

Community Health Services Integration Planning Process

DRAFT Integrated Service Delivery Model for Scarborough Cluster

I. Overview

The Central East Local Health Integration Network is one of 14 Local Health Integration Networks (LHINs) established by the Government of Ontario in 2006. LHINs are community-based organizations with the responsibility to plan, co-ordinate, integrate and fund health care services at the local level. LHINs provide funding for hospitals, long-term care homes, community care access centres, community support services, community mental health and addictions services and community health centres.

This document outlines the Central East LHIN facilitated process undertaken by five community-based Health Service Providers to develop a DRAFT Integrated Service Delivery Model for LHIN-funded community health services delivered in Scarborough.

The following organizations are identified by the Central East LHIN to be members of the Scarborough Integration Planning Team:

- TAIBU Community Health Centre (TAIBU)
- Scarborough Centre for Healthy Communities (SCHC)
- St. Paul's L'Amoreaux Centre (SPLC)
- TransCare Community Support Services (TC)
- Centre for Immigrant and Community Services (CICS)

The process is now at the point of seeking broader input on whether the proposed DRAFT Integrated Service Delivery Model will improve people's experiences in accessing, receiving and/or delivering community-based health services. Therefore this document is now being shared with stakeholders - including clients and caregivers, staff, volunteers, board members, community residents and other health care partners - in order to seek their comments and ideas.

The feedback collected from stakeholders will support the development of a FINAL model which will be presented to each organization's Board of Directors for approval before presenting to the LHIN Board in July 2014.

II. Background

On February 22, 2012, the Central East LHIN Board of Directors approved a Community Health Services (CHS) Integration Strategy to address demographic pressures, adjust to changing expectations of patients and families and to meet provincial expectations on improving access, quality and value for money/investment.

The Strategic Aim for the Community Health Services (CHS) Integration Strategy is to design and implement a geographic-based service delivery model for Community Support Services agencies by 2015 through the integration of front-line services, back office functions, leadership and/or governance stated as three Strategic Aims to:

- improve client access to high-quality services,

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- create readiness (capacity) for future health system transformation and,
- make the best use of the public's investment.

In launching the strategy, the LHIN identified a number of Group 1 Community Support Services agencies that would be directed to participate in the facilitated integration process in each of the clusters. Group 1 agencies included those single or multi-service Health Service Providers (HSPs) who provide services within a clearly defined region within the Central East LHIN (including LHIN services provided through municipalities). The integration planning began with this group, and other specifically identified agencies, based on the LHIN's determination that integration would most likely achieve the greatest return on investment.

Agencies that were categorized as Group 2 (HSPs with broader affiliations – cross LHIN, provincial, national) and Group 3 (serving multiple LHIN clusters or a specific client population) were to be included in later phases of the strategy. The Central East Community Care Access Centre was not included in the CHS Integration Strategy.

The process was initiated in the Durham Cluster in April 2012 and was planned to roll out as follows to the other Clusters:

- Durham Cluster Start: April 2012 Finish: March 2014
- Scarborough Cluster Start: Nov 2012 Finish: Nov 2014
- Northeast Cluster Start: June 2013 Finish: March 2015

Adjustments to the CHS Integration Strategy phasing in the Scarborough and Northeast Clusters were required to support the alignment with provincial priorities including Health Links and Small Rural Northern Hospital Transformation Fund implementation in the Northumberland, City of Kawartha Lakes and Haliburton communities. Therefore the Scarborough Integration Planning Team (IPT) began their work in August 2013.

III. Current State – Services and Access

Scarborough has the highest population density, the largest concentration of visible minorities and cultural diversity, and the highest levels of low income families in the Central East LHIN.

The IPT is aware that base budget increases within the community support services sector are unlikely in future years, and investments of the LHIN and the province will likely be targeted to priority initiatives and to Health Service Providers who are working in an integrated manner to best meet the needs of clients and their caregivers. The Integration Planning Team (IPT) conducted a process to map out the current state of service delivery and access to services. Currently the five organizations provide a wide variety of community health and support services from locations across Scarborough to over 45,000 clients, with a combined budget of over \$40 million annually to deliver these services. Over \$18 million is provided by the Central East LHIN and

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other revenue sources, such as other Provincial Ministries, Federal and Municipal government, grants, fundraising, donations and client user fees, are also used to support both LHIN and non-LHIN funded programs.

Collectively, the organizations involved in this facilitated integration serve the multicultural region of Scarborough in the City of Toronto, the Black population across the Greater Toronto Area and newcomers and immigrants. Together with other LHIN-funded and non-LHIN funded community and health care partners, their focus is on providing quality services to the residents of Scarborough and surrounding areas.

