Message from the Minister

I am pleased to invite you to participate in a public discussion regarding the current and future long-term care and community support services system in our province. Input from this consultation process will help guide the development of a responsive and effective provincial long-term care and community support services strategy.

The Williams Government is committed to revitalizing and strengthening the provincial long-term care and community support services system to one that has an increased focus on client-centered service delivery.

These consultation sessions will allow the Provincial Government to seek input on the vision, mission and guiding principles that will form the basis of a new strategy, and will provide an opportunity to discuss the challenges and potential solutions in the current long-term care and community support services system. The sharing of your experiences and ideas are important as the feedback received will help direct the development of the provincial long-term care and community support services strategy.

I look forward to positive discussions and to receiving your valuable input which will enable us to develop a strategy that is client-focused and improves services for the people in our province.

Honourable Jerome P. Kennedy, Q.C.
MHA, Carbonear - Harbour Grace
Minister of Health and Community Services
Contents

Introduction ........................................................................................................... 4
Consultation Process ......................................................................................... 4
The Need for a Plan ......................................................................................... 5
Vision, Mission and Guiding Principles ......................................................... 7
The Long-Term Care and Community Support Services System (LTC CSS) ......................... 10
What Services Are Provided in the Long-Term Care and Community Support Services System? .............................................................. 10
Who Provides Long-Term Care and Community Support Services? ........................................ 14
How Do Individuals Receive Service? ............................................................... 15
Who Pays for Services? .................................................................................. 16
Looking to the Future ...................................................................................... 17
Questions for Consideration ........................................................................... 21
Appendix One: Brief History of LTC ............................................................... 24
Introduction

The Long-Term Care and Community Support Services (LTC CSS) system in Newfoundland and Labrador offers a wide range of support services and programs that provide individuals with the opportunity to live as independently as possible within the services provided.

LTC CSS are focused on helping people to access the supports they need to overcome barriers, enhance their independence and quality of life. Caregivers such as family, friends and volunteers play an important part in helping people remain independent. Also, there are services available from formal caregivers and professionals with the training and skills to meet the unique care and support needs of each person. Whether it’s through a family member living in a personal care home, a neighbour with a disability and receiving home support, or a child needing a wheelchair, programs and services in this system touch the lives of many people.

Consultation Process

The Department of Health and Community Services is engaging in a province-wide consultation process that will give the public and stakeholder groups an opportunity to discuss the services offered in the LTC CSS system. The input from these consultations is important to ensure any changes that are made reflect the needs, priorities and values of residents of Newfoundland and Labrador.

This consultation document is intended to encourage discussion regarding the actions that must be taken to improve the LTC CSS system and prepare for the future. It provides an overview of supports, services available, and outlines a proposed vision for an improved LTC CSS system.

LTC CSS consultations will complement past consultations that occurred during the development of the Provincial Healthy Aging Policy Framework. In those consultations, the Provincial Government heard that people want programs and services with a greater emphasis on removing barriers to social inclusion and building community capacity to support
healthy aging. The Provincial Government has also heard there is a need for age-friendly policies, improvements in how services are coordinated, and the availability of housing options to maximize independence. The Healthy Aging Policy Framework, under the Office of Aging and Seniors, has been very effective in addressing many of the issues heard during these consultation sessions.

The Disability Policy Office, Department of Human Resources, Labour and Employment will be conducting public consultation sessions in Fall 2010 regarding the development of a strategy to support the inclusion of persons with disabilities in all aspects of community life. Related input received at these sessions will be incorporated into the planning and implementation of the LTC CSS strategy.

The Need for a Plan

The current services and programs of the LTC CSS system developed separately over time in response to various needs of the population without a specific plan. As a result, there are quality improvements needed to ensure individuals are able to access services and supports when needed to maximize their independence. For example, there are times when an individual remains in hospital or moves to a long-term care facility instead of being able to access a more appropriate option if one were available. As well, current services do not always provide an opportunity for a person to remain at home. Inconsistencies exist when individuals move from one program area to another or across regions. Also, while enhancements have been made to some long-term care facilities, updating must still take place in some areas in order to meet a standard of quality that people expect.

