FOR OWNERS, DEVELOPERS AND ASSET MANAGERS OF MULTI-RESIDENTIAL BUILDINGS

The building that looks after its people.

Community Support Services — a funded, professionally staffed health and social navigation program for the tenants living in your towers.

Every large residential building holds a quiet population of tenants who are elderly, disabled, unwell or in crisis, and who cannot reach the public services they are entitled to. RCM Health places a clinical and social work team inside your community to find those tenants, advocate for them, and connect them to publicly funded care — under a defined monthly budget you control.

30+

Years navigating complex health and social care in Ontario

4

Years delivering this program continuously in a Toronto high-rise community

1

Accountable team — nursing, social work, case management and physicians

RCM Health Consultancy Inc.
Toronto, Ontario · Established 1993
647 350 5500 · info@rcmhealth.ca

THE NEED

The people already living in your building

A tower of several hundred units is not a building. It is a community — and like any community, a meaningful share of it is ageing, unwell, isolated or under strain.

Older tenants ageing in place

Long-tenured residents who intend to stay, coping with chronic disease, mobility loss, falls and cognitive decline — often with adult children in another city or another country.

Tenants living with disability

Physical and developmental disability, sensory loss and serious chronic illness, requiring personal support, equipment, accessible transport and repeated re-assessment to hold onto funded hours.

Tenants living with mental illness

Depression, anxiety, psychotic illness, substance use and hoarding disorder — the conditions most likely to surface first as a noise complaint, an arrears file or an emergency call.

Families in crisis

A parent hospitalised, a caregiver burning out, a newcomer family with no health card and no family doctor, a household one event away from losing its housing.

The public system exists. Reaching it is the problem.

Ontario funds home care, personal support, mental health services, geriatric assessment and community supports. Almost none of it arrives unless someone knowledgeable asks for it, in the right language, of the right body, and then follows up. That is precisely what the tenants who need it most cannot do.

- Eligibility rules and access points are not obvious to the public
- Assessments are declined or under-scored without an advocate present
- Hospital discharges arrive home with no one coordinating what follows
- Unattached tenants have no family physician to authorise or renew care
- Language, literacy, stigma and cognition all reduce help-seeking
- Nobody owns the file, so nothing is reviewed until there is an emergency

> The tenant who needs the system most is the least equipped to reach it. Someone has to knock on the door.

THE OWNER'S POSITION

What an unmanaged need costs the building

When no one is navigating, the consequences do not disappear. They land on your property management team, your operating budget and your reputation.

Operational

Superintendents and property managers absorbing clinical and psychiatric problems they were never trained for. Wellness checks, lock-outs, emergency service attendance, unit condition and hoarding files, escalating neighbour complaints.

Financial

Arrears and eviction proceedings that are health problems in disguise. Unplanned turnover, restoration costs, vacancy, legal fees, and the management hours consumed by a small number of unresolved households.

Reputational & legal

Duty-to-accommodate and human rights exposure. Family, media and municipal scrutiny. And the outcome no owner wants: a vulnerable tenant found in distress in a building where the warning signs were visible for months.

A defined monthly budget in place of an undefined risk

Community Support Services converts a diffuse, unpredictable and emotionally costly exposure into a single line item with a known monthly figure, a named clinical team, a documented process and quarterly reporting you can put in front of your board, your lender or your impact investors.

Why the owner, and not the tenant, funds this

- **The tenants who need it cannot buy it.** A fee-based service reaches everyone except the people this program exists for.
- **The benefit accrues to the asset.** Stability, tenure, lower turnover and fewer incidents are owner-side returns.
- **It removes the cost barrier at the moment of need,** so tenants accept help early rather than at the point of crisis.
- **It is legible as social impact.** Funded by capital, delivered by clinicians, measured and reported.

> Ask your property management team how many hours went into a handful of units last month — and how many of those problems were, at root, health problems.

THE SERVICE

What RCM Health puts inside your building

One accountable multidisciplinary team — registered nurses, social workers, medical case managers, physicians, patient advocates and administrative coordinators — supported by a secure case management platform.

01 **Confidential referral pathway**
Building staff, family members, neighbours or tenants themselves raise a concern through a single channel. No diagnosis required to refer.

