

## Community Support Services Review Report Executive Summary and Recommendations April 2009

Community Support Services (CSS) are an important but undervalued element in providing creative solutions to current and future health services issues, including Alternate Level of Care (ALC) pressures, Emergency Department pressures and lengthy waiting lists for long term care home beds.

A renewed investment and commitment to Community Support Services will assist in maintaining the health and well-being of individuals and their caregivers in their own home and community. These services prevent unnecessary hospitalizations and facilitate earlier discharges from acute care settings. A well funded CSS sector can provide wrap-around services as a 'safety net' for the elderly and their families and diminish inappropriate use of emergency departments.

Enhancing existing Community Support Services for people with continuing care needs will promote independence and encourage self care. Evidence shows that services such as transportation, respite, home maintenance, personal care and meal programs can reduce the demand for long-term care home and hospital beds. Many individuals may only need assistance with Instrumental Activities of Daily Living (IADL) to remain in their own home. This is a relatively low cost alternative that will enable people to age in place. Given the rapidly ageing population in Central East it is critical that we take immediate action to strengthen and improve Community Support Services.

The Review identified the following options as important steps that will help to strengthen the capacity of the CSS sector:

- **Developing a common assessment tool**
- **Creating Back Office Integration model(s) that allow organizations to opt-in**
- **Identifying new performance measures that reflect the contribution of volunteers in delivering services**
- **Reducing the amount of fundraising required to support CSS programs**

The opportunity to move to common processes and standardized tools will assist in improving the linkage to other health providers and to broader human services. The application of a common assessment is seen as an important initial step in improving access, reducing the fragmentation and overall strengthening the role of the sector. It will also enable the sector and government to accurately plan for the changes required to meet the demand for expanded services in the future. While a common assessment tool can be achieved with relatively low cost, it will require an investment of new resources in this sector both for systems and training.

Back Office Integration (BOI) has the potential to increase the availability of expertise in information, financial and human resource management equitably across many organizations. This strategy is considered a key building block for the future. The Ministry of Health and Long Term Care (MOHLTC) has not adequately funded the infrastructure required for administration in CSS. With increasing reporting and accountability requirements, pursuing Back Office Integration is an option that will allow the sector to augment administrative capacity and expertise, while ensuring that service delivery remains connected to the local community. This strategy will support the efficient use of scarce human, technological and financial resources.

Similar to developing a common assessment tool, creating the option for Back Office Integration (BOI) will require additional funding. This investment will support improved service and financial data quality and has the capacity to create performance measures that accurately reflect the real impact of these services. Furthermore, it will assist the sector to demonstrate the quality of service delivery and participate in accreditation.

The value and contribution of volunteers is not adequately reflected in the current performance measures applied to CSS. Volunteers play a critical role in delivering many CSS programs such as transportation, meal delivery, social and safety visiting and social dining. If volunteers were not available, the cost of these programs would increase significantly. The CSS sector depends on volunteers and is one of the links that maintains the connection to the community.

The majority of CSS programs are funded through a combination of MOHLTC funding, client fees and fundraising. The amount of fundraising required each year is a key issue affecting the future of these services. Reducing the dependency on fundraising is critical to this sector.

In summary, Community Support Services afford the CE LHIN an efficient and effective way of supporting individuals to remain healthy and active members of their community. Strengthening and investing in these services and their infrastructure enables and empowers people to age in place.

## Community Support Services Review - Summary of Recommendations

### Recommendations for MOHLTC and Central East LHIN

1. *That CE LHIN requests that MOHLTC provide the financial/service data for Homemakers and Nurses Services Act (HNSA) in our area which may assist in creating new partnerships with the municipal sector.*
2. *That CE LHIN, the MOHLTC and local Municipal Governments presently using HNSA explore the feasibility of creating a partnership with the CSS sector in providing support for low income seniors through HNSA funding.*
3. *That MOHLTC and the LHIN's develop a protocol to share service data for organizations that provide services in communities outside of their local LHIN*
4. *That the MOHLTC consider including the following as part of the CSS basket of services:*
  - *Transitional Care*
  - *Wellness and Health Promotion*
  - *Elder Abuse*
5. *That the CE LHIN confirms with MOHLTC that Homemaking as described in the Ontario Healthcare Reporting System (OHRIS) extends to all communities and is not limited to First Nations only.*
6. *That the MOHLTC consults with the Ontario Association for Community Support Services to develop a Human Resource strategy for the sector that ensures fair compensation for employees.*
7. *That MOHLTC provides access to Personal Support Worker (PSW) Training Funds to all CSS providers.*
8. *That the CE LHIN works with MOHLTC to include the direct service provided by volunteers as a unit producing measurement in MIS.*
9. *That the CE LHIN works with the MOHLTC to extend the information required in the Community Annual Planning Submissions data on both the number of FTE's and the number of volunteers in each service code.*

## Recommendations for Central East LHIN

10. *That the CE LHIN review with the affected organizations the feasibility of creating a single or coordinated delivery system in those municipalities where there are multiple service providers for the same CSS service Code*
11. *That the CE LHIN updates the Service Inventory annually through the Community Annual Planning Submissions.*
12. *That the CE LHIN support and fund the implementation of a common assessment tool that has the capacity to share information between the Central East Community Care Access Centre (CECCAC) and CSS sectors.*
13. *That the CE LHIN support and fund the creation of an e-Health strategy that supports coordinated entry points to CSS programs.*
14. *That the CE LHIN support the expansion of Crisis Intervention Support Services as a priority program for new funding available through the Aging at Home (AAH) Strategy.*
15. *That the CE LHIN supports including the Community Support Initiative-Support Service Training as a priority for new funding available through the Aging at Home (AAH) Strategy.*
16. *That the CE LHIN provide funding for a Human Resource Planning session for all CSS providers that would assist organizations in developing a strategic human resource plan.*
17. *Recommend that we create an option for Back Office Integration (BOI) for the following administrative functions:*
  - *Financial Services*
  - *IT Support Services*
  - *Human Resources*
18. *That the CE LHIN review the feasibility of establishing a common admission process for all Adult Day Programs that is coordinated through the CECCAC.*