

SCHEDULE B – SERVICE PLAN

Agency Name
Société Alzheimer Society Sudbury - Manitoulin

A. Overview
<p>-After four years of running a \$2.1 million Capital Campaign, in 2006 our Chapter was able to renovate 11,000 square feet in a vacated wing of Pioneer Manor's Seniors Campus for a modern Alzheimer Centre to house our Day Program, Resource Library, meeting space and offices.</p> <p>-In July 2006 we moved in, leaving the trailer that we had occupied for 20 years.</p> <p>-Unfortunately in October 2006, Pioneer Manor suffered a major fire in the adjacent wing. The Alzheimer Centre suffered smoke and water damages. Restoration work continued into 2008, but the Centre is now operating at full capacity.</p> <p>-The provision of the LHIN-funded services listed in Schedule A is also dependent on client user fees and Chapter fundraising to subsidize the cost of these programs.</p> <p>-In addition, our Chapter's fundraising efforts fund our Resource Library (books and videos on ADRD and caregiving issues are available for families, agencies and students to borrow) and the Safely Home Wandering Registry, which is coordinated with the Alzheimer Society of Canada and the police, to help return lost clients home safely. As well, each January we sponsor an expert on different aspects of dementia care or research to speak at our annual Awareness Dinner.</p> <p>-In August 2008 we participated in a Chapter Peer Review which was conducted by the Alzheimer Society of Ontario's Quality Management Program. Suggestions for operational improvement included development of a Chapter Operational Plan and succession plans for senior management positions and expansion of our fund development program. To follow through on their recommendations, a Quality Improvement Plan is currently being developed.</p> <p>-In October 2008 our 2008 – 2011 Strategic Plan was finalized. Goals for 2009/10 include extension of counseling services to Chapleau, conducting a feasibility study (together with the VON) for Adult Day Program services on Manitoulin Island, and sustainability for the First Link program.</p> <p>-one of the goals of the Strategic Plan is to hire a part-time Public/Donor Relations Coordinator for the Chapter (with Type 3 funding), in order to increase awareness of ADRD and our services and to enhance our fund development capacity.</p> <p>-From February 2007 until March 2009, our Chapter is participating in the First Link pilot project, which is being funded by the Ministry of Health and Long Term Care through the Alzheimer Society of Ontario.</p>

B. Advancement of the Integrated Health Services Plan (IHSP)
<p>-Our Chapter seeks many opportunities to collaborate with other service providers to improve the coordination of care in the local health system: we actively participate on the Sudbury – Manitoulin Community Support Services Network, the Sudbury Elder Abuse Committee and the Sudbury – Manitoulin Community Ethics Committee.</p> <p>- We play leadership roles on both the Sudbury – Manitoulin Dementia Network and the North East Dementia Network Coalition (which includes the 6 Dementia Care Networks and the 3 other Alzheimer Society Chapters in the NELHIN area).</p> <p>-We have a strong partnership with the City of Greater Sudbury, through Pioneer Manor, the Mayor's Seniors Advisory Council and the Northeast Dementia Assessment and</p>

Consultation Service (NODAC).

-We are supporting the North East Specialized Geriatric Services and the development of a Regional Geriatric Program to serve Northern Ontario.

-Our Executive Director is a member of the NELHIN's Seniors Housing Project Advisory Committee. As well, she has recently joined the Cognitive Sub-Committee of the Sudbury Regional Hospital which is developing a program of behavioural care to be offered at St. Joseph's Continuing Care Centre.

-We work closely with the NECCAC, Meals on Wheels, the Red Cross and the VON to coordinate services for our clients and their families.

-The VON provides free office space for our Family Counsellors to use both in Espanola and in Mindemoya, as do the Family Health Teams in Little Current and Manitowaning. We are pleased to have these partnerships to integrate services.

-Our strategic and operating plans contribute towards advancement of several of the NELHIN's IHSP priorities; all of our agency's services are helping to address the IHSP's Chronic Disease Prevention and Management priority by supporting family caregivers to take better care of themselves, to help them to keep their loved ones with dementia in the community as long as possible and to prevent crisis admissions to ALC and LTC beds.

-Our Public Education Coordinators and Family Counselors work closely with the Psychogeriatric Resource Consultants in our Districts to address Health Human Resource training needs: they provide U-First, Gentle Persuasive Approach and Montessori-based Dementia Programming training to staff in community agencies, hospitals, retirement and LTC homes.

