



ASSISTED LIVING IN BRITISH COLUMBIA

Canadian citizens are entitled to universal access to publicly funded health services regardless of where they live. The federal health care program is administered by the individual provinces who receive partial funding through transfer payments from the federal government and the balance of the required funding from the provincial tax base. Consumers of some services pay a small user fee.

The British Columbia mandate for delivery of health services is "Right Service, in the Right Place, at the Right Time and the Right Price". British Columbia funds assisted living services for seniors and persons with disabilities who are of low to moderate income. Funded assisted living is a substitution model to residential care in British Columbia for those that can direct their own care. For many seniors funded assisted living is the "Right Service". Because funded assisted living is a lower cost option to residential care, it comes with the "Right Price" for eligible seniors. Seniors who require support and assistance with activities of daily living in order to remain independent are deemed eligible for funded assisted living at the "Right Time".

British Columbia is one of ten provinces in Canada with a population of approximately five million people, 85% of which live in urban centres. Under the publicly funded health program, which guarantees universal access regardless of where one lives, the fifteen percent of population living in rural centres should therefore be entitled to access health services, including funded assisted living, within their local rural communities. This "Right Place" presents challenges that are addressed through the mentorship program outlined in this overview.

In British Columbia funded assisted living (AL) combines accommodation with hospitality services (meals, housekeeping, laundry, social and recreational programs) and personal care services (assistance with bathing, dressing, medications) on either a scheduled or unscheduled basis. It is essentially a housing program that incorporates health services.

In British Columbia funded assisted living is delivered through a funding partnership between BC Housing, geographic health authorities and a not-for-profit or for-profit operator. BC Housing is the provincial social housing agency. There are five regional health authorities in British Columbia mandated to deliver universal health care services for a specific region of the province. The Interior Health Authority, which is the second largest health authority geographically, is the health partner to the mentorship program outlined in this paper. There are a variety of operators, both not-for-profit and for-profit, that contract services to the government agencies under the funded assisted living program.



MENTORSHIP PROGRAM OBJECTIVE

It is extremely difficult to attract for-profit operators to build and operate funded assisted living in small communities because the unit entitlement is small and service delivery is therefore not particularly profitable. The Interior Health Authority elected to appeal to not-for-profit entities for the delivery of funded assisted living services in these locations. As many of these societies had little or no experience in the delivery of hospitality and/or personal care services, the mentorship program was created as an innovative means to build capacity amongst not-for-profit societies that already had a presence in the community.

inSite Housing Hospitality & Health Services Inc is contracted to the Interior Health Authority to mentor societies in eight small or rural communities with populations ranging from 300 to 24000. Most of the societies who are participating in the program have limited experience delivering housing and no experience providing personal care or hospitality services. inSite's role is to support, educate and mentor the societies in the delivery of hospitality and personal care services within the intended mandate and philosophy of the provincially funded assisted living program. The objective of the mentorship program is to build operating capacity in not-for-profit societies so that they might become self sufficient operators of funded assisted living within small and remote communities to fulfill the provincial mandate of "Right Place" for eligible seniors and persons with disabilities.



PROGRAM OVERVIEW

The Mentorship Program has four phases. In the first phase a not-for-profit society is selected and they enter in to an agreement to participate in the Mentorship Program. In the second phase inSite supports the Society in preparation of a program description and operating plan including operating budget. These documents are then submitted to the Interior Health Authority and BC Housing for final approval. Once approved, the project goes into development and BC Housing oversees this process while inSite works with the society to educate them in all aspects of operations management.

The third phase of the Mentorship Program begins as construction reaches substantial completion and extends for up to five years with the Society shadowing inSite until they have gained the operating capacity to assume independent responsibility for the project. In the fourth phase of mentorship, the society becomes the primary operator (once they have demonstrated capacity) and inSite assumes a consultative role, providing support, assistance and advice as needed for the first year in which the society is independently operating the residence.

The Mentorship program services seniors and societies in eight communities throughout British Columbia's interior region. The communities are:

- ◆ Westbank: Population 24,600 with 40 AL suites;
- ◆ Keremeos: Population 1,369 with 14 AL suites; Society self sufficient summer 2007
- ◆ Golden: Population 4,498 with 8 AL suites;
- ◆ Grand Forks: Population 4,159 with 17 AL suites; Society self sufficient April 2007
- ◆ Ashcroft: Population 1,825 with 10 AL suites;
- ◆ Barriere: Population 3,450 with 10 AL suites;
- ◆ Lake Country: Population 10,668 with 25 AL suites; and
- ◆ Revelstoke: Population 8,029 with 11 AL suites.

