



## **Calgary Homeless Foundation Recommendations for the *Alberta Health Act* Consultations**

*June 26, 2010*

In its 10 year plan to end homelessness, the Government of Alberta commits to “reformulate Alberta government assistance programs to ensure they achieve the coordinated objective of providing Albertans with housing stability”<sup>1</sup>. Key programs for ensuring housing stability provide addictions, physical and mental health treatment and supports<sup>2</sup>.

As our province embarks on its mission to end homelessness, it is critical that the complex and particular needs of people who are homeless and at risk of homelessness are addressed appropriately. These *Alberta Health Act* consultations provide an important opportunity to ensure the needs of vulnerable Albertans become incorporated in the *Legislative Framework* from the start.

The Calgary Homeless Foundation is very supportive of Alberta Health & Wellness efforts to find solutions that ensure Albertans have ready access to an improved health system that is accountable and sustainable. We are pleased to provide the following feedback for consideration during the *Alberta Health Act* consultations

Housing along with hospitals, primary care networks, nursing care facilities, and treatment centres are a critical component to the delivery of health care in this province. Without stable and varied options for housing, health interventions have little chance of succeeding and keeping health consumers from cycling through emergency facilities<sup>3</sup>.

**Given the intent of the *Alberta Health Act* to embed key principles in legislation to guide decision-making, we strongly recommend that the critical role of stable housing be recognized in the principles of the *Act* and that measures be put in place to implement this priority throughout the continuum of health care services.**

Developed nations around the world, including Australia, the United Kingdom and the United States have already entrenched this principle in health legislation and implemented best practices to address the housing needs of vulnerable health consumers. The result: significant cost-savings and system efficiencies<sup>4</sup>.

### **The Need**

The role of housing as a critical determinant of health is well known<sup>5</sup> and acknowledged in the *Minister’s Advisory Committee on Health* report. Further, homeless and at risk groups are intensive users of the health care system and therefore incur high costs to already strained public systems<sup>6</sup>.

People experiencing homelessness have poorer health conditions than the average Albertan, often have one or more chronic conditions, as well as untreated mental health and addictions issues<sup>7</sup>. Multiple emergency health visits followed by death at a young age is a reality for many homeless people, who are 3-4 times more likely to die prematurely than non-homeless people of the same age.<sup>8</sup>

Every day, Albertans with severe mental health, chronic health, and addictions issues are discharged from health care facilities, some of them to emergency shelters or to the street. Many of those return to health care facilities a short time later, in worse health states than before.

In a survey of long term homeless Calgarians,<sup>9</sup> 135 participants reported having had 444 emergency room visits annually. 79 participants also reported being hospitalized for 557 days in the past 12 months, at a cost of \$557,000 per year or \$3.3M over the average 6 years they had been homeless.<sup>10</sup> This is just a fraction of the Alberta chronic homeless population who utilizes our health system. Emergency facilities have become an inefficient and extremely costly way of dealing with housing and supports issues.

## **The Opportunity**

There is a better way to address the needs of vulnerable Albertans. Discharge planning with housing and supports is approximately 70% of the cost of emergency responses.<sup>11</sup> Annual hospital inpatient days can be reduced by as much as 57% after a move into supportive housing.<sup>12</sup> Resources saved can be reallocated from reactive emergency responses to achieve more positive outcomes through prevention programming.<sup>13</sup>

Research and best practices internationally and within Alberta support the following benefits to addressing homelessness from a health system perspective.

**Cost Reductions.** Innovative responses, such as Calgary's *Pathways to Housing*, incorporate intensive health, social and housing supports for chronically homeless clients discharged from health facilities. Outcome data for 79 participants shows that after one year of intervention, clients experienced a 44% reduction in EMS responses, a 63% reduction in emergency room visits, and a 69% reduction in psychiatric hospitalizations<sup>14</sup>. The savings in reduced hospitalizations alone amounted to \$447,120.

