South West Community Support Services (CSS) Council:
Ontario Budget Consultations

Who are we:

At Community Support Services (CSS) we believe that everyone deserves the opportunity to live independently in their own home for as long as possible.

Home care and community support services allow people to safely meet their unique needs, be more independent and resilient and live the way they want to live, for longer.

These cost-effective services reduce the need for more expensive hospital care, emergency room visits, or long-term care. They benefit individual clients, their caregivers and the health care system as a whole.

Community Support Services focus on promoting independent living through:

- Adult day services
- Assisted Living
- education and supports
- meals and nutrition
- health and wellness
- support in the home
- intensive support programs
- transportation
- safety and reassurance
- in home respite and home help
- overnight respite

Investing in home-based care can save money, improve care and improve quality of life for people who would otherwise be hospitalized or institutionalized.

Re-Imagining community care means supporting individuals throughout their entire life span

- **Ontario's population is diverse and health equity is a significant issue**
  It must be acknowledged that behind closed doors there are individuals living with significant various forms of disabilities and health conditions, who are not living at a standard that would be deemed appropriate or safe. By virtue of circumstance and finance, community support services may be inaccessible to those who need it most.
- **Ontario's aging population requires increased supports**

Individuals want to live in the community as long as possible. While aging increases comorbidities and needs, these can be economically provided in a non-institutional long term care setting while maintaining a high quality of life. Over 90% of people would like to age in place instead of a long term care home.

- **Caregivers require increased supports**
  The province's economy depends heavily on informal caregivers—family members and friends of individuals who require care. Without providing appropriate training, tools, support, and respite to these individuals, avoidable hospital visits and/or premature long term care institutionalization will occur. The tragedy experienced by burnt out caregivers resigning to accessing crisis long term care beds, can be appropriately and effectively mitigated through receiving flexible and robust community support services.

Recommended investments:

1. **Adult Day Program, Overnight Respite, and Transportation**
   The pandemic has highlighted the necessity of respite supports, such as Adult Day Programs. ADPs are an economic investment, by virtue of providing service to multiple individuals in a single location at the same time. The populations served are often supported by informal caregivers, who are dependent on the daytime and overnight respite. ADPs have been evolving in order to support increasingly complex clients, with providing socialization, exercise, and in some programs the growing requirement of nursing care. Those ADPs who provide overnight respite have also been able to provide crisis beds for clients whose caregivers have experienced an emergency, thus reducing the burden on the emergency departments in hospitals. The potential for what ADPs can ultimately provide within the health care and community support service systems, has room to grow. Access to affordable transportation to and from ADPs must be a part of the bundle, as they are instances of individuals receiving a space in an ADP, but cannot physically attend due to lack of accessible transportation.
   These services can also be bundled for high risk clients such as hospital discharge and high ER users with other CSS services, such as meals, home help and a small amount of co-ordination that is often the key to keeping people from revisiting the ER or admitted to hospital again. Short South West trials of this program included a 40% reduction in hospital re-admittance and 10% reduction in ER usage. This is specific targeting of hallway medicine and high system users. Future growth of community Para medicine and home and community care to this program will further enhance the results.

2. **Assisted Living (AL)**
   Increased funding to AL programs would expand and/or provide respite and align hospital beds/needs with those programs if possible. This model of assisting frail seniors to age in place safely in their communities requires flexibility as well as appropriate funding, because care/assistance looks different from client to client. The intensity and frequency of services offered to clients in need of support is tailored to the client and/or caregiver(s) based on what they value and what their goals are. Allowing clients to determine what matters most to them is their buy-in and their motivation for remaining at home safely. Providers, informal caregivers and clients require resources for successful aging in place. We don't 'do to' clients, we 'come beside' clients and the distinction is significant for client quality of life and self-actualization. This is not long-term care in the community. This is assistance with living.

3. **Client fees subsidized**
   Many CSS services such as ADPs, Home Help, Transportation, and Meals on Wheels attempt to support people who require some form of subsidy, which is incurred by the agencies. Providing support and or a change in requirements for CSS to charge client fees would reduce organization and client burden. By virtue of expecting those most in need of financial support to pay for required services is fundamentally wrong and incongruent with promoting health equity.

