourhood Institutional, Community Institutional, and Major Institutional zones. Each of these zones identifies maximum capacity for Residential Care Facilities which varies from six residents in Downtown Multiple Residential Zones (D6) to 50 residents in Major Institutional Zones.

Where permitted, Residential Care Facilities are subject to a minimum radial separation distance of 300 metres from the lot line of any other lot occupied by an existing residential care facility, emergency shelter, corrections residence or correctional facility. In addition, the current Zoning By-Law restricts the development of any new Residential Care Facilities or Emergency Shelters within the lands bounded by Queen Street, Hunter Street, James Street and Main Street.

Hamilton's Social Planning Council in partnership with Hamilton's Affordable Housing Flagship Committee is currently reviewing the City's zoning by-law in terms of the human rights implications of its regulations for residential care facilities.

Section 4.4 provides further discussion and recommendations on changes to the Zoning By-law to support the Domiciliary Hostel Program.

### **Future Legislation with Potential Impacts**

#### ***Housing Services Act & Ontario's Long-Term Affordable Housing Strategy***

The Housing Services Act was passed on April 19<sup>th</sup>, 2011 and repealed the Social Housing Reform Act (2000). The Act provides for community based planning and delivery of housing and homelessness services with general provincial oversight and flexibility for service managers and housing providers in the delivery of housing and homelessness services.

The Housing Services Act is a key part of Ontario's Long-Term Affordable Housing Strategy. It is a goal of this Strategy to consolidate Ontario's housing and homelessness programs to give municipalities more flexibility in addressing their local needs. The Ministry of Community and Social Services' Domiciliary Hostel Program has been identified as one of 30 programs to be reviewed for consolidation under the Strategy. Future changes to the Housing Services Act and/or its regulations may have a long term impact on the structure and delivery of the Domiciliary Hostel Program.

### ***Retirement Homes Act (2010)***

The Retirement Homes Act received legislative approval on June 2, 2010. The Act creates a provincial regulatory authority with the power to license retirement homes housing five or more seniors and conduct inspections, investigations and enforcement. The Act establishes the authority to institute mandatory care and safety standards, as well as residents' rights, including the cost of care and accommodation and zero tolerance of abuse and neglect.

Under the Notice of Proposed Initial Draft Regulations for the Act, it states that where other legislation governs and funds the housing the Retirement Homes Act its draft regulations do not apply. There is currently some uncertainty as to whether this exemption will apply to Domiciliary Hostels. If the legislation does not apply to Domiciliary Hostels, the implementation of this Act will provide new rights to residents of Domiciliary Hostels with five or more seniors and may have cost implications and additional obligations for operators who fall under the legislation.

### ***Accessibility for Ontarians with Disabilities Act (2005)***

The Accessibility for Ontarians with Disabilities Act (AODA) became law on June 12, 2005. The purpose of the AODA is to benefit all Ontarians by: “developing, implementing, and enforcing accessibility standards that apply to private and public sector organizations across Ontario in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025.” The AODA requires the establishment of accessibility standards, including standards for the built environment. The accessible built environment standards currently only apply to new buildings, however, there is potential for future changes to the Standards which may establish requirements for existing facilities.

### ***The Ontario French Language Services Act (1986)***

The Ontario French Language Services Act was passed in November 20, 1986, which guarantees an individual's right to receive services in French from Government of Ontario ministries, and agencies in 25 designated area, including Hamilton. The Act currently applies to non-profit corporations or similar entities that provide services to the public, are subsidized in whole or in part by public money and is designated as a public service agency by the regulations. Domiciliary Hostels in Hamilton are currently not designated as a public service agency, however there is a possibility that this may change in the future.

## Appendix B: Profile of Residents

Data maintained by the Domiciliary Hostel Program at the City of Hamilton was used to develop a profile of residents in Domiciliary Hostels in Hamilton.

Domiciliary Hostels in Hamilton are home to more males than females, where 62.6% of residents are male and 37.4% are female. The average age is 51 years. Some 74.2% are between the age of 35 and 64, 13.4% are over the age of 65, and 12.4% are under the age of 34. A greater proportion of tenants under the age of 65 are male, while tenants over the age of 65 tend to be female.

**Table 8: Age and Gender of Domiciliary Hostel Residents in Hamilton, 2011**

Age	Male		Female		Total	
	#	%	#	%	#	%
Under 20	4	0.8%	3	1.0%	7	0.9%
20 to 34	60	12.0%	32	10.7%	92	11.5%
35 to 49	148	29.7%	87	29.2%	235	29.5%
50 to 64	234	46.9%	122	40.9%	356	44.7%
65 to 79	50	10.0%	45	15.1%	95	11.9%
Over 80	3	0.6%	9	3.0%	12	1.5%
<b>Total</b>	<b>499</b>	<b>100.0%</b>	<b>298</b>	<b>100.0%</b>	<b>797</b>	<b>100.0%</b>

Source: City of Hamilton, Domiciliary Hostel Program, 2011

Over one-third of the residents live in Domiciliary Hostels identified as psychiatric, while another third reside in hostels for mixed needs. Eleven percent of residents reside in hostels targeted at persons with developmental disabilities, and 10.5% live in facilities targeted at geriatric, or older adults. Less than 5% reside in homes for either psychiatric and geriatric, or psychiatric and developmentally disabled.

