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PROVINCIAL AGING AT HOME STRATEGY IN YORK REGION

The Community and Health Services Committee recommends the adoption of the recommendation contained in the following report dated October 1, 2009, from the Commissioner of Community and Health Services.

1. RECOMMENDATION

It is recommended that:
1. Council receive this report for information.

2. PURPOSE

This report provides an overview of the delivery of the Province's Aging at Home Strategy in York Region in response to a request from Committee to know more about these services.

3. BACKGROUND

Ontario's Aging at Home Strategy provides seniors with innovative programs to help them live independently

The Government of Ontario established the Aging at Home Strategy to increase traditional services that help seniors to stay healthy and live in their homes for as long as possible. Services such as community support services, home care, assistive devices, assistive living services/supportive housing, long-term care beds and end-of-life care are all included in the Aging at Home Strategy. The Strategy breaks new ground in the care and support of seniors with a focus on innovation with regards to finding new ways to provide the supports and services seniors require in order to spend more of their final years living where they want, the way they want. It is targeted to seniors who are dealing with age-related health conditions or age-related disabilities.

The goals of the provincial Aging at Home Strategy is to:
- Ensure that seniors' homes support them.
- Ensure that seniors have supportive social environments.
- Ensure that senior-centered care is easy to access.
- Identify innovative solutions to keep seniors healthy.

Projects for the 2009/2010 Aging at Home funding are focused on direct, diversion and preventative services with a focus on seniors being cared for in the most appropriate setting with the targeted outcome of:

- Reducing utilization of emergency rooms.
- Reducing patient days and beds occupied by alternative level of care patients.
- Relieving pressure on long-term care homes through expanded community supports that enable people to live independently for as long as possible.

The Strategy is being delivered through fourteen Local Health System Integration Networks (LHINs) across the province. York Region has its key funding relationship with the Central LHIN, although the LHIN territories are not the same as municipal boundaries.

The *Local Health System Integration Act* confers powers to plan, coordinate and fund certain health services upon the Local Health Integration Networks

In accordance with the *Local Health System Integration Act* (the Act), the powers to plan, coordinate, and fund health services is conferred upon fourteen LHINs in Ontario. As a result, provincial funding for entities such as hospitals, long-term care homes, community health centres, mental health and addiction services and community support services that was previously provided directly by the Ministry of Health and Long-Term Care (the Ministry) now flows through the LHINs.

While the LHINs do not directly provide services, their mandate is to plan, integrate and fund health care services within the funding envelopes they are provided by the Ministry. The LHINs oversee approximately $20.3 billion health care dollars; however there is little discretion as to which health care providers they can allocate dollars to. The Ministry continues to provide stewardship of Ontario's health system, setting direction, strategic policy and system standards and delivering provincial programs and services. The Ministry continues to set the limits and parameters by which the LHINs can allocate their budgets to health care providers for specific services and service levels to address the unique local population health needs and priorities.

LHINs function as a transfer payment agency of the Ministry of Health and Long-Term Care

The LHINs are funded under the *Local Health System Integration Act* as a transfer payment agency. Acting on behalf of the Ministry, the LHINs purchase health care services from service providers in their local community for patients and residents. Funds flow through the LHINs from the Ministry to local health care service providers. Through their annual service plans, the LHINs are able to identify local services and programs they have planned to provide. However, discretion rests with the Ministry as to whether or not these services and programs will be funded. Under the Act, the LHINs are not in a position to lobby the Ministry or advocate for services on behalf of their community.

The Community Care Access Centres play a vital role in the delivery of the services and care provided in the Aging at Home Strategy

Each LHIN has a Community Care Access Centre to manage and deliver local care. Governed by the *Community Care Access Corporations Act*, and funded by the LHINs, the Community Care Access Centres are an individual's connector to home care, long-term care destinations and other services in the community. Community Care Access Centres' case managers/care coordinators will complete discharge planning assessments, help coordinate care and link clients with community services.

Working with individuals already in hospital, Community Care Access Centres' case managers/care coordinators will assess, plan, authorize and coordinate access to Aging at Home services, using an extensive and standardized assessment tool. For those individuals still in their homes yet requiring care through the Aging at Home program, the Community Care Access Centre will establish linkages with the community through their information and referral services, connecting individuals to resources that will provide them with the care and service support they need to remain in their homes. It is through these services that the Aging at Home Strategy will be successful in reducing unnecessary hospital stays and Emergency Room visits, getting clients home from the hospital sooner and making the care process easier and more comfortable for clients and their families.

