

Appendix I

Improving Health Care Services for the Homeless in Peel

Key Findings

People experiencing homelessness face significant barriers to accessing health care services. As such, solutions for this population must involve looking beyond traditional, mainstream approaches. To better understand how to develop a permanent, integrated model of care for this population, staff has reviewed the literature, completed a jurisdictional scan and engaged with experts from Peel's health system.

a) Research: a systematic review of effective interventions for homeless populations

A review¹ showed the following interventions are effective:

- Primary care with a multidisciplinary approach and integrated care (i.e., mental health, social services, physical care)
- Enhancing access to healthcare through programmatic outreach strategies and low threshold access
- Integrating health and social services to meet complex needs

In addition, research shows that health inequities can be addressed by easing gaps in service and reducing costs to Ontario's health system by diverting clients from emergency departments and other health-related institutions. A 2020 study found that dedicated healthcare clinics for the homeless patient population in the U.S. reduced inappropriate emergency department utilization.²

b) Engagement: Input and Feedback from Stakeholders in Peel's Health System

Gathering feedback from experts within Peel's health system was a critical step in developing the model. Some common themes emerged from these discussions, which included recommendations to:

- Focus on increasing access to primary care in places easy to access; primary care is key to holistic health and can leverage mental health and addictions services
- Focus on chronically homeless/shelter population and broaden the scope if/when resources permit
- Leverage existing service models
- Respond to the need for housing supports, security of tenure

The organizations with whom staff consulted included:

- Canadian Mental Health Association
- East Mississauga Community Health Centre
- Health Services staff, Region of Peel
- Homeless Health Peel
- Inner City Health Associates

¹ Select references include:

Health Quality Ontario. Interventions to improve access to primary care for people who are homeless: a systematic review. *Ont Health Technol Assess Ser* [Internet]. 2016 April; 16(9):1-50

Zlotnick, Cheryl & Zerger, Suzanne & Wolfe, Phyllis. (2013). Health Care for the Homeless: What We Have Learned in the Past 30 Years and What's Next. *American Journal of Public Health*. 103. 10.2105/AJPH.2013.301586.

Hwang, S.W., & Burns, T. Health interventions for people who are homeless. *Lancet*. 2014 Oct 25; 384(9953):1541-7. doi: 10.1016/S0140-6736(14)61133-8. PMID: 25390579.

² <https://onlinelibrary.wiley.com/doi/full/10.1002/emp2.12054>

Appendix I

Improving Health Care Services for the Homeless in Peel

- Moyo Health & Community Services
- Ontario Health
- Punjabi Community Health Services
- Services and Housing in the Province (SHIP)
- Trillium Health Partners
- WellFort Community Health Services
- William Osler Health System

In collaboration with Health Services, feedback was incorporated into the key findings, which were then validated through follow-up discussions with key stakeholders in early 2022.

c) Jurisdictional Scan

Staff reviewed other jurisdictions in Ontario where healthcare services are delivered to homeless populations. Typically, these services are funded by the Ministry of Health under an “alternate funding plan” (AFP). An AFP provides payment for physicians who provide primary care to homeless shelter populations. An AFP is an agreement between the physician group, the Ministry of Health, and the Ontario Medical Association. AFPs were created to provide better compensation to physicians who provide care to a population that may not have a healthcare number, be uninsured, or require more time for a primary care appointment than what may typically be the case in another setting such as a Family Health Team.

As the Ministry of Health does not fund an AFP in the Region of Peel, staff wanted to understand the impact of AFPs elsewhere in Ontario. In addition, staff looked for possible opportunities to leverage existing health infrastructure and services in Peel, which could be through Peel’s Community Health Centres (CHCs). Similar to AFPs, CHC staff are compensated on a salary model and do not bill OHIP. CHCs are also eligible to receive funding from other sources, e.g., charities, municipal governments. With appropriate resources, some CHCs do include serving homeless populations as part of their core services.

Table 1 below provides more information about AFPs in Ontario as well as Peel’s Community Health Centres.

Table 1 – Health Care Service Delivery Models in Ontario

Organization	Populations Served	Programs Offered	Services Provided	By the Numbers	Staffing	Locations
Inner City Health Associates [Established 2005]	Homeless, precariously housed	<ul style="list-style-type: none"> • Palliative Education and Care for the Homeless (PEACH) • Coordinated Access to Care from Hospital (CATCH) • Multi-Disciplinary Access to Care and Housing (MATCH) • Journey Home Hospice • Multi-disciplinary 	Transitional primary care, psychiatric care, and palliative care.	In 2019: 6,169 patients 24,374 encounters Psychiatry services provided to 1,094 clients over 6,866 encounters.	Multi-professional group of over 200 physicians and nurses.	Shelter-based clinics, drop-in sites, encampments, COVID-19 isolation/recovery centres, preventative distancing hotels and mobile services.

