



REAL HOMES

REAL HELP

REAL WORK

*Stella's
Circle*

Stella's Circle

Hope Lives Here

Home To Stay: Supporting Seniors
with Complex Mental Health Issues

● ● ● Stella's Circle

Stella's Circle Vision:
A Home. A Job. A Community

Stella's Circle Mission:
To transform lives by offering
Real Homes, Real Help and
Real Work





Brian Martin Housing
Resource Centre

Naomi Centre

Front Step
(co-managed with
Choices for Youth)



Community Support Program
Just Us Women's Centre
Emmanuel House

Work Experience
Employment Counselling &
Transition Groups
Adult Basic Education (ABE)
Social Enterprise

● ● ● Why This Issue?

- Newfoundland and Labrador has the oldest population in Canada (Government of NL, 2016)
- By 2021 its population of over 65 years will increase to 115,294 - a 40% increase over a 10 year period
- 1 in 5 people have a mental health issue
- 1 in 4 older adults live with a mental health illness (All-Party Committee on Mental Health and Addictions, 2017)



● ● ● Typical Housing Participant Profile

- 54% female; 45% male; 1% other
- Age range of housing participants: 23-69
- Average age: 42
- Mental illness; addictions; justice involvement



● ● ● Changing Participant Needs

- Increased physical health issues
- Mobility issues
- Exacerbation of their mental health issues
- Premature admission to personal care homes and long-term care homes
- Personal care homes and long-term care homes struggling to meet needs



● ● ● Home to Stay Objectives

To prevent homelessness among seniors with complex mental health needs by enabling them to age in community safely.





Home to Stay Project Outcomes

1. Improve capacity to assist aging individuals to stay in their own home and prevent homelessness
2. Develop an education program and curriculum to care for seniors with complex mental health needs with the aim to enhance service provision
3. Establish a home modification social enterprise



Elements of Home To Stay Project



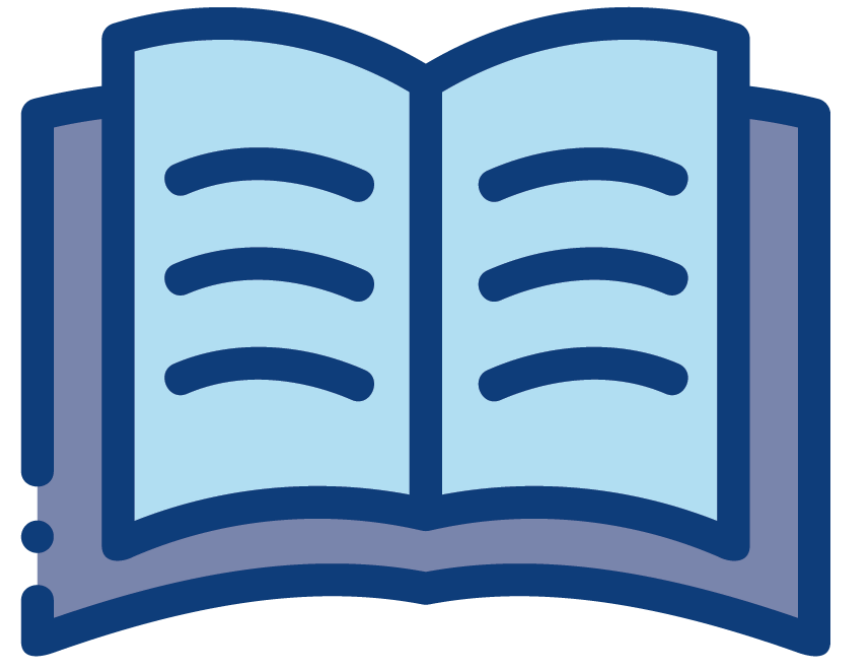
● ● ● Staff Development and Training

- Applied Suicide Intervention Skills Training (ASIST)
- CPI – Non-violent Crisis Prevention
- St. John Ambulance First Aid
- Mental Health First Aid – Seniors