-Our Chapter also has partnerships with a number of educational institutions to provide field placements for their students in the health care field, including Laurentian University, Huntington College, Cambrian College, College Boreal and the Northern Ontario School of Medicine.

-We also offer dementia training to agencies in the Developmental Services sector, as their clients with Downs Syndrome have a high incidence of Alzheimer's disease. In October 2008 we partnered with Sudbury Developmental Services to provide a U-First conference for both family caregivers and professionals, in order to improve their ability to care for these clients in community settings.

-We are reaching out to provide services to the Aboriginal community. Our Family Counselor on Manitoulin Island works closely with Mnaamodzawin Health Services to support caregivers in First Nations Communities. She has established good relationships with service providers at Wikwemikong. We have a new Board member from the Shkagamik-Kwe Health Centre in Sudbury, who will play an important role in connecting our staff to the urban Aboriginal population.

-In 2006 our agency was designated under the Ontario French Language Services Act. All of our services are available in both official languages.

-We are improving our Chapter's Information and Communication Technology capacity. We are implementing ONE Mail so that we can securely transfer confidential client information with our e-Health partners.

-Together with the Alzheimer Society of Ontario, we are investing resources in e-Tapestry, a new data base which will help us get ready to implement OHRS/MIS in 2009/10.

-Our most significant integration activity has been through the First Link pilot project.

-First Link reaches out to primary health care practitioners to encourage referral to our services at the point of diagnosis. It improves accessibility to support services and coordination of care.

-Through First Link, we are working closely with physicians and Family Health Teams to

provide early intervention, information and support for persons with dementia and their family caregivers.

-Since February 2007, First Link has received 400 referrals in Sudbury and Manitoulin; 119 from physicians, 109 from allied health professionals and 172 were self-referrals.

-The program is having a huge impact on our Family Counselors' caseloads, making it very challenging to provide timely service without developing a waitlist.

-Our Chapter engages the community in the planning of services and setting of priorities through inclusion of family caregivers and community service providers on our Support Services Committee and Board of Directors.

-an example of a horizontal integration activity is our partnership within the Seniors Campus with Pioneer Manor and the City of Lakes Family Health Team. Shared maintenance support regarding garbage and building maintenance issues has helped to reduce overhead costs. We also share use of meeting space and audio-visual equipment.

-an example of a vertical integration activity is our use of the same contracted service provider (Bayshore Home Health) as the NECCAC for PSW respite services; this has provided seamless care for people with dementia and their caregivers, while supporting family caregivers to keep their loved ones out of ALC and LTC beds; our agency has also provided training and resources to the Bayshore PSWs on activation programming and care of persons with dementia. (These initiatives demonstrate interdependence at the consumer service and operational level).

-in 2009/10 our Board of Directors will adopt a policy that: outlines our Board's commitment to working with the NELHIN, other health service providers and the community to integrate services; defines our Board's role in policy-making, decision-making and oversight concerning voluntary integration initiatives; and identifies the extent of authority for voluntary integration initiatives delegated to our Executive Director.

C. Situation Analysis

-We are very grateful for the annualized allocation received through the NELHIN to operate our programs. It covers approximately 84% of our Fund Type 2 program expenses.

-We charge user fees for our In-Home Respite and Day Programs, but provide subsidies for clients who cannot afford to pay. Although we have not increased our user fees for several years, we plan to increase them by \$1.00 per unit in 2010/11.

-We were successful again in 2008/09 in obtaining a Service Canada (HRDC) subsidy for a summer student to assist in our Day Program (needed because many of our volunteers take the summer off).

-Once again we have applied to the City of Greater Sudbury for a transit grant to help us to subsidize Day Program clients who cannot afford the user fees for Red Cross transportation.

-Our Bingo revenues have been approved by the City's Lottery Department to offset some of our purchase of Respite services from Bayshore.

-In addition to these revenues, our Chapter must supplement the program budget with other fundraised dollars, as our operational costs have increased in our larger new Centre (however, our larger quarters have allowed us to expand our programs and serve more clients.)

-We have a 20-year lease at Pioneer Manor. Although we do not pay rent (since we paid for all of the renovations through our capital campaign), we are responsible for the cost of our utilities, yard maintenance, snow removal and repairs.

