

For Information

DATE: August 5, 2011

REPORT TITLE: **EXPANDED ROLE FOR THE COMMUNITY CARE ACCESS CENTRES**

FROM: Janette Smith, Commissioner of Health Services

**OBJECTIVE**

To inform about the current and expanding role of the two Community Care Access Centres (CCACs) that serve the Region of Peel and the impact that associated legislative and policy changes are having and will have on Regional services and residents.

**REPORT HIGHLIGHTS**

- Community Care Access Centres (CCACs) are legislated by the Ontario Ministry of Health and Long-Term Care (MOHLTC) and funded through the Local Health Integration Networks (LHINs) to connect citizens in their region with publicly funded home and community care services.
- The 14 CCACs in Ontario align with LHIN boundaries, meaning that residents in Peel are served by the Central West CCAC or the Mississauga Halton CCAC.
- The CCACs are the sole coordinator for access and admission to long term care homes.
- By 2013, the CCACs will also be the primary point of contact for information and referral to adult day programs, complex continuing care beds, rehabilitation beds, supportive housing programs, and assisted living services for seniors.
- The expanded role of the CCACs makes them the single point of access to local health services, which should help reduce confusion within the complex health system.

**DISCUSSION****1. Background**

The CCACs are legislated by the MOHLTC and funded through the LHINs to connect local citizens to home care, long term care, and other community-based services following injury, illness, or the complications of aging and disability. Every year, over 600,000 Ontarians receive services through the CCACs. Elderly clients account for 56 per cent of those served, followed by adults (28 per cent) and children (16 per cent). Personal support and homemaking are the most common services provided (69 per cent), followed by nursing services (26 per cent) and visits by occupational therapists, physiotherapists and other therapy providers (five per cent).

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**EXPANDED ROLE FOR THE COMMUNITY CARE ACCESS CENTRES****a) Historical and Evolving Role of the CCACs**

The Ontario government announced the creation of the CCACs on January 25, 1996. By January 1, 1998, 38 home care programs and 36 placement co-ordination services were consolidated into 43 CCACs across Ontario. The development of the *Community Care Access Centres Act, 2001* and legislative amendments in 2006 have resulted in the alignment of the CCACs with the LHIN boundaries. As such, 14 CCACs exist today and residents in Peel are served by either the Central West CCAC or the Mississauga Halton CCAC.

The CCACs are intended to provide a single point of access to information and referral for all community health and support services, including long term care bed administration, case management, nursing services, rehabilitation services, homemaking and personal care, and school health support services.

Residents can call 310-CCAC (a toll-free number with no area code required) between 8:00 a.m. and 8:00 p.m. seven days a week to have their health care needs assessed, in-home services arranged, and to receive information about community programs.

**2. Findings****a) CCAC Expanded Role**

In September 2009, new regulations under the *Community Care Access Centres Act, 2001* came into effect expanding the CCACs' role in placing clients in four new areas:

- Adult day programs provided under the *Home and Community Care Act, 1994*;
- Complex continuing care beds;
- Rehabilitation beds in select hospitals; and
- Supportive housing programs funded by the MOHLTC/LHINs that provide care to people with disabilities, acquired brain injury or HIV/AIDS.

The recent Assisted Living Services for High Risk Seniors Policy, 2011 also outlines a role for the CCACs in the placement of eligible seniors in assisted living services.

A successful transition to the CCACs' expanded role is expected to benefit the health system in Peel. Increasing the scope of the CCACs' work and solidifying its role as a system navigator will help limit confusion among residents. Lack of understanding about the CCACs was raised at the May 12, 2011 Regional Council meeting. The "Overview of the Health System" chart (see Appendix I) has been updated to include contact information, phone numbers and website information.

**b) Long Term Care Homes Assessment and Admission**

The Mississauga Halton CCAC and Central West CCAC are responsible for the long term care home admission process in Peel. In this role they determine eligibility for admission, provide information to prospective applicants, assist applicants with the application process, prioritize applicants for admission, monitor and manage wait lists and authorize admissions.

