

Report of the Task Force on Braemore Home

Recommendations to Guide the Evolution of Braemore Home for the next 5 Years

**SUBMITTED TO: DEPARTMENT OF COMMUNITY SERVICES PER THE HONOURABLE DENISE
PETERSON-RAFUSE
MINISTER OF COMMUNITY SERVICES**

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Introduction

In October 2011 the Department of Community Services appointed a Task Force in response to the Operational Review of Braemore Home. That review carried out by Deloitte was initiated as a result of an incident with a resident that sparked concern around the care and support provided to all residents of the Home. The Deloitte study examined five inter connected elements of an ideal environment strategy, structures, processes, people and organizational culture. All must be in place to ensure a well functioning organization. It was identified there are a number of missing links within these elements at Braemore Home.

The Task Force comprised the following members: Cyril LeBlanc, Regional Administrator, Eastern Region, Department of Community Services, Dr. Colin Pottic, Psychologist, Emerald Hall C.O.A.S.T., (CDHA) Dr. Linda Courey, Director of Mental Health and Addiction Services, CBDHA, Lorna MacPherson, Director, Services for Persons with Disabilities, Department of Community Services, Anne Black, Program Coordinator, Department of Community Services, and Betty Mattson, Interim CEO, Braemore Home (CEO Kings Regional Rehabilitation Center). Mildred Colbourne, current CEO of Braemore Home and Theresa MacLeod, Senior Director of Community Relations and Services joined the Committee in March 2012. The mandate of the Task Force included:

1. To understand the current services and programs which make up the existing continuum of Services for Persons with Disabilities, the mental health system and other applicable programs within the province.
2. To review the support needs of individuals at Braemore Home considering information from internal assessments, any required external assessments and classification information. The approach to this review will be person centered, involving families, as appropriate.
3. To develop a plan that responds to the primary objective that individuals will have their support needs met in an appropriate setting recognizing their needs may change over time.
4. To consider the current and future need for supports and services as it relates to waitlist for services, future trends and demographics and best practice regarding persons with disabilities in terms of recommendations and planning.

5. Identify required resources, such as financial and capital resources including clinical supports which are integral to the plan. This will include identifying resource requirements that are considered immediate, intermediate and longer term.
6. Identify gaps and share information collected through this project that may inform future planning and the provincial design of services; such as the work that is currently being explored through the Services for Persons with Disabilities SPD/Continuing Care (CC) project.

Services for Persons with Disabilities In Nova Scotia

The Department of Community Services provides various social programs to assist families and individuals in need in Nova Scotia. In 1996, the Department assumed responsibility for residential and vocational services for persons with disabilities (physical, intellectual and long term mental illness) from the municipalities across the province. Along with this shift of responsibility, the Department, in response to the deinstitutionalization movement, began the process of closing large institutional residences for persons with disabilities. Among the large institutions closed were the Children's Training Centres, the Halifax County Regional Rehabilitation Centre and Scotia Adult Residential Centre. (Report of Residential Services, 2008)

As a result of the closing of large institutions, other residential options in communities for persons with disabilities quickly filled. Without appropriate resources in the community, long waiting lists for these services ensued. Over the past 5 years with the renewal of services for persons with disabilities, capacity has gradually increased in several communities across the province with the introduction of the Independent Living Program, expansion of the Direct Family Support Program, the Alternate Family Support Program and additional Small Options and Group Homes. A significant waiting list however still exists for services estimated to be in excess of 800 individuals as of March 2012.

The Department of Community Services shares responsibility for the continuum of services and supports with the Department of Health and Wellness. Individuals of all ages across the province require various and distinct services to enable them to remain in their own homes, with their families and in their communities. A lack of capacity in the overall system has resulted in a number of seniors and people with disabilities living in inappropriate situations, such as hospitals, or receiving minimal or no service.

Several factors have contributed to the on-going and increasing demand for residential and other services for persons with disabilities. Demographic factors contribute to the increasing demand including "the prevalence of people with disabilities from the baby boom generation who are currently cared for by elderly parents, increased life expectancy and lower mortality rates along with increased survival rates of young people with severe and complex developmental disabilities". (Community Living Research Project, 2006). Demographic factors in Nova Scotia reflect an aging population across the province and for individuals with disabilities; this is of particular concern as they require specific services. The lack of capacity in the system has resulted in a number of people with disabilities in living situations that are not appropriate, such as

hospitals. Compounding this is the lack of acceptance of aging people with disabilities in nursing homes due to their specific needs.

