ONTARIO HOMES FOR SPECIAL NEEDS ASSOCIATION
40 HOLLY STREET, SUITE 404, TORONTO, ON M4S 3C3
T: 1-888-440-4966 | T: 416-488-4945 | F: 416-922-4295
WWW.OHSNA.ORG

Comments on Phase 2A of Proposed Retirement Homes Act (RHA) Regulations

Submitted by:

The Ontario Homes for Special Needs Association (OHSNA)

February 23, 2012

Submitted to:

Retirement Homes Project

Ontario Seniors' Secretariat

777 Bay Street, 6th floor

Toronto, Ontario M7A 2J4

rhconsultations@ontario.ca

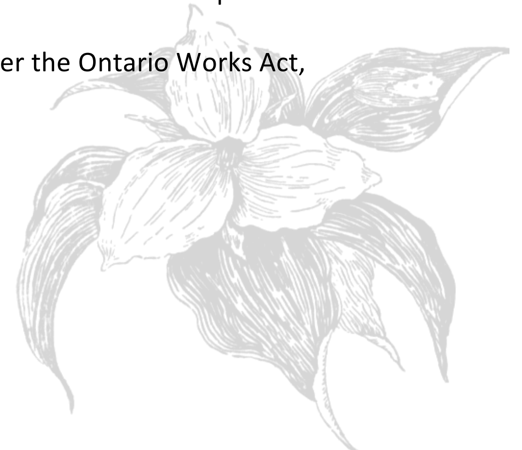
Hybrid Homes
The Ontario Homes for Special Needs Association (OHSNA) is once again very disappointed and concerned that the government has chosen to ignore our serious distress about the Hybrid Home issue. Phase 2A completely ignores, once again, OHSNA entreaties to the Seniors Secretariat and other government decision-makers.

The OHSNA wants to be certain that the OSS is aware of the consequences of neglecting to address this issue. DHs and HSCs are NOT retirement homes. They serve a unique population of low income, vulnerable citizens with cognitive and mental health issues who have nowhere else to turn. In order for operators of these facilities to avoid licensing under the new regime and the compliance costs that accompany it, they will have to turn away clients who are 65 years and over. They have nowhere else to go. **They will end up in a much more costly hospital setting or end up homeless or worse.** Attached is our submission of June 20, 2011 that explains why not exempting private paying residents in Domiciliary Hostels (DHs) and Homes for Special Care (HSC) will have serious consequences and has potential to cause harm to some of our most vulnerable citizens.

Long-Term Housing Strategy
OHSNA has learned of another disturbing oversight. Page 11 of the "*Building Foundations: Building Futures, Ontario's Long-Term Affordable Housing Strategy*" released by the Ministry of Municipal Affairs and Housing (MAH) in 2011 contemplates shifting the DH program from the Ministry and Community and Social Services (COMSOC) as part of a first phase consolidation of "five homelessness-related programs." Bill 140, the enabling legislation to permit this transfer was passed in May 2011 and came into force on January 1, 2012. The timing of the proposed transfer is unclear.

Section 2(1) (d) of The RHA exempts:

> "premises or parts of premises that are governed by or funded under,
> (i) Repealed: 2010, c. 11, s. 123 (1).
> (ii) Repealed: 2010, c. 11, s. 123 (2).
> **(iii) the Homes for Special Care Act,**
> (iv) Repealed: 2010, c. 11, s. 123 (1).
> (v) the Long-Term Care Homes Act, 2007,
> **(vi) the Ministry of Community and Social Services Act,**
> (vii) Repealed: 2010, c. 11, s. 123 (1).
> (viii) the Private Hospitals Act,
> (ix) the Public Hospitals Act, or
> (x) the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008,
> (e) premises at which emergency hostel services are provided under the Ontario Works Act, 1997, or
> (f) the other premises that are prescribed; ("maison de retraite")"



ONTARIO HOMES FOR SPECIAL NEEDS ASSOCIATION
40 HOLLY STREET, SUITE 404, TORONTO, ON M4S 3C3
T: 1-888-440-4966 | T: 416-488-4945 | F: 416-922-4295
WWW.OHSNA.ORG

It appears that the RHA does not contemplate a transfer of the DH program from COMSOC to MAH. The OHSNA is urging the OSS to correct this serious oversight through its discretionary regulatory authority granted in paragraph (f) of the same section (2(1). Failure to correct this will create unnecessary havoc in a sector that is already under considerable strain from this government's underfunding of the program and its continued imposition of an unnecessary regulatory burden that has already been underlined above in the section on Hybrid Homes.

The recently released Commission on the Reform of Ontario Public Services (Drummond Report) discusses at length the effect of inadequate mental health supports as a major unnecessary cost driver in our health care system:

> *"Interestingly, when you look at the patients that used emergency rooms (ERs) most often in the LHIN analyzed by MOHLTC the profile changes significantly. More than half were under age 45. These "at-risk" patients accounted for 20 per cent of all ER visits and made over four visits a year, some over 20 in one year. Even more intriguing is the level of severity of their medical issues (also known as "acuity" in ERs). Though one might expect that the reason for frequent visits to the ER was the need for surgery or some other complicated intervention, these patients were no more likely to be an urgent case than an average, everyday visitor to the ER. Instead, a strong underlying contributor to frequent visits to the ER appears to be mental health and addiction issues"* (**Drummond Report, Chapter 5, page 163**)

If the above two items are not appropriately addressed along with funding issues, the negative impact will be felt by all residents and our Health Care System. The government has a duty to ensure that it fully understands the implications of this legislation on these facilities.