**Table 9: Number and Percentage of Residents in each Domiciliary Hostel Type in Hamilton, 2011**

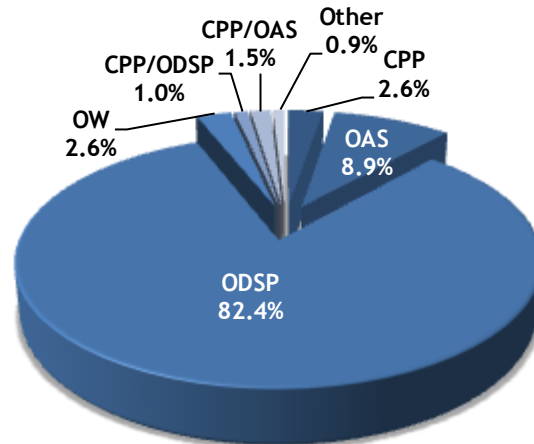
Home Type	Residents	Percentage
Mixed	273	34.3%
Psychiatric	277	34.8%
Developmentally Disabled	89	11.2%
Geriatric	84	10.5%
Psychiatric/Geriatric	13	1.6%
Psychiatric/ Developmentally Disabled	26	3.3%
Not Listed	35	4.4%
<b>Total</b>	<b>797</b>	<b>100.0%</b>

Source: City of Hamilton, Domiciliary Hostel Program, 2011

The vast majority of Domiciliary Hostel residents in Hamilton receive their income from the Ontario Disability Support Program (ODSP) (82.4%) (see figure on the following page). Old Age Security (OAS) provides 8.9% of residents with their income, while 2.6% receive income from Ontario Works and another 2.6% from

the Canadian Pension Plan. Some residents receive combined income sources from various government programs.

**Figure 2: Income Source of Domiciliary Hostel Residents in Hamilton, 2011**



Source: City of Hamilton, Domiciliary Hostel Program, 2011

Well over half of residents have been living in their current Domiciliary Hostel for five years or less. Further, one-fifth of residents have been living in the dom hostels for less than one year. At the same time, one-fifth of residents have resided in the Domiciliary Hostels for over ten years. The average number of years living in the residents' current Domiciliary Hostel is 5.5 years.

**Table 10: Length of Stay in Current Domiciliary Hostel, Hamilton, 2011**

Length of Stay	Number of Residents	Percentage of Residents
Less than 1 year	167	21.0%
1 to 2 years	142	17.8%
3 to 5 years	184	23.1%
6 to 10 years	126	15.8%
10 to 20 years	126	15.8%
Over 20 years	42	5.3%
Unknown	10	1.3%
<b>Total</b>	<b>797</b>	<b>100.0%</b>

Source: City of Hamilton, Domiciliary Hostel Program, 2011  
Note: Years are calculated from April to April of each year

A Survey was conducted of Domiciliary Hostel Program tenants across Ontario in 2009 which gathered some similar information<sup>26</sup>. The survey found:

- A similar age and gender distribution to Hamilton.
- The majority of tenants across Ontario (73%) reported having a diagnosed mental health issue, and 21% reported having a developmental disabilities diagnosis. As the percentage of tenants in Hamilton living in homes specifically targeted to these groups is lower than the overall percentage of tenants in Ontario reporting one of these conditions, this suggests that a number of tenants with diagnosed mental health issues or developmental disabilities in Hamilton Domiciliary Hostels may be living in residences that are not necessarily targeted specifically toward tenants with these diagnoses.
- Some 77% of domiciliary tenants throughout Ontario received income from the Ontario Disability Support Program or Ontario Works. Thus, the percentage of Domiciliary Hostel residents who report receiving these income supports is higher in Hamilton.
- The average length of stay in the current Domiciliary Hostel is 5.1 years across Ontario, similar to Hamilton.

The Survey of Domiciliary Hostel Program Tenants of Ontario also explored employment, quality of life, health care, as well as community and social supports that provide relevant indicators of the experiences and needs of Domiciliary Hostel residents.

The Survey found that 96% of tenants surveyed were not working in paid positions. Of those currently employed (4%), the mean hours tenants worked per week was 8.5 and their jobs were mainly low-skilled positions. These results suggest a significant need for income and employment supports for Domiciliary Hostel residents. It should be noted that Ontario Works and Ontario Disability Support Program recipients can be a \$100 work-related benefit if they have earnings, and can exempt 50% of their earnings.

The survey also found that the self-rated health-related quality of life of domiciliary tenants in Ontario was lower than that of the Canadian population. It found that Domiciliary Hostel tenants were substantially more likely to report problems related to pain, anxiety, mobility, and self-care compared to the general Canadian population. These findings suggest that health-related quality of life may also be a concern for Domiciliary Hostel residents in Hamilton.

