Chapter Three

About Supports for Daily Living

"If I didn't have the help from Supports for Daily Living, I wouldn't be able to have a shower and get my dinner. They're friendly, they're dependable, and they have a gift for helping people."

Anne V., age 69, client with multiple sclerosis & breast cancer survivor

CHAPTER 3: ABOUT SUPPORTS FOR DAILY LIVING

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About Supports for Daily Living

Supports for Daily Living (SDL) is an innovative regional service delivery model that targets high risk seniors with complex needs who are able to continue living in their own homes as long as there is access to frequent, urgent and intense personal supports throughout a 24-hour period. Applying a non-medical approach, it bridges a gap between a community visitation model of care (often a block of 1-2 hours occasionally during the week or every day) and the model of care provided in long-term care homes.

Embracing out-of-the box thinking, Supports for Daily Living is a new concept in community-based assisted living that provides:

- round-the-clock availability, 365 days of the year;
- scheduled visits and on-call response - day, evening and night;
- multiple daily visits by trained personal support workers (PSWs), based on the individual needs and preferred schedule of the client;
- daily personal care and essential homemaking to assist with the activities of daily living; and
- safety checks, reminders (such as medication) and urgent response.

Clients may be eligible for up to 1.5 hours of personal support each day, seven days a week/365 days a year. Throughout a 24 hour period, services may be delivered at multiple times scheduled throughout the day or night to coincide with those times when clients most need the support. Where feasible, every effort is made to schedule service at those times most preferred by the client. Each scheduled time with the client can take as little as 5 to 15 minutes, depending on the level of support needed and the activity involved.

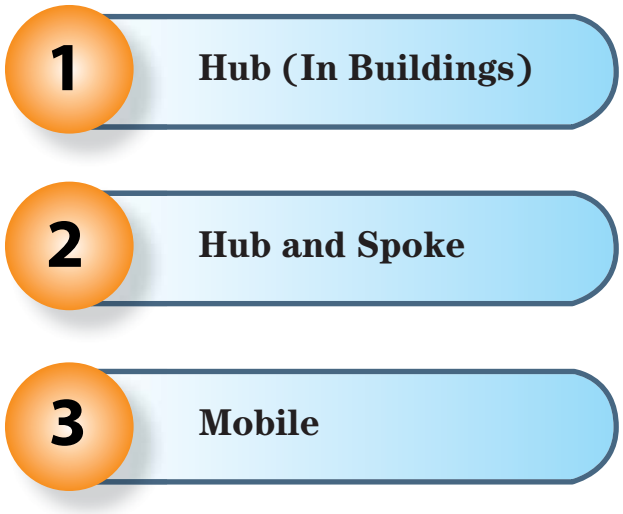
Sample Client Schedule

Time	Activity	Time Allotment
7:30 a.m.	Assistance getting up and getting dressed; make bed	30 minutes
12:00 noon	Meal preparation (make lunch)	15 minutes
3:00 p.m.	Medication reminder	10 minutes
6:00 p.m.	Meal preparation (make dinner)	30 minutes
9:00 p.m.	Security check	5 minutes

Innovative Approaches to Service Delivery

One of the reasons the Supports for Daily Living model is so effective is thanks to its agile approach to service delivery. In this model, the housing arrangements are separate and distinct from the Supports for Daily Living services offered. SDL staff are able to facilitate responses to urgent requests from SDL clients day, evening and overnight, ensuring clients are able to speak with someone live 24 hours a day, every day throughout the year.

MH LHIN utilizes three models of service delivery:



> ***"Supports for Daily Living shifts the ability to care for [high risk seniors] in a 24-hour environment outside of institutionally-based care and allows them to be at home where they want to be."***
>
> Dale Clement,
> Chief Operating Officer
> Halton Healthcare Services

Hub (In Buildings)

In the SDL "hub" model as with the traditional "bricks and mortar" supportive housing services personal support workers (PSWs) are located onsite and deliver services to eligible seniors in their individual units/apartments/condos within the building. In this model, the housing arrangements may be separate and distinct from the Supports for Daily Living services offered or housing arrangements may be a part of the overall "package" with services included in an entire building "designated" for assisted living or where a designated number of units are available. In this model, units could be rent geared to income, low income or life lease or could be apartments/condos that are rented or owned outright.