-In both 2007/08 and 2008/09, our Board has used fund-raised dollars to provide 3 additional Family Counseling days per week (over and above the LHIN-funded positions)

in order to meet the increased referrals from doctors for Caregiver Support.
-We appreciated the additional Caregiver Support funding received in Year 1 of Aging at Home (2008/09) and are hopeful of more Caregiver Support funding in Year 2.
-We have not yet been successful in securing funding to ensure the sustainability of the First Link program after the pilot project ends in March 2009. Our Board is considering the use of fundraised dollars to keep the momentum going in 2009/10, while we continue to pursue annualized allocation for this important integration initiative.

D. Evaluation of Prior Year Performance

- During 2007/08 we exceeded our targets for units of service and number of clients served under 08A, 08B and 09C. At the 7-month point in the 2008/09 year, we are confident that we will meet our fiscal targets for these services.
-We fell short of our targets for both Day Program and In-Home Respite during 2007/08. A significant number of client deaths and LTC placements in December 2007 and January 2008 impacted both programs.
-Admissions to both programs have now increased and we are monitoring usage closely. We did not increase user fees for either program this year, in order to decrease potential barriers to access.
- We are currently at the 7-month point in the 2008/09 year and it appears that we will meet our fiscal targets for the clients served by both Day Program and Respite services, as well as the units of service target for Respite; we may be slightly under the 10% variance for Day Program units of service at year end, depending on additional admissions to the program during the balance of the year.
-As a result of the First Link program, many of our referrals are now for people in the early stages of dementia, who require education, support and counseling, but are not yet ready for Day Program or Respite services. Our Chapter is considering implementing a Leisure Program (with fund-raised dollars) to meet the recreation needs of this clientele and to introduce them to the Day Program milieu in order to encourage a smooth transition to this service as their needs increase.
-During 2007/08 our staff were assisted by 80 active volunteers who donated 3,395 hours of their time to help in our Day Program, facilitate support groups, assist in the office, and serve on our Board of Directors and various sub-committees (including Fundraising, Support Services and Human Resources). In April our Volunteer Coordinator held a successful volunteer appreciation event for our Chapter.

E. Changes to Operations Summary (Optional)

-an additional bookkeeping day per week has been added to our administrative costs in 2009/10, in order to implement MIS/OHRS. (We are in Phase 3 of OHRS)
-20% of the Executive Director's compensation costs have been reallocated from programs to administration in 2009/10, as per OHRS guidelines.
-Services formerly reported under 08B Caregiver Support – Training, Information and Education have been realigned to FC725509610 (Health Promotion Education - General Geriatric) to better reflect historical service provision and to clean up reporting of this function. There is no increase or decrease in service provision.

Form 2b - Summary of Revenue and Expenses - LHIN Summary

Schedule B- Budget 2009/11

Healthcare Service Provider :

Société Alzheimer Society Sudbury-Manitoulin

(This form is a roll up of TPBE worksheets-W1a, W2a, W3a and W4a)