---

<sup>26</sup> Hwang, S., Chui, S., & Wilkins, E. (2009). A survey of Domiciliary Hostel program tenants in Ontario. *Centre for Research on Inner City Health, Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael's Hospital*, pp. 1-75.

From the Ontario survey, tenants reported general satisfaction with the overall provision of health care. Some 86% reported having a family doctor and 40% reported seeing a psychiatrist regularly. Within a year of the survey, 62% of tenants sought health care from a doctor's office, outpatient clinic, walk-in clinic or community health centre - with the average number of visits within the year being 7.5. In addition, 38% of tenants sought health care from a hospital emergency room and 28% had been admitted to a hospital within the last year. Further, 97% of tenants reported taking prescription medications. These survey results suggest frequent use of health care services among Domiciliary Hostel residents and may indicate a need for support with health-related activities such as medications. It is concerning that more tenants are not reporting seeking health care from a doctor's office, outpatient clinic, walk-in clinic or community health centre, given that almost all are taking prescription medications.

With regards to social and community involvement and supports, 43% of residents surveyed had a support worker that assisted them with accessing services (though Domiciliary Hostel staff are required to know about services and assist residents in accessing services). Similarly, 43% of Domiciliary Hostel residents used community services and supports in the past year, with the most common services being mental health programs and drop-in services.

The survey results indicated that Domiciliary Hostel residents demonstrated fairly low involvement in community activities, such as shopping, activities in community centers, worship, volunteer work, and indoor/outdoor activities. Additionally, 80% of Domiciliary Hostel residents indicated they had people with whom they could feel at ease with and talk to. The results of the Survey of Domiciliary Hostel Program Tenants of Ontario related to social and community involvement and supports suggest that residents have a common need for formal social supports, such as support workers, that community participation among residents is generally low, and that some residents do not have adequate informal social supports.

## Appendix C: Consultation Highlights

Consultations were held with a range of key informants as part of the review. Highlights of the consultations with residents, operators, community service providers, and Domiciliary Hostel Program staff from comparator municipalities are discussed in this section.

### Consultations with Residents

Three consultation sessions were held in the community with residents of Domiciliary Hostels. Approximately 50 residents participated in the sessions. Highlights of the feedback from residents are as follows.

#### ***Basic Needs***

What they liked:

- Many residents liked that their basic needs for accommodation and food were being met
- A number also indicated that they valued the assistance they received with medication management
- Many also valued the security that 24 hour staff and video cameras provided
- Some residents mentioned that they liked the care/support that was provided, as they were not yet ready to transition to independent living
- Many residents were overall quite happy with their accommodations

Concerns and areas for improvement:

- The most common concern was with the food, including the amount, quality, and diversity. Some were also concerned about the strictness of the requirements to follow Canada's Food Guide. Further, there was a perception that the requirements of the Licensing By-law were restricting the availability of coffee. (However, Public Health staff indicated that the City does not place restrictions on the availability of coffee)
- Some residents felt threatened that they would be evicted if they reported issues
- Some residents have experienced operators trying to restrict them from moving out
- There was concern about incidents of verbal abuse or elder abuse, where the resident was not provided with their appropriate personal needs benefits

- There were concerns in some cases that the Licensing Standards were not being met, including some residents not being able to lock their doors (because their room acted as an avenue to the fire exit), and some cases where the residents did not have a private phone for their use
- In some cases, residents felt that staff's relationship with the residents could be improved
- A number of residents expressed dissatisfaction with the rule that they could not have an absence from their house for more than 28 days to maintain their tenancy. It was mentioned that residents may be in the hospital for longer than 28 days and may not be able to return home during that time
- Some residents don't have a picture ID which is sometimes required in applications for various services

### ***Quality of Life and Benefits***

What they liked:

- Many residents liked the freedom they were given in the homes, as well as the company of other residents and staff
- Some also indicated that they like the convenient location of their residence, and that they lived in a safe neighbourhood

Concerns and areas for improvement:

- Residents expressed a desire for more activities and programs. Some felt that residents couldn't afford some recreational activities. It was suggested that the operators receive more funding for activities
- They did not feel that the personal needs benefits was sufficient, and felt that a \$200 benefit would be more reasonable
- Some residents indicated that they didn't feel they had enough personal needs benefits to cover the cost of clothing
- A number of residents indicated that would like more input into the menus
- Many residents indicated that they would like more information on available programs and community services, and suggested a community agency fair
- Residents also suggested having an annual social event for all residents
- In some cases residents have to supply the toilet paper and supplement the food that is provided at the Domiciliary Hostels
- Residents value transportation assistance (bus passes/tickets, taxi slips), but would like to see greater availability of bus passes. Those that



received assistance for only medical transportation would like additional assistance and others who received assistance for transportation to specific activities would like to receive bus passes to use for a range of activities

- Those living in areas without public transportation felt limited
- A number of residents expressed the desire for a computer in their home
- Some residents indicated that one of the main reasons they were not moving on to another form of housing was because of the lack of affordability of other options

### ***Supporting Residents to Achieve their Potential***

What they liked:

- Where programs were provided in the home, such as by Canadian Mental Health Association, residents appreciated having the programs
- A few residents noted that they appreciated the assistance with budgeting that they received
- Some residents indicated that appreciated when they had opportunities to contribute to their home in a meaningful way, such as doing chores or cleaning up after meals. They indicated that it helped teach them life skills that they can use if they were to move on to independent living in the future

Concerns and areas for improvement:

- Residents would like access to more programs, including employment programs and evening mental health programs, as well as substance misuse counsellors
- Many residents desired to transition to independent living
- A number of residents indicated that they did not have bank accounts because of the fees, but could benefit from them if there were no fees

### **Consultations with Operators**

Approximately 22 operators participated in one of two consultation sessions held with operators. Highlights of the feedback from operators are discussed below.