Newfoundlanders and Labradors have traditionally provided care and support for family members and other members of their communities. However, family and community life is changing as families are generally smaller, living further away and adults are increasingly employed outside the home. These changes contribute to increased demands on those who provide care. The public has expressed a need for support options in addition to those services currently available.
The percentage of people over 65 is growing, putting additional demands on the LTC CSS system. There are currently over 2,400 long-term care beds throughout the province at an operational cost of over $150 million/year. This will increase by an estimated additional $70 million in 2021, excluding construction costs, if no more appropriate service and support options are introduced. While investment in this important sector is necessary, citizens are requesting alternate models of residential care that provide a focus on independent living.

Families, caregivers and supporters of persons with disabilities are also aging and beginning to need additional supports. Over 5,000 seniors, adults and children with disabilities received home support in 2008-2009 at a cost of $93 million. Fifty-six per cent of those clients were individuals with physical or intellectual disabilities. It is expected that more supports will need to be available in the future.

In 2007, the Department of Health and Community Services estimated there were approximately 6,000 full-time equivalent positions employed within the LTC CSS system in long-term care facilities, community support programs, home support agencies, personal care homes, and cooperative apartments. This number is comprised of both public and private employees. Human resource recruitment and retention is particularly challenging in the home and community-based areas of the system. Despite ongoing investments to improve compensation in the home support and other sectors, economic growth is leading to more employment opportunities and competition in other service industries throughout the province.

The Provincial Government recognizes that in order to respond to these and other changes that are occurring, a strategic plan is needed. This is in keeping with the Provincial Government’s commitment to develop a comprehensive long-term care policy for the province, building on the initiatives already underway. Developing a strategic plan will bring all the components of the LTC CSS system together in a seamless and integrated, client-centered system.

Did you know?

**Infrastructure**
- Since 2004, the Provincial Government has invested more than $145 million in the planning and construction of long-term care facilities in Happy Valley-Goose Bay, Lewisporte, Carbonear, Clarenville and Corner Brook.
- Through Budget 2010, the Provincial Government is investing $27.3 million for the ongoing development of two new long-term care facilities in St. John’s that will accommodate 460 residents.
The development of a strategy will allow the Provincial Government to identify priority areas and to assess the required investments. Significant pressures in every sector of the provincial health care budget require that the investments in the LTC CSS system must be strategic and sustainable.

**Vision, Mission & Guiding Principles**

Revitalizing the LTC CSS system will be a long-term initiative of the Provincial Government. Being prepared for the challenges of tomorrow requires clear vision, purpose and strategic direction. While there have been enhancements and significant new funding in the LTC CSS system, there remains a need for long-term strategic planning to direct policy choices and future investments.

The vision and mission statements as well as the guiding principles described below have been developed based on the Provincial Government’s experience and what has been heard from clients and other stakeholders. These statements are intended to guide the evolution of the LTC CSS strategy.

**Vision**

A vision statement represents the overarching direction and purpose that serves as the foundation for policy and answers the question “Where do we want to go?” In terms of LTC CSS, the vision statement is important to ensure that future directions taken have the right focus. The proposed vision statement is:

*Individuals and families requiring long-term care and community support services will achieve optimal independence and quality of life in their homes and communities.*
Mission

A mission statement describes the purpose and importance of a particular policy while answering the question “Why does it exist?” In the LTC CSS system, the mission statement lets all stakeholders know how services will be provided. The proposed mission statement is:

*Individuals and families receiving long-term care and community support services will be assisted in a manner that:*

- addresses health and social needs;
- optimizes rights and participation in decision making;
- encourages choice, independence and mobility; and,
- demonstrates standards of quality in all aspects of service provision.

Guiding Principles

Guiding principles are a set of basic beliefs and ideals that assist and guide the development of policies and operation of programs. Guiding principles assist in ensuring that the delivery of programs is consistent and fair to the people accessing services. They promote openness, transparency and consistency and provide a standard against which the LTC CSS system and its outcomes can be monitored and evaluated. The proposed guiding principles are:

*Client-Centered, Needs-Based and Individualized*

Client-centered means that service, as identified by the individual and approved by the Regional Health Authority, is provided to maintain a person’s independence. The range of choices available should be sufficient to ensure that an individualized plan may be developed. Most individuals wishing to remain in their own homes should be able to do so if there is a broad range of supports available.
Family Involvement and Support
Families are the front line of support for individuals in need of assistance and involvement at all stages of the support planning process should be encouraged. Families will be recognized as constructive, cooperative partners complementing other assistance that supports the individual. Caregivers should be recognized and supported to continue their important role in assisting individuals in maintaining independence.

