

## Central Community Support Services Network – Community Alternatives to Long Term Care Placement Initiative - Year 2 Plan

### Introduction

In year 2, the Capacity Building Initiative will be merged into the Community Alternatives to Long Term Care Placement Project (commonly referred to as the Balance of Care project) to support more directly the immediate priority focus on emergency room and ALC pressures in the Central LHIN hospitals. We will continue to develop shared practices, systems and capacity in the areas of information management, quality improvement and human resources management which are more specifically targeted to support readiness for expansion of the Balance of Care model. An effective long-term home and community support system can be part of the solution to ensure timely discharge from hospitals and divert emergency department visits. This re-positioning is intended to support long term system integration with an initial comprehensive focus on long term care placement alternatives. The implications of this re-positioning means that goals and deliverables in Year 2 will be re-defined as follows:

Initiative	Goal	Year 2 Deliverables
<b>Goldcare Common Integrated Database</b>	Implement a common integrated database to support Balance of Care expansion and sector integration.	<ol style="list-style-type: none"> <li>1. 4 pilot agencies fully implemented</li> <li>2. 5 new agencies implemented</li> <li>3. 10,000 client records on common integrated database</li> </ol>
<b>Common Assessment</b>	Implement standardized interRAI Community Health Assessment in Supportive Housing and Day Programs to support client identification of future Balance of Care clients and resource planning.	<ol style="list-style-type: none"> <li>4. 4 pilot agencies fully implemented</li> <li>5. 5 new agencies implemented</li> <li>6. 1,000 client assessments completed and analyzed</li> </ol>
<b>ServiceQuality/Risk</b>	Improve service quality through development and adoption of service delivery best practice (BP) guidelines (Year 2 – seniors supportive housing, caregiver support, meals on wheels, client intervention and assistance/case management)	<ol style="list-style-type: none"> <li>7. 4 new service delivery best practice guidelines developed</li> <li>8. 3 sector-wide solutions developed to address key risks</li> <li>9. 100% seniors agencies complete self-assessment</li> </ol>
<b>Staff Training</b>	Develop and implement training programs to support best practice guidelines and address risk issues to support quality of services delivered under Balance of Care.	<ol style="list-style-type: none"> <li>10. 4 new training programs developed</li> <li>11. 300 individuals trained through shared training programs</li> </ol>
<b>Human Resources Strategy Implementation</b>	Support agencies to adopt human resources best practices to attract and retain qualified staff and volunteers to meet Balance of Care and Aging at Home expansion.	<ol style="list-style-type: none"> <li>12. 100% Implementation of Year 2 plan including contributions from agencies</li> <li>13. Demonstrated utilization of resources through sharepoint site activity and agency satisfaction results</li> </ol>
<b>Knowledge Exchange</b>	Build shared resources and knowledge exchange through sharepoint services to support Balance of Care expansion and sector integration.	<ol style="list-style-type: none"> <li>14. 100% of Central LHIN CSS providers registered on site</li> <li>15. Demonstrated utilization of resources through sharepoint site activity and agency satisfaction results</li> </ol>

Note: The Central LHIN can measure the impact of these initiatives through the information management, service delivery and human resources management improvements reported by agencies in the annual service plans.

A commitment from all stakeholders is needed to plan for future sustainability and strategic direction for the CSS sector upon completion of deliverables related to the Balance of Care Project.

A summary of each initiative follows in chart format including: Status and Recommendations, What This will Accomplish, Future Planning Considerations, Priority and Resources.