### ***Role of Domiciliary Hostels***

- Domiciliary Hostels play an important role in keeping vulnerable individuals housed, and out of hospitals, shelters, and jails

- There is a need for better understanding of the benefits Domiciliary Hostels provide and better support for the Program

### ***Domiciliary Hostel Model***

- Operators are seeing residents with a broader range of needs
- The Program model provides operators with little discretion. There is some discretion around food and maintenance, which are not good areas to only meet minimum standards
- The current care needs of residents do not fit with the custodial model of service and the current funding model
- There is only one system that needs to fit residents with a range of needs

### ***Needs of Residents***

- There are not enough supports available to residents
- There should be more structure, activities, and programs for residents, including smoking cessation programs and weight management programs
- Incentives could be provided to operators to provide or bring in additional programs
- Where community service providers offer services in the home, this is beneficial, but there should be more
- Residents do not like the City's strict requirements to follow Canada's Food Guide
- All residents should receive a transportation allowance
- There could be free passes for City recreational centres

### ***Referral and Placement Processes***

- There may be an opportunity for a more formal referral and placement process done by an external agency. Investigation of a formal process should be done in consultation with operators

### ***Interactions with City Departments***

- There are a number of different departments involved in administering Domiciliary Hostels, making it confusing for operators as to who is the appropriate point of contact
- The inspection process can be cumbersome, and paperwork can be substantial

- Menu planning can be a challenge for operators. It was suggested that the City could provide some sample menus as some of the possible suggestions
- The monthly billing process is outdated and operators would like to see a web-based or email based system
- Operators are just starting to be involved in regular meetings with City staff and sitting on planning tables. The City has not always acknowledged operators as partners in service delivery. Other municipalities are seen to have better partnerships with their operators
- There is a strained relationship between the City's Municipal Enforcement Department, Public Health and operators. In the past there was more working together with operators, and less of an adversarial relationship. There is a need for more open communication
- The Municipal Enforcement Department is seen to have a zero tolerance approach, whereas in the past they gave operators more time to comply
- Inspectors are not always providing consistent messaging and enforcement
- There is limited distribution of information to operators, including information regarding changes

### ***Legislation***

- The City's policies regarding the maximum number of beds and planning policies can be significant barriers to expansion
- There is a desire for provincial standards as opposed to municipal by-laws

### ***Funding***

- The per diem is insufficient to meet the costs of operating Domiciliary Hostels
- There should be consistent, regular increases in per diems as costs increase
- A number of factors have added to operating pressures in recent years, including the need to do fire retrofits, electrical safety upgrades, Schedule 20, and bed bugs. There is a desire for financial assistance for on-time fire and electrical upgrades and assistance to deal with bed bugs.

### **Consultations with Community Service Providers**

A range of community service providers were consulted with as part of the review. These included the Canadian Mental Health Association, Community Care Access Centre, COAST, Hospital and Provincial Corrections Discharge

Planners, Housing with Supports Group, and members of the Addiction and Mental Health Collaborative. Resident advocates were also consulted, such as the Coalition of Residential Care Facility Tenants and the Mental Health Rights Coalition. Highlights of the consultations with these groups are provided below.

### ***Role of Domiciliary Hostels***

- Resident advocates and community service providers felt that Domiciliary Hostels play an important role in the housing continuum. They help prevent homelessness, and provide affordable housing with basic supports. They are an important housing option for individuals transitioning from hospitals to the community

### ***Domiciliary Hostel Model***

- Resident advocates/community service providers indicated that Domiciliary Hostels are preferred by some residents, but others move to Domiciliary Hostels because they do not have any other choices, but prefer other forms of housing
- There were concerns about the lack of resident choice or individualized service in many homes
- Resident advocates/community service providers indicated that Domiciliary Hostels are one of the only alternatives for people who need assistance with medication, even if they do not need other supports
- They felt that there is sufficient availability of Domiciliary Hostels, whereas there is limited availability of other forms of housing, so Domiciliary Hostels end up serving a broad range of needs
- They suggested that there is too great an emphasis on the Domiciliary Hostel model, and not enough other options in the continuum, and a need to expand other options. Some residents would be better served through an alternative form of housing such as supportive housing
- Some felt that there is a need for a new model that provides public transparency, additional protection for residents, and is non-profit