4. ANALYSIS AND OPTIONS

Aging at Home funding for 2009/2010 has an intensified focus to align with government's key priority of improving access to emergency services and reducing emergency room wait times

The elderly are the highest users of health care and need time to recover but length of stay requirements in acute care hospitals don't provide the elderly with the opportunity to recover and reach their potential, causing them to be admitted into long-term care prematurely. Direct service programs are the focus of the Aging at Home Strategy, with over 50% of available funding going to programs that will immediately impact service levels and wait times in acute care facilities and hospital emergency rooms. These services are provided to clients already in emergency rooms or deemed an Alternate Level of Care patient being discharged or moved from acute to transition care settings such as convalescent and long-term care beds and include:

- Palliative Care Services Expansion
- Multi-Disciplinary Outreach Teams (four new teams)
- Nurse-Led Outreach Teams (two new teams)
- Medications Management (Central LHIN-wide service)

- Supportive Housing (10 Projects)
- Community Services as an Alternative to Long Term Care Placement (Expansion)
- 30 Convalescent Care Beds
- Specialized Mental Health Services
- Dementia Services
- Specialized Community Support Services
- Expansion of 71 New Interim Beds (to be determined in fall 2009)

Across York Region, five projects were approved to receive funding under the direct service envelope. This includes the Region's Convalescent Care Program. Convalescent Care supports the Aging at Home Strategy by providing seniors the extra time they need to recover prior to discharge to the community. Without this support they often end up being placed in long term care prematurely. By increasing capacity to the system with the implementation of the fifteen Convalescent Care Program beds at the Maple Health Centre, access to acute care beds and long term care beds is improved and clients utilizing the program are given the support they require prior to returning home to the community. System benefits are realized through a reduction in over crowding in emergency rooms at local hospitals and improvement in the number of non-acute community resources as an alternative to long hospital stays.

Providing appropriate community supports, services and prevention programs will keep seniors in their homes longer and divert the need to visit hospital emergency rooms, as well as reduce patient length of stays and the number of beds occupied by alternative level of care patients

Diversion projects are medium term interventions which focus primarily on emergency room diversion/prevention programs for high-risk populations. This includes clients with age-related health diagnosis and seniors living in isolated and remote areas where programs provide the necessary supports in their current homes (including those in Supportive Housing such as York Region's Water Street Non-Profit Housing Program). Approved diversion projects include:

- Adult Day Programs (total of 7 new programs)
- Increase Services in Rural Areas
- Increased Supports for Independent Living
- Dementia Service Expansion
- Psychogeriatric Outreach Teams
- LHIN-wide Stroke Prevention
- Transportation Service Expansion
- Caregiver Support
- Home at Last
- Specialized Mental Health Services for Emergency Diversion
- Specialized Community Support Services

As the senior population continues to increase, there will be a continuing need for community supports to provide residents with an alternative to institutionalization. Within the Region, ten projects, eight of which are provided by a number of community health service organizations, qualified for funding under the diversion category. York Region's Integrated Psychogeriatric Outreach Program and Water Street Non-Profit Housing Program provide residents with that alternative.

The Integrated Psychogeriatric Outreach Program provides access to specialized services for those vulnerable, at-risk seniors, 65 and over, or older adults experiencing age-related issues with dementias or a mental health problem and who may be experiencing symptoms and/or behaviours that are difficult to manage at home and may jeopardize their independence and ability to remain in the community. The Alternative Community Living Program has been based out of the Water Street Non-Profit Homes building because Markham is an underserved area regarding supportive housing for seniors.

Relieving pressure on long-term care homes through expanded community supports enables seniors to live independently in their home longer

Preventative services received 9% of the available Aging at Home dollars. These projects are deemed long-term and, as such, their impact will not be immediately felt by the health system or clients. Services in this category include prevention and wellness delivered through various community programs and supports, including:

- Geriatric Emergency Management Expansion (11 GEM Nurses)
- Increase Services in Rural Areas
- Expansion of Rehabilitation Services
- Caregiver Support
- LHIN-wide Stroke Prevention
- Specialized Community Support Services

Eleven preventative community-based programs received funding under the Aging at Home Strategy. These programs provide services to seniors who may suffer from chronic disease, co-morbidity, age-related disabilities, and/or have caregivers that may require respite care themselves. The remaining 1% of the Aging at Home funding ($3,808,306) has been earmarked for further investment into interim long-term care beds. This is currently in progress and is expected to be announced by end of September 2009.

5. FINANCIAL IMPLICATIONS

As of June 30, 2009, the Central LHIN board had approved a total of 47 projects across its service area for 2009/2010 (Year 2) Aging at Home funding (*see Attachment 1*). These projects represent an investment of $30,766,725. Of this, York Region received over $1.5

million of the Aging at Home funding from the Central LHIN for three projects for 2009/2010 (*see Attachment 2*).

6. LOCAL MUNICIPAL IMPACT

Aging at Home projects build service capacity across York Region's municipalities, providing seniors more access to care and the ability to meet their health care needs while remaining in their homes longer.