Braemore Home: Current State

As outlined in the Deloitte Report, Braemore Home is a large facility constructed in the 1970s to provide residential and rehabilitation services for persons with disabilities. Due to the lack of capacity in the system, some individuals have resided at this facility for many years. Many of the residents are capable of transitioning into other living options with appropriate support including independent living, small options and group homes.

As of January 31, 2012 there were 113 persons living at Braemore Home. An additional 8 people live in 3 community homes within the Sydney area. The organization has 54 beds classified as Residential Rehabilitation Care and 70 beds classified as Adult Residential Care; 2 beds are classified as respite. The Home provides pre vocational and vocational services on site. Braemore Home also operates a storefront called, *The Best of Cape Breton* in downtown Sydney. It offers excellent meaningful work for individuals of Braemore Home. The Sydney community supports this store as it highlights many products representing the culture of Cape Breton.

From our observations and the recommendations in the Deloitte Report, it is apparent that in planning and redesigning services/programs for individuals at Braemore Home, several issues require consideration:

- Residents throughout the organization and by specific Unit, have diverse needs that are not well served by a culture of care.
- The physical environment is outdated and is a barrier in providing intensive support/care for individuals.
- There is a lack of space for Recreation/Leisure programs and specific client programs.
- Programs need to be developed that move away from a custodial model to a model that supports individual growth. A model of support that fosters development of individual skills and abilities is required.
- The management of Human Resources needs further development to prevent risk to the organization.
- Staff require professional development in implementing person centered approaches, shared decision making, assessment, collaborative practices and in implementing a teaching focused model. Further training is required in respectful workplace practices and team work.

- The operating and capital budgets need to reflect the actual funds required to operate the programs.
- The organizational structure and culture needs to change to reflect and enable the delivery of future services and programs through a person-focused model.
- A Community Relations strategy is required to engage families, the community, partners and others in the evolution of Braemore Home.
- Residential capacity needs to be added to the system in the region.

regional continuum of support

Current Services and Supports Required at Braemore Home

As identified in the Deloitte Report, the current situation for residents of Braemore Home reflects a culture of care. Personal development for residents is minimal. Skills required for more independent living are not promoted. Shared decision making between staff and residents is minimal. The lack of programming has had detrimental effects on the ability of residents to attain their potential and enjoy a good quality of life. Recreation and leisure activities are minimal resulting in most residents living a very sedentary lifestyle.

Recent assessments completed by DCS and staff at Braemore Home confirm a continuum of services and supports is required for the current population. These services range from intensive support to preparation for independent living. Services and supports need to be age appropriate and designed in conjunction with the individual, their family and others in their support network. Personal development plans are required to reflect the needs, wants and desires of those individuals and allow for development of skills for independent living and / or for enhanced quality of life.

Ages of Current Residents:

The age range of individuals at Braemore Home is important in establishing appropriate programs and services. The following chart identifies the age ranges at the Home:

Braemore Home: Current Situation

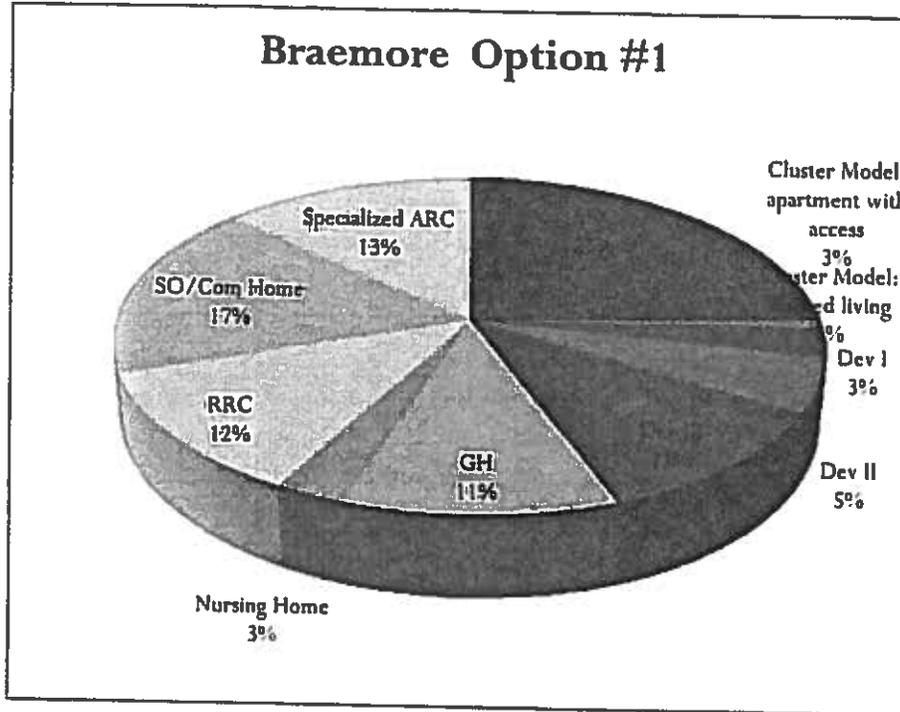
Age	Unit A	Unit B	Unit D	Unit E	Total
20 to 30 years (DOB 1932 - 1952)	0	0	3	3	6
31 to 40 years (DOB 1972 - 1981)	0	0	3	3	11
41 to 50 years (DOB 1962 - 1971)	4	4	7	6	21
51 to 60 years (DOB 1952 - 1961)	12	3	8	4	27
61 to 70 years (DOB 1942 - 1951)	9	10	2	3	24
71 years and older	6	1	0	0	7
Total	21	14	23	16	74