### ***Basic Needs***

- Resident advocates/community service providers indicated that most Domiciliary Hostels are able to meet the custodial care needs of residents
- However, there were concerns about privacy, safety and security in some homes. There was a desire for improved privacy, including single rooms, as shared rooms do not encourage wellness and recovery

- There were also concerns about the amount and quality of food in some Domiciliary Hostels and concerns about the furniture in some Domiciliary Hostels
- There were also some concerns that the accessibility of most homes is not adequate
- There were concerns that there are instances of human rights violations in some facilities. For example, rooms being searched by staff for contraband tobacco
- The issue was raised that the current Program model can be a barrier to better meeting the care needs of those with higher needs. It was suggested that Schedule 20 creates a barrier to establishing some home care services in residential care facilities because operators are reluctant to accept residents with higher care needs than are served by the operator
- It was suggested that there be additional assessment of residents' care needs on admission along with how those needs will be assessed, monitored and re-evaluated. It was also suggested that there be monitoring or auditing of staff that would reflect they do know the care needs of the residents

### ***Quality of Life***

- Resident advocates/community service providers felt that there is considerable variance in the quality of care and accommodation being provided; some providers are able to fulfill enhanced expectations for quality of life, while some are not
- It was suggested that residents should be more involved in the day to day running of the house in a meaningful way
- It was also suggested that more homes should have house meetings between residents and the operator, so all residents and the staff can provide feedback to each other.
- It was widely supported that there is a need for additional social and recreational programs provided by external agencies in the home, but also that provide residents the opportunity to get out of the home

### ***Supporting Residents to Achieve Their Potential***

- Resident advocates/community service providers felt that there is a need for residents to be able to increase their voice
- They also felt that there was a need for a neutral party with responsibility for identifying more appropriate living arrangements as needs change
- They suggested a need for better linkages of residents to existing resources (eg. services related to addictions, mental health,

- developmental as well as social and recreation activities, employment programs, smoking cessation programs, preventive care), including information directed at residents, such as a community information fair
- It was also suggested that there is a need for additional rehabilitative services. Residents need assistance with goal setting and follow-up to help residents achieve goals, including life skills such as cooking meals and cleaning their homes, and job skills including job coaching, bursaries for taking courses, or providing a small stipend for working to get experience. If such services were available they felt that more residents may be able to transition to more independent living environments. As a way of addressing these needs, it was suggested that there be case workers, or a house advocate, or peer support workers, to keep residents informed about their rights and aware of activities, and to provide onsite recovery services
  - It was suggested that there is a need to collaborate and integrate, and connect operators with existing services and build on existing expertise, so that not everyone needs to be the expert in everything

### ***Service Delivery Model***

- In terms of service provided in the homes, resident advocates and community service providers felt that there is a need for additional monitoring of the homes, as there is a perception that there is currently inconsistent enforcement of standards. It was also suggested that staffing levels and staff training be increased
- Other concerns raised include that there is very limited cultural sensitivity built into domiciliary hotels, a concern for an increasingly immigrant population in Hamilton
- A couple of additional suggestions to help Domiciliary Hostels meet residents needs include a tenant survey conducted for each home on a regular basis, and the establishment of a consumer/tenant advisory committee

### ***Benefits provided to residents***

- Resident advocates and community service providers felt that the personal needs allowance is insufficient. It was suggested that individuals in shelters can be reluctant to move to a Domiciliary Hostel because of the low personal needs allowance amount. Many felt that the allowance should better reflect individuals' needs
- Resident advocates/community service providers felt strongly that transportation subsidies are important in providing residents the ability to access and participate in available programs and supports. However, current eligibility for transportation subsidies varies and is not sufficient. It

was suggested that residents should receive more assistance with transportation

- Resident advocates and community service providers raised concerns about trusteeships and assistance provided to residents with financial management. There were concerns about personal needs allowance used inappropriately by operators. It was identified that operators have a potential conflict of interest in being a trustee, and it would be beneficial to have another body financially supporting the resident's needs. However, there may not be the capacity in the system to enhance how trustee services are provided. It was suggested that guidelines be established to better define accountability for those providing trusteeship or financial management services. Another concern raised was that there may be a need to educate operators about how much money they can keep when one of their tenants is working

### ***Referral and placement processes***

- Community service providers indicated that in many cases the referral process is constrained by time. In some cases there is insufficient consideration of whether the accommodations are appropriate. Some residents appear to be placed inappropriately due to the general lack of knowledge of families and individuals about the specific Domiciliary Hostels available
- A central intake was suggested to provide individuals with more choice and information about availability

### ***Legislation governing the administration of the Domiciliary Hostel Program***

- Many resident advocates/community service providers felt that the current legislation does not necessarily support a high quality of life for residents
- They suggested that legislation that does exist should support and protect the resident

### ***Funding model and per diem rate***

- Many resident advocates/community service providers felt that the current level of funding is not sufficient to provide quality of life for residents
- Some were concerned that because Domiciliary Hostels are for-profit, there is a possibility that care may be sacrificed to achieve financial viability or profit

## Appendix D: Consultations with Staff from Comparator Municipalities

The following are highlights of some promising approaches used in other municipalities that the City of Hamilton may wish to consider, and in some cases investigate further for its own Program. An overview of the number of Domiciliary Hostels, beds, funding, financial requirements, etc. is provided at the end of this section.