Often seniors registered with an emergency response program will identify the SDL service provider as the first responder (e.g. should the client have a fall and need immediate assistance). Because staff availability is scheduled over a 24-hour period, the SDL service provider is able to provide timely response in urgent situations. Previously, in the case of a fall, seniors often called 911 which involved an EMS response. By being listed as a first responder, personal support workers can quickly assess whether or not medical attention is required or whether the senior simply needs support to get back into bed or into a chair (see case study on page 35).

Hub and Spoke

The hub and spoke model evolves out of the 'hub (in buildings)' model. In this scenario, the Supports for Daily Living service provider has an office onsite in a building (hub)servicing clients in the building, but also provides services (the spokes) to eligible seniors who live in neighbouring apartment buildings, town homes, condos, homes or trailer parks within close geographical proximity to the building. Close proximity may be across the street, down the street or within a specific geographic distance (examples: 1 km, 2 kms). (see case study on page 37)

Mobile

The SDL Mobile model is exactly that – Mobile. Supports for Daily Living service providers travel throughout the region to deliver service regardless of where high risk seniors live. The purpose of this model is to get high risk seniors who are being discharged from the hospital, home quickly regardless of where they live. Once home and following a period of recovery, the Mobile service works to transition stabilized clients from the Mobile service to other community partners, such as another SDL provider, the CCAC or a combination of services that will address a client's needs. In this model, the housing arrangements are again, separate and distinct from the Supports for Daily Living services offered.

The SDL Mobile service also complements the other SDL service delivery models by being available to assist with pre-scheduled bookings and/or urgent and unscheduled client requests (see the chart on page 31 for examples). This model has not been tested in rural environments but is effective in high density urban communities. (see case study on page 38)

An Important Link Along the Continuum of Care for Seniors

A primary goal of most high risk seniors who have been admitted to hospital with an acute episode is to return home once their condition has stabilized. This is sometimes possible with the support of CCAC services and other community supports and/or following convalescent, rehabilitation or restorative care in another facility. However, for those high risk seniors with needs that require more frequent, urgent and/or intense personal support at home, access to readily available care is essential. Without *frequent service* throughout a 24 hour period many of these seniors would traditionally have been referred to long-term care.

Supports for Daily Living addresses the gap in Ontario's Health System for a 24-hour non-medical assisted living model that enables high risk seniors with complex needs to continue living at home or in another suitable homelike environment. It does so by providing them with access to personal supports, essential homemaking services and safety and reassurance checks at multiple daily times, seven days a week, 365 days a year. Clients who continue to require medical care can still access CCAC professional home care services including nursing, rehabilitation, etc. to address their ongoing health care needs.

SDL Core Services

	Personal Hygiene Activities	Personal Routine Activities of Daily Living
Personal Support Services	• **washing** • **bathing** • **mouth care** • **hair care** • **preventative skin care** • **changing dressings (not wound care)** • **routine hand and foot care**	• **transferring/positioning** • **turning** • **dressing/undressing** • **assistance with eating** • **assistance with toileting (diapering, emptying/change leg bag, catheterization, bowel routine)** • **assistance with exercise** • **escort to medical appointments** • **medication reminders; assistance with pre-measured medications**
Homemaking Services	Light dusting, sweeping, vacuuming, mopping floors, washing dishes/ countertops, clean and disinfecting bathrooms Laundry and planning/preparing meals	
Attendant Services	Combination of personal support and homemaking services offered at clients' preferred, pre-determined time and pre-determined task they cannot physically do for self	