Category	Line No	Account: Financial (F) Reference OHRS VERSION 6.2	(1) 2007/2008 ACTUAL YEAR END	(2) 2007/2008 APPROVED FISCAL BUDGET	(3) 2008/09 APPROVED BUDGET	(4) 2009/2010 BUDGET REQUEST	(5) % VARIANCE Col. (4-3)	(6) 2009/10 LHIN Approved Fiscal Budget	(7) 2010/2011 BUDGET TARGET
FUND TYPE 2									
REVENUE									
Funding - Local Health Integrated Networks (LHIN) (Allocation)	1	F 11006	\$583,900	\$583,900	\$656,477	\$669,607	2.00%	\$669,607	\$682,999
Funding - Provincial MOHLTC (Allocation)	2	F 11010	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Funding - MOHLTC Other funding envelopes	3	F 11014	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Funding - LHINs One Time	4	F 11008	\$18,213	\$18,213	\$0	\$0	0.00%	\$0	\$0
Funding - One Time Payments	5	F 11012	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Funding - Paymaster / Flow Through	6	F 11019	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Service Recipient Revenue	7	F 11050 to 11090	\$68,606	\$75,400	\$72,594	\$72,594	0.00%	\$72,594	\$79,704
Subtotal Revenue LHIN/MOHLTC	8	Sum of lines 1 to 7	\$670,719	\$677,513	\$729,071	\$742,201	1.80%	\$742,201	\$762,703
Recoveries from External/Internal Sources	9	F 120*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Donations	10	F 140*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Amortization - Grants/Donations Revenue	11	F 131*, 141* & 151*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Other Funding Sources and Other Revenue	12	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$50,591	\$55,057	\$43,392	\$53,960	24.35%	\$53,960	\$49,256
Subtotal Other Revenues	13	Sum of lines 9 to 12	\$50,591	\$55,057	\$43,392	\$53,960	24.35%	\$53,960	\$49,256
TOTAL REVENUE	14	Sum of line 8 and line 13	\$721,310	\$732,570	\$772,463	\$796,161	3.07%	\$796,161	\$811,959
EXPENSES									
Compensation									
Salaries and Wages (Worked + Benefit + Purchased)	15	F 31010, 31030, 31090, 35010, 35030, 35090	\$429,954	\$418,235	\$452,700	\$468,513	3.49%	\$468,513	\$477,883
Benefit Contributions	16	F 31040 to 31085, 35040 to 35085	\$83,033	\$83,885	\$88,768	\$91,561	3.15%	\$91,561	\$93,393
Employee Future Benefit Compensation	17	F 305*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Nurse Practitioner Remuneration	18	F 380*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Medical Staff Remuneration	19	F 390*, [excl. F 39092]	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Sessional Fees	20	F 39092	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Service Costs									
Med/Surgical Supplies and Drugs	21	F 460*, 465*, 560*, 565*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	22	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$84,276	\$88,178	\$86,308	\$88,505	2.55%	\$88,505	\$90,149
Community One Time Expense (For budget use only)	23	F 69596	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Equipment Expenses	24	F 7*, [excl. F 750*, 780*]	\$1,194	\$2,000	\$2,000	\$2,040	2.00%	\$2,040	\$2,081
Amortization on Major Equip and Software License and Fees	25	F 750*, 780*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Contracted Out Expense	26	F 8*	\$118,032	\$136,272	\$136,272	\$138,997	2.00%	\$138,997	\$141,777
Buildings and Grounds Expenses	27	F 9*, [excl. F 950*]	\$6,821	\$4,000	\$6,417	\$6,545	1.99%	\$6,545	\$6,676
Building Amortization	28	F 9*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
TOTAL EXPENSES	29	Sum of lines 15 to 28	\$721,310	\$732,570	\$772,463	\$796,161	3.07%	\$796,161	\$811,959
NET SURPLUS/(DEFICIT) FROM OPERATIONS	30	Line 14 minus line 29	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
HSPs must enter the revenue and expenses for Fund Type 3 and Fund Type 1									
FUND TYPE 3 - OTHER									
Total Revenue	31	F 1*	\$300,583	\$229,962	\$252,627	\$142,205	-43.71%	\$142,205	\$147,309
Total Expenses	32	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$193,275	\$158,461	\$218,498	\$142,039	-34.99%	\$142,039	\$144,778
NET SURPLUS/(DEFICIT)	33	Line 31 minus line 32	\$107,308	\$71,501	\$34,129	\$166	-99.51%	\$166	\$2,530
FUND TYPE 1 - HOSPITAL									
Total Revenue	34	F 1*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Total Expenses	35	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
NET SURPLUS/(DEFICIT)	36	Line 34 minus line 35	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
ALL FUND TYPES									
Total Revenue	37	Line 14 + line 31 + line 34	\$1,021,893	\$962,532	\$1,025,090	\$938,366	-8.46%	\$938,366	\$959,268
Total Expenses	38	Line 29 + line 32 + line 35	\$914,585	\$891,031	\$990,961	\$938,200	-5.32%	\$938,200	\$956,738
NET SURPLUS/(DEFICIT)	39	Line 37 minus line 38	\$107,308	\$71,501	\$34,129	\$166	-99.51%	\$166	\$2,530
Total Administration Expenses Allocated to the TPBEs in all worksheets									
Undistributed Accounting Centres	40	82*	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Administration and Support Services	41	72 1*	\$147,216	\$143,630	\$147,722	\$172,721	16.92%	\$172,721	\$176,150
Management Clinical Services	42	72 5 05	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Medical Resources	43	72 5 07	\$0	\$0	\$0	\$0	0.00%	\$0	\$0
Total Administrative & Undistributed Expenses (included in fund type 2 expenses above)	44	Sum of line 40 to 43 (Included in Fund Type 2 expenses above)	\$147,216	\$143,630	\$147,722	\$172,721	16.92%	\$172,721	\$176,150