● ● ● Curriculum Development

1. Home to Stay Trades Program
2. Aging with Complex Mental Health Needs



● ● ● Home Modification and Community Support Toolkit

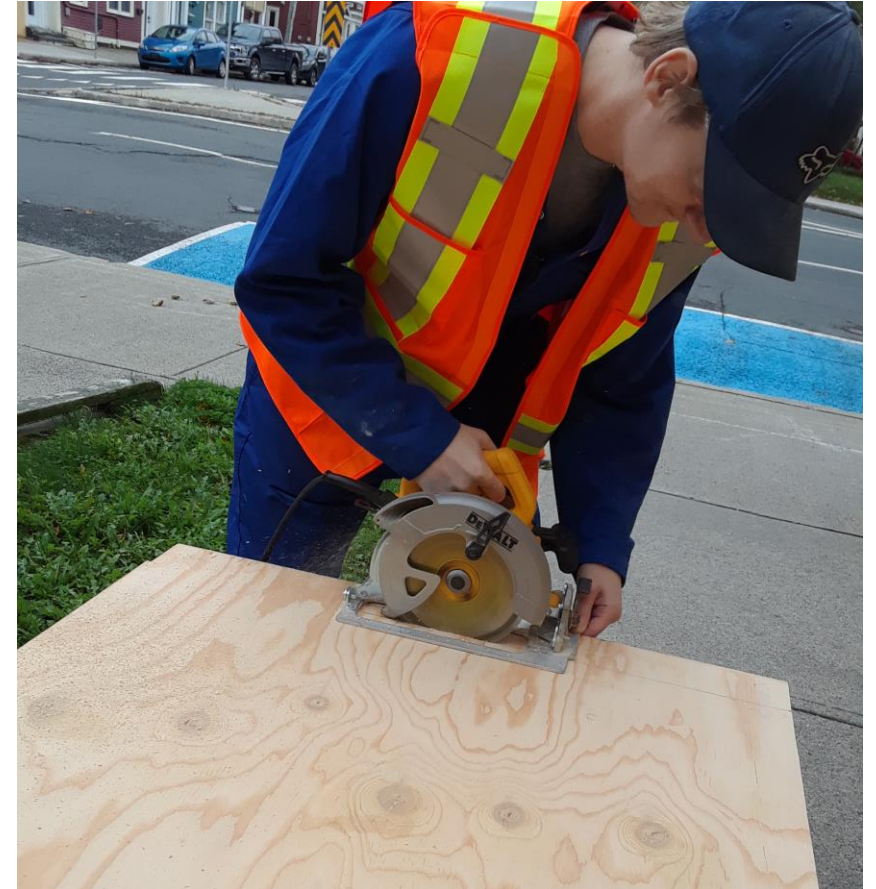
Development of online resource (www.HomeToStayNL.ca) to support aging in place:

- Challenges of Complex Mental Health
- Age-Friendly Homes
- Social Isolation
- Eating Well
- Staying Active



● ● ● Housing Unit Modifications

- Modify 10 Stella's Circle housing units
- 10 Stella's Circle participants took part in the Home to Stay training
 - Hands-on experience
 - Incorporated HTS modules



● ● ● Tub Cut



● ● ● Housing Unit Modification Evaluation Initial Results

- Case studies approach
- Demonstrated an increased satisfaction with their home modifications
- Demonstrated an increased level of safety/comfort in their home



● ● ● Home Modification Social Enterprise



HOME TO STAY

an initiative of *Stella's Circle*

www.HomeToStayNL.ca

● ● ● Learnings

- Lack of information and action across the country regarding seniors with complex mental health issues and aging in place
- Participants knowledge increased
- Cost implications
- Navigation of system and existing resources





Research Project





Thank you!

Lisa Browne, CEO
Karen Noel, Director of Property & Development

StellasCircle.ca



Stella's Circle Home to Stay

Supporting Aging People with Complex Mental
Health and Addictions in Community

Funded by Homelessness Partnering Strategy

21

Presentation of Results

Research Exchange Group-Mental Health

October 22, 2019

Overview of presentation

- ☐ Background
- ☐ Goals of the study
- ☐ Research approach
- ☐ Findings
- ☐ Discussion & Recommendations

Background

➤ *Stella's Circle*

- Supportive housing provider
- 25 years
- Real homes, real help, real work
- Range of housing options from emergency shelter, 79 units, housing resource centre
- Counseling services
- Education, training, employment opportunities
- 1000 participants served annually