**System Burden Relief.** Access to supportive housing reduces readmissions to health facilities including mental health facilities.<sup>15</sup>

**Decreased Recidivism.** Individualized case management as a part of discharge planning can reduce a return to homelessness by 97%.<sup>16</sup>

**Improved Health.** Supportive housing leads to improved health, reduced substance use and relapses, improved treatment compliance and reduced access to crisis or emergency services.<sup>17</sup>

**Improved Health Care System.** Cross-sectoral collaboration and planning facilitates a complete and well functioning continuum of services.<sup>18</sup>

## Recommendations

With accountability for housing, Alberta Health & Wellness should undertake a fulsome review of policies and practices to ensure these facilitate access to those at risk and homeless. Further, are cost and implementation efficient in preventing and ending homelessness<sup>19</sup>.

Specific changes that should be considered include the following:

1. Implement **zero discharge into homelessness** policies and protocols in the *Act* and the regulations.<sup>20</sup> No person should be discharged from a health facility to the street or an emergency shelter without a discharge plan in place. All health facilities should develop consistent discharge protocols for Albertans at risk or experiencing homelessness.

Discharge planning should be undertaken with the client and area resources to seek adequate, permanent housing and individualized supports. This is consistent with legislative frameworks in the UK, US, Australia.<sup>21</sup>

2. **Funding multidisciplinary teams** of health providers, income support personnel, and housing locators<sup>22</sup>. Alberta Health & Wellness can ensure sustainability of safe, secure housing and supports for vulnerable health consumers.
3. Develop consistent and streamlined homelessness **risk assessment and triage** processes to identify and refer homeless or at risk people to immediate, appropriate housing and supports.
4. Create a **streamlined point of entry** to housing, mental health and addiction programs. The *Alberta Health Act* should provide for *reasonable access* to services "on uniform terms and conditions, unprecluded, unimpeded, either directly or indirectly".<sup>23</sup>
5. Prioritize the creation and maintenance of a range of **supported housing facilities**, including detoxification, mental health, addictions treatment and recovery, and long term nursing care designed to respond to the complex needs of vulnerable Albertans.
6. Ensure the *Alberta Health Act* prioritizes **collaboration to achieve health and housing outcomes** across departments and ministries. Formal administrative and strategic partnerships amongst health care facilities, addictions services and community based housing and service providers are necessary to provide consistent assessments and treatment plans for people with multiple issues.

Inter-ministerial and inter-departmental collaboration will further ensure that the complex needs of vulnerable Albertans are addressed in an efficient and effective manner. In particular, partnerships with the ministries of Justice & Attorney General, Housing & Urban Affairs, Seniors & Community Supports, and Employment & Immigration will be critical to the concerted effort to end homelessness in Alberta.

