

Supporting Continuing Care in Indigenous Communities

Building Communities of Care

Alberta Health & Alberta Health Services

October 22, 2018

Presentation Agenda



Commitments to Building Relationships



Continuing Care Overview



Working in Partnership to Determine
Community Needs and Service Model



Building Communities of Care Overview

Commitments to Building Relationships

Moving forward together

- Reconciliation with Indigenous peoples and communities; moving forward together.
 - AH and AHS' have committed to:
 - United Nations Declaration on the Rights of Indigenous Peoples
 - Truth and Reconciliation Commission's Calls to Action
 - Prioritization of Indigenous health through development of strategies and frameworks
 - Emphasis on building and renewing relationships with Indigenous peoples and communities in Alberta
 - Involvement of Indigenous communities in health care service and infrastructure planning

Indigenous Health Program

Who We Are

- For Continuing Care, the Indigenous Health Program (IHP) provides engagement support to the Building Communities of Care program.
 - The Indigenous Health Senior Advisors are the first point of contact if your community is interested in continuing care.
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Continuing Care Overview

What is Continuing Care?

- A continuum of care services; home-based services at one end (known as Home Care) and facility-based services at the other (supportive living and long-term care).
 - People who receive continuing care are not defined by age, diagnosis or the length of time they may require service, but by their specific unmet need for care.
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Home Care

- Professional and personal care services and supports provided to a person in their home
 - Can be provided in congregate settings such as Seniors Lodges
 - On reserve: Offered through the First Nation and Inuit Home and Community Care (FNIHCC) program
 - Off reserve (including Metis Settlements): Offered and funded by AHS home care programs
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Supportive Living

- Home-like, congregate setting that offers accommodation services, such as meals and housekeeping
 - “Designated” Supportive Living (DSL) means that AHS coordinates access to a specific number of spaces (beds)
 - Health and personal care services may be provided by the operator
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Designated Living Options – Levels of Care

DSL3

- Stable medical conditions
- Minimal assistance needed to mobilize
- 24/7 on-site HCA
- On-call RN

DSL4

- Stable medical conditions, but may be complex
- 24/7 on-site HCA & LPN
- On-call RN

DSL4D

- Same as DSL4
- D = dementia care
- Increased care supports
- May be a secure living environment

LTC

- Complex, unpredictable medical needs
 - 24/7 on-site HCA, LPN and RN
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Other Continuing Care Supports

- **Respite Care:** individual can stay for short-term care to give a family care giver a break/vacation
 - **Restorative Care:** individuals who need a short-stay in order to maximize their mobility and function with the goal of returning home, particularly after an illness or hospital stay
 - **Palliative and End-of-Life:** to support individuals who are at end-of-life, as well as their families (similar to a hospice)
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Continuing Care in Indigenous Communities

GUIDEBOOK



Resource for Continuing Care

The Guidebook is available on the
AHS website

www.ahs.ca

- Search *Indigenous Health* →
Resources

OR

- Search *Continuing Care* →
*More Information and
Resources*

The Guidebook is updated regularly
to ensure that the content is current
and accurate.



Continuing Care in Indigenous Communities Guidebook

- Continuing Care in Indigenous Communities Guidebook
 - Developed by AHS (Indigenous Health and Provincial Continuing Care) in consultation with Indigenous representatives, Indigenous Services Canada, the Government of Alberta, and Canada Mortgage and Housing Corporation.
 - Provides information on:
 - Continuing Care overview
 - Needs assessment process
 - Building a business case
 - Funding – capital vs. operational funding options
 - Accommodation charges
 - Financial assistance for adults and elders in care
 - Contract process
 - Licensing and standards for continuing care
 - Innovative approaches to building design and care delivery
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Indigenous Communities Needs Assessment

Overview

- Collaboratively identifying the unique health requirements and unmet needs of each Indigenous community will help determine the capacity solutions.
 - This process will ensure that health service appropriateness and cultural sensitivity are integrated into the decision making process, while providing flexible options to accommodate each community's need.
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A New Approach

- The current model for assessing capacity needs, known as the Continuing Care Capacity Needs Assessment (CCCNA) is based upon the entire population of Alberta, which includes the Indigenous population.
 - The model requires enhancements to better inform the capacity requirements of Indigenous communities within standard planning areas.
 - The new model will account for the unique cultures, demographics, access deficits, and service delivery considerations of Indigenous communities.
 - AHS will work with Indigenous communities that have expressed an interest in Continuing Care to custom-build a capacity solution that best meets community needs.
 - Population and client preference information will define service gap which informs Indigenous Communities Needs Assessment (ICNA) process.
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Community Data