### *Domiciliary Hostel Model*

- Waterloo has had significant transitions in the Program between 2008 and 2010. One of the major operators transitioned out of the Program, and new ones (largely non-profit) joined the Program. In total, approximately one third of beds transitioned between operators from 2008 and 2010.
- Both Ottawa and Waterloo have partnered with some non-profit organizations in the community to use the funding to meet identified needs within the community that would not normally be served within existing Domiciliary Hostels to help address issues of homelessness:
- In Ottawa, one of the homes is for individuals living with HIV and AIDs, two homes are for chronic homeless living with addictions, and one, opening soon, will be for street entrenched women with complex issues.
- In Waterloo there are four new non-profit Domiciliary Hostels. The first one is called Supportive Housing of Waterloo, (SHOW), which has connections with Out of the Cold, and provides self-contained units for individuals experiencing persistent homelessness. They also provide a food allowance which is used by the resident, with assistance from staff where required, to purchase food through an internet grocery program. Staff also provide cooking lessons and assistance where required. A second new non-profit facility is for youth 16-24 with complex needs, run through Argus Residence for Young People. A third new non-profit facility is a sobriety house for individuals needing assistance with activities of daily living and wishing to abstain from substances. All day active treatment programs are provided. A fourth one is focused towards providing specialized support for frail elderly run through Trinity Village Studios. They provide on-site physiotherapy, woodworking shop, hair studio, spa, full accessible units, regular recreation and leisure activities.
- The Domiciliary Hostel Program in York Region is used solely for residents who have a mental health diagnosis and/or frail elderly. The Program is not a substitute for the lack of affordable housing in York Region.



## **Residents' Needs**

### *Resident Interviews to Monitor Quality of Care*

- Waterloo, Ottawa, and Windsor conduct tenant interviews as part of their annual reviews of the homes. Waterloo and Ottawa conduct a sampling of interviews, while Windsor's Case Workers do a private survey/interview with each resident. Windsor's questions are meant to assess quality of life, and include questions about the Domiciliary Hostel, their bedroom, privacy, staff, how their medication is administered, their comfort, whether the home is warm enough, whether there is enough toilet paper and soap, whether they are allowed to help prepare a meal, whether they are allowed to invite a guest over, etc.

### *Social and Recreational Activities*

- York Region provides Quality of Life funding at \$50 per resident per month to Operators with agreements to provide recreation and social programs and outings for the residents.
- Ottawa has conducted some pilot projects where City programs have been offered in Domiciliary Hostels, such as an arts program and a smoking cessation program. The programs have had varying success.
- Some operators in Waterloo are creative in their service partnerships. Some have a university or college placement student who provides recreation and leisure activities or nursing students who provide other supports.

### *Residential Care Services Workers*

- Ottawa has Residential Care Services workers who are responsible for intake, assessment and placement; annual reviews with the client regarding the subsidy, but also assess what other City administered benefits the client requires and personal suitability; screen for changes to care level with subsequent referral to CCAC for professional assessment; and conduct other referrals to community resources.

### *Accessibility*

- York Region has added Accessibility for Ontarians with Disabilities Act (AODA) requirements into the contracts with Domiciliary Hostels.

## **Benefits Provided to Residents**

- Ottawa provides residents with a transportation allowance for bus tickets and/or taxi offers, and also provides health and social supports benefits to Domiciliary Hostel residents on an exceptional basis through its Essential

Health and Social Supports Program. The Program is available to all low income residents living in the City of Ottawa

- Waterloo provides additional benefits to residents such as medical supplies, medical transportation when the Mobility Van or family are not possible, lab, clients' share over and above ADP funding for medical items, medication while waiting for coverage, dental/denture, visual, deductible for Trillium Drug Plan, special diets, and other discretionary items on a case by case basis
- Windsor provides residents with a transportation allowance for bus tickets and/or taxi, incontinence supplies, and medical travel
- York Region provides residents with a clothing allowance of \$300 yearly, and discretionary benefits that a resident may require that are not covered under Ontario Works or ODSP

### ***Referral and Placement Processes***

- Ottawa operates a centralized referral process for clients applying for Domiciliary Hostel subsidy. The resident, in some cases with the assistance of a family member, service provider, or discharge planner, provides the City's Residential Care Services Workers with an application form that includes a medical assessment and information to be used for a care plan designed by the Domiciliary Hostel. One of the City's eight Residential Care Services workers confirms eligibility for subsidy, meets with the client to understand their preferences and identifies the available facilities that best fit the client's needs and arranges visitations. Once the preferred option is identified the Residential Care Services Worker establishes a subsidy agreement for the individual's accommodations with the Operator. Additional information on Ottawa's referral and placement process can be found in Section 5.4.
- York Region produces brochures on Domiciliary Hostels, provides information on York Region's website, provides information through the contact centre, and conducts meetings with hospitals and service agencies to facilitate the referral and placement process

### ***Program Administration***

#### *Organizational Approach to Interactions with Operators*

- Each municipality uses a different organizational approach to its interactions with operators:
- In Ottawa, there is one Program Coordinator who is the primary liaison with the operators, and is responsible for contract administration including funding and standards, etc. Also, each of the eight Residential Care Services Workers are consistently affiliated with certain homes.