The *Long-Term Care Homes Act, 2007* has changed the criteria for entry into long term care homes such that "only individuals who cannot be cared for in the community will be

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eligible for admission.” For instance, applicants must now require assistance “at frequent intervals throughout the day”. An increased focus on applicants’ health care needs is also evident in the removal of previous criteria related to prospective applicants’ social needs (i.e. financial, emotional or physical concerns associated with a person’s current residence, impact of a person’s environmental conditions, etc.). The prioritization criteria outlined in the Community Care Access Centre Client Services Policy Manual also dictates the type of residents entering long term care. Applicants in a crisis situation and those seeking spousal reunification get top priority, whereas those waiting safely in the community have the lowest priority.

**c) Impact on the Health System in the Region of Peel**

A growing and aging population in Peel is putting increased pressure on the local health system. Implementation of stricter eligibility criteria in the *Long Term Care Homes Act, 2007* and the prioritization criteria used by the CCACs means that long term care residents are older and sicker when they are admitted. The implementation of the Emergency Room-Alternate Level of Care Strategy and the Aging at Home Strategy by the MOHLTC has had a similar impact.

The purpose of these provincial initiatives has been to move seniors waiting in hospital for long term care home beds back home by providing them with additional support services during the transition period. While this approach has helped limit those waiting for long term care beds, it has actually increased the acuity and complexity of residents entering long term care from hospital settings. This is because only those that cannot be cared for in the community are transferred to long term care (and the sickest of those waiting get access first). As a result, long term care residents increasingly require assistance with the activities of daily living (i.e. personal hygiene, dressing, eating assistance, etc.), have mental health and behaviour issues, and/or have specialized medical needs.

A similar trend is being observed for community-based services, such as assisted living services, with higher-need clients requiring services in the community before or while they wait for a long term care home bed.

Despite a rapidly growing seniors population, increasing demand for CCAC services and a larger role for the CCACs in the local health system, funding to CCACs as a percentage of total health care spending has decreased over the last decade, accounting for only 4.13 per cent (approximately \$1.9 billion) of the 2010 provincial health care budget. Under-funding of this sector is exacerbated in high-growth regions, such as Peel. Per capita funding from 2008-2011 demonstrates that the Central West and Mississauga Halton CCACs are the lowest funded CCACs in the province at \$99 and \$106 per capita, respectively, for the 2010/11 budget year. The provincial average was \$148 per capita. It is not clear whether low per capita funding is leading to longer wait lists for services or impacting service delivery, but this is a logical and likely scenario, if not now then in the future. Thus, adequate funding levels that reflect current population levels, future growth, and service demands are required to best enable the CCACs to serve the population of Peel and transition to an expanded role within the local health system.

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Staff are looking at these and other impacts on the Region's senior specific health and human services as part of the Strategic Plan's Term of Council Priorities. A report is planned for the coming months.

**CONCLUSION**

The CCACs connect citizens with publicly-funded services available to them at home and in the broader community. The CCACs have historically provided and will continue to provide a key role in the assessment and admission of individuals into long term care homes, including the five Regional homes, and the adult day services provided in these homes. The increasing acuity and complexity of residents deemed eligible for admission to long term care will place further demand on the Region's resources and staff to provide high quality health services to its residents.

By March 2013, the CCACs will be operating in an expanded capacity, making them the primary point of access to the local health system. A growing aging population as well as legislative and policy changes aimed at keeping seniors in the community or at home longer will challenge the CCACs to meet future service demands. Nonetheless, staff are hopeful that this transition will improve access to services for Peel residents and reduce confusion associated with navigating the complex health care system.