These organizations serve clients with diverse and complex health and social needs. The following provides a brief description of each organization, their mandate and clients served:

- TAIBU is a community health centre with primary health care and health promotion services for the Black community across the GTA as its priority population. It also serves all the residents of the Malvern neighbourhood. Clients outside the Malvern neighborhood geographical area represent 45%, with the majority being from Durham Region. Clients range in age from prenatal to older adults and 55% have income levels that are less than \$40,000. The main health and social issues addressed include chronic conditions such as diabetes, hypertension, mental health, sickle cell disease and other social determinants of health including racism, poverty and unemployment. TAIBU's service delivery model is embedded in Afrocentric principles that use a community development and community capacity building approach.
- Scarborough Centre for Healthy Communities (SCHC) is a multiservice community health organization that supports the health care needs of Scarborough's at-risk population. They provide primary care through its community health centre, services to seniors through its community support services, and help individuals and families lacking basic needs through its social support services. The organization meets the holistic health needs of the communities of Scarborough by addressing many aspects of health including physical, mental, social, financial and environmental. The organization serves six of the priority neighbourhoods within the City of Toronto identified by United Way in their Strong Neighbourhood Report of 2005. Through the promotion of healthy lifestyles and the delivery of a diverse range of health and social services, the SCHC cultivates vital and connected communities. Scarborough Centre for Healthy Communities serves clients from prenatal to end of life, with many clients being newcomers, living in poverty, with several chronic conditions, facing social isolation, afflicted with mental health and addictions issues. Predominant languages of their clients are English, Tamil, Hindi and Chinese. More than 40% of SCHC's clients are older than 65 years of age.
- St. Paul's L'Amoreaux Centre is a multiservice community support services organization that supports healthy aging by providing client-centred housing, programs and services that meet the needs of diverse older adults. The ages of clients range from 18 - 102 years, with the predominant languages being Cantonese, Mandarin and English; others include Tamil, Greek, Armenian and Tagalog. The

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health conditions of clients include Alzheimer's disease, mental health, chronic diseases, and sight and hearing impairments. Social characteristics include newcomers to Canada, low income, limited English/French language, lack of family support, lack of information or knowledge of the health care system, and access to resources.

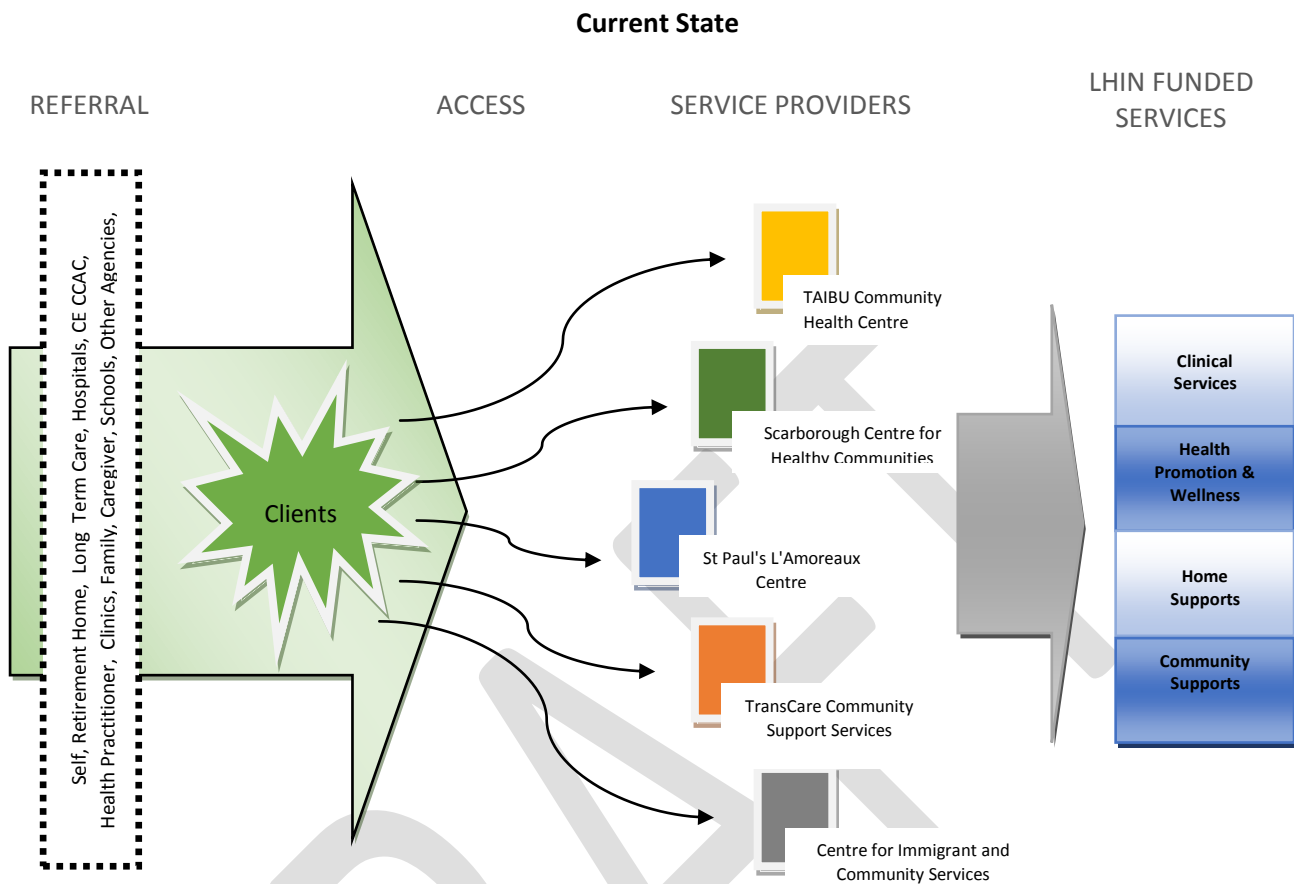
- TransCare Community Support Services (TC) is a multiservice community support services organization that provides quality support services that improve health and well-being in the community. The organization serves four priority neighborhoods within the City of Toronto – Scarborough Region identified by the United Way in their Strong Neighbourhood Report 2005. Clients are seniors and younger adults with disabilities (mental, medical, or physical). The catchment area has a high prevalence of chronic health conditions such as vascular disease including diabetes, high blood pressure and heart disease; mental health and addictions; and palliative and end of life care needs. Programs are designed to improve or maintain cognitive, social, emotional and physical functions. Client Intervention and support strategies range from immediate assistance in crisis situations, to navigation of the health care system, to finding long-term solutions to needs that impact health and well-being.
- The Centre for Immigrant and Community Services empowers immigrants in settling and integrating as contributing members of Canadian society through providing diverse, professional and innovative services. Settlement services are available to newcomers and longer-term immigrants who experience language or cultural barriers in 20 languages, with mostly Chinese and South Asian clients. LHIN funded services are geared towards seniors and focused on crisis intervention and counseling, health promotion, exercise and social activities.