Appendix I

Improving Health Care Services for the Homeless in Peel

		Outreach Team (M-Dot) [Outreach Workers, Case Managers, a Registered Nurse, a Housing Worker and part-time ICHA Psychiatrists]		Primary care services provided to 4,724 patients over 16,824 encounters.		
Hamilton Shelter Health Network [Established 2005]	High risk populations without stable housing and who have complex mental health challenges	<ul style="list-style-type: none"> Hep C Team Trans Community Health Shelter Health Network Maternity Care Foot Care Clinics 	Primary care including follow-up after an emergency room visit, mental health issues, addictions, pregnant patients with no care provider, and infectious disease follow-up or chronic disease management.	<p>Between April 1, 2016, and March 31, 2017:</p> <p>Total patients: 1,792</p>	Multi-professional team of physicians, nurse practitioners, registered nurses, midwives, internists and psychiatrists.	Shelter-based clinics and partner agencies.
Sherbourne Health [Established 2002]	Homeless and precariously housed individuals, LGBTQ2S individuals, newcomers to Canada, and mid-east Toronto neighbourhood ³	<ul style="list-style-type: none"> Family Health Team Acute Respite Care (ARC) Diabetes Education Program Supporting Our Youth (SOY) Toronto Community Hep C Program (TCHCP) Women in Need 'Klinik' (WINK) Sherbourne Health Food for Good Rainbow Health Ontario 	Primary care and chronic disease management services, health promotion and education, outreach and social supports, and mental health services.	<p>In 2020:</p> <p>38,588 primary care visits</p> <p>6,245 mental health visits</p> <p>1,169 visits to the Diabetes Education Program</p> <p>4,500 service sessions for people living with Hepatitis C</p>	Multi-professional team of physicians, nurses, mental health counsellors, outreach workers, dietitians, client resource workers, and health promoters.	Sherbourne Health Centre and mobile clinics ⁴ .

³ Sherbourne Health's clients are not limited to individuals experiencing homelessness or those who are precariously housed; therefore, they serve a larger client base than Inner City Health Associates, Hamilton Shelter Health Network, and Ottawa Inner City Health.

⁴ Sherbourne Health is a unique organization. Its functions and service offerings are very similar to a community health centre, but it is funded through an alternative funding plan (AFP) through the Ministry of Health and serves clients (particularly homeless individuals and newcomers) who may struggle to produce items such as a health card. It has been established for 20 years and provides a wide variety of program offerings beyond primary care and mental health services.

Appendix I

Improving Health Care Services for the Homeless in Peel

Ottawa Inner City Health [Established 1998]	Homeless and street communities	<ul style="list-style-type: none"> Hospice/Palliative care Medical, mental health or addictions services Special care units (Men/Women) Aging at home beds (domiciliary beds) Managed alcohol program Supports to various supportive housing programs Targeted education and diversion (TED) Supervised injection service/managed opiate program 	Specialized substance abuse and mental health care, primary care, and aging-at-home services.		Multi-professional team of personal support workers, physicians and nurses.	Shelters-based and mobile clinics.
Additional Service Delivery Models that provide Health Care Services and Programs to Homeless Populations						
Organization	Populations Served	Programs Offered	Services Provided		Staffing	Locations
Community Health Centres (CHC) in the Region of Peel [Wellfort Community Health Centres – Bramalea CHC, Four Corners Health Centre – Brampton, Four Corners Health Centre – Malton; East Mississauga CHC]	Wellfort Community Health Centres' priority populations include: youth, isolated seniors, newcomers, people who are homeless, underhoused, or at risk of homelessness, people dealing with mental health and/or substance abuse issues, families who are under-resourced, and members of racialized communities.	Wellfort Community Health Centres' programs and services: <ul style="list-style-type: none"> Medical services, including primary health care, foot care, diabetes education, nutrition support, counselling, physiotherapy, midwifery and prenatal support, and sexual health and harm reduction services. Dental health care; Community/social support programs, including community health education, food supports program, seniors programs, and youth camp. 	Primary health care, dental care, health promotion and education programs, diabetes, HIV and Hepatitis C education programs, and efforts to build community health. CHCs have a reciprocal agreement province-wide that enables care to be transferred between CHCs.		Multi-professional team of physicians, nurse practitioners, nurses, physiotherapists, dieticians, social workers, and community health educators. [Staffing varies by centre].	Services are provided by Bramalea CHC at the following locations: clinic-based services, currently expanding to mobile clinics in other parts of Bramalea. Services are provided at the Four Corners Health Centre in Malton and Brampton using clinic-based services.
	East Mississauga CHC priority populations include: isolated seniors, racialized	East Mississauga CHC programs and services: <ul style="list-style-type: none"> Medical services, including primary health care, foot care, physiotherapy, diabetes 	Primary health care, dental care, health promotion and education programs,		Multi-professional team of physicians, nurse practitioners, nurses, physiotherapi	Clinic-based services.

Appendix I

Improving Health Care Services for the Homeless in Peel

	individuals and communities, people living in poverty, immigrants and refugees, and LGBTTIQQ2S + ⁵ individuals and communities.	education, nutrition counselling; <ul style="list-style-type: none"> • Dental health care; • Community/social support programs, including health promotion, seniors' wellness, LGBTTIQQ2S+, mental wellness, social work, and client advocacy. 	diabetes, HIV and Hepatitis C education programs, and efforts to build community health.		sts, dieticians, social workers, and community health educators. <i>[Staffing varies by centre].</i>	
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⁵ LGBTTIQQ2S+ includes, Lesbian, Gay, Bisexual, Transsexual, Transgender, Intersex, Queer, Questioning, 2 Spirit and other individuals.