How Personal Care & Support Services Differ Between the CCAC and SDL

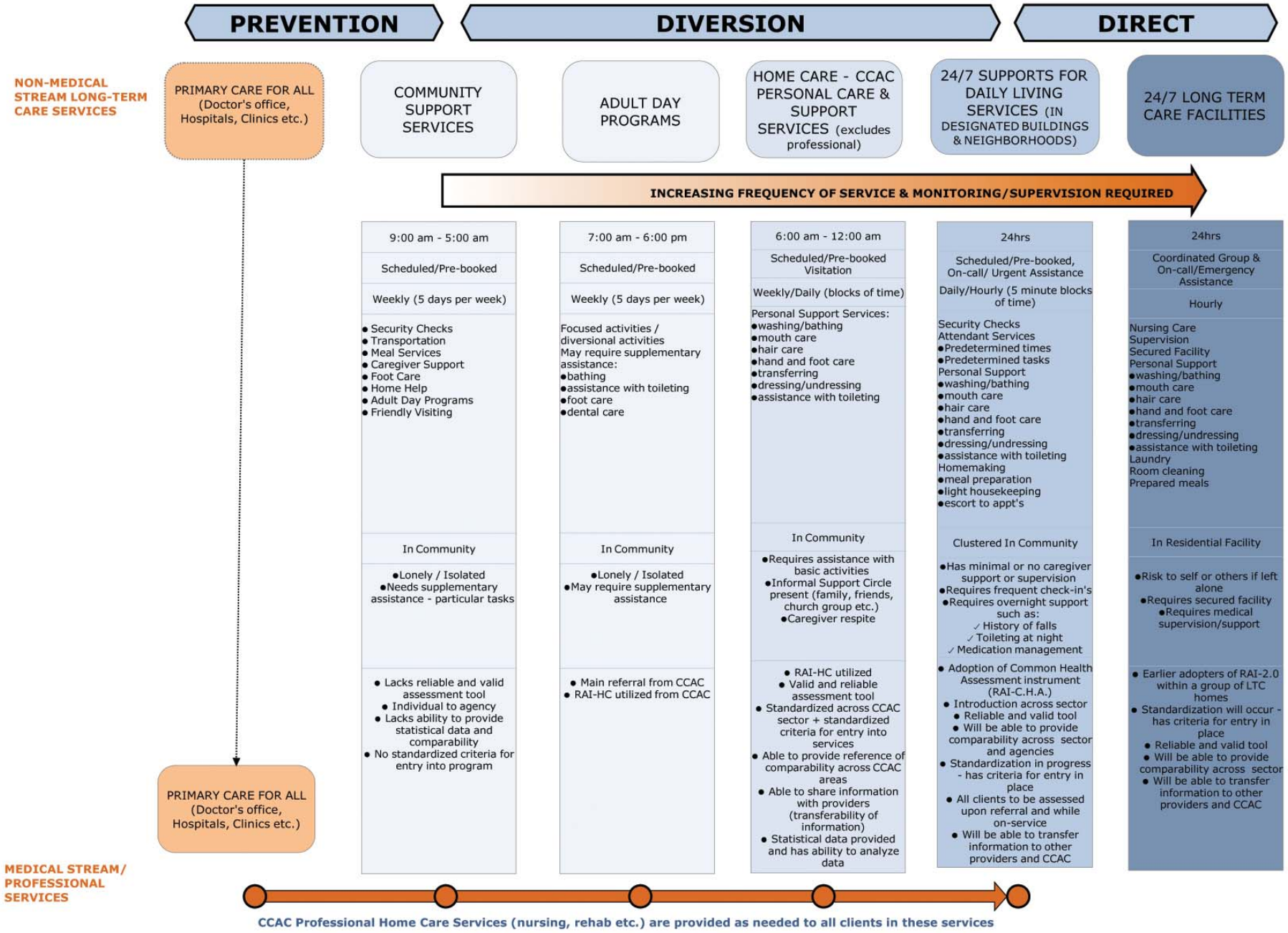
CCAC (Personal Care & Support Services)	Supports for Daily Living Services
6:00 a.m. – 12 midnight	24 hours
Scheduled/pre-booked visitation	Scheduled, plus on-call/immediate assistance
Weeky/daily (blocks of time)	Daily/hourly (5-15 minute blocks of time if needed)
Personal Support • washing/bathing • mouth care • hair care • hand and foot care • transferring • dressing/undressing • assistance with toileting • medication assistance	Security Checks Attendant Services • pre-determined times • pre-determined tasks Personal Support • washing/bathing • mouth care • hair care • hand and foot care • transferring • dressing/undressing • assistance with toileting • medication assistance Homemaking • meal preparation • light housekeeping • escort to appointments (occasional)
In Community	Clustered in Community

