

CONFIDENTIAL INFORMATION OR ADVICE

Background

The City of Toronto currently operates two home visiting programs that serve vulnerable residents:

Vulnerable Adults & Seniors (VAS) Program

The Toronto Public Health VAS Program started in 2004. This program provides client home visits to adults and seniors (aged 50 years and over) living with various vulnerabilities including social isolation, age-related frailties, mental health issues, and poverty. Public Health Nurses assess the client's living situation and their immediate needs, which they seek to meet by linking clients to appropriate community health and social services.

Community Paramedic Home Visit (CPHV) Program

The CPHV Program began in 1999 and is operated by Toronto Paramedic Services (TPS). The program provides non-emergent home visits/assessments to Toronto residents at risk of recurrent medical emergencies that may lead to frequent 911 use and/or Emergency Department visits. This program also provides home visits to clients living with various vulnerabilities including social isolation, age-related frailties, mental health issues, and poverty. Community Paramedics identify and address gaps in clients' healthcare and social support, connect clients to the appropriate resources, and work with partner agencies and primary care to support and augment other services and programs in place. The CPHV Program also helps to mitigate frequent 911 use.

Home Visiting Services during the COVID-19 Pandemic

In 2020, the VAS Program was suspended in order to reassign staff to the City's COVID-19 pandemic response. Since that time, TPH Intake Program nurses have handled all VAS Program inquiries, with 299, 225 and 201 inquiries received in 2020, 2021 and 2022 respectively. Toronto Public Health Intake continues to assess client needs by telephone or e-Chat and makes referrals to appropriate services including the CPHV program. The CPHV Program operated throughout the pandemic and received funding from both the Ministry of Health, and the Ministry of Long-term Care to hire additional Community Paramedics. This funding supplements the ongoing City of Toronto funding that supports this program.

CPHV Program Referral Pathway

The CPHV Program accepts home visit referrals from multiple sources including City Divisions, Councillors' offices, community agencies, hospitals and health care providers, as well as self-referral from Toronto residents. Anyone can access this service in one of three ways:

By phone: 416-397-4322

By email: cphome@toronto.ca

By fax: 416-696-3500

There is no wrong door for accessing CPHV Program services. Requests received by any City division, including 311 and TPH, are forwarded to the CPHV Program for follow-up.

Program Comparisons

Service Levels

Compared to the VAS Program, the CPHV Program provides more comprehensive services, which can better meet complex client needs.

	VAS Program	CPHV Program
Identify client health and social service gaps	✓	✓
Client referrals and advocacy	✓	✓
Assess client living conditions, hazards in the home, socioeconomic and psychosocial challenges	✓	✓
Short term case management	✓	✓
Joint home visits with community agencies	✓	✓
Health coaching and education	✓	✓
Collaborate with situation tables and patient care conferences	✓	✓
Monitor client vital signs, including blood glucose		✓
Assess client medications and adherence		✓
Assess client medical history		✓

	VAS Program	CPHV Program
Homebound vaccinations		✓
Assist with hospital discharge planning		✓
Outreach to frequent 911 callers		✓
Outreach to clients returning from hospital		✓
Community health clinics		✓
Available to residents of all ages		✓

Client Issues and Referrals

The VAS and CPHV Programs both respond to clients with complex health and social issues including:

Chronic and complex physical and mental health conditions

Social isolation and poverty

Unsanitary and unsafe living conditions such as hoarding, pest control and bed bugs

Personal safety issues, including lack of assistive devices and risk of falls/injuries

Both programs conduct home visits and assessments in the same dwelling types, including single and multi-tenant dwellings, as well as rooming houses.

The predominant sources of client referrals for both programs include City Divisions, Councillors' Offices, community agencies and health care providers. However, the CPHV Program also identifies clients based on referrals from Paramedics responding to 911 calls and analysis of frequent 911 use.

Client Volumes and Interactions

VAS Program client interactions have been decreasing. VAS had approximately 7,550 interactions per year for the five years of operations prior to the COVID-19 pandemic. In comparison, CPHV Program interactions have been increasing, with an average of approximately 15,270 interactions for the last five years.

The CPHV program has capacity to handle the low volume of VAS Program home visit referrals, and already supports many clients that are referred through VAS.

Next Steps

Pending approval of the proposed change, Toronto Public Health will re-assign staff from the VAS Program to vacant positions within the Division where they can bring their expertise with seniors and vulnerable adults to address other priority issues including

mental health and addictions and sexual health promotion. Toronto Public Health will work with the CUPE Local 79 to ensure unionized staff are treated in accordance with their applicable Collective Agreement.