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Mississauga Halton **LHIN**

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MISSISSAUGA HALTON LHIN INVESTING IN MORE CARE FOR SENIORS AND COMMUNITY SERVICES

The Mississauga Halton Local Health Integration Network (LHIN) is delighted to announce, with the endorsement of the Ministry of Health and Long-Term Care, substantial investments in our community sector under the Aging at Home Strategy for 2009/10. The Mississauga Halton LHIN is receiving $24.9 million in 2009/10 for a number of initiatives to help seniors live healthy, independent lives in their own homes and to decrease the number of alternate level of care (ALC) patients in hospitals.

Having more home care and community services enables an ALC patient to leave a hospital sooner, making more beds available to emergency room patients. These services also provide ongoing health supports to seniors which reduces their need to go to their local hospital emergency room (ER).

Aging at Home Strategy

The Mississauga Halton LHIN is receiving $19.1 million in 2009/10 to increase the range and quantity of services available to seniors, and to help relieve pressure in hospitals and long-term care homes.

This year's investment is an increase of $11.4 million from 2008/09.

The Aging at Home program expands traditional services that help seniors stay healthy and live at home. These services include home care, assistive devices, assisted living/supportive housing and end-of-life care.

The Aging at Home program also encourages innovation at a local level, by giving LHINs the flexibility to start some creative projects that are tailor-made for seniors living in communities with specific needs.

To date, the following initiatives have been approved for funding in 2009/10. The remainder of the funding for this year will be allocated at a later date.

Name of Initiative	Service Provider	Description	2009-10 FUNDING
Supports for Daily Living – Westminster Place	VON Peel Branch	Expand VON Peel's existing Supports for Daily Living (SDL) program offering service on a 24/7/365 basis in 4150 Westminster Place and 3061 Battleford Road. Seniors will be provided with up to 1.5 hours of service per day, 7 days week, 365 days a year. The full range of services mandated within the SDL model (personal care, homemaking and attendant care) in order to assist with essential activities of daily living, will be provided by trained staff.	$570,450

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Local Health Integration Network

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Name of Initiative	Service Provider	Description	2009-10 FUNDING
Supports for Daily Living – Apartment Tower	MICBA Forum Italia Community Services	Extend SDL program into the adjacent apartment tower located on MICBA Forum's property to target up to 15 clients with the greatest care needs and that require 24/7/365 supports. The full range of services mandated with the SDL model (personal care, homemaking, and attendant service) in order to assist with essential activities of daily living will be provided. Seniors will be provided with up to 1.5 hours of service per day, 7 days per week, 365 days a year.	$35,645
Seniors Day Program – Partnering in Diversity	S.E.N.A.C.A Seniors Day Program	Expand S.E.N.A.C.A.'s current adult day program at the Palermo site to meet the needs of the rapidly growing population North of Oakville. The program will also meet the needs of all ethnic and multicultural communities by providing a multicultural adult day program.	$130,000
Implementation of Falls Prevention Strategy Components	Credit Valley Hospital	Establish a falls prevention / bone health service at Trillium Health Centre and falls prevention service at Halton Healthcare Services, complete with interdisciplinary assessment clinic and follow-up exercise circuit sessions and education sessions; and, the provision of falls prevention education and exercise sessions in the community to healthier seniors.	Final allocation to be determined.
Sheridan Villa Adult Day Service Program: Enhancement of Services and Increased Capacity	Regional Municipality of Peel	Increase the capacity of the current Adult Day Service by 15% over the 08/09 target. The proposed model will provide enhanced integrated multidisciplinary support to new and existing clients. In addition, caregivers will be provided with increased wellness learning opportunities, emotional support and assistance to access other services as needed.	$175,476
24 hour Mobile Supports for Daily Living Services	Nucleus Independent Living	Provide SDL services through a 24 hour mobile patrol across the MH LHIN to seniors (75+). Seniors will receive SDL services (personal care, homemaking and attendant care) in their own homes. This service will also facilitate discharge from ER for those clients who need assistance to settle at home. The mobile patrol will meet clients at their home, get them settled and check-in on them until the CCAC takes over for assessment. (The 2009/10 funding includes the previously committed 2008/09 allocation.)	$2,028,861
Supports for Daily Living - Marine Drive	Oakville Senior Citizens Residence	Extend a current SDL program on a 24/7/365 basis in a targeted building on Marine Drive in Oakville. The full range of services for SDL model (personal care, homemaking and attendant care) in order to assist with essential activities of daily living, will be provided by trained staff. (The 2009/10 funding was the previously committed 2008/09 allocation.)	$410,625
Elder Abuse Support Program	Peel Senior Link	Partnership between Peel Senior Link and Family Services of Peel. Expand an existing Elder Abuse Support Program, which provides abused seniors with support, counselling, family mediation, linkages, referrals and care coordination. Part of the position is currently funded by United Way of Peel Region.	$48,300

