



Local Health Integration Network

Central LHINfo Source

Fall 2007

New Feature

Building Community Capacity – Aging at Home Initiative Focuses on Keeping Seniors in the Community

The Province's new Aging at Home funding initiative will help streamline care for seniors, promote integration and build community capacity in the areas served by the Central Health Integration Network (LHIN).

The Central LHIN identified seniors as a high priority through its Integrated Health Service Plan.

In fact, services for seniors were a common theme throughout all of the 14 Integrated Health Service Plans and the Province has responded with a substantial investment to enable LHINs to implement their plans. Not only is there the necessity to enhance services for seniors to help them stay at home, but also a need for better co-ordination between existing service providers and a requirement to reduce pressures on hospital emergency departments.

Using a new model for allocating funding which is based on the number of people who access services in the LHIN, Central LHIN received \$106.7 million over a four-year period to help seniors live independently and safely in their own homes for as long as possible. "The announcement by the Ministry

for this sector is long overdue and very much welcomed," says Perry Doody, senior director for performance management and accountability at the Central Community Care Access Centre.

"This is about increasing capacity to the whole community sector. I think the Ministry got it right."

Doody says it's exciting some of the funding is being used for planning to bring people together and streamline services. "I think the LHIN is taking the right approach," he says. "This is going to really increase community capacity."

"It will drive better communication between the Community Care Access Centre, community agencies and hospitals," he says. He expects it will increase accountability too, not just within each agency as in the past but across the sector.

He's hopeful the process will be streamlined better for clients so they don't have to start from scratch with each call they make. "We can start to exchange information," says Doody. "We (can then) all look at the client from the same page."

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Doody also sits on Doorways to Care, a working group of the LHIN's Seniors' Advisory Network. Long before the money was available, a group of service providers in Central region met to carve out how they could better support seniors in this area of the province. The Seniors Advisory Network broke up into working groups, including one called Doorways to Care.

The Doorways to Care group includes healthcare professionals who work with seniors, some elders who live at home and others who live in long-term care. They identified gaps in the way services were currently being delivered to seniors.

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*Caring Communities –
Healthier People*



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Joanne Jasper, a Doorways to Care planning committee member and executive director of Downsview Services to Seniors Inc., says Doorways to Care is "a model of integration." Some representatives from like-minded agencies got together to plan as a system and determine how to better support seniors with complex needs so they can stay at home. The next stage involves gathering together additional interested providers to put the model into action.

The LHIN's board approved Doorways to Care to move into the implementation stage with the support of \$260,000. It's aimed at facilitating access to transportation to medical appointments, respite, friendly visiting and services like Meals on Wheels.

With the approval of Doorways to Care, the LHIN is off to a good start with its Aging at Home strategy.

Central LHIN has also been provided with \$263,000 for 2007-2008 towards planning to assist with community engagement and other activities to determine Central LHIN's needs to enable seniors to age at home.

The next step involves the LHIN submitting a high-level directional plan by October 31st to the Ministry, which Central will first present to its board for feedback on October 23, 2007.

The LHIN is also consulting with Central LHIN Networks, Advisory Groups and Work Group and will consult broadly with the seniors and caregiver community late this year.

Central LHIN will submit a detailed service plan to the Ministry by January 31, 2008.

By April 1, 2008, the implementation will begin for the next three years.

For more information about Aging at Home, visit the Central LHIN's website at www.centrallhin.on.ca. For information about Aging at Home sessions, please go to the "Calendar of Events".



From vision to action: LHIN has come a long way

With a healthcare service delivery budget and crown corporation status, the Central Local Health Integration Network (LHIN) has come a long way from vision to reality.

Two-and-a-half years ago, LHINs were an idea with proposed legislation, no funding and no clear plan. Central, at that time, had a partial board, a senior leadership team consisting of four people and no staff.

Today, the LHIN has the mandate to plan, co-ordinate, integrate and fund health services through the Local Health System Integration Act 2006. Within a \$1.5 billion budget, Central LHIN funds 113 health service providers, including hospitals, long-term care homes, the community care access centre, mental health and addictions agencies, community support services and community health centres.