To view the Scarborough Cluster CHS Current State diagram of services, please see page 17 of this report.

The diagram below illustrates how people currently access the LHIN-funded health services delivered by the Scarborough organizations involved in this facilitated integration.

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IV. Strengths, Challenges, Trends and Issues

Prior to drafting a Directional Plan (to be described in the next section of this report), the IPT engaged in a process that identified their individual and collective strengths, common challenges facing each organization and their clients and ongoing or emerging trends and issues. Each of these areas was considered in discussions as the IPT looked at their shared current state and possible future states.

Some key areas for consideration were summarized as follows:

Strengths: A focus on quality and client outcomes provided through a health equity lens, a wide range of services that are based on addressing the social determinants of health, committed and experienced staff, a loyal and diverse volunteer base, a wide network of partners and stakeholders, creativity and innovation that attracts resources and adds value, and adaptability to changing and emerging needs in the population.

Challenges for Clients: Costs to the client related to fees for service, confusion on how to navigate the system, wait lists for some services, and difficulty to travel within Scarborough as a barrier to accessing services.

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Challenges for Organizations: The ability of clients to pay for services and the necessity to subsidize program fees with related impact on revenues, lack of base revenue increases from funders, ability to offer competitive salaries and benefits relative to other sectors of the health care system with impact on recruitment and retention, cost of training employees and volunteers, and fundraising limitations.

Trends and Issues: Changing population demographics, increasing need for mental health and dementia supports, and lack of awareness of available services.

V. Creating the Directional Plan that Guided the Process

A key step in the process brought governor and leadership representatives from the five organizations together in November 2013 for a facilitated strategy session to reinforce a shared understanding of the Governors' role in the facilitated integration process, develop integration options to explore, determine success criteria to guide the establishment and evaluation of integration options and to provide direction to the IPT to inform their next steps and planning process.

This resulted in the creation of a Directional Plan that contained **five integration options** for the IPT to explore as they began to develop a DRAFT Integrated Service Delivery Model. In approving the Directional Plan, each Board agreed that the analysis by the IPT should include consideration of the identified success criteria and answer a set of questions posed for each option. A description of the five options, success criteria and factors to be considered are outlined in the table below:

Directional Plan Options and Success Criteria		
Option	Success Criteria	Factors that may need to be considered
1. Improved Sharing of Current and Best Practices: Formation of best practices committee that includes LHIN or provincial representative, and provide information about best practices to all the organizations.	<ul style="list-style-type: none"> • Meaningful for clients • Front line staff are prepared to use the information 	For each proposed option: <ul style="list-style-type: none"> • What is the impact on clients? • What is the impact on staff? • No aggregate job loss • Maximize positive client experience/outcomes • What is the impact on the mission, vision and values for each organization? • What budget is required, i.e. initial and ongoing? • What are the requirements for sustainability of the option, e.g. growth/capacity etc? • What is the timeframe for planning and implementation? • Who leads the change? • Who is in scope/out of scope (i.e. which organizations)? • What is the impact on stakeholders? • In considering the social determinants of health, what is the wider impact • Any change must take into account access and equity • What is the impact on volunteers?
2. Client service intake/referral process consolidation: Provide more efficient and effective intake at agency and client level, and standardize eligibility of clients and awareness of breadth of services. This may have a back office impact.	<ul style="list-style-type: none"> • Provides capacity • Provides better access for clients 	
3. Client services integration (meals, adult day, etc.): Select services based on client. This may have a back office impact.	<ul style="list-style-type: none"> • Executive Directors determine 	
4. Back Office integration (HR, IT, Finance, etc.): Opportunity for stronger system, quality, cost effectiveness, and standardization.	<ul style="list-style-type: none"> • Provides savings that can be reinvested in the cluster agencies • Improves client services 	
5. Reducing the number of LHIN-funded organizations: Structural integration of two or more LHIN-funded organizations	<ul style="list-style-type: none"> • Meets integration strategic aims and goals 	

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VI. The Analytical Process

Rather than proceed further in the facilitated integration process as outlined in the Directional Plan, the Board of Directors from the Centre for Immigrant and Community Services declared to the Central East LHIN, their willingness to transfer their LHIN-funded services to another organization. Although the Centre for Immigrant and Community Services did not actively participate on the Integrated Planning Team following the approval of the Directional plan, they did participate as needed, and their LHIN-funded services have been part of the planning and analysis discussions.

The four other organizations continued to focus on the **five integration options** in order to develop a DRAFT Integrated Service Delivery model and organized their work into a series of iterative steps.

Step 1: Review of work in other Central East LHIN CHS Integrations

Other previous and ongoing CHS agency integration planning processes and documents were reviewed to determine what sub-options might be considered for the Scarborough cluster. Most sub-options reviewed fell under the categories of Client Services Integration, Back Office Integration or Reducing the number of LHIN-funded agencies (Structural Integration).

After initial review and analysis, a shorter list of sub-options was identified for further analysis for each of the integration option categories as outlined below:

1. Best Practices Committee:
To be further defined by the IPT once the draft service delivery model was identified.
2. Intake and Referral Process Consolidation:
 - Consolidation of client intake into one agency OR
 - Standardization of the intake process and tools across all agencies
3. Client Services Integration:
Defined as LHIN-funded services delivered by two, three or four of the organizations in the Scarborough Cluster. Thirteen services were considered for transfer according to two possible scenarios – coordination by a lead agency where the services remain with the current agency(s) or consolidation of services through the transfer of services to one agency. These services included: Assisted Living, Crisis Intervention and Support, Day Services, Homemaking, Meals Delivery, Respite, Social and Congregate Dining, Transportation, Visiting Social and Safety, Caregiver Support, Diabetes, Health Promotion/Education and Community Development, and Primary Care.
4. Back Office Integration:
Defined as the sharing or transferring of resources among two or more agencies for one or more back office functions. Functions considered included: Finance, Payroll, Human Resources, Information

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Technology, Employee Benefits, Pension, Volunteer Recruitment and Training, Decision Support and Quality Improvement.

5. Structural Integration:

- One New Entity: Defined as creating one (potentially new) multiservice Community Health Services (CHS) organization for all LHIN funded services for the region of Scarborough
- Two New Entities:
 - Based on Geography: Defined as creating two (potentially new) multiservice CHS organizations
 - For the two geographic boundaries of the Scarborough Health Links **OR** For an east west geography
 - Based on Services: Defined as creating:
 - A single Community Health Centre organization for Scarborough **AND** A single Community Support Services organization for Scarborough

Step 2: Type of Integration, Pros and Cons, Risks, Finances and Key Considerations

All sub-options were discussed and analyzed using a four part process developed through previous community health services integration processes that examined the type of integration; pros and cons; risks; and finances. The IPT also added a number of “key considerations” to their review including the importance of multiservice organizations offering a “basket of services” for optimizing client access and transitions to care; the interdependencies of referrals and delivery that have developed between community support services within an organization; other revenue sources; and agency operations that supplement LHIN funded services. TAIBU's specialized population mandate, and St. Paul's L'Amoreaux Centre's relationship with the Anglican Diocese of Toronto were also acknowledged as key considerations. The tables created during this step of the process were again reviewed prior to selection of the elements of the Draft Integrated Service Delivery Model.