73 residents of Braemore are over the age of 50 with 33 between the ages of 61-70 and 7 over the age of 71. While 3 individuals have been classified as Nursing Home level of support, this option is not currently available for them. Many individuals have lived in this Home for several years some in excess of 20 years. For many, this is the only home they have known and staff have become part of their family. This age mix is instructive as the future of the Home is determined.

Classification:

The current population by classification / living option is outlined in the following chart:

Braemore Option #1



The assessment of the individuals at Braemore identified that 50 -55 individuals can transition to some type of community living option. It will be critical to ensure a detailed personal development plan is put in place to support these individuals to acquire the skills to enable a successful transition to the community.

Looking at the mix of residents on each unit at Braemore also provides information on the services and supports required:

Unit A

Unit A: serves individuals classified as Adult Residential Care. This classification is for individuals requiring minimal support with their personal care; may need prompting to follow activities of daily living, and will have minimal responsive behaviors.

In reviewing the 32 Individuals living on Unit A, the following is noted about their actual support needs:

Requires Total Assistance with Personal Care	12 of 32
Requires Assistance with Mobility	16
Require a wheelchair	(9)
Require assistance by staff to mobilize	(7)

Responsive Behaviours	16
Chronic Disease Management	Most have more than one chronic disease such as diabetes, hypertension, hiatal hernia, esophageal ulcers, epilepsy, osteoarthritis, COPD, in addition to mental illness.

The clients on Unit A range in age from 38 to 92:

35 - 49	50 - 59	60 - 64	65-70	71-80	81-90	over 90
4	13	8	1	3	2	1

It is interesting to note that only 4 of the individuals on this unit are below the age of 50. The majority of clients (28) are over age 50 with multiple needs. This Unit no longer meets the ARC classification. Many individuals are aging in place. Those who have sought long term care placements under the Continuing Care System have not met the criteria for a nursing home. There is no place for these individuals in the current continuum of care and support.

Recommendation: Specialized ARC

Some individuals from each of the units at Braemore need to be supported in a specialized ARC living area. These individuals are currently aging in place. They have lived at Braemore Home for many years. Aging, chronic disease management combined with high personal care needs and responsive behaviours mean these individuals are unable to access services under the current continuum. Since these individuals do not meet the classification for nursing home admittance and no other option exists in the continuum of care and support, their future needs must be considered. A specialized ARC unit is recommended essentially a psycho geriatric unit. This will require development of a palliative care program, a falls prevention program, and a lift and transfer program. This unit could also support a respite service for individuals in the community in this category thus providing a respite for families.

Unit B

Unit B 33 clients live on this ARC Unit. The following support requirements are needed on this unit:

Assistance with Self-Care	13
Prompting required	7
Assistance required	13
Mobility:	
Independent	31
Assistance with Walker	1
Responsive Behaviors (physical aggression, elopement)	14 more elopement risk than physical aggression

The residents on this unit range in age from 39 to 74:

39 - 49	50 - 59	60 - 69	70 - 79
4	9	19	1

The majority of individuals on this unit are also over the age of 50 (29).