A new model for allocating funding, the Health Based Allocation Methodology, is based on the number of people who access services in the LHIN. With this method, the funding follows the patient or client. The method was applied to the Aging at Home allocation, where Central LHIN received \$106.7 M over three years to enable seniors to maintain their independence at home.

Central LHIN will also receive \$263,000 (2007/08) to assist in planning for the Aging at Home Strategy.

Other recent commitments made by the province will enable Central LHIN to move forward on the following:

- **LHIN Priorities Fund**
Central LHIN will be able to address the local priorities identified in our by stakeholders in the Integrated Health Service Plan with a budget for 2007/08 of \$2.0 M and for 2008/09 of \$3.6 M in annualized funding.
- **Substance Abuse Treatment**
Central LHIN will be working with its Mental Health and Addictions Network to allocate the new substance abuse service funding to further address ongoing pressure for specific programs. Central has received \$1.1 M in annualized funding.
- **Emergency Department Action Plan**
Central LHIN received \$ 0.6 M to address pressures in community experiencing the most serious long-term care and community care pressures

- **Post Construction Operating Plan**

Central LHIN will receive \$ 8.7 M in operating dollars to support service expansions and other costs to complete approved capital projects at Southlake Regional Health Centre and York Central Hospital.

- **New Hospital Services in Vaughan**

The LHIN has received \$350,000 in initial planning funding to identify gaps in health services and options to address service needs in the community of Vaughan. Hospital services and options to address those needs in the community of Vaughan will then be identified.

- **Hospital High Growth**

Central LHIN received \$ 0.9 M in base funding to deal with growth related demands faced by hospitals experiencing high population and service utilization growth.

With the funding commitments in place and a new funding model, the LHIN's work over the past two years on identifying community needs, collaboration and integration with stakeholders can be put into action.

LHIN embraces collaborative model to improve substance abuse services

The Central Local Health Integration Network and area agencies are working together to provide a better, more collaborative approach to supporting people who have substance abuse problems.

The Central LHIN included addictions as a priority in their Integrated Health Service Plan.

On September 28, the Central LHIN met with representatives from agencies that provide support to people who have substance abuse problems to discuss the impact of new funding from the Province, current best practices and gaps in the system.

"The purpose of our discussion was to talk about the continuum of care for substance abuse services, the existing service capacity in our LHIN and to identify the resulting gaps," says Carol Lever, Senior Integration Consultant for the Central LHIN.

"There are service pressures throughout our LHIN," says Lever, noting there currently are no substance abuse services available in the communities of Bradford, King, Whitchurch and Stouffville. Meaning, people residing in these communities have to travel elsewhere for support.

The executive director of an addiction services agency, who attended the meeting, is "very pleased" funding is being earmarked specifically to enhance substance abuse supports in the communities within the Central LHIN area.

"In the past additional funding for substance abuse programs has generally been attached to mental health funding, so it is encouraging to know that the LHIN recognizes that substance abuse agencies are under funded and require separate funding to meet demands," says John O'Mara, executive director of Addiction Services for York Region.

Substantial new funding for substance abuse services in the communities encompassed within the Central LHIN is targeted to improve supports for people who have substance abuse problems.



Providers at the Mental Health & Addictions Network meeting

On September 8th the Liberals announced an increase of \$8.3 million for substance abuse services. The Central LHIN will receive \$1.14 M in annualized funding. This funding will go a long way to enhancing accessibility to a continuum of addiction services in the Central LHIN, says Lever.

O'Mara says the substance abuse system in the Central LHIN does not have a continuum of services necessary for recovery. For instance, it does not have a residential withdrawal management service, a residential treatment centre, day/evening treatment programs or recovery homes for men or women. "Clients, therefore, have to leave their communities to access these services," he says.

As well, there are limited services for adults, youth, seniors, and people who have concurrent disorders – serious mental illness and substance abuse problems.

"For example, York Region is home to seven per cent of the youth in the province of Ontario, yet, addiction services for York Region is funded by the Ministry of Health and Long-Term Care for one youth counsellor," O'Mara says. "This is consistent across all of these populations. We have four adult counsellors to meet the needs of 950,000 York Region residents."

The Central LHIN encompasses a diverse community and ethno-specific substance abuse services are also needed, he says, as well as resources specific to the gay community, homeless people and those diagnosed with HIV or AIDS.

