NEWFOUNDLAND LABRADOR

Government of Newfoundland and Labrador
Department of Health and Community Services
Office of the Deputy Minister

SEP 12 2014

Dear [s.30(1)]

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act (the Act) [Our File #: HCS 35 2014]

On August 13, 2014, the Department of Health and Community Services received your request for access to the following records/information:

"I am requesting under the Access to Information act briefing notes, information notes, financial analyses, discussion papers and/or reports on Community Care homes."

The Department has reviewed your request in the context of the Act and is able to provide you with partial access to the information that you have requested. Portions of the enclosed records have been removed in accordance with subsection 21(b) of the Act. That section provides as follows:

s.21 The head of a public body may refuse to disclose to an applicant information

(b) that would disclose legal opinions provided to a public body by a law officer of the Crown.

Section 43 of the Act provides that you may ask the Information and Privacy Commissioner to review the processing of your access request or you may appeal to the Supreme Court Trial Division. A request to the Commissioner shall be made in writing within 60 days of the date of this letter or within a longer period that may be allowed by the Information and Privacy Commissioner.

The address and contact information of the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2nd Floor, 34 Pippy Place
P. O. Box 13004, Stn. A
St. John’s, NL A1B 3V8
Telephone: (709) 729-6309
Facsimile: (709) 729-6500
Email: oipc@gov.nl.ca

P.O. Box 8700, St. John's, NL, Canada A1B 4J6 t 709.729.3125 f 709.729.0121
In the event that you choose to appeal to the Trial Division, you must do so within 30 days of the date of this letter. Section 60 of the Act sets out the process to be followed when filing such an appeal.

Please be advised that a copy of our response to your request will be published on the Office of the Public Engagement’s website five business days after the response is mailed to you. If you have any further questions, please feel free to contact Cheryl Joy, ATIPP Coordinator, at (709)729-7010, or by email at cheryljoy@gov.nl.ca.

Sincerely,

BRUCE COOPER
Deputy Minister

/cj
/Encl.
Meeting Note
Department of Health and Community Services
Meeting with Community Care Home Owners Association
February 27, 2014 3:00 p.m.
Executive Boardroom, Department of Health and Community Services

Attendees:
Honourable Susan Sullivan, Minister of Health and Community Services
Ms. Pauline Porter, President, Community Care Home Owners and Operators Association
Ms. Mercedes Scott, Executive, Community Care Home Owners and Operators Association
Ms. Jackie Cluney, Executive, Community Care Home Owners and Operators Association
Mr. Glenn Gosse, Accountant/Business Advisor, Community Care Home Owners and Operators Association
Ms. Colleen Simms, Director, Mental Health and Addictions, HCS
Ms. Beverley Clarke, V.P., Eastern Health
Ms. Kim Baldwin, Director, Mental Health and Addictions, Eastern Health

Purpose of Meeting:
• At the request of Ms. Mercedes Scott, Executive, Community Care Home Owners and Operators Association, to hear their concerns regarding ongoing funding issues for Community Care Home Owners and Operators.

Background:
• The Community Care Program was established in the 1950s by Waterford Hospital to provide 24 hr supervised housing for discharged patients. At the time there were 21 boarding homes with a total of 266 beds.
• Today it is situated within the Housing Division of the Mental Health and Addictions Program of Eastern Health. There are 14 homes with a total of 186 beds, 19 of which have been vacant for several months.
• All referrals come from Eastern Health mental health services, mostly from Waterford Hospital. All residents have long term mental illnesses. Some have developmental disabilities, brain injuries or other disabilities.
• These homes follow Personal Care Home guidelines since about 2000 and receive the same rates, although the population they serve is distinct from those in personal care homes.
• Of the current residents, approximately 70% are over the age of 50 years with the average age being 58 years
• 80% of these residents have been in the program for many years and consider this as their home; a number of these individuals have no other housing option available to them.
• While trends are moving away from the model of care offered by Community Care Homes, there have been 24 referrals to the program over the last fiscal year with 7 individuals placed in Community Care.
• The Community Care Home model has been considered outdated for many years. Supportive housing models provide private space for individuals to promote as much autonomy as possible. Twenty four hour supervision with medication administration (as offered in community Care) is usually reserved for small numbers of high need individuals who in many instances are gradually weaned off that level of support with skill building.
Furthermore the housing stock is old and many residents are in shared bedrooms with 2 or 3 others.

