SNAPSHOT

Better Served in the Community – Alternate Level of Care (ALC) Designated People with Mental Health & Addictions Issues

ALC (Alternate Level of Care) designation is given when a patient has completed treatment and no longer requires the intensive supports provided in the hospital setting, but remains in hospital because they do not have a home to return to with the supports that they need. One quarter of all ALC patient days are patients requiring mental health services waiting in hospital to be discharged to a more appropriate setting. This snapshot provides system planners and mental health and addictions service providers an overview of the needs of these patients and recommendations on how they can better be served in the community.

PATIENT NEEDS

Psychiatric ALC patients often have complex health and social issues that make it difficult to live in the community without supports. ALC patients are more likely to have psychotic disorders, have problematic behaviour and difficulty with activities of daily living. Many also have co-occurring substance use disorder (similar to patients without ALC designation). Despite these challenges, a large portion of these patients could be treated in the community if there were appropriate services and supports available. The most commonly identified services from the literature needed to serve this population in the community include, Assertive Community Treatment (ACT) teams, Intensive Case Management (ICM), supported employment and housing, and peer support. The community mental health and addictions sector already provides this spectrum of services and, with proper resources, is well equipped to serve this population in the community. Serving people in the community rather than hospital benefits the patients who are unnecessarily in hospital and benefits the health care system by providing services efficiently.

MOST IDENTIFIED SERVICE NEEDS

- High support housing
- Assertive Community Treatment (ACT)
- Supported employment
- Intensive Case Management (ICM)
- Peer support

(McMaster, 2019 & CAMH, 2009)

THE NUMBERS

24% of all ALC patient days are utilized by mental health patients

(Alternate Level of Care and Emergency Room)

300 to 400 mental health beds are occupied by ALC patients at a given point in time

(University of Waterloo, 2015)

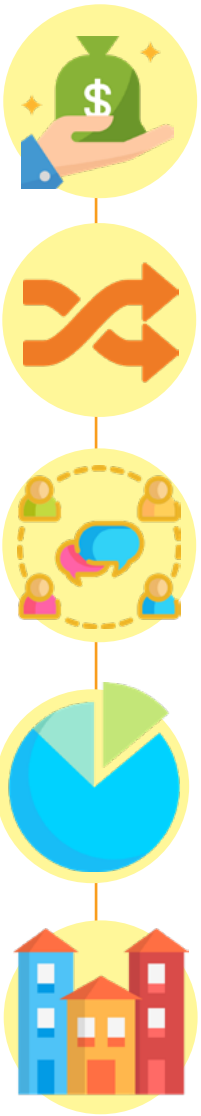
60% of ALC stays in designated mental health beds are lengthy (more than 90 days)

(CAMH, 2009)

cost of an ALC bed/day
(300-400 ALC beds cost ~$55-$73 million/year)

cost of Supportive Housing unit/day
(300-400 people in SH cost ~$8-$10 million/year)

RECOMMENDATIONS



SIGNIFICANT INVESTMENTS are needed in the community mental health and addictions sector, particularly in the areas of case management, and supportive housing and employment in order to build capacity to create movement for people from hospital to the community.

FLEXIBLE FUNDS that follow clients transitioning from hospital to community are important to cover associated costs that are not always easy to predict. These costs include initial upfront moving costs as well as any unplanned costs to keep that person out of hospital and in the community (e.g. moving costs, furnishings, transportation, medications, private services, arrears, pest control, extreme cleaners etc.).

WHOLE SYSTEM APPROACH including collaboration between community service providers (case management, housing, personal support work etc.), hospitals, and primary care is needed. A whole system approach with fewer points of entry, standardized assessments and regular communication helps ensure that appropriate services can be provided in a way that is easier for the client to navigate.

GOOD DATA is essential to monitor and evaluate effectiveness of programs intended to transition ALC patients into the community. ALC designation is already a reporting requirement for tertiary hospitals (incorporated into the RAI-MH) which is useful for tracking numbers of patients. Upon transition, it is important to monitor health and housing outcomes of those individuals to ensure that the transitions are effective and in the best interests of the client.

MIX OF HOUSING OPTIONS including congregate or independent, and with varying levels of support is important in order to provide options to the client that meets their individual needs and level of support needed. High support housing that has 24/7 staff, intensive one-on-one supports, assistance with activities of daily living, and medication management have been identified as being particularly important to have available.

EXAMPLE OF REDUCING ALC STAYS THROUGH COMMUNITY SERVICES

REGENERATION COMMUNITY SERVICES

Regeneration is a mental health and addictions agency that provides supportive housing, case management and peer support. Their Step Up program consists of 19 supportive housing units for tenants transitioning out of High Support Housing in order to create "flow" *to move ALC patients from hospital into the community*. The program works in partnership with 8 high support housing providers who come together, along with the hospital, to match ALC patients into the best suited high support housing program and identify current tenants in that program to invite into Step Up. To date, *26 individuals have moved into the Step Up program*, creating movement in the high support system with benefits to the entire system.

The Step Up program is an example of a whole system approach to tackling ALC days. In 2013, the TC-LHIN funded the ALC High Support Housing Initiative that included the Step-Up Housing program, new high support housing, an Interdisciplinary Transition Team and a flex fund. This initiative includes investments, a coordinated whole system approach, flexible funds and a mix of housing options. Over 80 complex ALC clients, who had been in hospital for an average of 4 years, have moved into the community.

More information about Regeneration Community Services, along with other supportive housing case studies can be found in *Promising Practices: 12 Case Studies in Supportive Housing for People with Mental Health and Addiction Issues.*

Icons sourced from Flaticon • Last updated September 2018