On Call Response

One of the unique abilities of SDL services is that they are able to respond to emergency, urgent or by request client needs.

Type of Immediate Assistance	Definition	Examples	Response
Emergency Situations	Critical situations requiring specialized immediate response (life threatening)	• fire • crime • medical emergency (difficulty breathing, uncontrolled bleeding, heart attack, etc.)	911
Urgent Situations	Unexpected situations requiring prompt attention (necessary, but not critical)	• fall • bowel/bladder incontinence • vomiting • unscheduled priority of service (e.g. forgot appointment, needs assistance to go out)	SDL
Request	Unscheduled request for assistance (desirable, but not necessary)	• dropped the remote • can't reach the aspirin in the cupboard, etc.	SDL integrated with scheduled check-in's / bookings

SPECTRUM OF CARE FOR SENIORS



Developed by Lisa Gammage and Kristina Hall, Nucleus Independent Living October 2008

1 Hub (In Buildings)

SDL and Building Ownership by Region:

Oakville Senior Citizens Residence (OSCR) Case Study

Oakville Senior Citizens Residence (OSCR) is a unique venture in the Mississauga Halton LHIN. Originally OSCR provided two services – Supportive Housing and Rent Geared to Income (RGI). With the initiation of the Aging at Home strategy, OSCR was approached to work with the LHIN and other supportive housing providers to develop a new model of service delivery (the birth of the SDL service model). OSCR became one of the founding members of the new SDL service model and today provides Supportive Housing, Supports for Daily Living (SDL) and Rent Geared to Income (RGI) as well as SDL services to clients surrounding the main site. In addition, the MH LHIN supported a pilot project at OSCR to open a five bed "intensive SDL service" (known as the recovery wing). This pilot was so successful in reducing hospital stays (LOS) and avoiding ER visits for ill residents that the LHIN has permanently funded the "infirmary". OSCR is funded by three stakeholders; the LHIN, the Client and the Region of Halton.

The Region of Halton owns the buildings occupied by OSCR. OSCR acts as the Property Manager for the Region of Halton, ensuring that the property and facility are looked after and that tenants pay rent geared to income (RGI) in both the Residential Tower and Apartment Tower (336 units). The Region of Halton funds all property expenses (maintenance, capital expenditures, taxes, utilities and other occupancy costs). OSCR and the Region of Halton have an operating agreement between them that provides OSCR with maximum autonomy while meeting the legal requirements of the Social Housing Reform Act, 2000 Regulations (this Act has been replaced by the "Housing Services Act, 2011" effective January 1, 2012). OSCR must adhere to all Region of Halton directives, follow the Service Manager's Guides to RGI, participate in annual RGI reviews and Operational reviews conducted by the Region, and submit annual budgets and financial reporting. Any changes to housing stock must be approved by the Region via a proposal submitted by OSCR and forwarded to Regional Council for approval.

Application for housing must be **submitted to HATCH** (Halton Access to Community Housing) for tenancy in both towers. The apartment tower is 100 % RGI therefore, clients must be in need of RGI to be eligible – OSCR cannot accept clients who are market rent.