4. **Care Planners**
   Every CSS organization has staff who assist complex clients in navigating increasingly complex health care, social service and other systems, yet often the level of that work is out of scope. The time spent supporting these individuals and families (often on the brink of, or in, crisis) would be better utilized with designated care planners who have the appropriate system navigation training and technology to not only better support clients, but organizations. This needs to be implemented at the point of care of the CSS users for best outcomes and reduced duplication.

5. **Competitive wages**
   It is well known that CSS organizations provide meaningful and gratifying employment to many individuals; however, when the wages are not competitive and match the increasing cost of standard of living, employees are lost to the hospital and long term care sectors. This in turn reduces care capacity for CSS organizations, which then affects the ability to service clients in the community, and clients end up in hospital or prematurely institutionalized—costing the system more money overall. CSS organizations are often the a lifestyle job for healthcare workers, and when they can't make a living wage, they leave healthcare all together, further reducing capacity in the system.

We understand the fiscal position and responsibilities of our province, but in alignment with our provincial partners, Mental Health Ontario, Children's Mental Health Ontario, Canadian Mental Health Association – Ontario Division, Ontario Community Support Association, the Alliance for Healthier Communities and AdvantAge Ontario, the South West Community Support Service Council is calling for the following investment in the 2022 budget cycle:

1) Provide base budget increases of 7-8% to all community-based health care providers in the province in order to provide front-line organizations with the funding necessary to address the health care needs of Ontarians during the Omicron wave and beyond. This funding would be split between wage parity and investment of new programs and services as per our 5 recommendations above.

2) Immediately repeal and replace Bill 124 with more targeted legislation, so that community-based health care organizations can offer compensation packages that make it possible to attract and retain critical health human resources

The SW CSS Council advocates for permanent investment in capacity of the sector to implement re-imagined solutions that will be most cost-effective to the government. Community needs are significant and desperate. Sectors heavily invested in and depended upon, such as long term care, do not, and will not, fill the significant gaps in the health care system. CSS organizations have the proven

proactive solutions for both immediate and long term positive impacts to the economy and health care system.

Elgin

Alzheimer Society Elgin-St. Thomas

cheshire independent living services

Dale Brain Injury Services We build futures

MSC Multi-Service Centre

30 Years Participation House Support Services

Spinal Cord Injury Ontario / Lésions Médullaires Ontario

VON

West Elgin Community Health Centre

Grey Bruce

Alzheimer Society Grey-Bruce

Home & Community Support Services of Grey-Bruce

Dale Brain Injury Services We build futures

30 Years Participation House Support Services

Participation Lodge Grey Bruce

Spinal Cord Injury Ontario / Lésions Médullaires Ontario

VON

Huron-Perth

Alzheimer Society Huron County

Alzheimer Society Perth County

Blue Water Rest Home — Care Compassion Community

cheshire independent living services

Community Outreach — Bringing Care Home

Dale Brain Injury Services — We build futures

Huron Hospice

LEO Lambton Elderly Outreach — For Those Who Prefer To Live At Home

Mitchell & Area Community Outreach

North Perth Community Hospice

onecare Home & Community Support Services

Spinal Cord Injury Ontario / Lésions médullaires Ontario

People First Spruce Lodge — Continuum of Care

Ontario Canada St. Marys

St. Marys and Area Mobility Service

VON

London-Middlesex

Alzheimer Society London and Middlesex

Boys & Girls Club of London

cheshire independent living services

Dale Brain Injury Services We build futures

Dearness Adult Day Program & Wellness Centre

Middlesex Hospital Alliance Four Counties Health Services

Hutton House Supporting youth & adults with disabilities

McCormick Dementia Services Advancing community outreach and support

Meals on Wheels London

30 Years Participation House Support Services

Regional HIV/AIDS Connection

The Salvation Army Giving Hope Today

Southwest Ontario Aboriginal Health Access Centre

Spinal Cord Injury Ontario Lésions Médullaires Ontario

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Oxford

30 Years Participation House Support Services

Alzheimer Society Oxford

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Ingersoll Services for Seniors

MSC Multi-Service Centre