O'Mara says more harm reduction strategies are needed, such as needle exchange programs, waiting lists for service need to be addressed and better support for the rural communities is needed as well. "We need preventative and education programs so that we can reach those who are not yet dependent on substances," he says.

Lever says the information gathered from the meeting will be used to make recommendations to the Mental Health and Addiction Resource Allocation Workgroup. That group meet on October 9. "We're going to have further discussions," says Lever.

The workgroup consists of 12 members including service providers, families and people who have had personal experience in the mental health system.

"It's the Central LHIN's intent to take this to the board on October 23."

Governance Councils

The Central LHIN Health Service Provider Board Chairs have been invited to attend Community Governance Council meetings in November 2007. These meetings are being organized geographically, on a "cross-sectoral" basis in three community combinations within Central LHIN (Central Region, South Region, North Region). A separate "Hospital Governance Council" is also being organized.

Similar to the earlier sessions held in March 2007, the intention is to use the meetings to keep Board Chairs apprised of Central LHIN's current activities and progress, as well as a forum to discuss governance level priorities, challenges and concerns. It will be an opportunity to discuss new initiatives like the recently announced "Aging at Home" strategy.

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Board Chairs are being asked to designate an individual from their Boards to participate on an ongoing basis. For reasons of continuity and relationship building, the preference is that this role would be filled by the Board Chair, but an alternate would also be acceptable, assuming the individual is designated by the health service provider Board to speak on behalf of the Board.

In the case where a health service provider organization does not have a locally based Board, the individual responsible for signing the service or accountability agreement with Central LHIN can be the health service provider representative on the Community Governance Council.

Information regarding Governance Council meetings will be available by clicking on the Central LHIN website at: www.centrallhin.on.ca.

The Governance Council meetings are scheduled from 5:00-7:00 p.m. on the following dates:

- November 15, 2007:
Hospital Governance Council
- November 20, 2007:
Central Region
- November 22, 2007:
North Region
- November 28, 2007:
South Region

Integration Corner

Central LHIN template generates integration dialogue

In a move to facilitate integration decisions, the Central Local Health Integration Network (LHIN) has drawn up a pre-proposal template to assist its health service providers in opening a dialogue with the LHIN prior to initiating a more detailed and labour intensive business case development.

Carol Lever, a senior integration consultant with the Central LHIN, says the pre-proposal allows health service providers to give the LHIN high-level information about the integration opportunity they are looking to develop.

"It gives us a heads up and the opportunity to ask some questions fairly early in the process, prior to a health service provider actually submitting a formal notice of an integration request," Lever says. "Because we want the integration proposals to be successful, as much as our health service providers do."

For added consistency in documentation, the pre-proposal template is a modified version of the LHIN's Health System Improvement Proposal template and is available on the Central LHIN's website.

Under the legislation, formal notification of some integration requests can begin a 60-day countdown during which the LHIN can consider the request.

Lever says the pre-proposal template allows health service providers, community stakeholders and the LHIN the opportunity to dialogue without a looming deadline.

One of the big questions Lever says health service providers should be asking themselves when drawing up a pre-proposal is how the change would promote and improve access, co-ordination, efficiency and quality of service for Central LHIN's public and stakeholders.

As stated in the Local Health System Integration Act (LHSIA), there are a range of methods the LHIN may use to integrate the health care system.

Integration can be voluntary, when a health service provider approaches the LHIN with an idea for integration. It can be facilitated, which means the LHIN and health service providers would work on it together. There is also required integration where the LHIN directs the integration activity.

Under LHSIA the definition of integration includes, but is not limited to, the following kinds of activities:

- Coordination of services and interactions
- Partnering with others in providing services or in operating
- Transferring, merging, or amalgamating services, operations, or entities
- Starting or ceasing to provide services
- Ceasing to operate

Several integration proposals are in various stages of development and we expect to see many coming forth in the months to come.

Watch for the next issue of LHINfo Source. If you have comments or ideas for future issues, please contact Sandi Pelly at **905-948-1872 ext 212** or email sandi.pelly@lhins.on.ca

Remember to check out Central LHIN's Newsroom regularly at www.centrallhin.on.ca for news stories on community engagement and our Integrated Health Service Plan.

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