In 2009, OSCR applied to the Region to have 10 units in the apartment tower designated as "Supportive Housing\SDL" units – this would enable these units to accept market rent, allowing the need for care and support to take precedence over the need for RGI. This was approved by Regional Council and OSCR now utilizes these units as SDL units funded by the LHIN. For the Residential Tower a client must need Supportive Housing to be eligible to apply for tenancy. While in the past they had "light" care clients (generally MAPLe scores of 1 – 3), eligibility to the Residential tower must now meet the minimum SDL eligibility criteria (as assessed through the Common Health Assessment (CHA) instrument) to be considered for Supportive Housing.

OSCR Example Client Profile

Mr. S, an applicant with a CHA score of 3 or higher, who needs 10.5 hours per week of frequent SDL services, would not have been eligible for OSCR's apartment tower, as he does not require a Rent Geared to Income (RGI) unit. Mr. S. would have been placed on HATCH's waitlist (3 to 5 years) for one of OSCR's apartment tower units (without SDL services). With the new SDL service model and funding and utilizing the SDL service criteria for eligibility (as per the above assessment information) Mr. S. can now become a priority candidate for any available SDL service designated apartment tower unit.

Outcome: This profile provides a clear example of the differences that have been obtained by ***changing the eligibility criteria from that of a "housing" priority to that of a "service need" priority.*** It further emphasizes the LHIN's role as a funder of "service" to articulate the priorities it is willing to fund.

Other Changes: For tenants, already living at OSCR in non-SDL apartment tower units, additional LHIN funding for SDL service provision has opened access to SDL services throughout the building. Those tenants who meet SDL service eligibility criteria (assessment with the CHA instrument required) no longer need to seek personal support and homemaking services from other community agencies. This has freed up CCAC resources to be utilized in other priority areas. Tenants remain tenants (lease agreement) but also have a Service Agreement with OSCR for SDL services – ***separating the housing need from care needs/services***.

OSCR must balance SDL and Supportive Housing clients in the residential tower as these units are not 100% funded for SDL services. The Region of Halton has accepted the OSCR admission criteria for the Residential Tower. OSCR was also required to adhere to the regulations and guidelines required by HATCH including a chronological waitlist (availability based on time of application). In 2011 OSCR adapted the waitlist criteria utilizing a "DASH" method. The Decision Algorithm for Supportive Housing (DASH) is a tool that was developed to help place prospective clients in the most appropriate care setting in order that resources at each level of care are allocated in the most cost-effective manner. Through extensive research of the supportive housing sector, and utilizing a combination of available inter-RAI data and professional opinion, it was found that alignment between client need and program capacity could be determined through the use of indicators found in inter-RAI assessment instruments (such as the CHA). Specifically, the "DASH" tool indicates a client's need for limited Home Care, or progressive levels of "Supportive Housing", or a more structured environment and Long Term Care placement. The Decision Algorithm for Supportive Housing (DASH) combines several RAI items and outcome scales to inform appropriate care placement decisions. Similar to the MAPLe, the DASH is designed to support decision making not automate it.

For SDL providers, the "DASH" tool is useful in providing a slightly different perspective on client need - one that allows for insight not only into the potential intensity of care, but also better planning as the tool indicates how far along the care continuum that client may be. When used in tandem with MAPLe scores, the DASH affords organizations the kind of robust understanding of client need necessary for determining priority. This now allows OSCR (for the Residential Tower only) to give higher priority on the waitlist (rather than chronological) to high need clients. OSCR works with HATCH and communicates daily regarding the waitlist status and to ensure compliance with HATCH regulations. OSCR strives to work in partnership with HATCH, the Region of Halton and the LHIN to ensure that the clients with the highest need receive housing and services, while ensuring they operate within agreements.

By revising OSCR's admission criteria in the residential tower a successful transformation has occurred from that of a lower need client who could manage in the community to that of a higher need client who requires support and assistance in order to remain in the community.

