

# **Central Community Support Services Network**

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Strategic Plan Overview &  
2010/11 Objectives at a Glance

***Realizing Our Potential...Together***

June 2010

# Central Community Support Services Network

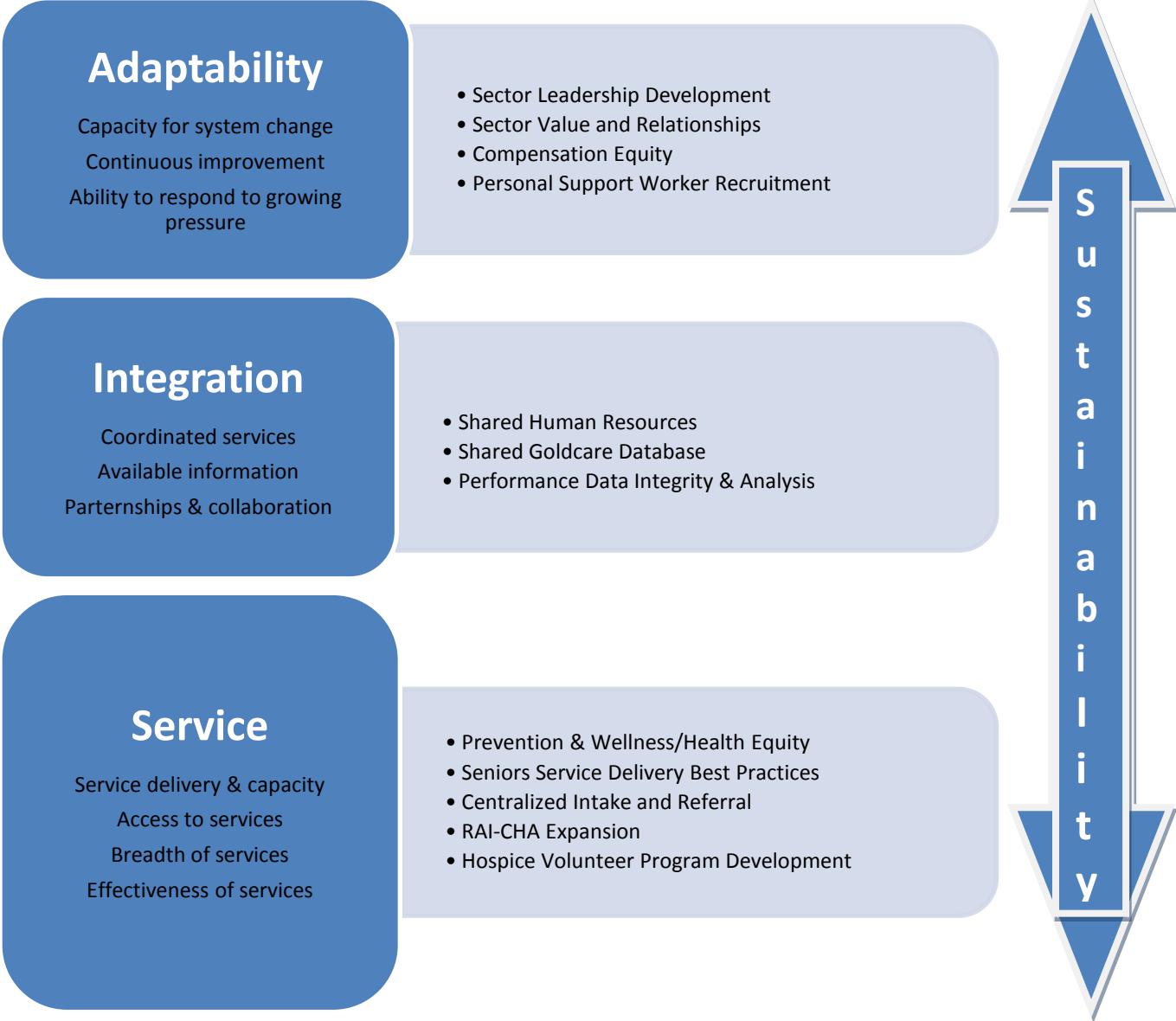
*Defining the Community Support Sector as a Strategic Investment in the Broader Health Care System*