Accessible
As a province-wide system, LTC CSS provides supports and services to individuals who request assistance with the activities of daily living. To the degree possible, components of the system are available and accessible to individuals regardless of geographic location and without discrimination on any basis.

Flexible and Responsive To Changing Needs
The care and service needs of a person will often change over time. Appropriate services should be accessible when needed at the level necessary to maintain independence and as close to individuals’ homes as possible. The LTC CSS system should have the necessary flexibility to meet to a person’s changing circumstances.

Accountable
The Department of Health and Community Services and Regional Health Authorities must be accountable for the quality of the programs and services provided. Monitoring effectiveness and efficiency by measuring outcomes is key to ensuring the system is doing what it is intended to do. As well, regular review of policies and legislative requirements ensures that the system is operating in the best interest of the clients and that it is changed as necessary. The Department of Health and Community Services is also accountable for ensuring all programs and services are provided within the fiscal capacity of the province.

Fair and Just
Individuals and their families will be treated with dignity and respect in their dealings with the LTC CSS system. They can expect to be treated equitably and professionally at all stages of their involvement. The unique cultural and linguistic needs of all Newfoundlanders and Labradorians will be recognized and respected.

Did you know?
Demographics
• According to Statistics Canada, the current population of Newfoundland and Labrador is approximately 508,925 (2009).
• Presently, 15 per cent of our population is over 65 and this percentage is expected to increase to more than 22 per cent by 2021.
The Long-Term Care and Community Support Services System

Traditionally, support for managing the activities of daily living for seniors and people with disabilities was provided in large measure by family, church and the community. Formal support evolved over time as a series of specific responses by the Provincial Government, churches, communities and the private sector to meet the needs of citizens for care and support. While these formal services provided the foundation for the LTC CSS system as it exists today, additional development is still required to ensure that the components of support that are provided come together as a complete system. For a brief history of the LTC CSS system, see Appendix One.

What Services Are Provided in the Long-Term Care and Community Support Services System?

LTC CSS includes services delivered by Regional Health Authorities to adults and children with disabilities and seniors. These services include professional care and supportive services that individuals may access in their own homes or in other residential arrangements. Individuals may be eligible for supplies or household modifications needed to maintain and enhance their independence.
Figure 1 illustrates the current model and services that are available depending on the level of care required. The current system is divided into services and programs that are delivered in peoples' homes, community residential settings, and long-term care facilities. As peoples' needs become more complex, they generally access a higher level of service. Under this approach, individuals are assessed against what services presently exist rather than what could improve their independence if a greater range of options were available. Although there are times when sufficient support can be provided to enable a person with high care needs to remain at home, this is not always the case. As well, there are varying programs, admission criteria and costs for some services. There may be options not presently available that could offer a better response, allowing them to remain independent longer.
The key services offered through Regional Health Authorities include:

**Home support** is a program that supports eligible individuals of all ages in the community. Individuals have the option to purchase these services from an agency or hire their own workers to assist them at home. These services consist of respite, assistance with personal care, meal preparation and household management. Shared living arrangements can be set up with individuals who require home support and choose to share the cost of a living arrangement and home support staff with another person.

**Respite care** is the provision of short-term, temporary relief to those who are caring for family members. This may occur through the provision of support either in the home, community or through a facility.

**Day programs**, although limited, provide assistance with personal care, meals and recreational activities primarily for seniors who need support. Where available, Regional Health Authorities administer day programs through long-term care facilities.

**Medical aids** and equipment are offered through the Special Assistance Program, which is designed to assist eligible people by providing needed health supplies, oxygen, orthotics and equipment. This is intended to promote the continued independence of individuals.

**Special Child Welfare Allowance Program** is designed to provide assistance to eligible families with a child under the age of 18 with an intellectual or physical disability. This assistance helps offset some of the additional costs incurred when a family cares for a child with a disability at home.