## Endnotes

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- <sup>1</sup> Strategy 6, *Plan for Alberta: Ending Homelessness in 10 Years*. Retrieved from: <http://www.housing.alberta.ca/603.cfm>
- <sup>2</sup> Patterson, M., Somers, J. M., McIntosh, K., Shiell, A., & Frankish, C. J. (2008). Housing and support for adults with severe addictions and/or mental illness in British Columbia.: Nelson, G., Aubry, T., & Lafrance, A. (2007). A review of the literature on the effectiveness of housing and support, assertive community treatments, and intensive case management interventions for persons with mental illness who have been homeless. *American Journal of Orthopsychiatry*, 350-361.
- <sup>3</sup> Culhane, D., S. Metraux, et al. (2002). Public Service Reductions Associated with the Placement of Homeless Persons with Severe Mental Illness in Supportive Housing. *Housing Policy Debate* 13(1): 107-163.
- <sup>4</sup> The American National Health Care for the Homeless Council, Essential Tools for Discharge Planning. The Australian Government Homelessness Implementation Plan. The United Kingdom, Office of the Deputy Prime Minister, Homelessness and Health Information Sheet Number 4: Hospital Discharge
- <sup>5</sup> World Health Organization: Housing as a social determinant of health. Retrieved from: [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)
- <sup>6</sup> Pomeroy, S. (2005) The Cost of Homelessness: Analysis of Alternate Responses in Four Canadian Cities. Prepared for the National Secretariat on Homelessness
- <sup>7</sup> Results from the Calgary Homeless Foundation Rehousing Triage Assessment survey of 135 homeless Calgarians October – December 2008
- <sup>8</sup> Hwang, S, Lebow, J, Bierer, M, O’Connell, J, Orav, J, & Brennan, T (1998). Risk factors for death in homeless adults in Boston. *Archives of Internal Medicine*, 158, 1454-1460. The average age of death for homeless people is 42-52 years
- <sup>9</sup> Calgary Homeless Foundation Rehousing Triage Assessment survey of 135 homeless Calgarians October – December 2008
- <sup>10</sup> The average cost per day for inpatient hospitalizations is approximately \$1,000, based on discussions with Calgary Health Region. 6 yrs was the reported average length of homeless state
- <sup>11</sup> Pomeroy, S. (2005) The Cost of Homelessness: Analysis of Alternate Responses in Four Canadian Cities. Prepared for the National Secretariat on Homelessness.
- <sup>12</sup> Proscio, T. (2002) Supportive Housing and Its Impacts on the Public Health Crisis of Homelessness. Corporation for Supportive Housing. <http://www.csh.org/supportiveimpact-final.pdf>
- <sup>13</sup> *ibid*
- <sup>14</sup> Based on calculation of \$1000 per day
- <sup>15</sup> Riverview Hospital Access Project Update September 2004. BC Mental Health Society
- <sup>16</sup> Veghts, J. (1990). [Fayette county community action education case management](http://www.eric.ed.gov/ERICWebPortal/Home.portal). Retrieved from ERIC database: <http://www.eric.ed.gov/ERICWebPortal/Home.portal>. Clark, C., & Rich, A. R. (2003). Outcomes of homeless adults with mental illness in a housing program and in case management only. *Psychiatric Services*, 54 (1), 78-83.
- <sup>17</sup> Ottawa Inner City Health Project Cost Effectiveness Analysis - Cathexis Consulting Inc. 2002; Phillips, S. D., Burns, B. J., Edgar, E. R., Mueser, K. T., Linkins, K. W., Rosenheck, R. A., Drake, R.E., & McDonel Herr, E.C. (2001). Moving assertive community treatment into standard practice. *Psychiatric Services*, 52 (6), 771-779; Bond, G. R., Drake, R. E., Mueser, K. T., & Latimer, E. (2001). Assertive community treatment for people with severe mental illness: Critical ingredients and impact on patients. *Disease Management Health Outcomes*, 9 (3), 141-159.
- <sup>18</sup> Pomeroy, 2005
- <sup>19</sup> Cochrane, J., Durbin, J., & Goering, P. (1997). *Review of best practices in mental health reform: Discussion paper*. Ottawa, ON: Minister of Public Works and Government Services Canada
- <sup>20</sup> The American National Health Care for the Homeless Council, Essential Tools for Discharge Planning. The Australian Government Homelessness Implementation Plan. The United Kingdom, Office of the Deputy Prime Minister, Homelessness and Health Information Sheet Number 4: Hospital Discharge
- <sup>21</sup> *ibid*
- <sup>22</sup> Bedell, J. R., Cohen, N. L., & Sullivan, A. (2000). Case management: The current best practices and the next generation of innovation. *Community Mental Health Journal*, 36 (2), 179-194; Cheng, A. & Kelly, P.J. (2008). Impact of an integrated service system on client outcomes by gender in a national sample of a mentally ill homeless population. *Gender Medicine*, 5 (4), 395-404. Sadowski, L.S., Romina, A.K., Vanderweele, T.J., & Buchanan, D., (2009). Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults. *JAMA*, 301(17), 1771-1778.
- <sup>23</sup> Section 12.a, Canada Health Act