Step 3: Application of the Decision Making Framework, Scoring of Elements (sub-options) against Integration Drivers and Review of the Success Criteria

A very detailed evaluation framework was designed to support the selection of elements for the Draft Integrated Service Delivery Model that included the following:

- Central East LHIN Decision Making Framework—The decision making criteria are: Legislative Barriers; Strategic Alignment; Economics and Cost Realignment; Quality; Service enhancement including increasing access, ensuring equitable access , improving population health, avoiding service redundancy, reducing a gap; Client Experience and Continuity of Care; Autonomy; Adaptability and Sustainability; Implementable/Practical Realities; Capacity to Engage the Community in Fundraising and Volunteering; and Do no Harm. For the full LHIN Decision Making Framework, please visit the LHIN web site at www.centraleastlhin.on.ca. and click on [“Resource Documents – Planning – Decision Making](#)

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Framework/Health Equity Assessment.”

- Integration Driver Diagram ¹ [see attached]; and the seven primary pressures for integration – The drivers are: Economics, Demand for Service, Planning and Program Complexity, Human Resources Supply, Changing Nature of Care, Governance and Back Office
- Success Criteria and Factors (see previous table on Directional Plan Options and Success Criteria)

The potential impact of elements (sub-options) under the four service-related options categories (i.e. best practices, intake and referral, service transfers and structural options) were scored for their ability to address seven integration drivers and pressures related to the community services sector. In addition, each service element (sub-option) was evaluated using financial information, client demographics, service delivery models and maps that showed distribution of clients across Scarborough by program. The Back Office options were evaluated using primarily a financial analysis. Finally, each element was reviewed against the success criteria and factors established by the Governors in the Directional Plan.

VII. Key Elements of the DRAFT Integrated Service Delivery Model

The proposed DRAFT Integrated Service Delivery Model confirms that TAIBU Community Health Centre, Scarborough Centre for Healthy Communities, St. Paul's L'Amoreaux Centre, Centre for Immigrant and Community Services and TransCare Community Support Services, participating in this Scarborough facilitated integration, will continue to exist and provide services to their respective communities and priority populations. However, a transfer of funding for the two LHIN-funded services that currently exist at the Centre for Immigrant and Community Services will require a termination of their Multi-Service Accountability Agreement with the LHIN and effectively mean that CICS will no longer be a LHIN-funded agency. An enhancement of services in the other four agencies will be pursued through the opportunities presented in this DRAFT Service Delivery Model.

A. Best Practices Committee

A Best Practices Committee, established by senior leaders of the IPT Health Service Provider organizations, will be created in **partnership** with other providers such as the CCAC, hospitals and other community support services agencies in Scarborough. The goal will be to improve access and delivery of services across the Scarborough region by identifying and incorporating best practices. Improvements will be tested and implemented using a quality improvement methodology and will attempt to standardize 'like' services to the extent possible to ensure clients can access similar services throughout Scarborough.

Potential Benefits include:

- Improved collaboration among partners to share knowledge
- Enhanced capacity within the Health Service Provider organizations that will help prepare for future health care needs in Scarborough

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- Improved design and delivery of services for clients
- Improvements to client outcomes

This Committee will consider input from existing networks and groups in Scarborough and establish a Terms of Reference. Other agencies across the LHIN may be approached to support the sharing of information regarding Best Practices and/or expertise on quality improvement and evaluation.

Some of the initial areas the Committee will consider include:

- Completing an analysis of how services are accessed to ensure they are equally available across the region
- Developing program delivery models that provide clients with more options for programs that are more suitable to their needs - Homemaking, Visiting Social & Safety, and Social and Congregate Dining models have been identified as programs that may benefit
- Establishing common communication approaches about the value of community health and support services and how to access these services
- Reviewing fees for services and assessing how to improve access to services for low income clients
- Optimizing opportunities to use student placements and volunteers to maximize effectiveness of paid staff - Assisted Living program has been identified as a program that may benefit

B. Standard Intake and Referral Task Group

As the needs of clients become increasingly more complex and referrals to community health and support services increase, the need for a standard, more stream-lined process to ensure that clients have timely and efficient access to community-based health services also increases. The three community support services organizations - Scarborough Centre for Healthy Communities, St. Paul's L'Amoreaux Centre and TransCare Community Support Services - will **partner** with other providers such as the CCAC, hospitals and other community support services agencies in Scarborough to form a Task Group. The goal is to create a standard intake and assessment process for all clients requiring community support services in Scarborough regardless of the agency they access.