**Personal care homes** are private, for-profit, residential settings primarily for seniors. These residences provide personal care and accommodation for a monthly rate, are monitored and licensed by Regional Health Authorities and can accommodate five to 100 individuals. As of March 31, 2010, there were over 3,900 beds in the personal care home sector.
Alternate Family Care Program provides accommodation and support for adults with intellectual disabilities who are no longer able to reside in their family home. This model continues to support those individuals in a home environment.

Other community services support individuals to live in a home-like atmosphere in the community. These arrangements include:

- Board and Lodging Supplements to assist eligible individuals residing with relatives or non-relatives. Supplements are available based on assessed need and provided by Regional Health Authorities.
- Co-operative apartments are private residential homes for the accommodation and care of adults with intellectual disabilities or behavioural challenges. They are usually operated by community-based boards of directors and funded by the Provincial Government.
- In some circumstances, individual living arrangements provide opportunities for individuals with intellectual disabilities to reside in the community. Funding for rent, equipment and supportive services is provided. Arrangements usually support one client per home but can be shared.

Long-term care facilities are publicly-funded facilities operated by Regional Health Authorities that provide care and accommodation primarily to seniors who have high medical care needs. There are over 2,400 individuals residing in long-term care facilities.

Protective community residences are homes for people with mild to moderate dementia that are operated by the Regional Health Authority under the long-term care facility in the community.
Who Provides Long-Term Care and Community Support Services?

Many people have an important role to play in providing services in LTC CSS including the Department of Health and Community Services, Regional Health Authorities, family members, friends, volunteers and the private sector.

Department of Health and Community Services
The Department of Health and Community Services provides the legislative and policy framework that governs the LTC CSS system. Leadership and policy direction is provided by the Department to Regional Health Authorities in their administration of the varied programs and services. LTC CSS funding and monitoring is also the responsibility of the Department.

Regional Health Authorities
Regional Health Authorities are responsible for administering all services and programs in the LTC CSS system, as well as the hospital system under the Regional Health Authorities Act. Regional Health Authorities will accept applications for assessment from individuals and families, physicians and hospitals for consideration of support options to assist individuals with maintaining independence.

Regional Health Authorities provide professional and clinical services such as nursing, social work, physiotherapy, occupational therapy and nutritional consultation. Many non-clinical services are also provided to individuals such as administering the Special Assistance Program and providing subsidies for home support services, personal care homes and long-term care facilities. Regional Health Authorities are also responsible for assessment for placement in personal care homes and long-term care facilities, alternate family care homes, family care homes, cooperative apartments, and independent living arrangements. Licensing and approvals of personal care homes and home support agencies, as well as monitoring the quality of the service in each program area are additional duties of Regional Health Authorities.
Family, Friends and Volunteers
Family, friends and community volunteers continue to form the backbone for support to individuals who require assistance. Although it is improving, in previous years out-migration has put a strain on family caregivers, as did decreasing family size. Many individuals are coping with the stress of raising children and caring for aging parents with less support than ever before.

Private Sector / Not-for-Profit Sector
The private sector plays a role in providing services and residential options for individuals needing assistance in the LTC CSS system. Personal care homes and home support agencies are examples of valuable services provided by the private sector. Chancellor Park is a privately operated long-term care facility in St. John’s that offers an alternative to the publically funded system. Private individuals also provide services to clients in the form of alternate family care homes. Not-for-profit organizations, such as the Victorian Order of Nurses (VON), provide private nursing services to individuals, as well as administer the Meals on Wheels Program. There are many other not-for-profit groups that provide assistance to individuals to enable continued independence.

How Do Individuals Receive Service?
Access to service is through the Regional Health Authority upon referral by the individual, family, physician or hospital. Professional staff will work with the individual to determine the services best suited to assist them. Regional Health Authority staff provides professional care for needs that have been assessed, and other supportive services may be available through private service providers.

Individuals approved for a financial subsidy to assist with the cost of home support will receive services from home support workers employed by a private home support agency or they may hire home support workers themselves. If support outside the home is requested, the individual must meet the requirement of needing care and accommodation in a long-term care facility or personal care home. Regional

Did you know?
Home Support Wages
- To support improved wages in the home support sector, the Provincial Government has invested more than $55 million since 2004, including $8.9 million in Budget 2010.
- As of July 1, 2010, the home support hourly subsidy rate for a client self-managing their home support services increased to $11.75 ($1.75 above the minimum wage rate).
Health Authorities also engage private individuals to provide supervision and support through such initiatives as the Alternate Family Care Program.