02 **Intake and informed consent**
Demographics, family and physician contacts, and a signed authorisation permitting RCM to obtain and manage health records on the tenant's behalf.

03 **Assessment in the home**
A clinical and social assessment conducted where the tenant lives, with or without family present — the only way the real picture emerges.

04 **Acuity scoring and triage**
Every tenant carries a live score from 1 to 10, so urgent need is visible to both teams before it becomes an emergency.

05 **Navigation into funded care**
Advocacy and applications to Ontario Health atHome, Ontario Health Teams, public health, community support agencies and specialty programs.

06 **Physician engagement**
Collaboration with the tenant's family doctor, virtual and in-home visits, and re-attachment for tenants who have no physician at all.

07 **Sharecare shared home support**
Privately arranged personal support hours shared across two to four tenants in the same building — a fraction of the individual cost.

08 **Food security**
Coordinated grocery home delivery through a single supplier for tenants who cannot shop, carry or afford to eat reliably.

09 **Pharmacy and medication**
Home-delivery pharmacy arrangements, medication reconciliation and follow-through on prescribing changes after discharge.

10 **Hospital and discharge support**
Advocacy during admission, presence at discharge planning, and a managed return home rather than an unaccompanied drop-off.

11 **Crisis escalation**
A defined safety pathway for deterioration, self-neglect, safety risk or urgent admission, agreed in advance with building management.

12 **Documented online record**
All actions recorded in a secure online health record, with an operational view for the building team and full clinical detail held by RCM.

Your team refers. We do the rest.

Nothing on this page asks your property managers to become case workers. They raise a concern through one channel; RCM's clinicians carry the assessment, the applications, the advocacy, the follow-up and the record — and report back to them every week.

HOW IT WORKS

A weekly operating rhythm, not an annual report

STEP 01

Identify

Your on-site staff flag tenants of concern. RCM also picks up referrals from family, neighbours and community agencies.

STEP 02

Consent

Intake and records-release forms are delivered by your team or by RCM, completed by the tenant and returned securely.

STEP 03

Assess

A nurse or social worker meets the tenant at home, builds the clinical and social picture and opens the case record.

STEP 04

Score

An acuity score is assigned and maintained, driving how often the tenant is seen and how fast the team responds.

STEP 05

Act

Applications, advocacy, physician engagement, home support, food and pharmacy arrangements — tasked, assigned and closed out.

STEP 06

Review

A weekly case conference with your property team reviews every open file and re-prioritises the urgent ones.

The acuity scoring system

Every enrolled tenant carries a score. Both teams see the same list, ranked by need, every week.

SCORE	STATUS	RESPONSE
1 – 3	**Well and independent** Alert, oriented, no safety concerns	Enrolled and known to the team; periodic contact and an open door
4 – 7	**Minor issues** Emerging health or social concerns	Active surveillance for progression or regression; scheduled follow-up
8 – 9	**Major issues** Significant need, possible safety risk	Coordinated action by RCM and the building team; escalated at the weekly call
10	**Urgent** Acute deterioration or immediate risk	Urgent admission to hospital, with RCM advocating through admission and discharge

Privacy is designed in, not added on

Tenants enrol voluntarily and sign a records-release authorisation before any health information is obtained. RCM holds the clinical record and complies with applicable Ontario health privacy legislation. The owner's team sees what it needs to operate — who is enrolled, acuity level, tasks assigned and outstanding — and does not receive clinical detail. Nothing in the program creates a landlord record of a tenant's health.

BUSINESS CASE

Four years inside a Toronto high-rise community

RCM Health has delivered this exact program continuously for more than four years, in partnership with the owner of a large Toronto residential community, at no cost to the tenants.

4+ yrs	900	170	$0
CONTINUOUS DELIVERY	UNITS IN THE COMMUNITY	TENANTS ENROLLED TO DATE	COST TO THE TENANT

What was put in place

On-site personal support workers were integrated with RCM's nursing, social work and case management team and given access to the shared task record. Tenants were identified by building management, assessed at home and scored. Weekly case conferences ran between RCM and the property team throughout. Grocery home delivery and a home-delivery pharmacy were arranged for tenants who could not manage either. Family physicians were engaged for virtual and in-home visits, and applications were made on tenants' behalf to publicly funded home and community care.