7. CONCLUSION

York Region's Aging at Home projects will provide significant benefits to seniors and allow the Region to meet the priorities outlined in the Provincial Aging at Home Strategy.

For more information on this report, please contact Sylvia Patterson, General Manager, Housing and Long Term Care at Ext. 2091.

The Senior Management Group has reviewed this report.

(The two attachments referred to in this clause are attached to this report).

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AGING AT HOME FINAL PROJECT SLATE

2009/10 Renewed Projects (Year 1 Rollover) Including Expansions

Project Title	Aging at Home Project Lead Organization	Project Description	Service Type
Improved Transportation Services	Circle of Care (South of Steeles) Community Home Assistance to Seniors (North of Steeles)	Increased transportation services for seniors requiring rides to medical appointments	Transportation
Hearing Care Counsellor Initiative	Canadian Hearing Society	Culturally and linguistically appropriate hearing healthcare service for the Chinese community.	Specialized Services - Hearing
Care Ambassador	Yee Hong	Caregiver support program for those caring for loved ones with dementia.	Caregiver Support
Family Caregiver Connections	Circle of Care	Outreach, education, counseling and respite care provided to family caregivers.	Caregiver Support
Home at Last	Downsview Services to Seniors (South of Steeles) Community Home Assistance to Seniors (North of Steeles)	Settling service which provides support to frail seniors newly discharged from hospital	Home Settling Services
30 Convalescent Care Beds	Unionville Home Society (15 beds) Maple Health Centre (15 beds)	Convalescent care program which provides transitional care for seniors before returning home from hospital.	Long Term Care
Geriatric Emergency Management Expansion	Humber River Regional Hospital	Funding for eleven GEM nurses who specialize in caring for older adults in all Central LHIN hospitals with an Emergency Department	Emergency Department Management
New Supportive Housing Units	LOFT	Supportive housing for seniors requiring specialized supports for mental health and addictions	Supportive Housing (Mental Health & Addictions)
Reducing Language Barriers	Aphasia Institute	Program addresses breaking down communication barriers through provider training and the development of pictographic resource materials.	Access & Equity
Extreme Cleaning	COTA Health	Cleaning services provided to vulnerable, low income seniors living with mental health issues at risk of eviction.	Mental Health & Addictions
Integrating Community Wellness and Prevention	Community Home Assistance to Seniors	Culturally appropriate Adult Day Program for seniors from the South East Asian community.	Adult Day Program
In-Home Palliative & End of Life Care Management	Southlake Regional Health Centre	In-home palliative care teams will include all health care professionals and volunteers who support clients and their caregivers.	Palliative Care
Specialized Geriatric Outreach Services to Homebound Seniors	North York General Hospital	Funding for four multi-disciplinary geriatric outreach teams to serve frail seniors living at home throughout Central LHIN	Outreach Teams
Integrated Outreach Program Team	Regional Municipality of York	Psychogeriatric outreach program which provides in-home assessments and care service by teams for seniors with serious mental health illness.	ER Diversion – MHA

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Community Services as an Alternative to Long Term Care Placement	Central Community Care Access Centre	Program which supports frail seniors by delaying or preventing admission to Long Term Care Homes through additional supports in the community.	Enhanced Community Service Basket
Living Well in Weston	St. Clair Services for Seniors	Supportive housing services for vulnerable, low income frail seniors.	Supportive Housing
Polypharmacy Medication Management	Central Community Care Access Centre	Medications management program offered throughout Central LHIN to seniors who are taking a minimum of four medications or more.	Emergency Department Diversion
Support for Aging Caregivers of Persons with ABI	Community Head Injury Resource Services	Provision of supports for caregivers and clients living with acquired brain injury	Caregiver Support