<p><b>Sector Aspirational Mission</b></p> <p><i>Why we exist ...</i></p>	<p>To enhance the health and well being of our clients by helping them stay in their homes and communities for as long as possible through the provision of a set of targeted programs and services that reduce or delay the need for increased clinical or professional services from other healthcare providers.</p>
<p><b>Sector Vision</b></p> <p><i>What we want to be...</i></p>	<p>The Central CSS sector will be recognized as an innovative community support service model in Ontario that effectively supports clients within an integrated system of care. The “wrap-around community service model” is considered core to staying connected with the local community.</p>
<p><b>Strategic Direction</b></p> <p><i>Where we need to go...</i></p>	<p>Develop LHIN-funded programs to grow by offering a core basket of services to a defined target population that is affordable, convenient and meets a quality standard that exceeds stakeholder expectations supported by a strong network of providers.</p> <p>Limited health care resources will be targeted to improve health equity and support current IHSP planning priorities.</p> <p>The value proposition that the sector can offer includes: trusted, affordable, convenient, local grassroots presence, consistent service delivery, easy referral access, core basket of services available, simplicity, best practice adoption</p>
<p><b>Target Population</b></p> <p><i>Who we serve....</i></p>	<p>Our target client is anyone who needs long-term support to live in the community or is at risk of unnecessary access for more costly health care services. Community support service providers serve clients across the continuum of care throughout their health life cycle:</p> <ol style="list-style-type: none"> <li>1. <b>Being Healthy:</b> Achieving health and preventing occurrence of injuries, illness, chronic conditions and resulting disabilities.</li> <li>2. <b>Getter Better:</b> Care related to acute illness or injury.</li> <li>3. <b>Living with Illness or Disability:</b> Care and support related to chronic or recurrent illness or disability.</li> <li>4. <b>End of Life:</b> Care and support that aims to relieve suffering and improve quality of living with or dying from advanced illness or bereavement.</li> </ol> <p>Adapted from: Health Quality Council of Alberta</p>

<p><b>Values</b></p> <p><i>What we believe in and how we will behave...</i></p>	<p>We will establish a positive “open door” culture in our work together that includes:</p> <ul style="list-style-type: none"> <li>• <b>Use the client perspective as our key lens for decision-making</b></li> <li>• <b>Shift from individual organizational accomplishment to group/sector accomplishment</b></li> <li>• <b>Operate with transparency to members and others</b></li> <li>• <b>Promote peer collaboration and engagement</b></li> <li>• <b>Work with a sense of urgency and focus on what is added-value to the sector</b></li> <li>• <b>Be inclusive of all CSS agencies providing services in the Central LHIN and broader sector</b></li> <li>• <b>Act as a role model including continuous improvement and good governance</b></li> <li>• <b>Maximize use of shared technology to enable system level integration and knowledge exchange</b></li> </ul>
<p><b>Sector Guiding Principles for Improved Credibility and Performance</b></p> <p><i>What will guide us...</i></p>	<p><b>Primary Focus on Client Outcomes:</b> Changes must positively impact the health and well-being of our clients as evidenced through the collection and reporting of relevant health and performance outcomes. Adopt change based on evidence that it will improve targeted client outcomes over time, reduce client frustration and/or improve service quality, access, equity or capacity.</p> <p><b>Integration through Collaboration &amp; Partnering:</b> The sector will come together as a collaborative where it is important and practical to learn from, and work with others to effect broader healthcare system change and integration. There will be a need to recognize and balance the needs of the LHIN, CCAC, CSS providers in ours and other LHINs, MOHLTC, other funders, volunteers, employees. We are in the client, provider, funder and community relationship business.</p> <p><b>Enhance Sector Profile:</b> Optimize the contribution and recognition of the CSS sector by working in collaboration with each other and with key stakeholders. Build a collective vision, shared leadership and act with one voice in support of the communities we serve. Learn and interact with others; work to build sector credibility; reinforce importance within the integrated healthcare system; align with the IHSP2 strategies; use system-wide language</p> <p><b>System Sustainability:</b> The sector will work together to determine how best to focus resources and operate most efficiently and effectively to positively impact the provincial and LHIN goal of long term healthcare sustainability. This includes finding ways to use resources (money, people, time, talents, infrastructure) more efficiently to ensure services are available over time. This also includes enhancing the synergy between related initiatives, which involve the CSS sector, in order to improve efficiency and effectiveness of service delivery.</p>

