

Central Community Support Services Network

Community Support Services (CSS) Network At Work In Your Community

The CSS Network Membership of The Central Local Health Integration Network

2010/2011 Status Report

Prepared January 2012

What is the CSS Network?

Established in 2007, the Community Social Service (CSS) Network is an integrated and cohesive network of more than 40 community based health providers within the Central LHIN boundaries serving seniors, people with disabilities, palliative clients of all ages and the bereaved. Our goal is to continue to improve the impact and efficiency of our sector through coordinated planning within, and across all health sectors, promoting caring communities, healthier people, and access to integrated health care. The CSS Network plays a major role spearheading integrated initiatives that address Central LHIN priorities.

Quick Facts / Key Points of CLHIN Funded Agencies*

Total Units of Service Provided	2,244,230
Total Clients Served	53,773
Total Staff Hours Worked	2,038,519
Total Volunteer Hours Provided	337,577

* Source: Ministry of Health & Long Term Care Health Data Branch Website (F2010)

CSS agencies were established over the past few decades by community residents who saw the need for supports for the most vulnerable members of their community. We now provide a full range of health services and programs that assist people to remain in their own homes in the community. Unique characteristics include:

- Proactively identify and address new emerging community needs.
- Offer continuum of service from community based social recreation to transportation, to in-home personal care, to caregiver and bereavement support.
- Provide front-line, client-driven services
- Incorporate strong volunteer involvement emphasizing prevention and wellness.
- Focus on underserved residents (geographically isolated, socio-economically disadvantaged and newcomers).

The CSS Network's Impact In The Community

The Community Support Sector is unique, with multiple services to allow clients to remain in their homes longer. As both the Network and members, we keep our finger on the pulse of the community, to respond with relevant programs, keep costs manageable, client fees reasonable and deliver a high volume of quality programs in a cohesive and integrated manner. To this end, clients are well served and health system priorities are efficiently addressed. Some highlights of our service impact are as follows:

Type of Service	Units of Service
Meals Delivered	312,854
Hours of Care	645,885
Attendance Days	272,278
Includes: <ul style="list-style-type: none"> ➤ Day Services ➤ Assisted Living ➤ Day Services (ABI) ➤ Elderly Persons' Centres ➤ Social/Congregate Dining 	
Visits – Face to Face and Telephone	494,482
Resident Days	448,436
Transportation	200,000

* Source: - Ministry of Health & Long Term Care Health Data Branch Website (F2010)
 - www.mohltcfim.com using the HIT (Health Indicator Tool)

Our Request

Recognition of the critical role played by community service organizations in the health system as a cost-efficient and effective health provider by ensuring that:

- i) Annual CSS funding through the LHIN is not flat-lined: Our sector is already very efficient, our infrastructure is lean, and we are facing wage inequities with other sectors with regard to personal support workers - the backbone of our organizations.
- ii) Aging At Home funding is incorporated into base funding.
- iii) Sufficient infrastructure funding is provided to sustain and expand the work of the Network and its e-Health initiatives to-date.
- iv) Personal Support Workers and other direct service workers are compensated adequately and equitably to ensure a sustainable supply to meet growing community needs.

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Appendix: CSS Network Priorities and Achievements

Improve Quality of Care

- Created Senior Service Delivery Assessment Guidelines.
- Produced on-line training and best practice information for hospice community (Bridging the Gap).
- High levels of client satisfaction, as determined by client satisfaction survey results.
- Meet and exceed industry standards and required organizational practices proven through accreditation processes.

Build Information Management Capacity

- Shared Goldcare client management database implementation.
- Coordinated implementation of client assessments and care plans.

Address Health System Priorities

- Home at Last (HAL) – a streamlined approach, integrated with local hospitals and the Community Care Access Centres (CCAC), to get seniors out of the hospital as soon as possible and to provide supports so that they do not re-present. (Research indicated that only 10% of clients served through the program re-presented at Emergency Departments, March, 2011).
- Balance of Care – provides intensive supports as an alternative to long-term care, less expensively (80% of long-term care costs) and effectively. (Data shows that 68% of seniors experience a positive change in their ability to self-manage and 20% are diverted from long-term care.)
- Community based services for the Frail Elderly.
- Ability to provide high levels of service to address complex needs of clients.
- The impact of community support and supportive housing on clients/tenants has been researched in Ontario. Some of the indicators arising from that research include: reduction in Emergency Room visits; reduction in 911 calls; reduction in caregiver burden; mental well-being (peace of mind/stress scale); increase in personal perception of health, and social connectedness. [Lum, Simonne and Williams. *“When Home is Community – A Research Initiative of Ryerson University, Neighborhood Link/Senior Link and the University of Toronto”*. Funded by United Way of Greater Toronto, 2005].
- Palliative care and bereavement services provided through 13,300 hospice volunteers helping families through extremely difficult times.

Improve System Navigation

- Doorways to Care – smooth transition from hospital to community supports.
- Transportation Initiative to assess transportation demands and system improvements.

- Co-ordinated Attendant Services Access through PIC (Project Information Centre).
- Many social workers proactively help families and individuals navigate through the complex health care system and through the disease process, often averting inappropriate Emergency Department visits and extended ALC stays.