Potential Benefits include:

- Improved ability to connect clients with the right programs, in the right place, to address their needs
- Reduced duplication and repetition in the intake and assessment processes for clients who require more than one service or services from more than one organization
- Streamlined and standardized processes and tools for intake and assessment among partnering organizations
- Streamlined internal operations within organizations to ensure a consistent process
- Reduced need to have clients repeat information when accessing services

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Some initial areas the Task Group will consider include:

- Reviewing current intake and assessment processes for access to Community Support Services programs and services
- Standardizing the use of tools for intake and assessment
- Reviewing requirements for informed consent and implications for sharing information including personal information

C. Client Services Integration

C1. Crisis Intervention and Support

Crisis Intervention and Support provides case management to clients with different types of crisis needs until the situation is stabilized and a plan of care is in place. It may provide an important link to other services within an organization or to services provided by other organizations.

The service provided at the Centre for Immigrant and Community Services (CICS) will be transferred to another service provider in Scarborough. The process to determine the successful provider will be determined through a Request for Service (RFS) process led by CICS in collaboration with the Central East LHIN. Details of the process will be broadly communicated as they become available.

The IPT does not suggest integrating the crisis intervention services currently provided at St. Paul's L'Amoreaux Centre and TransCare Community Support Services.

C2. Social and Congregate Dining

Social and Congregate Dining services promote health and wellness and may include a nutritious meal. The service currently provided by the Centre for Immigrant and Community Services has a social and health promotion focus for Chinese seniors, and does not include a meal service like the other organizations in the IPT. This service will be transferred to another service provider in Scarborough. The process to identify the successful provider will be determined through a Request for Service (RFS) process led by CICS in collaboration with the Central East LHIN. Details of the process will be broadly communicated as they become available.

The IPT does not suggest integrating the social and congregate dining services currently provided at Scarborough Centre for Healthy Communities, St. Paul's L'Amoreaux Centre and TransCare Community Support Services.

D. Back Office Integration

A number of potential areas for back office integration were considered - Finances, Payroll, Human Resources, Information Technology, Employee Benefits, Pension, Volunteer Recruitment and Training, Decision Support and Quality Improvement – and the following three elements are being suggested as components of the Integrated Service Delivery Model.

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D1. Procurement of Supplies

Procurement is presently a non-centralized function that is shared by different personnel in different departments within each of the Scarborough organizations. By coming together in a **partnership** for procurement of program and office supplies, printing and communications materials, TAIBU, Scarborough Centre for Healthy Communities, St. Paul's L'Amoreaux Centre and TransCare Community Support Services will attempt to save costs of supplies through cooperating on the procurement process and bulk purchasing.

Potential Benefits include:

- Improved group purchasing power
- Opportunity for savings from decreased item costs to be reinvested into service delivery
- Opportunities for sharing resources that may result in savings to reinvest into service delivery

D2. Information Technology Support

Organizations use information technology support to ensure the ongoing function of their hardware, software and business programs that support their day-to-day business operations and service delivery. Some IT support is provided through a Help Desk for trouble shooting and other support is provided onsite for computer configuration, and/or back up of information. TAIBU and Scarborough Centre for Healthy Communities will explore whether a **joint purchase of service or transfer of service** will produce cost savings without affecting organizational capacity and operating processes.

Potential Benefits include:

- Standardization in support service across the two organizations
- Potential savings that can be reinvested back into front line services

D3. Volunteer Recruitment and Training

There are approximately 1500 active volunteers with Scarborough Centre for Healthy Communities, St. Paul's L'Amoreaux Centre and TransCare Community Support Services who provide vital support in the delivery of front line services and administrative support to these organizations and their clients. Without the valuable experience, time and commitment of these individuals, these organizations would not be having the impact in the communities they serve. In a **partnership** to sustain and build upon the important functions of recruitment and training opportunities, Scarborough Centre for Healthy Communities, St. Paul's L'Amoreaux Centre and TransCare Community Support Services will collaborate and identify opportunities for improvement that may include: increasing skills of the volunteers, conducting joint training, raising volunteers' awareness of volunteer opportunities in Scarborough that will improve their experiences, and standardizing recruitment activities.

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Potential Benefits include:

- Opens new opportunities for volunteers to be matched and work in other organizations
- Standardization of training for common areas across organizations, such as health and safety
- Cost savings from efficiencies that may be put back into front line services

VIII. Future State – Summary of the DRAFT Integrated Service Delivery Model for Scarborough Cluster

Throughout the planning process the IPT referenced the goals of CHS Integration process

- improve client access to high-quality services,
- create readiness (capacity) for future health system transformation and,
- make the best use of the public’s investment.

The diagram on page 5 shows how people currently access services provided by the five organizations involved in the Scarborough Cluster Group 1 Community Health Services Integration Planning Process. The diagram on page 16 shows that people will continue to access services in the same way in the future as proposed in the DRAFT Integrated Service Delivery Model with the exception being that the Centre for Immigrant and Community Services will no longer be a LHIN-funded agency. The improvement in quality of services will be pursued through the work of the Best Practices Committee and the Intake and Referral Task Group. Through more collaborative relationships and partnerships, the proposed DRAFT Service Delivery Model would lead to standardization in how local residents would access the three organizations that offer community support services – Scarborough Centre for Healthy Communities, St. Paul’s L’Amoreaux Centre and TransCare Community Support Services and more equity in the services available to every client.