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<b>Initiative</b>	<b>Status &amp; Recommendation</b>	<b>What This will Accomplish</b>	<b>Future Planning Considerations</b>	<b>Priority</b>	<b>Year 2 Resources</b>
<b>Goldcare Common Integrated Database</b>	4 agencies will be converted to Goldcare by March 31, 2009. These agencies will require implementation support for 6 months. It is recommended that 5 additional sites be implemented in 2009/10 within available resources. The system will provide full MIS/OHRS statistical reporting. MIS/OHRS consultant support to be retained for 6 months to provide support to agencies converting to OHRS/MIS at year end and 2 <sup>nd</sup> quarter reporting.	Majority of all Central LHIN-funded seniors service providers on common database  Support for consistent MIS statistical reporting, analysis and benchmarking to ensure standardized interpretation of functional centres .	At the end of Year 2, 9 of 36 agencies will be on the common database. Determine feasibility of expansion to remaining seniors service providers and expansion to other sub-sectors. There is potential to roll-in OHRS data analysis into Central LHIN financial management back-office initiative. Determine if those agencies that have used our support are part of this initiative.	<b>High</b>	Lead: P. van Steenburgh  Staff & Operating Costs:  <b>\$140,500</b>
<b>Database/ Sharepoint Hosting &amp; Management</b>	At the end of Year 1, there will be 4 agencies sharing a common database. It is recommended that this hosting arrangement continue to be centrally managed.  The sharepoint services site is in development. It is recommended that the site continue to be developed as a central knowledge exchange resource for the sector.	Hosting provides a secure and cost-effective approach to data management. One database supports standardized systems and sector-wide reporting.  One-stop access to common sector-wide resources increases quality and efficiency.	There is an ongoing cost to hosting and managing a shared database and sharepoint services site. This work is specific to the community support sector. Ongoing costs could be covered through a shared services agreement developed through an integration proposal. Implications from the Central LHIN E-health strategy to be monitored.	<b>High</b>	
<b>Common Assessment</b>	4 agencies will pilot the Inter-RAI CHA in the last quarter. The tool will be available in the Goldcare database system by March 31-09. Analysis of the agency staffing implications to implement the new assessment requirements will be required. It is recommended that expansion to other supportive housing and day program providers be implemented in year 2 following the first 6 month implementation phase.	Determine the feasibility of all Central LHIN-funded seniors service providers using inter-RAI CHA assessment tool for supportive housing, day program, homemaking and respite care programs. Determine future feasibility of other program clients being assessed based on a targeted client profile.	The Ontario Community Support Association has proposed a provincial implementation strategy for the interRAI-CHA and we will continue to link into this work to ensure continuity and efficiency between LHIN areas.	<b>High</b>	Lead: A. Somani  Staff & Operating Costs:  <b>\$113,000</b>
<b>Service Delivery Best Practices</b>	It is recommended that the Best Practices Advisory Group continue to develop service delivery best practices for client intervention and assistance, supportive housing for seniors, caregiver support, meals on wheels. Review and updating of practices developed in Year 1.  The Advisory Group may also support collection, analysis and benchmarking of CAPS indicators. eg. satisfaction surveys	All Central LHIN funded agencies have an improvement plan to meet practices, as applicable.  Develop joint strategies sector-wide to address performance gaps.	There is an ongoing need to support agencies in the development of best practices and adoption of standardized practices. This work is specific to the community support sector. Implications from the Central LHIN Quality Plan to be monitored.	<b>Medium</b>	

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<b>Staff Training</b>	Community Worker Safety Training, Health and Safety Training for Managers, and WHMIS training have been developed and implemented. These will be ongoing programs available to agencies which will require ongoing management and administrative support. It is recommended that training programs identified as priorities from the Best Practices review be developed and implemented in Year 2.	Support agencies to meet best practices and manage risks to clients, workers, funders and agencies through efficient use of resources to develop and implement training.	There is an ongoing need to support agencies with training recognizing the lack of human resources infrastructure within the sector. Implications from the Central LHIN HR Strategy to be monitored.	<b>Medium</b>	Lead: D. Low (transition support to new HR/Training Manager)
<b>Human Resources Strategy Implementation</b>	<p>The Human Resources Strategy will be developed at the end of Year 1. The Central CSS Network was consulted on the priority of 5 goals:</p> <ul style="list-style-type: none"> <li>- Sector-Employer Brand</li> <li>- Best Practices</li> <li>- Centralized Resources</li> <li>- Knowledge Exchange</li> <li>- Shared Service Opportunities</li> </ul> <p>From this consultation, the implementation strategy is being developed. It is anticipated that ongoing shared infrastructure will be required.</p> <p>The Human Resources Manager was hired to lead the development of the Human Resources Strategy and staffing requirements will be determined in the strategy. It is recommended that D. Low’s contract be extended for 3 months to support transition planning to implement the strategy. It is evident that ongoing support for Staff Training will be a priority within the strategy. Therefore, it is recommended that a Human Resources/Training Manager be included in the budget.</p>	Provide continuity of support for the work accomplished to date towards the development of a sustainable CSS sector HR strategy.	Ongoing costs could be covered through a shared services agreement developed through an integration proposal. Agencies to submit integration proposal to support strategy. Alternate funding sources will be explored.	<b>Medium</b>	Staff & Operating Costs: <b>\$190,000</b>
<b>Sector Leadership &amp; Core Operations</b>	<p>The Capacity Building Initiative has a strong base of support which can be built to develop a sector-wide integration strategy. It is recommended by the Governance Committee that a comprehensive strategic planning approach be taken to address both the infrastructure and the service delivery model beyond year 2.</p> <p>The staff support recommended for Year 2 includes a Director and Co-ordinator position to be re-defined to align with year 2 deliverables.</p>	Provide continuity of support for the continued development of the deliverables established within the implementation plan approved by the Central LHIN Board. Engage senior management and governance leaders to develop a CSS model that is sustainable and ready for health system integration.	<p>The development of a sector-wide strategy may support the submission of an integration proposal to the Central LHIN. It is recognized that Aging at Home funds have not been allocated as base funding and there is an ongoing need for sector-wide leadership.</p> <p>A transition plan to support continuity of this initiative will be required through the development of an integration strategy in Year 2.</p>	<b>High</b>	Lead: D. Egan Staff & Operating Costs: <b>\$316,500</b> (includes \$38,000 host agency costs at 5%)
<b>TOTAL BUDGET</b>					<b>\$760,000</b>

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Project Budget by Line Item

<b>Line Item</b>	<b>Cost</b>
Salaries and Purchased Services	\$617,000
Benefits	74,000
Supplies	10,000
Sundry	21,000
Contracted Out Services (host agency)	38,000
<b>TOTAL</b>	<b>\$760,000</b>