Promote Shared Volunteer and Staff Resources

- SharePoint web-site of resources.
- Joint Personal Support Worker recruitment.
- Shared training opportunities in abuse awareness, health and safety, human rights, dementia.

Improve Central LHIN-Wide System Integration

Back office supports through partnerships e.g. HR.

- Joint project to operate and implement the Quadrant Human Resource data base (Shared Human Resources Information System)
- Program and Service Coordination among CSSN Members. For example, over 28,000 day program spaces in seven day center programs across York Region for people with cognitive impairments were filled by social workers.
- Many organizations provide assistance in navigating clients through the complex healthcare system.

Keep fees affordable for clients

- Many organizations offer subsidized services below market fees.
- Hospice Services are provided without fee with the exception of day programming for which donations are accepted from clients

Reach into the community

- Client needs are serviced by staff and volunteers who reflect the ethno-cultural and urban/suburban/rural composition of their respective communities.

Cost-Efficiency of Services

- Average annual cost per home-care client is \$3957 – less than a week of chronic in-patient care in a hospital and less than a month for the average patient in a long-term care facility [Adam Radwanski *“Publicly funded home care appeals to Ontario voters and politicians”*, Globe and Mail, July 3, 2011].
- CSS providers can deliver homemaking and personal care with less complex care needs for half the cost of CCAC’s [Ontario Community Support Association (OCSA) *“Community Support Services and the 1% Solution”*, January 2011].
- B.C. Study indicated that even basic home support services such as housecleaning can have a significant impact on the cost-effectiveness of the healthcare system. [Hollander, M.J.”*Evaluation of the Maintenance and*

- Preventive Model of Home Care*". Victoria, BC: Hollander Analytical Services Ltd, 2001].
- A recent Canadian study also found evidence to indicate that modest amounts of home support services may result in reductions in the use of hospital services and long-term care facility bed days.[Markle-Reid, M.G. Browne, R. Weir, A. Gafni, J. Roberts and S. Henderson. "*Seniors at Risk: The Association Between the Six-Month Use of Publicly Funded Home Support Services and Quality of Life and Use of Health Services for Older People*. "Canadian Journal on Aging 27(2): 207-24, 2008.]

The Public Demand for Community Services

- The Health Care in Canada Survey 2007 found Canadians would like: more home and community care programs - 78% (45% strongly); more funded wellness promotion and disease prevention education and intervention - 72% (42% strongly); and increasing investments to help patients manage their chronic illness - 72% (35% strongly).
- The "Citizen's Reference Panel" of 28 "ordinary Canadians" convened by Pricewaterhouse-Coopers (PwC) Canada developed 13 recommendations, the majority of which demonstrated our impacts as described above: navigation, access and timeliness, patients as partners, access to primary care, system integration, **community care**, communication, services in first language, disease prevention and health promotion.
- Angus Reid poll found that: 59% of Ontarians think new funding is better spent on preventative services rather than facilities and full-time nursing care; 62% believe that community support services deserve to have equal priority with long-term care facilities and hospitals; and 64% say public funds are better spent on home and community care than tax credits for caregivers.
- Among the observations and recommendations outlined in the most recent report from the Parliamentary Committee on Palliative and Compassionate Care it was stated that "We must fund and build capacity in those areas of palliative care that help individuals and families improve their quality of life in the non-disease aspects of the dying process. Patients and families need help and encouragement, through the support of occupational and physiotherapists, homemakers, volunteers, social workers, chaplains etc. These non-medical supports help maintain the hope of both client and family during the care giving process."

CSS Network Members:

1. Access Independent Living Services
2. Alliance Hospice
3. Alzheimer Society of York Region
4. Aphasia Institute
5. Bernard Betel Centre
6. Better Living Health & Community Services
7. Canadian Red Cross - York Region Branch
8. Carefirst Seniors & Community Services Association
9. Central Region Ontario March of Dimes/March of Dimes Canada
10. Circle of Care
11. CNIB (Canadian National Institute for the Blind)
12. Community Head Injury Resource Services of Toronto (CHIRS)
13. CHATS-Community and Home Assistance to Seniors
14. Doane House Hospice
15. Downsview Services for Seniors
16. Etobicoke Services for Seniors
17. Evergreen Hospice
18. Friuli Terrace - The Friuli Benevolent Corporation
19. Hazel Burns Hospice
20. Hesperus Fellowship Community of Ontario
21. Hospice Georgina
22. Hospice King-Aurora
23. Hospice Thornhill
24. Hospital Special Needs Inc.
25. Jane/Finch Community and Family Centre
26. LOFT Community Services
27. North York Seniors Centre
28. North Yorkers for Disabled Persons Inc.
29. PACE Independent Living
30. Palliative Care Network of York Region
31. Participation House Markham
32. Regional Municipality of York, Community & Health Services Dept
33. Social Services Network (SSN)
34. St. Clair West Services for Seniors
35. St. Demetrius Supportive Care Services
36. Unionville Home Society
37. VHA Home HealthCare
38. Villa Colombo
39. Yee Hong Centre for Geriatric Care
40. York Central Hospital - Adult Day Program

Ex Officio Steering Committee Members:

- *Central Local Health Integration Network*
- *Central Community Care Access Centre*