*(Your return address)*

*(Date)*

Good morning *(Insert MPP name)*

I hope that you are well.

As a constituent of yours and also a member of Seniors for Social Action Ontario (SSAO) I am writing to you this morning concerning your government's approach to care for older adults.

SSAO is deeply concerned that your government has not heard what elders have been saying for quite some time now - that they never want to be institutionalized.  They want to have care in their own homes and communities.

To that end, I would like to acquaint you with alternatives to institutions that would go a long way towards emptying hospital beds and providing the kind and quality of care that people want and need.  Instead of investing billions on mass institutionalizing elders - the only marginalized and devalued group still forced into institutions besides prisoners, we are recommending the following:

Creation of a Money Follows the Person Program under OHIP (direct funding to empower elders and their families to obtain the services they want and need in the right place at the right time).  This program currently exists in the U.S. and is funded under Medicaid and has repatriated tens of thousands of people from institutions.  It could be cost-shared with the Federal government. <https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html>

Paid Family Caregivers - Nursing homes are paid $200 per person per day.  If family caregivers were paid this amount, many could stay home and care for loved ones.  Newfoundland and Labrador have provided paid family caregiving as an option under their Home Care Program and Ontario should do the same.  This would also ease the staffing shortage and prevent families from having to "train" the revolving door of caregivers provided to them through Home Care in how to address the specific needs of their loved ones.  It is a more reliable and cost-effective way of providing care, and would help to empty those ALC beds in hospitals. <https://www.gov.nl.ca/hcs/long-term-care/family-caregiving/>

Expand the Family Managed Home Care Program - This is currently a program option under Home Care, but elders are essentially denied this, and case managers are telling people that it is only for children.  That is discrimination based on age since the health complexities people are facing are often at a similar level to those who have access to the program.  This program needs to be greatly expanded with the new funding earmarked for Home Care over the next three years, and the age restrictions lifted.  This would go a long way to helping people to remain at home and also help to empty hospital beds. Furthermore it affords a greater level of accountability for funding than is currently the case in Home Care contracting with private companies, since individuals and families would be in charge of who provides care, when, and where. <https://healthcareathome.ca/home-care/family-managed-home-care/>

Intensive In-Home Supports These are available for children in Ontario but not for elders struggling with behavioral issues.  Intensive behavioral supports as well as complex in-home care for physical and/or mental health conditions could be provided in this manner.  This type of program needs to be expanded to serve elders across the province. <https://georgehullcentre.ca/services/mental-health-services/intensive-in-home-service/>

Small, non-profit community residential programs - Literally every other group of people with disabilities has access to small residential programs located in their own communities and neighborhoods.  Staffed 24/7 they provide a comfortable, safe, home-like environment rather than an institutional one.  Locked units in nursing homes are the worst possible option for people with dementia and lead to over-control and over-drugging.  Creating and funding community residences of up to 6 people each in neighborhoods across the Region operated by municipalities or elder serving agencies, and building in trauma-informed care (music and art therapy, mindfulness meditation, nature walks, yoga breathing etc) for those specializing in services to people with dementia would provide a safe, humane alternative to nursing homes at the same per diem rates.    Every community should have residential services like this available to allow elders to continue to visit familiar parks, coffee houses, and shops and receive visits from their social support systems.  Twin these with Memory cafes in the community to support elders and caregivers and you would begin to create more age-friendly environments.  This area needs memory care homes and memory cafes badly and they could and should be piloted here. <https://www.memorycafedirectory.com/canada/>

PACE (Program of All Inclusive Care of the Elderly) and Hub and Spoke models would build supports and services into naturally occurring seniors' communities in this area of which there are several.  This would allow elders to receive services where they live instead of having to go out to a variety of services.  Information on PACE and Hub and Spoke are attached. Burlington has adopted this model successfully and is now expanding it. Hub and Spoke models place case managers and services into naturally occurring seniors' communities and also serve immediately surrounding areas.

All of these programs would keep people out of hospitals and institutions.  If your government provided even a portion of the $6 billion that it has given to nursing homes to fund programs of this nature that people actually want, and that workers actually want to work in, it would not now be building huge white elephant institutions (and planning even more) that no one wants to enter and where no one wants to work.  Many institutions can't even be staffed, yet your government plans to waste even more funding on building even more.  The thinking needs to shift from funding beds to funding spaces - in home care, paid family caregiving, in PACE and Hub and Spoke Programs and in neighborhood-based residences.

That is what would finally build a 21st Century long-term care system rather than one based on a 19th century poor house model.

Please do what you can to get the government to change direction and redirect funding towards these alternatives rather than more institutions if your goal is to really empty hospital beds and keep elders out of them.

I look forward to your response,

*(Insert Name, address, phone)* Seniors for Social Action Ontario <https://www.seniorsactionontario.com/>