Many of these residents attend work programs at the on-site pre-vocational and vocational program. These services need to be enhanced to complement the increased focus on skill development and preparation for other more independent living options.

Recommendation: Enhanced Programming and Services

Enhanced focus on building skills for independent living through implementation of personal development plans and programs to support individual development. Expansion of vocational programs is required.

Unit D:

Unit D This RRC Unit has 29 clients with intellectual disabilities and more complex long term mental illness (schizophrenia, bi polar disorder, personality disorders, autism). There are 4 individuals with 1:1 staffing to support their needs.

The clients age range from 23 to 63 years of age.

20 -29	30 -39	40 - 49	50 - 59	60 -69
3	8	7	8	2

These residents have the following support needs:

Mobility:	
Independent	25
Wheelchair	2
Assistance	1
Personal Care:	
Self	5
Prompts	9
Assist	12
Total Assist	2
Responsive Behaviours	All can have responsive behaviours;
Autism	2 with autism with 1:1 staffing

Recommendation: Enhanced Programming and Services

This unit requires a more focused approach to programming services and activities for residents. The current lack of activities and skill development results in individuals who are not fully engaged in life. This lack of engagement also results in more responsive behaviour episodes. Programming that focuses on skill development will allow many of these individuals to become more active in the community through work and other living options.



Unit E:

Unit E: This Unit has 20 residents with at least 10 with autism and 10 with autistic features. There is one client requiring 2:1, and two clients 1:1 support.

Individual Program Plans need to be implemented on a consistent basis to ensure desired outcomes are achieved.

Characteristics of Unit Population - Age of Client

Clients age range from 21 to 64 years

21 - 30	31 - 39	40 - 49	50 - 59	60 - 69
3	3	7	5	2

The majority of these individuals is 40 years and over with the following support needs:

Mobility:	
No assistance required	16
Unable to climb stairs	1
Assistance required	3
Personal Care:	
Assistance & Supervision with ADLs	All
Total Care	3
Responsive Behaviours	All

Note: All bedrooms except for one are on the second floor.

Recommendation: Specialized Support Services

This unit requires specialized services to support the unique needs of the individuals living there. Staff require specific training focused on supporting individuals on the autism spectrum. Further

changes are required to the physical environment to meet the needs of the individuals as well. The current layout of the unit does not allow for the individual resident's needs to be met in an optimum manner (controlling noise levels, providing private space).

Community Homes:

Braemore has three community homes. Valley View Home supports two youth who require intensive support due to their complex needs. There have been a number of challenges with supporting these individuals due to their unique needs. Staff do not possess the specialized training to support individuals of this nature on a long term basis. Significant training for staff is required. There have also been several complaints from neighbours in this location who find it difficult to accept the residents into their community. Consideration for moving this site is required.

Avalon and Leaside each provide support to 3 adults with varying needs. Lack of programming and leisure activities is also apparent at these sites.

Recommendation: Enhanced Training and Programming

As noted for other units, the focus for programming needs to be on personal and skill development. The residents need to be more engaged in meaningful activities that support their interests and enable them to enjoy a better quality of life. Training in the person focused approach is required for staff. A teaching / learning approach needs to be foremost for the residents. Increased programming and activities will result in more satisfied and engaged residents.

A new home should also be located to replace Valley view. The community has not accepted this home since it was opened.

Staffing & Culture:

Braemore Home does not always have the consistency in staff and assignments that is required to work with individuals with disabilities. This can be disruptive and disconcerting to clients. Collective agreements / arbitrations have imposed restrictions on staff assignments within the home (RCWs). The use of Unit Coordinators for staff scheduling has resulted in a very inefficient use of high end resources and has also led to inefficiencies in the use of all resources.

Professional development for staff is a significant issue and has been neglected over the years. Staff require training in working with individuals with challenging / responsive behaviours, working with individuals on the autism spectrum and those with mental health disorders.

The overall culture of Braemore also has to change. Unhealthy behaviours in the work environment have

led to many issues between staff. Bullying and other inappropriate behaviour have not been dealt with adequately. A healthy organization will result in a more engaged workforce. This requires respect of individual differences; dealing with difficult issues in a constructive manner; positive conflict resolution approaches; supportive management practices and policies; recognition of the intensity of the work and acknowledgement and appreciation for the daily efforts of all staff; engagement of staff in decisions that affect them; a positive labour relations environment that encourages discussion and resolution of issues in a timely manner will result in a win-win approach; an overall philosophy of care and compassion for all needs to pervade the organization.