- Although the best practices in mental health supportive housing suggest a movement towards more independent living, the majority of those currently living in community care homes are content in this setting and do not have other options available to them. This resident population would have difficulty accessing accommodations in the Personal Care Home setting. They require notably different supports which are provided through Eastern Health’s Mental Health & Addictions program.

- There are some differences between Community Care Homes and Personal Care Homes:
  > Community Care Homes are intended to provide supportive boarding arrangements to persons discharged from the Waterford Hospital; not personal care to seniors or physically disabled. However, many of their residents are aging in place.
  > This program has a completely different assessment, referral and licensing system. The application to community care is based on psychiatric assessment. The licenses are provided by the Mental Health and Addictions program of Eastern Health, not Community Support or Long Term Care.
  > It is not a provincial program but a specialized mental health program within Eastern Health.
  > It is a closed program in that there are 14 identified homes that provide this service and they are all within CBS/Holyrood. There is a “no growth” policy in place.
  > Nurse case managers are hired for this program only within mental health and they case manage every person in these homes.
  > There is a dedicated center for the program that offers recreation/leisure and social inclusion activities with recreation therapy workers and a recreation specialist. Staff members drive residents to activities in the community or at the center every weekday.

- An ongoing dilemma exists regarding the future of the Community Care program. While the model is outdated; the residents are generally satisfied with their accommodations. Other housing arrangements would have to be developed as existing options are not available that would meet the needs of these residents. Home operators have indicated they are having trouble financially and homes have closed for this reason.

- Prior to the development of the Personal Care Home Guidelines in the late 1990s, Community Care Homes were not part of the Personal Care Home System and indeed, they had their own Community Care Home Policies as part of the Waterford Hospital and the former Health Care Corporation of St. John’s.

- Given this is a 14 home program within Eastern Health, it was discussed at different times that an alternate model for Community care, outside the Personal Care Home system, might be pursued to see if the needs of homeowners and residents could be better met. This would mean the program would then be recognized as a specialized supportive housing program of Eastern Health.

- There has been steady correspondence and meeting requests for the Minister of Health and Community Services by the Community Care Homeowners and Operators Association for several years.
Current Status:
- Minister Sullivan last met with the Community Care Homeowners and Operators Association in January 2013. They were commended by the Minister for the valuable service they provide and were encouraged to continue meeting with Eastern Health to explore alternate models for community care that might also address their funding issue.
- Colleen Simms attended a follow up meeting at Eastern Health with the Association in April 2013. At this meeting Eastern Health officials explained they do not have any surplus funding to provide to the Home Operators. Any surplus that had been realized within the Community Care budget was being used for other supportive housing options within the program. It was also explained that Eastern Health could not fund vacant beds as that is outside of current provincial policy. It was suggested again to initiate a process of considering a different model of care for Community Care that would take them out of the Personal Care Home system. This process would include researching other housing models and reviewing current operations and guidelines with a view of creating efficiencies and changing how services are delivered.
- On June 30, 2013 the Association wrote the Premier complaining they are being “tossed back and forth between Government and Eastern Health” and funding issues not being addressed.
- In July 2013 Government announced a $50 increase to personal care home rates. The Association wrote the Premier on July 22, 2013 to say that amount would not make a significant difference.
- On August 20, 2013, Minister Sullivan replied on behalf of the Premier to both letters again asking the Association to continue to work in consultation with Eastern Health officials and Colleen Simms to identify options for what a new model of care might look like.
- On August 30, 2013 the Association responded to the Minister that this was “patronizing” and a new funding model is needed, not a new model of care. They requested a meeting with the Minister.
- On September 23, 2013, Minister Sullivan responded by acknowledging their frustration and identifying that several meetings had taken place, however, Eastern Health has identified no immediate funding to address their concerns and an alternate model outside the personal care home model must be addressed.
- Since then, Eastern Health has attempted to arrange meetings with the Association but they have refused these meetings.
- Funding in the amount of $2M annualizing to $4M has been requested in Budget 14/15 to increase the PCH/CCH subsidy rate from $1850 to $1950. A $50 increase in July and again in January 2015 is planned.