**Who Pays for Services?**

The *Canada Health Act* and the country’s system of medicare came into effect in the mid-1960s. The Act guarantees that hospital stays and medical tests in public hospitals and doctors’ visits are insured as a federal responsibility. Areas of care within the LTC CSS system, such as home support and long-term care, do not have guaranteed coverage under the *Canada Health Act* and the Provincial Government is responsible for funding these services. Individuals with the financial resources to do so are expected to contribute towards the cost of the services being requested.

If an individual is requesting financial assistance to help with the cost of a service (e.g. home support) they will have a financial assessment completed and may receive help with payment. Depending on the type of service an individual requires, there may be different types of assessments undertaken to establish eligibility. For more in-depth information on eligibility, visit [http://www.gov.nl.ca/health](http://www.gov.nl.ca/health).
Looking to the Future

To attain the proposed vision of the LTC CSS strategy for individuals and their families to achieve optimal independence and quality of life in their homes and communities, improved and new models of care will be needed. This will promote the creation of a system that is not overly reliant on facility-based, long-term care and will respond to what the Provincial Government has heard from the residents of the province.

Client-Centered Model

While there are high-quality services being provided as part of our current system which recognizes the client as the central figure, optimizing an individual’s independence will require a client-centered model of care that is recognized provincially. This new model of care acknowledges the strengths and capacities of an individual while identifying the services required to improve independence. The model will focus on working with individuals to establish a plan to match services with identified needs in their home or current living arrangements. In this model, a broader and more varied range of services needs to be available to fulfill an individual’s goal for support then the Province currently has. One of the primary goals of a client-centered system is to ensure individuals receive supports early enough to prevent the need for more intensive supports or movement to a more restrictive residential care option.
Figure 2 depicts a framework for a client-centered model in which the emphasis is on increasing opportunities for individuals to maintain independence at home and in their community. In this model, long-term care facilities would be available for those who have the most significant care needs, but the focus is on supporting individuals in their homes and communities. This model is intended to illustrate both the client-centered focus that is required and the increased emphasis on enhancing existing and introducing new models of care for individuals to allow them to remain in their place of residence for as long as possible.

Figure 2: Proposed Model of Care
Components of a Client-Centered Model

**Case management** is a component that focuses on matching individuals with services they require to ensure a seamless, coordinated response to meeting an individual's needs even if services are not provided by Regional Health Authorities. Case management works to ensure formal care providers (e.g. physicians) and informal care providers (e.g. family members) are effectively working together. Case management also works to improve access to services by interpreting policies, program criteria and financial assessments for services that may be suitable to fulfill an individual's service plan. Case management will be central to collaborating with a network of health and community programs and residential options.

**Client-centered assessment** recognizes the need for Regional Health Authority staff and the individual to work together when gathering information regarding an individual's strengths and capacities. This will ensure the most appropriate support allowing the person to remain independent and safe while living in the community. The implementation of a new standardized assessment will include information from the client, family, friends and significant people in an individual's life. This assessment, together with other sources of information, will be important to the planning and support of the individual.

**Home support services** provide the first level of support when family and informal caregivers are not able to fulfill all care and support needs. These support services are key to enabling individuals to remain at home. The potential for using and expanding home support services needs to be explored and will require all levels of community service providers, including primary health care providers, the Provincial Government and housing developers, to work together to seek effective ways to make this a reality.
Human resources is always a critical component of service provision and system change. The right people providing the right service in the right setting are important to all levels of service delivery, ranging from the ability to provide adequate service to the quality of the service provided. A close evaluation will be necessary to determine that there is the right number, mix and education of providers to support the growing population that requires assistance. All workers require support to use the full range of their professional training and skills. A human resources plan to address the needs of the LTC CSS system will be essential to ensuring existing recruitment and retention issues are addressed. This plan is currently under development.

Primary care providers are those community-based health care providers who are usually the first point of contact for an individual when an issue arises. The enhancement of primary care services in the community is an important means of focusing on earlier risk identification and crisis prevention. Care and support services will be most beneficial if they are provided within the community where the individual resides. Further increased access to other community supports, such as rehabilitation services, is a means of decreasing risk and helping individuals maintain their physical functioning wherever they reside.