Recommendations: Interim Plan (Year 1)

The Deloitte report, and the work of this committee, has confirmed the urgent need to address many issues at Braemore Home. The current state of Braemore Home is well outlined in the Deloitte Report and is not repeated here. That study examined five inter-connected elements of an ideal environment – strategy, structures, processes, people and organizational culture. All must be in place to ensure a well functioning organization. The study identified there are many missing links within these elements at Braemore Home. The most significant being a culture of care rather than a culture of support.

This report from the Task Force focuses on recommendations to assist Braemore Home to transition to a different model of support for individuals with disabilities – a model that supports independence to the greatest extent possible for all residents. Braemore Home has the potential to become a significant resource to the entire region if it is supported to transform its entire operation, philosophy and culture. The recommendations offered in this report are designed to initiate this change process. It is expected with a new CEO and Corporate Board, Braemore Home will be in a state of significant change for the next 3-5 years as it evolves to a center of excellence for the region.

A number of the current residents at Braemore Home (50-55) have been identified as having the capacity to live in an alternate option in the community. The recommendations presented here are aligned with the current continuum offered through DCS which includes:

- Independent living support
- Alternate family support
- Direct family support
- Small option homes
- Group homes (some with transitional apartments)
- ARC / RRC
- Adult day services and programs
- Respite services

While some residents who move to alternate options may need on going support from Braemore staff, with appropriate skill building, these individuals can successfully transition to those other living options. A personal development plan focused on development of skills for independent living will ensure successful inclusion in the community. Individuals should have the "right to choice" in the type of living arrangement they would prefer. These community living options include:

Independent Living Program

There are some individuals who need access to the Independent Living Support Program a program that can provide 21 hours of support in the community per week. This program enables an individual to move into their own apartment or a shared apartment. Braemore Home will need to be approved as a service provider for this program. Capacity for this program needs to expand in the region so that this option is available for individuals currently living at Braemore. 6 placements should be available for this option within the next 12 24 months.

Small Option & Group Homes

These living options can be appropriate for individuals who choose to live with others rather than living alone. Small Option homes can house 3 individuals and are appropriate for those who wish to live with only a small group of individuals. It is important for those choosing this option to also participate in the decision making around with whom they live.

Group Homes can range in size to accommodate 4 10 individuals. Again the right mix of individuals with similar skill levels is important in this living option. Staffing has to be determined based on the support needs of the individuals in the home. Capacity in the region needs to increase for this option. Braemore and DCS need to work together to investigate purchasing a current property in the community and / or building a new home. 2 Group Homes (6 8 bedrooms) is recommended in the next 12 24 months. This home should also provide a transitional apartment to enable skill development so that individuals can be assisted to prepare to move to more independent living. Over the next 3 5 years an additional 4 6 homes are required.

Specialized ARC

Some individuals from each of the units at Braemore need to be supported in a specialized ARC living area. These individuals are currently aging in place. They have lived at Braemore Home for many years. Since these individuals do not meet the classification for nursing home admittance, their future needs must be considered. Aging, chronic disease management combined with high personal care needs and responsive behaviours mean these individuals are unable to access services under the current continuum. Since these individuals do not meet the classification for nursing home admittance and no other option exists in the continuum of care and support, their future needs must be considered. A specialized ARC unit is

recommended essentially a psycho geriatric unit. This will require development of a palliative care program, a falls prevention program, and a lift and transfer program. This unit could also support a respite service for individuals in the community in this category thus providing a respite for families. This is a broader system need and requires appropriate resources to operate effectively.

Crisis Assessment & Stabilization RRC Unit

This RRC Unit would support individuals with chronic mental illness / Autism Spectrum disorders who require intensive supports to stabilize and manage their behaviours. The existing mental health system is not set up to provide the intensive intervention for these individuals and to provide these services for an extended period. This again reflects a broader system need. Individuals who participate in this program will be assisted to develop skills to return to the community with less intensive support. Services can be provided on a short term or long term basis as required.

Resource Requirements

Braemore Home is at a significant turning point – it can no longer continue to operate as it has in the past with outdated structures, processes, systems, a culture of care and an unhealthy work environment. It has to evolve or it will become obsolete. We believe there is tremendous potential with the commitment and support of government and the appropriate resources, to transform Braemore into a vibrant community leader that offers high end services so desperately needed in the community and region. The current CEO has to develop a high functioning leadership team that will enable the organization to flourish. A healthy environment must be developed through building trust, open communication and transparency. Strong relationships must be built within the organization and in the broader community. Tremendous synergy can be leveraged to propel the organization forward.