- Windsor has Case Workers that are the first point of contact for the resident and the operator. They are responsible for the subsidy applications and updates, discretionary items, working with the operator if there are any conflicts, and liaising with the operator and the resident when the resident would like to move. They also conduct an annual review of the home.
- In Waterloo two Regional staff persons are responsible for the monitoring and the Program administration (though only approximately 1.5FTE is available for the Domiciliary Hostel Program as staff is shared with Emergency Shelters and other assignments). Staff in Special Services do all of the intakes and receive billings (5.5FTE time which is shared between both the Domiciliary Hostel and Emergency Shelter Program).

#### *Approach to Monitoring Compliance with Service Agreements*

- Each municipality uses a different approach to monitoring compliance with service agreements:
- Ottawa conducts an annual review using a standard tool, which incorporates the Domiciliary Hostel standards. The review includes policies and procedures, required inspections, resident finances, resident and employee files, medication management, and environment/premises. Feedback interviews are conducted with staff and residents. Regular visits are made throughout the year to follow up on action plans.
- In Windsor by-law enforcement and lodging home staff (municipal employees) each complete an annual review (two separate visits). The review covers areas of space/size (between beds, near window); fire exists/plan; qualifications of staff; number of staff; storage and dispensing of medicine; activities; meals, posted menus, etc. Complaints are investigated by both the by-law enforcement and lodging home staff. Lodging home staff visits each home a minimum of two times per month. Non-compliance is discussed with administrator/staff.
- In Waterloo two staff are directly responsible for the planning, policy and monitoring of Standards for the Domiciliary Hostel Program (though only approximately 1.5 FTE is available for the Domiciliary Hostel Program as staff is shared with Emergency Shelters and other assignments). In the first year of the monitoring strategy, site visits were conducted with all homes and all homes were monitored on all aspects of the Standards. In the following two years annual site visits were conducted in all homes with a focus on tenant files, staffing (levels, qualifications, etc.), and tenant care plans. This year site visits will focus on physical aspects and menu planning.
- In York Region five Social Assistance Case Coordinators visit homes. Agreement contraventions are reported to Compliance Officer via a

Referral Form. One Licensing and Compliance Officer ensures Operators are in compliance with all Agreements (Per Diem Agreement, By-Law Agreement and Quality of Life Agreement). At a minimum the Compliance Officer goes out as follows:

- Licensed home: min 2 full compliance visits, 1 drop-in visit and 1 visit for the by-law per year
- Home with a Quality of Life Agreement: min 2 compliance visits per year

#### *Meetings and Workshops with Operators*

- York Region and Ottawa both hold annual meetings with operators, and York Region and Waterloo offer workshops to operators. The meetings provides an opportunity to review the activities of the past year, to review statistics, the intake process, new projects and to offer related educational/ interest presentations. The annual meetings help with exchanging information and ensuring consistent messaging. York Region provides operator workshops through Public Health on topics such as bed bugs, hand washing, infectious disease prevention, etc.
- Ottawa also has a newly formed Operator led working group facilitated by the City. The working group is used for operators to share best practices and discuss opportunities for operators to work together.

#### *Information Sharing*

- To assist in better understanding of the Domiciliary Hostel Program and its vulnerable residents, York Region has been providing Domiciliary Hostel education workshops to police, Hospital and EMS staff.

#### *Satisfaction Survey*

- Ottawa conducted a satisfaction survey with operators in 2010.

#### *Training to Domiciliary Hostel Staff*

- Ottawa offers a community capacity building training program for front-line housing staff, which Domiciliary Hostel staff are given the opportunity to participate in. However, it can be difficult for operators to provide coverage while some staff participate in training.

#### *Funding to Operators*

- Waterloo anticipates providing one-time municipal funding to Domiciliary Hostels this year, which is funded through a 100% municipal levy, but at the time of the interview the exact amount was still to be confirmed, and it was still to be determined whether it would be used for health and safety upgrades, or quality of life supports, etc. In the past Waterloo has

provided one-time funding to operators for health and safety upgrades, though it has not been consistently offered.

- As mentioned above, York Region provides Quality of Life funding to Operators with agreements to provide recreation and social programs and outings for the residents (\$50 per resident per month).