In total the Mentorship program will deliver 135 funded assisted living units for 8 small communities throughout the interior region of the province. Without the Mentorship Program, none of these small communities would have access to local funded assisted living and therefore the seniors requiring funded assisted living services would have to relocate to a larger centre. With the rugged terrain, and seasonal inclement weather in many parts of British Columbia, such a move would effectively cut the seniors off from families and friends causing social isolation and subsequent reduced quality of life.

An additional benefit to the Mentorship program is to society in general. The small assisted living projects have provided local employment and commerce as the projects subscribe to goods and services within the small communities within which they are situated.



ROLES OF THE MENTORSHIP PARTNERS

The society is responsible for committing to and participating in, the mentorship program to ensure that they learn and put in place all needed resources and develop board succession plans to ensure the continued success and viability of the project. Societies that implemented an "operating" governance model have gained self sufficiency more quickly than those electing to be policy boards.

The not-for-profit society Board of Directors and members make a significant time commitment to participate in classroom education sessions through phase two of mentorship and shadowing activities once the project opens. Based on the past work experience or strengths of board members, primary responsibilities for the various aspects of operations are divided up. A small group of society board members then takes the lead on behalf of the society in each aspect of operations management.

inSite assigns a Project Lead to each mentorship site. This individual provides the classroom education services needed through phase two of the mentorship program. The following aspects of operations management are covered in theory;

- ◆ Board Governance / Leadership: Objective is to define the governance model, responsibilities, accountabilities and reporting relationships between society and project staff.
- ◆ Philosophy: Objective is to understand the assisted living philosophy and means by which tenants are involved in creating a sense of community within the residence.
- ◆ Personal Care Services: Objective is to understand services to be delivered, health and safety standards, eligibility criteria, tenant assessment / re-assessment process and provincial regulations governing delivery of services.
- ◆ Hospitality Services: Objective is to understand services to be delivered, health and safety standards (food handling and infection control), procurement of supplies and provincial regulations governing delivery of services.
- ◆ Social Programs and Volunteerism: Objective is to develop vibrant, meaningful programs for seniors including creation of a rich volunteer program.
- ◆ Human Resources: Objective is to understand responsibilities of each job classification, performance management, wage and benefit administration, payroll and labour laws governing employment.
- ◆ Financial Management: Objective is to understand the development / adjustment and administration of operating budgets and financial reporting requirement.
- ◆ Quality Improvement and Reporting: Objective is to understand how to collect, evaluate / interpret and report statistics and data collected within the operation and lead / direct the implementation of corrective actions to continually improve the operation.

As phase three begins, the mentor societies shadow every activity as inSite staff commission each new project and manage the day-to-day operations. During this phase inSite employees provide the societies with practical education, operational support and expert advice in all day-to-day operations and involve the society in key decisions that impact ongoing operations. For example, the society is represented in staff recruitment activities, kitchen set up, tenant service planning and tenant council meetings.

The Interior Health Authority Case Managers are responsible for determining funded assisted living eligibility. They then refer eligible seniors to the inSite staff who tours the senior and develops the individual service plan once the senior elects tenancy. Local health authority personnel hold the clinical responsibility for the tenants and link with the site to ensure that all health needs are being met. The Health Authority personnel also control the waitlist for each project and provide general support to the inSite site leader at each project throughout the mentorship program.

BC Housing is responsible for overseeing development and construction of the building and general property maintenance. They provide support and oversight to the society on all property management issues and in most cases arrange for a long term lease or lease hold on the building.

MENTORSHIP PROGRAM COST & REWARDS

The cost of delivering funded assisted living services for British Columbian seniors is the same regardless of whether the project is part of the mentorship program or not. The Interior Health Authority and BC Housing share the subsidy payments for each senior housed in assisted living and the tenant pay 70% of their annual income towards tenancy in funded assisted living.

inSite receives a "mentorship fee" from the Interior Health Authority for each mentor project. This fee ranges from \$32,000.00 to \$100,000.00 per annum depending on the location of the project, beginning capacity of the Society and number of units. The mentorship fee extends until the Society reaches independent operation of the project. This is the only added cost to offering the Mentorship Program. The mentorship fee covers inSite's program administration costs including travel to the remote sites. As some mentor projects are located in close proximity, some economies have been possible.

The ultimate savings of the program are seen in the decreased demand on the health care system including use of residential care and home support services. Both of these services are more costly to operate than assisted living. In British Columbia it can cost between \$150 and \$200 per day to house a senior in residential care and between \$125 and \$175 per day to provide home support services at a level equivalent to that which is needed to render a senior eligible for funded assisted living. Funded assisted living costs under \$100 per day and provides more appropriate (Right Service), responsive (Right Time) services for the senior.