Management Resources

The Deloitte report identified challenges around the span of control of the management structure that was in place at Braemore. In order for an organization to be effective, strategic leadership is required. The CEO needs to be supported by a senior management team that has responsibilities in operations, finance, plant management, community relations, education and quality and human resources. The organization requires extensive development in all aspects beginning with a leadership model that supports / is congruent with, a social model of support for the individuals who live there. The CEO will need to consider the most appropriate management structure to enable the evolution of the organization.

Staffing Resources

Current staffing levels at Braemore Home are not sufficient to adequately support the 113 residents living in the Home, 8 others in small option homes, programming and vocational services. Increased staffing is required to provide an appropriate level of service now. Further resources will be required as the social model is implemented. Immediate enhanced staffing levels, as recommended for units B, D and A. Extra staffing that has been approved must remain in place along with the one/one staffing for specific residents. Discussions are on going with DCS staff to finalize the staffing levels required for the next year. This will need to be reviewed regularly and as the social model is implemented. Note: Other staffing resources as requested in the Interim CEO report of January 2012 including IT resources, professional development staff and human resource expertise are included in the management section above.

Training & Development

As identified in this report and the Deloitte report, staff training and development has been minimal at Braemore. An extensive program is being developed with the NSCC to address the various learning needs of staff. Funding will be required for this endeavor. It is recommended that DCS Care Coordinators in the region also participate in this training. The potential for Tele-health Capacity within the sector should also be investigated. As well, management development programs have to be a priority for the organization.

Summary Costs of Interim Recommendations:

Braemore Home - Funding Proposal Year 1

	Annual Cost
Additional Small Option Home (Operations)	750,000
Additional Staffing (Front Line)	350,000
IT system upgrades Phase 1 (per HANS Report)	55,150
Education/Professional Development	100,000
NSCC Training	240,000
Expanded Programs /Supplies	50,000
<i>Organizational/Management Resources</i>	
1.00 Coordinator Small Options	72,293
3.44 Assistant Coordinators	183,056
1.00 Director Services & Supports	82,533
1.00 IT Manager	53,214
1.00 Staff Training Coordinator	63,697
1.00 HR Manager	77,177

1.00	Director Community Relations	82,533	
1.00	Director Education & Quality	82,533	
1.00	Director Finance & Admin	82,533	
1.00	Director Environment and Plant	82,533	
1.00	Admin\Accounting Support	42,943	
2.00	Coordinator Services and Supports	144,586	
1.00	Coordinator Clinical Services	77,177	
1.00	Behavior Interventionist	72,293	
1.00	CEO	100,000	
1.00	Program Consultant	74,279	
	Benefits		1,373,380
			274,676

Organizational/Management Resources Reallocation from Current

4.00	Unit Coordinator	289,172	
1.00	Director of Client Care	82,533	
1.00	Education/QM	72,293	
1.00	Financial Services Coordinator	72,293	
1.00	Environmental Services Coordinator	60,332	
1.00	Reception/Medical Records	34,744	
1.00	CEO (former)	92,585	
	RN revised coverage	290,472	
	Benefits		(994,424)
			(198,885)
	Total		1,999,897

The Future of Braemore Home: Potential

Braemore Home has the potential to evolve into a considerable resource for the Eastern region. A number of other service providers operate various living options for individuals with disabilities. As well, mental health services throughout the region need to be enhanced. Through cooperative efforts, Braemore Home can be strengthened to play a more active role in the management of services for persons with disabilities with a focus on ability. The potential for the following types of services can be developed:

- an Adult Day program for individuals with mental health issues;
- an Adult Day program for seniors / seniors with disabilities (leisure and recreation) living in the community;
- enhanced crisis assessment and management services to assist other service providers in responding to challenging behaviours;
- a team that has expertise in working with individuals with autism or autistic features;
- respite services for caregivers and support persons / families in the community;
- transitional apartment living that will enable individuals to develop the skills to live in a more independent environment;
- other living options including cluster apartment living, living units for seniors and other accessible living units that could provide services such as offered in light nursing homes (flexible and versatile acknowledging that we are currently experiencing a specific population bulge that will persist for an estimated 20 years in the future; and
- expanded vocational and development program services including centers for skill development; supported employment and other related services.