**Form 3a
Service Activity Summary**

Healthcare Service Provider : **Société Alzheimer Society Sudbury-Manitoulin**

		2009-2010 Budget Request							
Category	OHRS Framework Level 3	(1) Visits Face-to-face and Telephone In-House and Contracted Out S450*, S451*, S448*, S449*	(2) Service Recipients Seen S452	(3) Hours of Care In-House and Contracted Out S 454*, S453*	(4) Resident Days S 403*	(5) Individuals Served by Functional Centre (S455*) or as appropriate - Individuals Served by Organization (S855*)	(6) Attendance Days Face-to-Face (S483*)	(7) Group Sessions (S4920010*)	(8) Meal Delivered-Combined (S248**10)
FUND TYPE 2-LHIN Managed									
Total Case Management	72 5 09	0	0	0	0	0	0	0	0
Total COM Primary Care	72 5 84	0	0	0	0	0	0	0	0
Totals COM Crisis Intervention	72 5 51	0	0	0	0	0	0	0	0
Total COM Day/Night Care	72 5 83	0	0	0	0	0	0	0	0
Total In-Home Care	72 5 30	0	0	0	0	0	0	0	0
Total In Home Support Services	72 5 20	0	0	0	0	0	0	0	0
Total COM Residential Services	72 5 50	0	0	0	0	0	0	0	0
Total COM Health Promotion and Education	72 5 10	1,750	750	0	0	50	0	115	0
Total COM Consumer/Survivor/Family Initiatives	72 5 35	0	0	0	0	0	0	0	0
Total COM Information and Referral Service	72 5 40	0	0	0	0	0	0	0	0
Total Provincial Health System Development	72 5 15	0	0	0	0	0	0	0	0
Total CSS In-Home and Community Services (CSS IH COM)	72 5 82	3,000	0	5,539	0	475	3,100	0	0
Total CSS-ABI Services	72 5 70	0	0	0	0	0	0	0	0
Total CSS Community Support Initiatives	72 5 75	0	0	0	0	0	0	0	0
Total Activity	Total lines 1 to 14	4,750	750	5,539	0	525	3,100	115	0

**Form 3a
Service Activity Summary**

Healthcare Service Provider : **Société Alzheimer Society Sudbury-Manitoulin**

		2010-2011 Budget Request							
Category	OHRs Framework Level 3	(9) Visits Face-to-face and Telephone In-House and Contracted Out S450*, S451*,S448*,S449*	(10) Service Recipients Seen S452	(11) Hours of Care In-House and Contracted Out S 454*,S453*	(12) Resident Days S 403*	(13) Individuals Served by Functional Centre (S455*) or as appropriate - Individuals Served by Organization (S855*)	(14) Attendance Days Face-to-Face (\$483*)	(15) Group Sessions (\$4920010*)	(16) Meal Delivered-Combined (S248**10)
FUND TYPE 2-LHIN Managed									
Total Case Management	72 5 09	0	0	0	0	0	0	0	0
Total COM Primary Care	72 5 84	0	0	0	0	0	0	0	0
Totals COM Crisis Intervention	72 5 51	0	0	0	0	0	0	0	0
Total COM Day/Night Care	72 5 83	0	0	0	0	0	0	0	0
Total In-Home Care	72 5 30	0	0	0	0	0	0	0	0
Total In Home Support Services	72 5 20	0	0	0	0	0	0	0	0
Total COM Residential Services	72 5 50	0	0	0	0	0	0	0	0
Total COM Health Promotion and Education	72 5 10	1,750	750	0	0	50	0	115	0
Total COM Consumer/Survivor/Family Initiatives	72 5 35	0	0	0	0	0	0	0	0
Total COM Information and Referral Service	72 5 40	0	0	0	0	0	0	0	0
Total Provincial Health System Development	72 5 15	0	0	0	0	0	0	0	0
Total CSS In-Home and Community Services (CSS IH COM)	72 5 82	3,000	0	5,539	0	475	3,100	0	0
Total CSS-ABI Services	72 5 70	0	0	0	0	0	0	0	0
Total CSS Community Support Initiatives	72 5 75	0	0	0	0	0	0	0	0
Total Activity	Total lines 1 to 14	4,750	750	5,539	0	525	3,100	115	0