# Strategic Priorities

How we will focus to improve our system capabilities as defined in the Integrated Health Services Plan for the Central Local Health Integration Network:



<b>Strategic Priority</b>	<b>2010/11 Objectives</b>
<b>Seniors Service Delivery Guidelines</b>	<ol style="list-style-type: none"> <li>1. Develop common personal support/homemaking practices in partnership with CCAC to transition appropriate clients to the CSS sector through Balance of Care expansion (to be determined) and develop strategy to address implications for CSS funded programs (homemaking and assisted living).</li> <li>2. Revise Assisted Living service delivery guidelines to meet new directions in provincial policy (pending)</li> <li>3. Complete Meals Delivery best practice guidelines, self-assessment and identify common improvement priorities.</li> <li>4. Support continuous improvement and demonstrate agency adoption of service delivery guidelines. Review guidelines and re-assess for day programs and transportation programs.</li> </ol>
<b>RAI-CHA Expansion and Community of Practice</b>	<ol style="list-style-type: none"> <li>5. Central LHIN chosen as one of the provincial pilots by CCIM for CSS common assessment and successfully transitioned for Phase II expansion.</li> <li>6. Continue to build client dataset and develop sector analysis for system planning.</li> </ol>
<b>Shared Goldcare Database (includes RAI-CHA module)</b>	<ol style="list-style-type: none"> <li>7. Transition Goldcare database project to CHATS lead. Develop and implement a sustainable shared service model to include system administration, training and data analysis.</li> <li>8. 3-4 new agencies fully implemented on Goldcare.</li> <li>9. Identify potential new agencies for 2011/12 implementation.</li> </ol>
<b>PSW Recruitment</b>	<ol style="list-style-type: none"> <li>10. Develop and implement a communication outreach strategy to government funded employment initiatives to attract new career entrants to CSS providers in Central LHIN.</li> <li>11. Develop and implement a communication outreach strategy to targeted PSW educational programs including development of curriculum content and placement guidelines to meet hiring requirements from community sector employers in Central LHIN.</li> </ol>
<b>Centralized Intake and Referral</b>	<ol style="list-style-type: none"> <li>12. Review implications of Doorways to Care direction from Central LHIN to support improved access to CSS services.</li> </ol>
<b>General Shared HR Services</b>	<ol style="list-style-type: none"> <li>13. Establish an HR Council to continue to build common practice through ongoing updating of HR Share model.</li> <li>14. Sustain shared safety training programs for 2010/11 and complete program evaluation.</li> <li>15. Provide opportunities to share costs (example: Workopolis partnership)</li> </ol>