Building Assessment

In the meantime, a full assessment of the Braemore Home building is required. Significant challenges are evident due to the age and the structure (octagonal pods) of the building. Architectural and engineering expertise is required to assist in determining the future potential of the building especially to allow for a more person focused approach and a home like environment.

Capital and Rate Review Process

A rate review has not been conducted for Braemore Home for 4+ years. This must be completed on an urgent basis and actual costs need to be considered. Food and other operational costs (electricity, regular maintenance) have increased significantly (and beyond the consumer price index). These are not costs that the organization can control to any great extent. When these actual costs are not realistically factored into a rate review, the organization is left in a deficit position. This serves no useful purpose for the organization or government. Other funding is required for

programming activities for residents including daily skill development activities, development of a supported employment program and increased vocational services. IT and accounting systems and software are also required.

Capital requirements must also be considered for Braemore Home. The building is 37 years old and requires extensive upgrades, including accessible washrooms and an HVAC system. It is recommended that DCS work with Braemore to develop a realistic plan to address these challenges on an on-going basis.

Funding Model -Budget Management

It is also recommended that government act on prior reports, including the Deloitte Report, regarding the funding model that is used for SPD. The current model is outdated and inhibits creativity and innovation in DCS program development and in the sector. It does not adequately fund services for persons with disabilities, does not recognize actual operational and resource costs and is based on a punitive system that is over-managed by DCS. It does not reflect current resource management practices in this field. It is recommended that government consider a pilot project to provide Braemore Home with its funding envelope for the year and allow the organization to manage that funding.

The Continuum of Care / Support

This Task Force has been informed by individuals around the table from DCS and DoH who have expertise throughout the continuum of care and support available to individuals with various disabilities. It is apparent that there are gaps in the current continuum that result in significant numbers of individuals left with inadequate or no services. It is recommended that the SPD / Continuing Care project share their work with the sectors and consult further with communities to determine a go forward plan to address the needs of all individuals with disabilities across Nova Scotia.

Funding Summary for next 5 years

The full funding estimates required to support the evolution of Braemore Home for the next 5 years follows:

Braemore Home Funding Proposal Year 1

	Annual Cost
Additional Small Option Home (Operations)	750,000
Additional Staffing (Front Line)	350,000
IT system upgrades Phase 1 (per HANS Report)	55,150
Education/Professional Development	100,000
NCCC Training	240,000
Expanded Programs /Supplies	50,000

Organizational/Management Resources

1.00	Coordinator Small Options	72,293	
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1.00	Financial Services Coordinator	72,293	
1.00	Environmental Services Coordinator	60,332	
1.00	Reception/Medical Records	34,744	
1.00	CEO (former)	92,585	
	RN revised coverage	290,472	
			(994,424)

Benefits

(198,885)

Total

1,999,897

Braemore Home Funding Proposal Year 2

	Annual Cost
2 Additional Small Option Home (Operations)	1,500,000
Operations Small Option Home from Yr 1	750,000
Additional Staffing (Front Line)	350,000
IT system upgrades Phase 2 (per HANS Report)	28,000
Education/Professional Development	150,000
Expanded Programs /Supplies	50,000

Organizational/Management Resources

1.00	Coordinator Small Options	72,293	
3.44	Assistant Coordinators	183,056	
1.00	Director Services & Supports	82,533	
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1.00	Director Education & Quality	82,533	
1.00	Director Finance & Admin	82,533	
1.00	Director Environment and Plant	82,533	
2.00	Admin\Accounting Support	85,886	
2.00	Coordinator Services and Supports	144,586	
1.00	Coordinator Clinical Services	77,177	
1.00	Behavior Interventionist	72,293	
1.00	CEO	100,000	
1.00	Director Vocational Services	82,533	
			1,424,577
	Benefits		284,915

Organizational/Management Resources Reallocation from Current

4.00	Unit Coordinator	289,172	
1.00	Director of Client Care	82,533	
1.00	Education/QM	72,293	
1.00	Financial Services Coordinator	72,293	
1.00	Environmental Services Coordinator	60,332	
1.00	Reception/Medical Records	34,744	
1.00	CEO (former)	92,585	
	RN revised coverage	290,472	
			(994,424)

Benefits

(198,885)

Total

3,344,184

Total (Net of Operations of YR 2 Homes)