Caregiver support will play an increased role as a component of this model. Families and friends who provide care and support need to have means to relieve stress thereby ensuring the quality of life of both the individual and caregiver. Caregivers can be supported in many ways from acknowledgement of one’s contribution, to coming together with other caregivers to share experiences and develop a community of support. Formal support services, such as respite care, may allow for a break from caregiving. Early assistance that is responsive to the unique needs of caregivers is required to ensure they continue to support individuals to reside in their homes and communities for as long as possible.

Medical supplies/equipment are available through the Special Assistance Program to improve quality of life and/or enhance independence. Ongoing evaluation to ensure the availability of these products is responsive to the needs of individuals will be required.

Did you know?

Health Care Spending

- Newfoundland and Labrador spends the highest amount per person for health care in Canada (Canadian Institute for Health Information).
- The provincial health care budget for 2010-11 is $2.7 billion - $1 billion more than 10 years ago.
Questions for Consideration

Moving toward a more fully integrated model of client-centered service delivery steered by the vision, mission and guiding principles in this document requires your consideration. The Provincial Government wants to know how best to improve the supports necessary to maintain independence and to improve quality of life that will be responsive to your needs. The input received through this consultation process is valuable and will inform the development of the Long-Term Care and Community Support Services strategy.

These questions will help guide discussion about how to move forward in the development of a plan that allows individuals and families requiring long-term care and community support services to achieve optimal independence and quality of life in their homes and communities. The following are some questions to help you think about what you might want to say about the LTC CSS system and the changes that you think are necessary.
1. What are your overall views on the vision, mission and guiding principles identified in this document as a foundation for the LTC CSS strategy?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2. How do you feel about a new model of service that increases the opportunities for individuals to remain at home?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

3. What do you think individuals need to stay at home or closer to home longer?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

4. What do you see as the three most important changes that can be made in the current LTC CSS system?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Your participation is encouraged in this consultation process. If you would like to attend a public session, please visit the Department’s website to find out when and where a session is taking place in a community near you. Additionally, if you wish to make a presentation at a session, please register by email or telephone as soon as possible. For disability-related accommodations to support your participation, or if you require this information in another format, please contact the Department.
Appendix One: Brief History of LTC CSS System in NL

Highlights of significant events:

1958  Churches provided the first nursing homes to care for people who could no longer care for themselves and did not have sufficient family supports to remain at home. St. Patrick’s Mercy Home and the Agnes Pratt Home, both in St. John’s, were among the first formal nursing homes.

1970s  Community-based Home Care Programs were developed to provide assistance and support for patients following hospital discharge. Contracted home support services were available in specific areas of the province.

1976  The Chafe Nursing Home fire in Goulds was the impetus in the development of standards and the adoption of building codes and fire regulations for non-regulated private seniors’ homes. This sector has now evolved into what is known as the personal care home sector.

1980s  In recognition of the importance of community-based living for individuals with disabilities, a policy of deinstitutionalization was adopted by the Provincial Government. Residents moved from Exon House, the Waterford Hospital and the Children’s Home into family and community-based living arrangements. This was the beginning of the Alternate Family Care Home Program in the province.

1984  The demand for increased assistance in the home for individuals in need of help with self-care was highlighted by the Royal Commission on Hospital and Nursing Home Costs.
The Home Support Program was formally developed to provide personal care, assistance with daily living and home management to enable individuals to continue to reside at home and assist them after hospital discharge. The St. John’s Home Care Program was introduced as a full Provincial Government program to provide professional community services and contract for home support services.

The single-entry system for assessment and placement into nursing homes was introduced through Gander and District Continuing Care. This pilot project began the introduction of home care in rural areas of the province.

Many changes occurred in the 1990s in service delivery and governance. The Department of Health and Community Services was formed when community programs transferred from the Department of Social Services. This brought about the establishment of the Community Health Boards in the province, which took responsibility for the delivery of the programs transferred from Social Services.

The Provincial Government created four Regional Health Authorities responsible for the delivery of the full continuum of health care services.

Currently, the long-term care facilities and community programs are referred to as the LTC CSS system and has grown to provide services to over 10,000 individuals annually. The Home Support Program expenditure for last year was $93 million and is expected to continue to grow.