Key Messages:
- It has been a year since we last met and while we have written back and forth and other meetings have taken place, I thought it was time to get together and hear from your Association again regarding your ongoing concerns.
- I understand you have been frustrated with the perception that you have been sent back and forth between the Department and Eastern Health so I am happy to have Bev Clarke and Kim Baldwin join us. Community Care is an Eastern Health program and it is important to have them here to ensure we all hear your concerns together.
• Eastern Health’s role is very important in this process and I encourage you to continue your meetings.
• I hear that the residents of Community Care are very happy with their homes and most would never wish to leave. This is a testament to the care you provide.
• While I understand your concerns, providing funding is always a balancing act—I am in the position of trying to balance quality care with sustainability of the health care system.

Prepared by: Colleen Simms
Deputy Minister Approval:
Ministerial Approval:
February 23, 2014
Community Care Home Closure  
May 4, 2014

• The Provincial Government is committed to the services provided by Eastern Health’s community care home program.

• Our commitment to this valuable sector was highlighted by our expanded financial support community care home operators in July when we increased the monthly subsidy by $50 per client to $1,850.

• Since 2005, the monthly subsidy has grown by more than $700 from $1,138 to $1,850 per month. This increase acknowledged the increase in such operational costs as utilities and food that are experienced by operators.

• Through Budget 2014 we are again approving funding to increase the monthly subsidy rate to $1,950. This $100 increase is to offset the overall increased operating expenses being experienced by operators.

• Personal care homes, community care homes, and home care agencies play an integral role in providing care to seniors and persons with disabilities. I believe that through ongoing dialogue we can continue to advance solutions that positively impacts residents receiving care.

• Eastern Health has begun meetings with the Community Care Homeowners Association to address their concerns and explore an alternate model of care and funding arrangement, however, these discussions are just beginning.

• Eastern Health is aware the Community Care Home in Kelligrews has indicated it will be closing on May 23, 2014. They are currently completing the resident assessments for alternate placement.

• Four of the 11 residents in this home have finalized alternate placements and the remaining seven residents will be placed before May 23. There is capacity in other Community Care Homes and Eastern Health is checking suitability. It is fully expected that all residents will be placed within other Community Care Homes.
Background

• Effective July 1, 2014 the monthly subsidy rate will increase by $50 to $1900. Effective January 1, 2015 an additional increase of $50 per month, bringing the monthly subsidy rate to $1950.

• Government will also support increases to the transportation and escort/wait time rate paid to PCH/CCH owners who use a facility vehicle to transport subsidized residents to medical appointments. Effective July 1, 2014 the mileage rate will increase from $0.35/km to $0.55/km and the escort/waiting rate will be increased from $11/hr to $13/hr.

• In 2011, the Provincial Government introduced a Small Home subsidy of $2,000 per month for eligible personal care homes that have annual occupancy rates of 15 residents or less. Several of the community care homes receive this subsidy.

• The Community Care Program is situated within the Housing Division of the Mental Health and Addictions Program of Eastern Health. It is comprised of 14 privately owned homes situated in Conception Bay South that provide board and lodging, medication administration and 24 hour supervision.

• These homes follow Personal Care Home guidelines since about 2000 and receive the same rates, although the population they serve is distinct from those in personal care homes.

• While Community Care Homes are organized under the Personal Care Home model, they are a program of Eastern Health, while the Personal Care Home program is a provincial program.

• All referrals come from Eastern Health mental health services, mostly from Waterford Hospital, however self-referrals and referrals from across the province are accepted. All residents have long term mental illnesses. Some have developmental disabilities, brain injuries or other disabilities.