<b>Strategic Priority</b>	<b>2010/11 Objectives</b>
<b>Performance Data Integrity &amp; Analysis</b>	<p>16. Update and distribute MIS workbook – 2009/10 Q4. Identify key variances with most potential for client impact for further analysis. Key programs with impact on ER/ALC include: Assisted Living, Personal Support/Homemaking, Day Programs</p> <p>17. Conduct benchmarking sessions for programs/cost centres with key variances to identify data quality issues, program improvement opportunities and unique offerings.</p> <p>18. Analyze administrative cost distribution across LHIN funded agencies and identify opportunities for capacity sharing.</p>
<b>Sector Value and Relationships</b>	<p>19. Be an active contributor to the Central LHIN's Health Outcomes and Strategic Priorities Council and IHSP Advisory Groups.</p>
<b>Sector Leadership Development</b>	<p>20. Provide regular knowledge exchange forums for sector leaders through Network meetings.</p> <p>21. Host an annual leadership forum.</p>
<b>Health Equity</b>	<p>22. Establish a CSS sector representative on the Central LHIN Health Equity Advisory Group.</p> <p>23. Support initiatives established by the Central LHIN through the Health Equity Advisory Group.</p> <p>24. Improve understanding of common health equity themes and access barriers in the CSS sector from the Health Equity Scans and identify potential opportunities for collaboration with greatest client impact.</p> <p>25. Advocate for policy direction that will address access barriers to CSS services caused by current fee and funding models.</p>
<b>Compensation Equity</b>	<p>26. Review results of compensation survey completed by the Ontario Community Support Association for planning implications to be presented to the Central LHIN and Network membership.</p>
<b>Hospice Volunteer Program Development</b>	<p>27. Support training program development and review potential for staff and volunteer training across the sector.</p>

# Network Structure Overview

## Steering Committee

*Chair, Michael Mathieson Vice-Chair, Joanne Wilson Past-Chair, Bill Krever*

<b>Compensation Equity</b> <i>Candace Thomson, NYSC</i>	<b>Sector Leadership Development</b> <i>Joanne Wilson, PACE</i>	<b>Sector Value &amp; Relationships</b> <i>Michael Mathieson, ACCESS</i>
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### Members

*Wyn Chivers – CHATS, Helen Leung – Carefirst, Loren Freid – Alzheimer Society of York Region, Joann Jasper- Downsvew Services to Seniors, Lynn Harrett – CCCAC, Carolyn Acton – Circle of Care, Thomas O'Shaughnessy-CLHIN*

## Committees/Workgroups

<b>PSW Recruitment Workgroup</b> <i>Danny Mui, Carefirst</i>	<b>Human Resources Council</b> <i>Jason Lye , Ontario March of Dimes</i>	<b>Seniors Service Delivery Guidelines Workgroup(s)</b> <i>Carolyn Acton, Circle of Care</i>	<b>Performance Workgroup</b> <i>Bill Krever, Better Living</i>
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## Agency Lead Management

<b>Shared Goldcare Database</b> <i>Deborah Compton, CHATS</i>	<b>Hospice Volunteer Program Development</b> <i>Juliet Irish, Doane House Hospice</i>	<b>Doorways to Care (Centralized Intake)</b> <i>Christel Galea, CHATS Joanne Jasper, Downsvew Services to Seniors</i>
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## Central LHIN Lead

<b>RAI-CHA Expansion</b> <i>Sujata Ganguli, St. Clair West Services for Seniors</i>	<b>Health Equity</b> <i>Carol Edward, CHATS</i>
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## Central Community Support Services Network Membership

Access Apartments Alliance Hospice Alzheimer Society of York Region Aphasia Institute Bernard Betel Centre Better Living Health & Community Services Canadian National Institute for the Blind (CNIB) Canadian Red Cross - York Region Branch Carefirst Seniors & Community Services Association Community Home Assistance To Seniors (CHATS) Circle of Care	Doane House Hospice Downsvew Services to Seniors Evergreen Hospice Family Service Association of Toronto Fruili Terrace Hazel Burns Hospice Hesperus Fellowship Community of Ontario Hospice Georgina Hospice King-Aurora Hospice Thornhill Jane and Finch Family Community Service LOFT Community Service North Yorkers for Disabled Persons Inc. North York Seniors Centre	Ontario March of Dimes PACE Independent Living Palliative Care Network of York Region Participation House Markham Regional Municipality of York, Seniors Community Programs Social Service Network St. Clair West Services for Seniors St. Demetrius Supportive Care Services Unionville Home Society VHA Home Health Care Villa Colombo Home for the Aged Inc. Yee Hong Centre for Geriatric Care York Central Hospital - Adult Day Program York West Senior Citizens Centre
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*NOTE: Not all Network members are directly funded by the Central LHIN*