New 2009/10 Approved Projects

Project Title	Aging at Home Project Lead Organization	Project Description	Service Type
Supportive Housing at Seneca Towers	Yee Hong Centre for Geriatric Care	Supportive Housing services targeting frail seniors with complex needs in North York	Supportive Housing
Supportive Housing Program in North York	North York Seniors Centre	Supportive Housing services targeting frail seniors with complex needs in North York	Supportive Housing
Supportive Housing for Seniors in East Markham	Cerebral Palsy Parent Council of Toronto (Participation House)	Start up year for supportive housing services to serve physically disabled seniors with complex needs	Supportive Housing
Cliffwood Manor	City of Toronto Long-Term Care Homes and Services	Supportive Housing services targeting frail seniors with complex needs in North York	Supportive Housing
Accessing Ethno-cultural Seniors Communities in a Supportive Housing Model	Community Home Assistance to Seniors	Enhanced Supportive Housing services targeting frail Chinese seniors with complex needs	Supportive Housing
Alternative Community Living Program	Regional Municipality of York Region	Supportive Housing to frail elderly in Markham	Supportive Housing
Living Well at Roselawn Marlee	St. Clair West Services for Seniors	Supportive Housing services targeting frail seniors with complex needs in North York	Supportive Housing
Supportive Housing Services at Casa Abruzzo	Villa Colombo Homes for Aged Inc.	Supportive Housing services targeting frail seniors with complex needs in North York	Supportive Housing
Pathway to Care for Newcomer Elders	Toronto North Support Services	Adult day program for ethno-culturally diverse seniors from the Tamil, Somali and other Muslim communities.	Adult Day Program
South Asian Adult Day Program	Unionville Home Society	Ethno-cultural weekend Adult Day Program for seniors from the South Asian community.	Adult Day Program
Unity in Diversity	Jane/Finch Community and Family Care	Mobile Adult Day Program for seniors from the Asian, South Asian, Spanish, Caribbean and East African communities in York West	Adult Day Program
Circle of Care	Adult Day Program for Seniors with Dementia	Jewish Adult Day Program for seniors with dementia and developmental disabilities.	Adult Day Program

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Traditional Supports for Seniors of Aboriginal Descent	The Lance Krasman Memorial Centre for Community Mental Health	Aboriginal Adult Day Program which provides access to traditional ceremonies and Community Elders for seniors from First Nations communities.	Adult Day Program
Increasing Community Support in Rural Areas	Community Home Assistance to Seniors	Expansion of community support services in the northern part of the Central LHIN.	Rural Capacity
Each One Reach One	St. Clair West Services for Seniors	Development of a peer outreach model for caregiver support	Caregiver Support
Georgina Island Support for Independent Living	Chippewas of Georgina Island	Transportation services for seniors living on Georgina Island.	Rural Capacity
Enhanced Independent Living for Seniors in our Community	Better Living Health and Community Services	Independent Living services to seniors living at home, services include grocery shopping, snow removal, enhanced transportation and weekend Meals on Wheels	Activities for Independent Living
Care to Imagine	Palliative Care Network for York Region	Coordinated caregiver support program which provides counseling and support, healthcare education, e-learning opportunities for caregivers and community linkages.	Caregiver Support
Bringing the D.A.Y Centre to Parkview Village	Alzheimer Society of York Region	Adult Day Program for seniors with dementia.	Dementia Services
Community Support Program (C.S.I)	Mariann Nursing Home and Residence	Adult Day Program which will introduce specialized programming for seniors with developmental disabilities and other conditions of cognitive decline.	Dementia Services
Interlude Program	Downsview Services to Seniors	Adult Day Program and Overnight Respite Program for caregivers.	Dementia Services
Psychogeriatric Outreach Team	Humber River Regional Hospital	Development of a psychogeriatric outreach team to serve eight Long Term Care Homes in the geography surrounding Humber River Regional Hospital.	Outreach Teams
Nurse Led Outreach Team	Southlake Regional Health Centre	Development of a nurse led outreach team to Long Term Care Homes	Outreach Teams
Nurse Led Outreach Team	York Central Hospital	Development of a nurse led outreach team to Long Term Care Homes	Outreach Teams
Expansion of Rehab Services	St. John's Rehabilitation Hospital	Expansion of hospital services to include weekend admissions to rehab services from acute care as well as expanded capacity for ambulatory rehab services.	Rehab Services
Interdisciplinary and Community Approach to Stroke Prevention	York Central Hospital	Central LHIN-wide hospital partnership to develop Stroke Prevention Clinics.	Stroke
Care for a Lifetime	Markham Stouffville Hospital	Development of a specialized geriatric team dedicated to creating linkages to community services for elderly patients.	Community Linkages

Regional Municipality of York Approved Aging at Home Projects

2009/10 Renewed Projects (Year 1 Rollover)			
Project Title	**Project Description**	**Service Type**	**LHIN Funding Allocation**
15 Convalescent Beds (Maple Health Centre)	The operation of 15 Convalescent Care Program beds with the provision of enhanced rehabilitative services including physiotherapy, occupational therapy, pharmacy, dietary, nursing and medical care to prepare seniors to return to their home in the community.	Long-Term Care	$574,324
Integrated Psychogeriatric Outreach Program (IPOP)	Psychogeriatric outreach program which provides in-home assessments and care service by teams for seniors with serious mental health illness	ER Diversion – Mental Health & Addictions	$421,687
2009/10 Newly Approved Projects			
Alternative Community Living (ACL) Program – Water Street Non-Profit Homes Inc.	Supportive Housing to frail elderly in Markham	Supportive Housing	$550,000
	Total Aging at Home Year 2 funding received		**$1,546,011**