Integration Elements	Description	Agencies Involved	Next Steps
A. Best Practices Committee – partnership to be established by senior leaders	The goal will be to improve access and delivery of services across the Scarborough region by identifying and incorporating best practices. Improvements will be tested and implemented using a quality improvement methodology and will attempt to standardize ‘like’ services to the extent possible to ensure clients can access similar services throughout Scarborough.	<ul style="list-style-type: none"> • TAIBU Community Health Centre • Scarborough Centre for Healthy Communities (SCHC) • St. Paul's L'Amoreaux Centre (SPLC) • TransCare Community Support Services (TC) <u>Non-IPT members</u> <ul style="list-style-type: none"> • CECCAC • Hospitals • Other CSS organizations 	<ul style="list-style-type: none"> • Establish project charter • Engage stakeholders • Draft business plan
B. Standard Intake and Referral Task Group – partnership to be established by senior leaders	The goal is to create a standard intake and assessment process for all clients requiring community support services in Scarborough regardless of the agency they access.	<ul style="list-style-type: none"> • Scarborough Centre for Healthy Communities (SCHC) • St. Paul's L'Amoreaux Centre (SPLC) • TransCare Community Support Services (TC) <u>Non-IPT members</u> <ul style="list-style-type: none"> • CECCAC • Hospitals • Other CSS organizations 	<ul style="list-style-type: none"> • Establish project charter • Engage stakeholders • Draft business plan

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C. Client Services Integration: Defined as LHIN funded services delivered by two, three or four of the organizations in the Scarborough Cluster			
C1. Crisis Intervention and Support – transfer of funding/services	Crisis Intervention and Support provides case management to clients with different types of crisis needs until the situation is stabilized and a plan of care is in place. This service may provide an important link to other services within an organization or to services provided by other organizations.	<ul style="list-style-type: none"> • Centre for Immigrant and Community Services (CICS) – Transfer of Service • Agency receiving service – to be determined through a Request for Service process led by CICS and supported by the Central East LHIN 	<ul style="list-style-type: none"> • CICS to develop process with LHIN support • RFS created
C2. Social and Congregate Dining – transfer of funding/services	Social and Congregate Dining services promote health and wellness and may include a nutritious meal. The service currently provided by the Centre for Immigrant and Community Services has a social and health promotion focus for Chinese seniors, and does not include a meal service like the other organizations in the IPT.	<ul style="list-style-type: none"> • Centre for Immigrant and Community Services (CICS)- Transfer of Service • Agency receiving service – to be determined through a Request for Service process led by CICS and supported by the Central East LHIN 	<ul style="list-style-type: none"> • CICS to develop process with LHIN support • RFS created
D. Back Office Integration: Defined as the sharing or transferring of resources among two or more agencies for one or more back office functions			
D1. Procurement of Supplies – partnership	Procurement is presently a non-centralized function that is shared by different personnel in different departments within each of the Scarborough organizations. By coming together in a partnership for procurement of program and office supplies, printing and communications materials, agencies will attempt to save costs of supplies through cooperating on the procurement process and bulk purchasing.	<ul style="list-style-type: none"> • TAIBU Community Health Centre • Scarborough Centre for Healthy Communities (SCHC) • St. Paul's L'Amoreaux Centre (SPLC) • TransCare Community Support Services (TC) 	<ul style="list-style-type: none"> • Partners meet to discuss scope and opportunities • Project charter developed • Business case drafted
D2. Information Technology Support – joint purchase of service or transfer of service or partnership	Organizations use information technology support to ensure the ongoing function of their hardware, software and business programs that support their day-to-day business operations and service delivery. Some IT support is provided through a Help Desk for trouble shooting and other support is provided onsite for computer configuration, and/or back up of information.	<ul style="list-style-type: none"> • TAIBU Community Health Centre • Scarborough Centre for Healthy Communities (SCHC) 	<ul style="list-style-type: none"> • Partners meet to discuss scope and opportunities • Project charter developed • Business case drafted
D3. Volunteer Recruitment and Training – partnership	In a partnership to sustain and build upon the important functions of recruitment and training opportunities, agencies will collaborate and identify opportunities for improvement that may include: increasing skills of the volunteers, conducting joint training, raising volunteers' awareness of volunteer opportunities in Scarborough that will improve their experiences, and standardizing recruitment activities.	<ul style="list-style-type: none"> • TAIBU Community Health Centre • Scarborough Centre for Healthy Communities (SCHC) • St. Paul's L'Amoreaux Centre (SPLC) • TransCare Community Support Services (TC) 	<ul style="list-style-type: none"> • Partners meet to discuss scope and opportunities • Project charter developed • Business case drafted

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IX. Conclusion

The IPT is now seeking input about the proposed DRAFT Integrated Service Delivery Model through a targeted engagement process with other health and social service providers, front line staff, clients, caregivers, volunteers, donors, and other funders.