- Customizing capacity solutions and key considerations:
 - Population Numbers and age groupings (e.g. 55+, > 65)
 - On / Off Reserve population
 - Willingness or ability to travel
 - Preference of location of proposed services
 - Catchment consideration (e.g. letters of support)
 - What existing services are available
 - What are the service preferences (i.e. CC, wrap-around support, and Addiction/Mental Health)
 - Unmet need to be addressed within the community.
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Validation and Refinement

- The Continuing Care Capacity Needs Assessment (CCCNA) relies on validated demand forecasts at the AHS sub-zone service area level.
 - The Indigenous Communities Needs Assessment (ICNA) requires similar validation at the individual community level, and more customization of capacity solutions. Community consultations will inform the model.
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Building Communities of Care Grant Opportunities

What is Building Communities of Care?

- Building Communities of Care is a new program that replaces the Affordable Supportive Living Initiative.
- The Building Communities of Care program will support health outcomes and quality of life for all Albertans by increasing access to appropriate and high quality continuing care spaces where they are most needed.

What communities are telling us?

- The number of Albertans waiting for facility-based continuing care is increasing.
- Communities want continuing care close to home and community; not having to be moved away again
- Need for culturally appropriate continuing care spaces when residing at home is no longer an option
- Current infrastructure/capacity is limited

Grant Opportunities

- This new program has two grant funding components specifically for Indigenous communities.
 1. **Business Case Development grants** to support needs assessment and business case development. One-time only grants.
 2. **Capital grants** to support the building of culturally appropriate facility-based continuing care spaces.

Important Notes

- Communities will be notified of the program details once the program is released, but it will include a grant program to support the development of business cases.
- As the budget for this program is finite, a competitive process will be used to ensure that funding is distributed base on communities with the highest need.

Who can apply?

- When the Building Communities of Care grant initiative stage opens, it will be available to:
 - Indigenous Organizations (legal entities)
 - First Nations, including incorporated entities Tribal Councils and Treaty Organizations
 - Metis Settlements
 - Metis Settlements General Council
 - The Métis Nation of Alberta Association
 - Indigenous owned business and development corporations
 - Indigenous not-for-profits organizations, with a mandate related to the objectives of the Building Communities of Care program.

Key Considerations: Capital costs

Potential sources of Capital Funding:

- Community funded and/or private partnerships
- Government of Canada
 - Canadian Mortgage and Housing Corporation e.g. seed funding for Business Case Development, housing both on (in partnership with ISC) and off reserve; home modifications and/or renovations for homes on reserve
- Government of Alberta
 - Indigenous Relations (through FNDF - on reserve only)
 - Alberta Health (will be open to all Indigenous communities)
 - Seniors and Housing (open to off reserve only)

Key Considerations: Operating Costs

Potential Sources of Operational Funding:

- For Accommodation Services (e.g. meals, housekeeping, maintenance, utilities)
 - Revenue from accommodation charges/rent
 - Indigenous Services Canada – Assisted Living program (limited funding for residents of sites on reserve only)
 - Community funded and/or private partnerships
- For Care Services (e.g. health and personal care)
 - Operational funding contract with Alberta Health Services (AHS)
 - Community funded and/or private partnerships

Key Considerations: Innovative design

- Smaller group home-style sites
- Sites co-located with other health, housing, child care, community services – with funding pooled from various sources for shared services
- Partnering with surrounding communities and/or organizations
- Examples around Canada
 - Jimmy Erasmus Seniors' Home in Behchoko (NT)
 - Elders' Lodge on Sagamok Anishnawbek First Nation (ON)
 - Bill George Extended Care Facility in Sioux Lookout (ON)
 - XaaydaGaDlaang Society building (wellness centre) in Skidegate (BC)
 - Abbeyfield House (AB, High River)
 - Laneway Homes (AB, Calgary)
 - Inglewood House (AB, Calgary)

More Information Coming Soon

- Please Stay Tuned – More Information Coming Soon!

Key Contacts

Get the process started

Email: Indigenoushealthprogram@ahs.ca

Questions on the Needs Assessment

Email: Dion.Pasichnyk@ahs.ca or Niall.Macdonald@ahs.ca

Questions on Building Communities of Care Grant Program

Email: continuingcare@gov.ab.ca

Questions on Continuing Care Facilities and Capital Grants

Email: Health.continuingcarecapitalprogram@gov.ab.ca

Additional Support

Email: IndigenousHealthUnit@gov.ab.ca

Questions?