Janette Smith  
Commissioner of Health Services

**Approved for Submission:**



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D. Szwarc, Chief Administrative Officer

*For further information regarding this report, please contact Dawn Langtry at extension 4138 or via email at Dawn.Langtry@peelregion.ca*

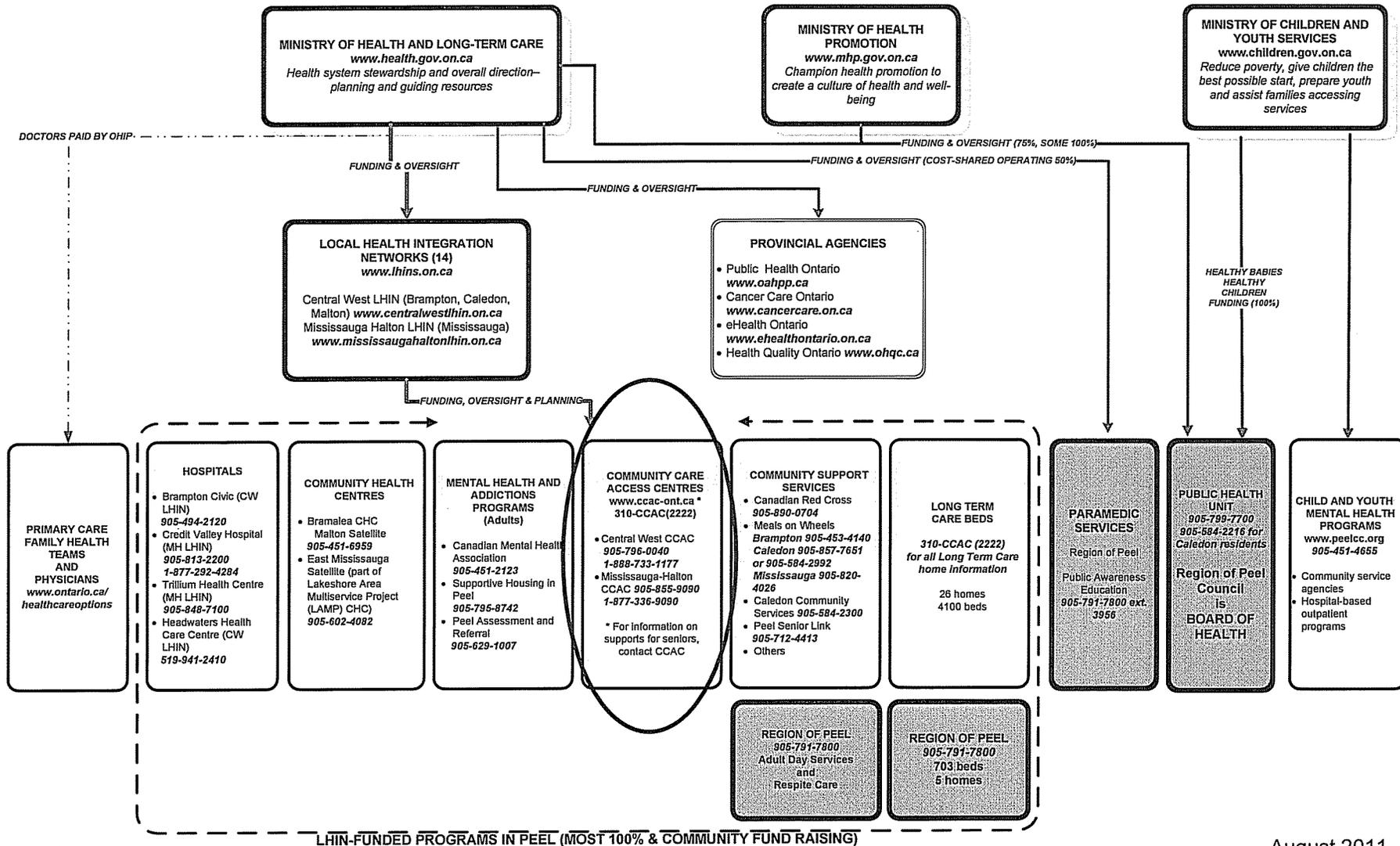
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c. Legislative Services

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APPENDIX I

Overview of the Health System - A Region of Peel Perspective



HE-A-1-5

Note:  
2-1-1 provides free local community, social, health and government programs and services information  
3-1-1 provides access to local municipal government programs and services (for residents in Brampton and Mississauga)