**Snapshot of Domiciliary Hostel Programs in Comparator Municipalities,  
General Characteristics, Funding, Fees and By-Law Characteristics, etc.**

Question Topic	York Region	Ottawa	Windsor	Waterloo
Number of Domiciliary Hostels	24	28	13	19
Number of Beds	409	943	391	320
Per Diem Rate	\$47.75	\$47.75	\$47.75	\$47.75
Licensing Fees	Yes, \$175	No	Yes, \$398	No, local municipal responsibility, and all classify differently. Kitchener charges lodging home license, approximately \$800
Charge Inspection Fees	No	No	Included in licensing fee	No
By-Law Enacted	Yes	No	Yes	No. There is a Lodging Home By-law in the City of Kitchener
Types of Documentation Required of Domiciliary Hostels to Confirm Completion of Annual Inspections	Operators must submit annual compliance letters from Fire Departments, Public Health and Zoning and Building By-law Dept.. and may be requested to provide Vulnerable Sector Screening, Food Handler Certificate, Non Crisis Intervention Certificate	Operator must submit the compliance letter or the inspection report.	Some inspection results are internally noted in computer system (such as fire and building inspections). Health and electrical inspection results must be submitted in hard copy.	Operator must submit fire inspection and facility and food inspection report, report on residents who have moved in and out, budget form
Require Audited Financial Statements	No	Requirements are consistent with provincial requirements, but are being reviewed by the City	No	Waterloo requests, but does not require, financial statements
Required Level of Liability Insurance	\$5 Million	\$5 Million	\$2 Million	\$2 Million

## Appendix E: Client-Directed Approach

A client-directed approach acts on what is important to the person receiving services. It is responsive to the needs of the individuals that use the program, rather than the program being prescriptive in the types of services offered.

A client-directed approach to housing is centred around residents' rights, and the means to ensure that these rights are respected and protected. The intent of this approach is to give residents choice in where and how to live. It is designed to empower the individual and support them to direct and plan their life and supports.

A resident-directed approach is not a specific type of service or program, it acknowledges the primacy of residents and is responsive to residents' values and preferences for care. This approach does not suggest there is no professional input or that standards are not maintained and measured, but that resident input is primary, and standards are defined by residents, where appropriate. Professional input is reserved to areas where technical skill and knowledge of procedures are relevant, for cognitively impaired individuals where there is no reliable proxy, and for individuals who expressly do not wish to be involved in the management of their own care. Professional input is appropriate to assist in setting minimum standards of care and is important where there is a concern that individuals, or their proxies, are unable to manage their care. Legislation is still used to identify abuse, neglect, or exploitation and to intervene when an individual becomes incapable of managing his or her affairs.

A pure resident-directed approach would involve residents receiving a direct lump sum of funding, and allow them to decide for themselves how the money would be spent. Practically, empowerment can be facilitated by the individual and an external agency, such as a resident support worker, conducting a joint assessment of the individual's needs and the best way to address those needs. The amount of funding the individual receives is based on his/her needs and how they choose to live and receive supports. Such a model would, among other things, help to better meet the needs of some of the residents consulted who indicated that one of the main reasons they were not moving on to independent living was because of the lack of affordability of independent living.

## Appendix F: References

Edge, G., and Wilton, R. (2009). "Reengineering" Residential Care Facilities: A Case Study of Hamilton, Ontario. *Canadian Journal of Community Mental Health*, 28 (1), 2009.

Hamilton, City of. (2005). Zoning By-Law 05-200.

Hamilton, City of. (2008). *Rural Hamilton Official Plan*.

Hamilton, City of. (2009). *Urban Hamilton Official Plan*.

Hamilton, City of. (2011). By-Law No 07-170 Schedule 20: Residential Care Facilities.

Hamilton District Health Council. (2001). *Background Report: Housing and Support Requirements for Persons with Serious Mental Illness*.

Hwang, S., Chiu, S., & Wilkins, E. (2009). A survey of Domiciliary Hostel Program tenants in Ontario. *From the Centre for Research on Inner City*

*Health, the Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael's Hospital*.

Legislative Assembly of Ontario. (2010). *Retirement Homes Act*.

Legislative Assembly of Ontario. (2011). *Ontario Housing Services Act*.

Lightman, E. S. (1992). *A Community of Interests: The Report of the Commission of Inquiry into Unregulated Residential Accommodation*.

Ministry of Community and Social Services. (2006). *Domiciliary Hostel Program Framework*.

Ministry of Municipal Affairs and Housing. (2010). *Building Foundations: Building Futures: Ontario's Long-Term Affordable Housing Strategy*.

Ontario, Government of. (1997). *Ontario Disabilities Support Program Act, S.O. 1997, Chapter 25 Schedule B*.

Ontario, Government of. (1997). *Ontario Works Act, S.O. 1997, Chapter 25 Schedule A*.

Ontario, Government of. (1990). *Community and Social Service Act, S.O. 1990, Chapter M.20*.



Ontario, Government of. (2006). *Residential Tenancies Act, S.O. 2006, Chapter 17*.

Rolfe, Steven. (2009). *A New Model of Supportive Housing for Ontarians with Serious Mental Illness: A Brief Literature Review*.

Statistics Canada. Table 6: Core Consumer Price Index (CPI) (Bank of Canada definition), not seasonally adjusted, historical data. Accessed from:  
<http://www.statcan.gc.ca/pub/62-001-x/2011003/t074-eng.htm>

Wilton, R. (2004). Putting policy into practice? Poverty and people with serious mental illness. *Social Science & Medicine*, 58, pp. 25-39.