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Name of Initiative	Service Provider	Description	2009-10 FUNDING
Telephone Re-Assurance Program	Peel Senior Link	Partnership between Peel Senior Link and Square One Older Adults Centre. Provide Telephone Reassurance program to seniors living at home. Square One Older Adults Centre staff would coordinate the program, recruit, train and supervise the older adult volunteers who would be making the reassurance phone calls. Emergency contact information would be given by each client and an emergency protocol would be established and followed when the clients are not reachable by phone at the predetermined time.	$12,800
Integrated Proposal for Home Maintenance & Repair (Brokerage Model)	Links2Care	Integration initiative between Links2Care and Storefront Humber. Provide assistance to seniors in maintaining their home environment by arranging for an individual provider or company to undertake home maintenance and repair jobs around the home (i.e. snow removal, home repairs, etc.). As a brokerage model the HSP will vet the providers to ensure that seniors can be comfortable and confident with having these individuals in their homes.	$125,384
Integrated Proposal for Home Help	Links2Care	Integration initiative between Links2Care and Storefront Humber. Provide home help services such as house cleaning, laundry, light meal preparation, grocery shopping, etc to seniors. These services are targeted to those seniors who require occasional assistance but not daily needs.	$574,816
Supporting Senior Independence & Healthy Neighbourhoods	Peel Senior Link	Expand SDL services to a new site (1745 Dundas Street East) and 30 new clients. Seniors will be provided up to 1.5 hours of service per day 24/7/365. The core services provided will include personal support, attendant care, and homemaking services.	$570,450
Supports for Daily Living (SDL)- Kerr Street Hub	Region of Halton	Implement an SDL neighbourhood program on a 24/7/365 basis utilizing 271 Kerr St. (The John R. Rhodes Seniors Residence) as the hub for 30 seniors. Services will target seniors 75+ suffering form chronic disease, co-morbidity, age related disabilities and/or risk of caregiver breakdown. Core services will include the full range of services mandated with the SDL model (personal care, homemaking and attendant care) to ensure essential activities of daily living are met. Seniors will be provided up to 1.5 hours of service per day, 24/7, 365 days per year.	$595,979
Support for Daily Living for Chinese Seniors in Yee Hong Neighbourhood	Yee Hong Centre for Geriatric Care	Establish an integrated and ethno-culturally specific SDL program to seniors in Yee Hong's neighbouring district. Yee Hong will set up a care hub in Coral Place (55 Glenn Hawthorne Boulevard), the only social housing for Chinese in Mississauga. The program will provide the full range of services mandated within the SDL model (personal care, homemaking, and attendant care) and provide an average of 1.5 hours of service per client per day 24/7/365.	$615,653
Support for Daily Living - The West Mall, Etobicoke	Ontario March of Dimes	Implement an SDL program in the city of Etobicoke in a building (451 The West Mall) which is located in a high density area for seniors. Seniors in the program will have access to care on a 24/7/365 basis and be provided with an average of 1.5 hours of service per day.	$570,450
Halton Hills Adult Day & Respite Centre	Region of Halton	Establish a new adult day program in Georgetown, which "collaborates" with Links2Care, the Alzheimer Society, MH CCAC, Georgetown Hospital/Supportive Housing Program, Georgetown Seniors Centre.	$512,650

Name of Initiative	Service Provider	Description	2009-10 FUNDING
Alzheimer Society Peel North Central Adult Day Program	Alzheimer Society of Peel	Expand existing programs to a new site in the North/Central area of Mississauga. The boundaries of the existing programs would be re-aligned. The program would include the same components of the existing programs plus an extension of services such as enhanced therapy services, client/caregiver health, safety and behaviour modification, music therapy, occupational therapy, etc.	$962,953
Regional Geriatric Program (SPPICESS)	Credit Valley Hospital	Continue to build capacity and improve access to specialized geriatric services. Proposed initiatives include: addition of geriatric assessment clinics to provide urgent/timely assessment and treatment; expansion of geriatric outreach to provide comprehensive geriatric assessment and consultation in collaboration with the physician in the older person's home; creation of central intake and referral and standardization of the model of care across the clinics; and, implementation of SPPICESS-8 steps to better care for hospitalized seniors.	Final allocation to be determined.
Intensive System Navigation for Seniors 75+	Mississauga Halton CCAC	Add 2 Geriatric System Navigators (Case Managers) to provide coverage to all 3 hospitals. This program targets seniors' age 75+ who visit one of the Emergency Departments in the LHIN and are treated and released. All visits of this nature are referred to MH CCAC within a 24 hour period and all clients are contacted for follow-up. With consent, a RAI-HC assessment is completed by the GSN to determine what may be done to prevent repeated visits to ED, link to primary care, link to community resources and supports to decrease risk and enable these individuals to continue to live safely in the community.	$151,216
20 Acute Transitional Beds	Trillium Health Centre - Mississauga	45 additional acute care beds, on an interim basis, to serve up to 600 people awaiting LTC Home placement. Patients will receive focused care to regain strength and maintain functional ability. (This 12 month funding initiative started in 2008, continuing in 2009. The 2008/09 allocation was $2,220,000.)	$1,375,000
25 Acute Transitional Beds	Halton Healthcare Services Corporation		