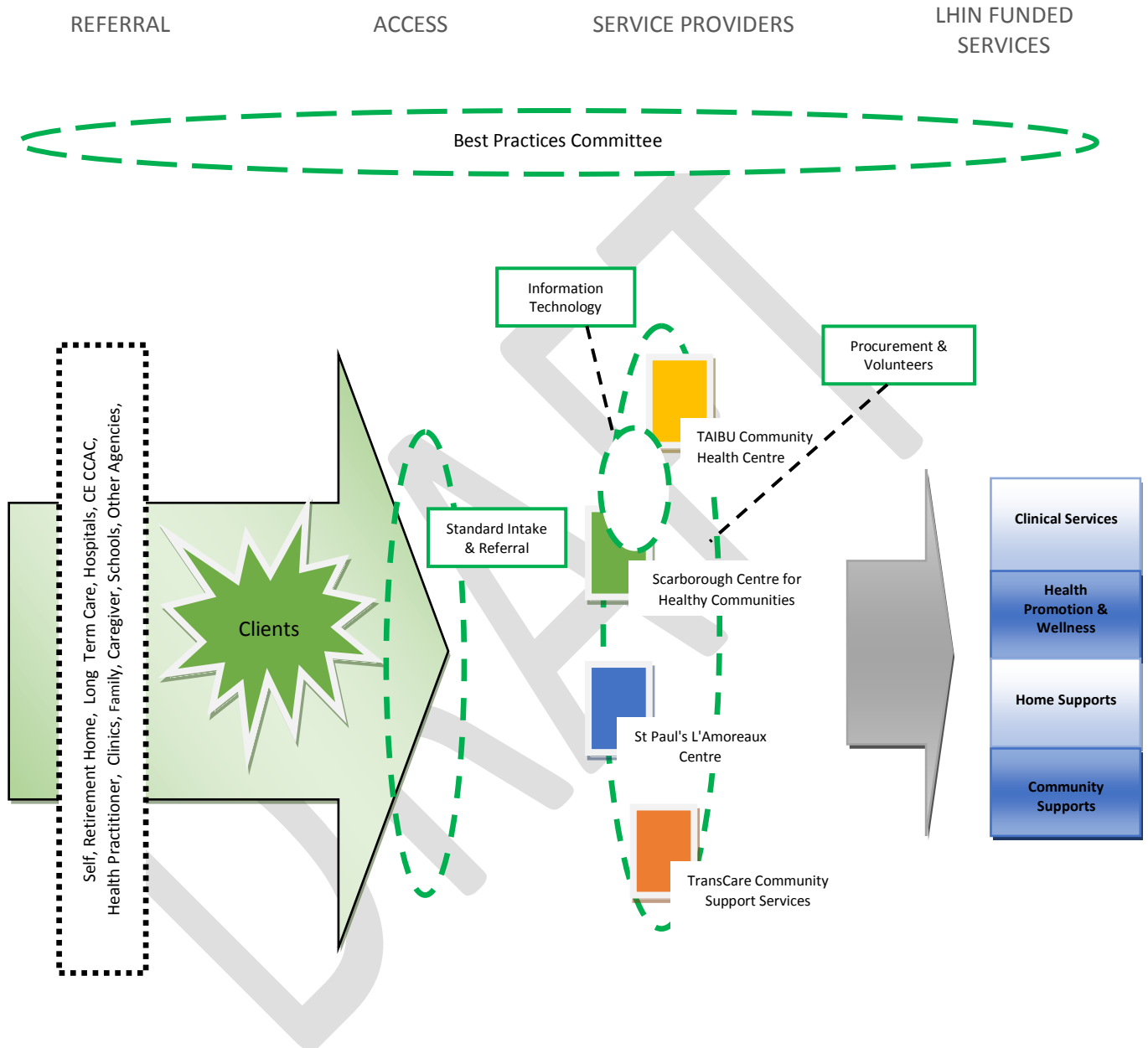
We look forward to hearing from our stakeholders on the recommendations contained within this proposed DRAFT Integrated Service Delivery Model and we will ensure the feedback received will be considered and reflected in the FINAL document. The FINAL document will be presented to the IPT Boards in June 2014 and to the LHIN Board in July 2014.

DRAFT

Community Health Services Integration Planning Process

DRAFT Integrated Service Delivery Model for Scarborough Cluster

Future State



Community Health Services Integration Planning Process

DRAFT Integrated Service Delivery Model for Scarborough Cluster

Current State Scarborough Cluster