➤ *Rawlin's Cross*



Research Catalyst Fund 2017



- Aging participants
- Middle aged with declining health
- Requests for assistance
- Physical health issues
- Some to limited family contact
- Stella's Circle = community

[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

Response by Stella's Circle

- Recognition that participants are aging
- Stella's Circle provides mental health support, not physical health care
- Participants need access to mental health support, and care for physical health, such as, home support services
- Staff aware that they need to enhance knowledge of physical health, and of aging
- Leaders of Stella's Circle wonder what the organization needs to do to support participants
- Aware that they need to learn from others who are providing services to aging clients

Objectives of the study

- 1. To develop an understanding of the supports and services required to enable seniors with complex mental health issues to age in community to avoid homelessness, including a cost comparative cost benefit model for the clientele to age in community, balancing economic and quality of life factors, and
- 2. To explore what will be required of Stella's Circle to meet the needs of aging individuals with complex mental health and addictions issues to remain in their homes and prevent homelessness among members of this client group.

Painting the picture



Literature review – Persons with complex needs

- Persons with complex mental health needs tend to have poorer health status than the general population / complicating factors
- Lower life expectancy / average varies 39 – 50 years
- High incidence of chronic illnesses, some of which are preventable
- Services needed include:
 - management of chronic illnesses;
 - alternatives to LTC / management of behavioural issues;
 - services to support independent living;
 - trauma-informed practice, and
 - end of life care

Literature review – Cost comparison/ Expectations of supportive housing provider

- Housing first model includes subsidized housing & supports including ACT team or ICM
 - Evaluation of Canada & USA
 - Housing First model must consider issues besides cost, e.g., quality of life, extending life
-
- Supportive housing provider to consider physical housing design, some prefer congregate housing
 - Depending on needs, services included case management or intensive case management
 - Staffing model reconfigured to manage behaviour and chronic illnesses (integrated care)
 - Need to invest in staff training to deliver additional services



Research approach/plan

- Qualitative approach – informed by prior study involving participants
- Literature review / Document review
- One-on-one interviews (14-16)
- Focus groups including;
 - Participants (40 years+),
 - Stella's Circle staff, managers, and directors,
 - Advisory committee,
 - Community partners,
 - Service providers (home care agencies & personal care homes)

Data collection

➤ Table 2: Summary of Sources of Data Collection Sources of Data Collection

	# of interviews/ Focus groups	# of participants
One on one interviews	15	15
Focus Groups	5	40
	20	55

Limitations

- Recruitment challenges/Time constraints
- Low participation some focus groups
- Challenging to involve private sector
- Need to consider another approach to engage private sector

A yellow stick figure is holding a magnifying glass over a dark red cylinder. The figure is positioned in the center of the frame, with its arms extended to hold the handle of the magnifying glass. The magnifying glass is focused on the red cylinder, which is lying horizontally. The background is a solid dark gray.

Investigate...

Searching for clues

Findings – Services and supports

Supports and services required

1. Supported housing (subsidized housing)

- ❑ Array of providers and funders (NLHC, AESL, NGOs, Community Care Program)-NLHC role changing

2. Health services

- ❑ Divide between physical and mental health services
- ❑ Limitations for CSP clients to access to home support services/program rules
- ❑ Need for mental health training for home support workers

Findings – Services and supports

3. Alternative arrangements to community

- ❑ PCH operators rely on RHAs/few have nursing staff/limited mental health training
- ❑ Standards under development – apply to PCH & home support agencies/rates
- ❑ Placement of persons with complex needs is challenging
- ❑ Perspectives vary re PCHs – a targeted PCH? systemic (expectations, funding)

4. Seniors at risk of homelessness

- ❑ Gap in continuum of care for seniors/seniors in shelters

5. Community-based services for seniors with complex needs

- ❑ Health care system/NGOs funded, e.g., Gathering Place/New service in St. John's

Limited services designed to serve aging adults with complex needs

Findings – Cost comparisons

Cost comparisons

- ❑ Limited studies in Canada & USA
- ❑ Literature highlights that Housing First model is cost effective as clients place less reliance on public institutions as they have support