Name of Initiative	Service Provider	Description (launched in 2008/09)	2009/10 FUNDING
Supports for Daily Living – Recovery Program	Oakville Senior Citizens Residence	This program will allow faster discharge of clients from hospital who require direct hourly monitoring and supervision. It will also divert those clients who do not require hospitalization but could end up in hospital due to episodic illness (i.e. flu) that has created temporary disability.	$323,068
Supports for Daily Living – Residential	Oakville Senior Citizens Residence	Expansion of the existing services will have multiple benefits. Average age in this building is 85+ in years and, service needs and acuity have increased. Increasing the existing units of service to 1.5 hours (90 minutes) per day will avert the admission of stable, healthy seniors to Long-Term Care (LTC) Homes.	$248,200

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Name of Initiative	Service Provider	Description (launched in 2008/09)	2009/10 FUNDING
Supports for Daily Living – Apartment Tower	Oakville Senior Citizens Residence	Extension of a Supports for Daily Living Program into the adjacent apartment tower would result in a further diversion of clients from LTC Homes. With this extension, those clients who have the greatest care needs and require 24/7 support will be targeted.	$486,965
Supports for Daily Living	Ivan Franko Home (Mississauga)	Increase in evening and night supervision to allow the residence to age at home.	$80,520
Supports for Daily Living	Peel Senior Link	Expansion of current capacity in 5 buildings where service is offered in order to allow identified seniors requiring service to age at home.	$993,790
Expand and Develop Geriatric Mental Health Outreach Services	Halton Healthcare Services Corporation	Expansion of geriatric mental health outreach services across Mississauga Halton LHIN and creation of targeted partnerships to strengthen the health and social service continuum responsible for supporting seniors/families affected by serious mental illness and/or behavioural difficulties (e.g. responsive behaviour) residing in community or long term care homes settings.	$500,000
Mississauga Halton LHIN Falls Prevention Project	Credit Valley Hospital (The)	Implementation of appropriate, individually tailored, progressive program with activities evidenced to improve balance and strength, which are important to preventing falls.	$160,000
Mississauga Halton Palliative Care Services	Acclaim Health	Strengthen palliative education and clinical resources in the LTC community both for clinicians and caregivers; provide for a Consulting Medical Director, increased pain and symptom management staff and education resources; and, enhance clinical/care giver awareness and understanding by providing education sessions for Advanced Palliative Care Guidelines, DNR Roles and Responsibilities and Nursing Guidelines.	$246,000
Enhanced Seniors and Caregiver Health, Wellness and Quality of Life	India Rainbow Community Services of Peel	Increase service in existing locations to serve 25 new clients from Oakville/Mississauga as well as the addition of a preventative program for healthy seniors.	$384,950
Canadian Red Cross Transportation Strategy	Canadian Red Cross	To ensure the efficient and timely operation of the 7 A@H vans distributed by the LHIN to the Canadian Red Cross, the Red Cross will be hiring 8 full time drivers. The Red Cross will be able to leverage this new investment in capacity to enhance provision of health-related transportation service to the seniors in the LHIN when and where needed to support them continue to live independent and healthy lives in their communities.	$324,800
Support Residents of LTC Through NP Model	Credit Valley Hospital (The)	An inter-disciplinary group of LTC home staff, physicians, a primary care nurse practitioner (NP) extended class designation and Community Care Access Centre (CCAC) case managers working collaboratively to support LTC homes with the ongoing management of residents who have sudden or semi-urgent injuries or illnesses and to facilitate discharge of residents back from hospitals. Additionally, as the program moves forward, to enhance and support care in the LTC Homes not only through direct intervention, but also with ongoing support for the enhancement of the role of the LTC Home nursing staff.	$400,000