This housing model is designed as a long term option for seniors that promotes, maintains and/or enhances independence, choice and self determination. The primary reasons seniors are admitted to residential care is declining health status as a result of increasing social isolation and poor nutritional status brought about by reduced energy levels that preclude the senior from independently completing activities of daily living. Funded assisted living provides supports and assistance in these areas thereby allowing tenants to maintain independence in a social environment while enjoying the protective oversight that ensures safety and security.

Funded assisted living first became available to seniors in British Columbia in 2002. Following five years of program operation statistics are now becoming available concerning the effectiveness of this service option. There is significant evidence funded assisted living has prevented or delayed admission to residential care and has therefore reduced overall costs within the health system while providing a much higher quality of life for seniors.

The Mentorship Program is unique in that it is a partnership between a private organization (inSite), not-for-profit societies and governmental agencies (health/housing). Historically, seniors needed to move to larger urban centres as their health needs increased. These moves were often precipitated by a fall or health event. By encouraging and supporting the development of assisted living projects in smaller rural communities, inSite is developing capacity in these communities that will enable their elders to remain in what many would consider their home. By mentoring non profit societies that did not have previous experience in offering personal care and hospitality services, inSite also ensures expanded operational capacity is available locally for future programs and services that may be introduced.

Small communities embrace and take ownership of the small assisted living projects once they are operational. There is no shortage of volunteers within these projects thereby ensuring a rich, full life for the elders living within. This quality of life is not possible when seniors live alone in social isolation because they are no longer able to get out independently to community events and social gatherings.



PROGRAM CHALLENGES

There are many challenges to the delivery of funded assisted living services within rural and remote communities. These include:

- ◆ There are essentially no economies of scale in projects of twenty-five units or less. In the past, this would have been enough to prevent a project from moving forward. As part of the mentorship program inSite has successfully developed a staffing model, within budgetary constraints, that meets the needs of tenants and is compliant with the regulatory framework. Staffing systems are flexible, creative and promote a philosophy of 'all hands on deck' rather than 'that is not my job'. This approach was made possible through an extensive education program that facilitated re-

learning of philosophy and approach to care and service amongst employees who had previously worked in more traditional, medical environments.

- ◆ As mentors, inSite took on the role of facilitator bringing together government agencies, small communities and societies with completely different perspectives and approaches to achieving their objectives (ie housing vs health, urban vs rural, micro vs macro needs) inSite discovered early on that there was not a 'one size solution' for each project due to the varying sizes of the communities, the culture of each community as well as the resources available. Each partner committed to discovering the best solution in each situation and working together to ensure success.
- ◆ inSite sought out opportunity in each community to overcome challenges in economies of scale while adding value to other programs and services within the community. For example, in some communities the funded assisted living units were constructed along side existing social housing so that meals and social programs might be available to a larger group of consumers. In other communities the assisted living building became home to the local adult day program or bathing program to expand the services offered.



PROGRAM EVALUATION

inSite is accountable to the Interior Health Authority and BC Housing who evaluate a Society's ability to gain operating capacity through a unique quality improvement program. Society progress is monitored and reported through the following:

- ◆ The overall stability of a project is evaluated through monthly reporting submitted by each project to the Interior Health Authority. The performance indicators include the number of falls, incidents, and tenant statistics related to length of stay.
- ◆ inSite conducts semi-annual Tenant, Family and Employee 'Experience Surveys' with results available to inSite, the Society and the Interior Health Authority. These survey results provide a general consensus of how well the community is operating on a day-to-day basis as viewed by the consumer. Areas for further development and improvement become evident through the responses received.
- ◆ inSite meets regularly with the society to review all aspects of the operation and assess society progress in a variety of program component competencies including board governance and leadership, personal care and hospitality services, financial management, human resource management, legal and regulatory compliance and overall operations management. inSite delivers progress reports to the Interior Health Authority.
- ◆ For a Society to receive final approval to operate independently, they undergo an interview with both BC Housing and the Interior Health Authority where their operating knowledge and capacity is tested. Once final approval has been granted, Service Provider Agreements (contracts) are transferred from inSite to the Society and they assume full operational control.

The overall success of the Mentorship program will be measured by the number of not-for-profit societies achieving self sufficiency and independently operating their Assisted Living projects. The Grand Forks and District Housing Society became the first society to complete mentorship and assumed full operational control of Boundary Lodge Assisted Living on April 1, 2007, only eighteen months after the operation opened. A second society will reach self sufficiency in the summer of 2007, twenty months after opening. The remaining mentorship societies are at various stages of program completion and are all expected to successfully complete the mentorship program within the five year timeframe.

More information:

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