OSCR's 164 apartment tower residents are tenants with housing agreements. These tenants are all over the age of 65, with an average age of 85 years. Originally, OSCR's policies did not include service provision to address the care needs of these individuals and dealt with property and landlord issues only. Care needs were evident for many of these tenants. Working together with the LHIN, funding was provided for implementation of the SDL program into the apartment tower which has further freed up CCAC resources for other priorities. OSCR currently has 65 SDL clients (10 who are living in the newly designated SDL units – see above) in the apartment tower. Eligibility to the SDL program is separate from eligibility for housing. Existing tenants can now apply for SDL service, are assessed using the CHA instrument and are internally waitlisted for the service. Being a tenant in the building does not automatically have SDL service provision "attached" to it (except for the 10 SDL designated units). Subsequently, priority is given to those with the highest care needs based on objective assessment criteria utilizing the CHA instrument. This effectively separates housing needs from service needs.

SDL and Building Ownership by Region:

Peel Senior Link (PSL) – Partnership with the Region of Peel Case Study

Peel Senior Link (PSL) was initially formed in 1991, as an outcome of a housing study conducted by the MOH Long-Term Care office. The study identified the need for supportive housing services to enable seniors' to live independently in the community, and 'age in place'. PSL formed its Board of Directors and incorporated as a non-profit, charitable organization in 1993. The Board determined at the outset that they would:

- serve a low income seniors' population,
- provide support services to assist with activities of daily living,
- provide an affordable accommodation setting

PSL began a partnership with the Regional Housing Corporation in Peel region to serve eligible seniors who were renting from the corporation. These seniors who lived within the corporations' buildings were provided with access to housing that was affordable through either market units (which are typically provided at a lower rent than private sector buildings) or rent-geared-to-income (RGI).

Over time, PSL has worked collaboratively with the Regional Housing Corporation in Peel region (now called Peel Living) to champion the ability of seniors to have priority to access the affordable units particularly if they were eligible for PSL services (therefore have a need for assistance with activities for daily living). Peel Living gave its' agreement to enable seniors who were eligible for PSL supportive housing services, to move to the top of the PATH (Peel Access to Housing) central wait list for the next available unit. Only those individuals identified as "Victims of Family Violence" were given a higher priority. The Region of Peel also agreed to the aforementioned changes as they understood that if seniors sat on the wait list for social housing (8-10 years on average), they would be at risk of long term care placement. By working collaboratively together, PSL, the Region of Peel and Peel Living, have acquired a clear understanding of the critical need for the partnership arrangement and have supported its evolution over time as seniors needs, and the supportive housing program has evolved.

In 1999, the Peel Living Board formalized its' supportive housing relationship with Peel Senior Link and Peel Living. PSL became responsible to assist eligible seniors in specific Mississauga and Brampton Peel Living buildings as well as extending further support to other Peel Living buildings. As time progressed the service delivery model was also changing to address the needs of an aging population with multiple chronic conditions and complexity of care requirements. Subsequently, PSL changed its' service delivery from a 12 hour (on site) + 12 hour (emergency on-call) program, to a 16 hour (on site) + 8 hour (emergency on-call) program. Today, PSL operates a 24/7, 365 days a year program in all of its service sites.

With the new Supports for Daily Living model now well established within the MH LHIN, PSL has expanded its partnership with the Region of Peel through a Rent Supplement program. This will assist low income seniors who are not living or who have been unable to get a unit, in the affordable/social housing buildings, with supplementation of rent. Rent supplements will also be utilized in affordable/social housing buildings where the rent-geared-to-income (RGI) ratio has been exceeded.

3 **Mobile**

Nucleus Independent Living: A Case Study in Innovative Service Design

Nucleus Independent Living was founded in 1983 by a small group of individuals with spinal cord injuries who established a traditional Supportive Housing (SH) model of operations in order to enable them to leave institutional settings and live independently in the community with Attendant Care support. Attendants work from a unit within a subsidized apartment building and provide 24-hour scheduled and on-call personal support and homemaking services daily to consumers based on their individual needs. This de-linked service model continues to operate successfully in two integrated apartment buildings in Toronto's West End.