Name of Initiative	Service Provider	Description (launched in 2008/09)	2009/10 FUNDING
ABI – Neurobehavioural Outreach Expansion and Day Service Program Expansion	Peel Halton Acquired Brain Injury Services (PHABIS)	Develop a centralized intake process to allow for cooperative assessment and service planning for seniors with ABI (inclusive of screening tool); complete regular client review meetings (all providers) to track the care of seniors in generic community senior services; and, provide a day program for those who are unable to access community programs (by reason of cognitive / behavioural issues), or who have no existing services available to them. Furthermore, where community care resources/LTC resources are being challenged to meet the needs of the ABI senior due to the degree of cognitive/behavioural impairment, the PHABIS Neuro-Behavioural Support Worker staff team will provide augmented resources that consist of implementation of the Neurobehavioural Model of Care, education of and consultation to, the direct care staff and/or family/caregiver. This program address the issues of inappropriately placed ABI seniors in LTC beds and ABI seniors whose neuro-cognitive challenges impact on the ability of LTC facilities to safely manage their behaviour.	$823,928
Seniors Life Enhancement Consolidation Project	Seniors Life Enhancement Centres	Seniors Life Enhancement Centres provides an assortment of Seniors Day Services, including health monitoring and assessments, health education and social programming out of 2 locations in Mississauga. Proposed initiative is to consolidate to one premise to enable the combining of 2 centres into one facility for the provision of added care and services as well expansion of clients seen in the program.	$91,488
Alzheimer Adult Day Program	Wesburn Manor	Creation of a new Adult Day Program targeting seniors with Alzheimer and other progressive cognitive disorders or dementia population in South Etobicoke. The program will also target the caregivers of the clients on the program.	$223,450
Yee Hong Adult Day Program	Yee Hong Centre for Geriatric Care	Creation of an integrated Adult Day Program for frail seniors, seniors with dementia and seniors post-stroke and a congregate dining program for those in the program and others at the site to access.	$454,711

Urgent Priorities Fund - Addressing ALC Pressures

The Mississauga Halton LHIN is receiving $1.25 million to help provide community alternatives to hospital care.

Last year, this fund helped to:

- Reduce ER visits by providing additional community supports through supportive housing or by placing more nurses in long-term care homes
- Move ALC patients to a more appropriate health care setting as quickly as possible by improving the electronic flow of information from hospitals to long-term care homes.

Increasing Home Care Services – CCAC Service Maximums

The Mississauga Halton LHIN is receiving $4.3 million in 2009/10 for changes made last year to increase the availability and integration of home care services. This included increasing the limits on

hours of person support/homemaking services by 50 per cent, and removing limits entirely for patients waiting for a long-term care bed or receiving end-of-life services at home.

Name of Initiative	Service Provider	Description	2009-10 FUNDING
CCAC Service Enhancements			
Intensive System Navigation for Seniors 75+	MH CCAC	Targets seniors age 75+ who visit one of the Emergency Departments in the LHIN and are treated and released. All visits of this nature within a 24 hour period are referred to MH CCAC and all clients will be contacted for follow-up and assessment by the GSN to determine what may be done to prevent repeated visits to ED, link to primary care, link to community resources and supports to decrease risk and enable these individuals to continue to live safely in the community.	$556,866
Wait at Home Program	MH CCAC	Provide enhanced service level for 60 days to facilitate discharge from hospital and enable the long-term care home placement process to occur from the community.	$2,475,774
Stay at Home	MH CCAC	Targets seniors 75+ with a MAPLe score of 4 or 5 (indication of care need from RAI – HC) to receive an enhanced level of services to keep them safe at home and prevent an unnecessary LTCH admission where possible.	$1,291,362

Nurse-Led Outreach Team

The Mississauga Halton LHIN is receiving $250,000 for a nurse-led outreach team that has been created to provide long-term care home residents with timely and appropriate care, and stabilize residents who need more urgent attention. This team of nurse practitioners and registered nurses will travel to LTC homes to assess urgent problems, determine the need for hospitals care, and provide interventions (such as intravenous therapy, antibiotic management and administering oxygen) in cases where unnecessary visits to the hospital and the ER can be avoided.

Name of Initiative	Service Provider	Description	2009-10 FUNDING
Nurse-Led Outreach Teams			
Support Residents of LTC through NP Model	Credit Valley Hospital	Integrated with MH LHIN's existing program which was funded through 2008/09 Aging at Home. An inter-disciplinary group of LTC home staff, physicians, a primary care nurse practitioner (NP) extended class designation and Community Care Access Centre (CCAC) case managers working collaboratively to support LTC homes with the ongoing management of residents who have sudden or semi-urgent injuries or illnesses and to facilitate discharge of residents back from hospitals. Additionally, as the project moves forward, to enhance and support care in the LTC Homes not only through direct intervention, but also with ongoing support for the enhancement of the role of the LTC Home nursing staff. Additional funding provided will allow expansion of the program to provide coverage to all 27 homes in the MH LHIN.	$250,000