What changed

- Tenants who had been invisible to the public system were assessed, scored and enrolled in funded services
- Deterioration was caught during weekly review rather than discovered during an emergency call
- Food insecurity was addressed directly, for tenants who had been going without
- Unattached tenants were reconnected to a family physician and to primary care
- Building staff had somewhere to send concerns instead of carrying them alone
- Tenants stayed in their homes, supported, instead of moving out under pressure

Why it worked

Three things made the difference, and all three are reproducible in any building. The team was continuous — the same clinicians, over years, known to the residents by name. The support was on site, in the tenants' own homes, rather than at the end of a phone line. And the owner funded it, which removed the one barrier that stops vulnerable tenants from asking for help at all.

> "The plan is to make a beautiful community out there, where we take care of each other."
>
> THE OWNER, AT THE LAUNCH OF THE PROGRAM

Client identity withheld. Detailed references and a full outcomes review are available under NDA to owners evaluating the program.

THE RETURN

Social impact that shows up in the asset

This is a social impact investment with an operating return. The tenants gain access to care they are entitled to; the owner gains a calmer, more stable, more desirable building.

Stability and tenure

Tenants who are supported stay. Ageing in place becomes viable, households in crisis are stabilised before they become arrears files, and turnover driven by unmet health need falls away.

Operational relief

Your superintendents, property managers and security staff get a clinical team to hand the problem to — with a documented pathway, a weekly review and an escalation route for genuine emergencies.

Brand and demand

A building known for looking after its residents is a building families choose — particularly families deciding where an elderly parent should live. It is a differentiator no competing tower can match overnight.

What you receive as the funder

- **Monthly operating dashboard** — enrolments, open cases, acuity distribution, tasks completed, escalations
- **Weekly case conference** with your property management team
- **Quarterly impact report** — written for board, lender and ESG or impact-disclosure use
- **Annual program review** with recommendations and a re-scoped budget for the year ahead

For developers and new communities

- **A lease-up differentiator** that competing towers cannot replicate in a season — and one that speaks directly to downsizing owners and to adult children choosing for a parent
- **Evidence for municipal and planning relationships,** where community benefit commitments increasingly need to be demonstrated rather than promised
- **A defensible impact line** for lenders, pension and institutional capital assessing social performance alongside financial return
- **Portfolio scalability** — the same team, forms, scoring system and reporting deploy building by building without rebuilding the program each time

A story your organisation can tell honestly

Impact claims in real estate are usually about the building. This one is about the people in it, delivered by a regulated clinical team, documented case by case, and measurable in enrolments, services accessed, crises averted and tenants who were able to stay in their homes.

ENGAGEMENT

A clearly defined monthly budget

The program is scoped to the size of the building and the expected caseload, then delivered for a fixed monthly fee. No per-tenant billing, no cost to the tenant, no open-ended exposure.

Foundation

SINGLE BUILDING

- Referral pathway and intake
- Home assessment and acuity scoring
- Navigation into funded services
- Monthly case review
- Quarterly impact report

Core

SINGLE BUILDING, HIGHER NEED

- Everything in Foundation
- Weekly case conference
- Physician engagement and visits
- Food and pharmacy delivery set-up
- Shared task record for site staff

Comprehensive

PORTFOLIO OR CAMPUS

- Everything in Core
- On-site sessional clinical presence
- Sharecare shared home support
- Hospital and discharge advocacy
- Portfolio-level impact reporting

From agreement to first enrolment in 90 days

DAYS 1 – 30

Set up

Scope and budget confirmed, agreement and privacy documentation executed, forms and referral channel built, site staff briefed.

DAYS 31 – 60

Enrol

Tenants identified and approached, consents obtained, first home assessments completed and acuity scores assigned.

DAYS 61 – 90

Operate

Weekly case conference running, applications and advocacy underway, first monthly dashboard issued to the owner.

SPEAK WITH US

Raymond Rupert
Chief Executive Officer

TELEPHONE

647 350 5500

EMAIL

info@rcmhealth.ca

OFFICE

100 – 1006 Avenue Road
Toronto, Ontario M5P 2K8
www.rcmhealth.ca

RCM HEALTH CONSULTANCY

Established 1993