In NL

- ❑ Cost of institutional care (acute care, psychiatric unit, prison) highest
- ❑ Costs of LTC and PCH are higher than community – based care

(See Table 3 next slide)

Table 3: Cost comparisons

Item	Alternative	Annual Cost
Costs of institutions One resident per annum	Health Sciences Centre Psychiatric Unit - Inpatient daily rate \$1,646	\$ 600,790 ¹
	Waterford Psychiatric Hospital - Inpatient daily rate \$1,313	\$ 479,245
	Her Majesty’s Penitentiary (provincial prison) - Inmate daily rate \$298	\$ 108,770 ²
Costs of care facility One resident per annum	Personal Care Home - Subsidized monthly rate \$2,375	\$ 28,500 ³
	Long-term Care Facility - Subsidized monthly rate \$10,000	\$120,000
Cost of Supportive Housing	Assertive Case Treatment team	\$22,257 ⁴
	Intensive Case Management (ICM)	\$14,177 ⁵

¹Hospital per diem rates provided to CEO of Stella’s Circle by Director of Mental Health and Addictions, Department of Health and Community Services, Government of NL in January 2018 and shared by email with the researcher

²HMP per diem rate provided to CEO of Stella’s Circle by Assistant Deputy Minister, Public Safety and Enforcement, Department of Justice and Public Safety, Government of NL in January 2018 and shared by email with the researcher

³Care per diem rates for care facilities provided by Director of Mental Health and Addictions, Department of Health and Community Services, Government of NL in January 2018 and shared by email with the researcher

⁴Goering et al, 2014, p. 5

⁵Ibid., p. 5

Comment on cost comparisons

- ▶ The annual costs demonstrate that institutional care is higher than permanent supportive housing. Assuming an individual does not have permanent supportive housing and are homeless, there is high probability that person will spend part of a year in an institution. Transition costs need to be considered. For example, if a person without permanent supportive housing is discharged from a psychiatric unit or released from prison, they could rely on a shelter while they are in transition.

Findings – Requirements of provider

1. Housing stock

- Assessment of housing stock for accessibility – new-universal design standards
- Participants suggested a separate building for older adults

2. Medical health services

- Rely on existing services, such as, Downtown Health Collaboration
- Could some services be provided on-site at Stella's Circle?

3. Case management – available if desired by participant

4. Home support services

- Participants are reluctant to accept home support services/histories of trauma
- Need to build a relationship between client and worker – use agency home support workers

Findings – Requirements of provider

5. SC operate a PCH? Conflicting views

6. Seniors at risk of homelessness – gap in continuum - systemic issue

- Some PCHs have successfully integrated aging clients with complex needs
- Acknowledge fear - the need for staff training re mental health

7. System complexity – Assistance needed with transitions

- Need to provide supports as persons age
- Financial (AESL-CPP)
- Money management
- Navigation services
- End of life

Discussion

Building on what we know



Discussion

Theme 1 Supportive housing providers, like Stella's Circle, need to enhance services and supports to include access to medical and personal care services for its tenants.

- ❑ Subsidized housing, plus (accessibility, congregate options)
- ❑ Health needs assessment of tenants is needed/Identify barriers to access
- ❑ Focus on opportunities for health promotion, namely, nutrition and transportation
- ❑ Enhance services by adding home support services
- ❑ Engage with partners DHCS, RHA, PCH operators, Home support agencies to learn from one another, and inform transition processes
- ❑ Explore extent Stella's Circle could support end of life care
- ❑ Cost comparisons – Costs and other factors support Housing First

Discussion

Theme 2 Stella's Circle has unique knowledge of providing services to persons with complex needs which could be shared with other providers. In turn, Stella's Circle could learn from others who are knowledgeable about issues related to aging and physical health.

- ☐ Participants had a positive view of Stella's Circle but had limited knowledge of the services it offers
- ☐ Participants were not informed of mental health and addictions issues in the community, including those in the health care system
- ☐ Lack of awareness by providers of persons with complex mental health needs – results in fear, discrimination
- ☐ Stella's Circle could initiate knowledge exchange with participants of this study

Questions? / Discussion

Thank-you for attending this presentation!