Building on the success of the Supportive Housing Program, in 1999, Nucleus established an Attendant Outreach Program in Peel region and expanded the mandate to include all persons with physical disabilities. This mobile program provides prescheduled Attendant Care to individuals residing in their own homes (apartments, townhouses, houses etc.) across a large geographical area between the hours of 6am-11pm. There is no on-call service with this program.

In 2008, Nucleus recognized an existing gap in the availability of personal support services for at-risk seniors and conceived of an idea to combine its expertise into a unique service offering, by synthesizing the knowledge gained from offering Attendant Care services to high needs consumers, the safe provision of 24hr services and the efficient scheduling of a mobile program. January 2009, as a founding member of the new SDL service model, Nucleus piloted the 24hr Mobile Supports for Daily Living (SDL) Program for high needs seniors residing in the MH LHIN area to support their desire to remain living in their homes and communities thus avoiding premature institutionalization.

The 24hr Mobile SDL Program utilizes trained PSW staff to provide both scheduled and unscheduled personal support and homemaking visits intermittently 24 hours a day, 365 days of the year. Unlike in-building or hub and spoke models of service, the Mobile service dispatches staff to clients who are grouped together geographically into clusters for efficient scheduling purposes (a virtual hub). This service model increased accessibility to SDL services for individuals in the MH LHIN who would otherwise be ineligible due to their lack of tenancy in an SDL/supportive housing building or residence within a designated hub and spoke area (surrounding an existing supportive housing building).

Priority was given to SDL eligible patients leaving hospital in an effort to avoid unnecessary long-term care placement and/or frequent hospitalization or visits to the Emergency Department. Due to the fact that the mobile program was not directly linked to any specific geographical area or specific housing mandates, the Mobile program was able to operate with a singularity of focus and concentrate only on the clients with the highest need for service. The efficiency of this model was confirmed by the 2010 Shercon Associates SDL Program Evaluation which stated that the 'Mobile component of the SDL program provides care for clients who are more impaired and more resource intensive compared to clients in the Bricks and Mortar component'.

As the concept of Supports for Daily Living services began to take hold in our communities, the demand for SDL services began to exceed the capacity for in-building and hub and spoke SDL providers to meet the need. It was quickly recognized that the flexibility inherent within the Mobile service model lent itself to changing its mandate and improving capacity. In the fall of 2010, the 24hr Mobile SDL Program evolved to become a transitional model of service.

In the transitional model, the 24hr Mobile SDL Program takes on eligible clients directly from hospital living anywhere within the West Etobicoke, Mississauga and Oakville areas and supports them with intermittent visits until such time as they can be stabilized and transitioned to a more appropriate longer-term SDL provider. Clients generally fall into four different categories for their ongoing needs:

- Improved to the point of requiring less intensive services (transfer for bathing assist, CSS services, ADP, MOW, self, etc.)

- Declined to the point of requiring more intensive services (transfer to CCAC for enhanced care or LTC placement)
- Stabilized and remain SDL appropriate within SDL Providers geographical boundaries (transfer to another SDL provider)
- Stabilized and remain SDL appropriate outside SDL Providers geographical boundaries (stay on Mobile service)

As vacancies become available among SDL Hub and Spoke and In-Building providers, eligible SDL clients are transferred from the24hr Mobile SDL service to that SDL provider. Clients are informed upon intake that they are only being placed on the Mobile service temporarily until their needs stabilize and they are able to be transferred to another provider for longer term services. The standardization of the SDL framework among all SDL providers helps to minimize any difficulties experienced by the clients during a transfer process. This integrated model of services ensures the SDL capacity is used effectively and efficiently to maximize flow within the healthcare system.