1,844,184

Braemore Home Funding Proposal Year 3

	Annual Cost
2 Additional Small Option Home (Operations)	1,500,000
Operations Small Option Homes from Yr 2	1,500,000
Operations Small Option Home from Yr 1	750,000
Additional Staffing (Front Line)	350,000
IT system upgrades Phase 3 (per HANS Report)	35,000
Education/Professional Development	150,000
Expanded Programs /Supplies	50,000
Tele-health Capacity	50,000

Organizational/Management Resources

1.00	Coordinator Small Options	72,293	
3.44	Assistant Coordinators	183,056	
1.00	Director Services & Supports	82,533	
1.00	IT Manager	53,214	
1.00	Staff Training Coordinator	63,697	
1.00	HR Manager	77,177	
1.00	Director Community Relations	82,533	
1.00	Director Education & Quality	82,533	
1.00	Director Finance & Admin	82,533	
1.00	Director Environment and Plant	82,533	
2.00	Admin/Accounting Support	85,886	
2.00	Coordinator Services and Supports	144,586	
1.00	Coordinator Clinical Services	77,177	
1.00	Behavior Interventionist	72,293	
1.00	CEO	100,000	
1.00	Director Vocational Services	82,533	
			1,424,577
	Benefits		284,915

Organizational/Management Resources Reallocation from Current

4.00	Unit Coordinator	289,172
1.00	Director of Client Care	82,533
1.00	Education/QM	72,293
1.00	Financial Services Coordinator	72,293
1.00	Environmental Services Coordinator	60,332
1.00	Reception/Medical Records	34,744
1.00	CEO (former)	92,585
	RN revised coverage	290,472

	(994,424)
Benefits	(198,885)
Total	4,901,184
Total (Net of Operations of YR 2 +YR 3 Homes)	1,901,184

Braemore Home Funding Proposal Year 4

	Annual Cost
2 Additional Small Option Home (Operations)	1,500,000
Operations Small Option Homes from Yr 2 + Yr 3	3,000,000
Operations Small Option Home from Yr 1	750,000
Additional Staffing (Front Line)	350,000
IT system upgrades Phase 3 (per HANS Report)	35,000
Education/Professional Development	150,000
Expanded Programs /Supplies	50,000
Tele-health Capacity	50,000

Organizational/Management Resources

1.00	Coordinator Small Options	72,293	
3.44	Assistant Coordinators	183,056	
1.00	Director Services & Supports	82,533	
1.00	IT Manager	53,214	
1.00	Staff Training Coordinator	63,697	
1.00	HR Manager	77,177	
1.00	Director Community Relations	82,533	
1.00	Director Education & Quality	82,533	
1.00	Director Finance & Admin	82,533	
1.00	Director Environment and Plant	82,533	
2.00	Admin\Accounting Support	85,886	
2.00	Coordinator Services and Supports	144,586	
1.00	Coordinator Clinical Services	77,177	
1.00	Behavior Interventionist	72,293	
1.00	CEO	100,000	
1.00	Director Vocational Services	82,533	
			1,424,577
	Benefits		284,915

Organizational/Management Resources Reallocation from Current

4.00	Unit Coordinator	289,172
1.00	Director of Client Care	82,533
1.00	Education/QM	72,293
1.00	Financial Services Coordinator	72,293
1.00	Environmental Services Coordinator	60,332
1.00	Reception/Medical Records	34,744
1.00	CEO (former)	92,585
	RN revised coverage	290,472

Staffing Reallocation to Small Options	125,000	
		(1,119,424)
Benefits		(223,885)
	Total	6,251,184
	Total (Net of Operations of YR 2, YR 3, + YR 4 Homes)	1,751,184

Braemore Home Funding Proposal Year 5

	Annual Cost
2 Additional Small Option Home (Operations)	1,500,000
Operations Small Option Homes from Yr 2 + Yr 3 + Yr 4	4,500,000
Operations Small Option Home from Yr 1	750,000
Additional Staffing (Front Line)	350,000
IT system Evergreen Program (per HANS Report)	25,000
Education/Professional Development	175,000
Expanded Programs /Supplies	50,000
Tele-health Capacity	50,000

Organizational/Management Resources

1.00	Coordinator Small Options	72,293	
3.44	Assistant Coordinators	183,056	
1.00	Director Services & Supports	82,533	
1.00	IT Manager	53,214	
1.00	Staff Training Coordinator	63,697	
1.00	HR Manager	77,177	
1.00	Director Community Relations	82,533	
1.00	Director Education & Quality	82,533	
1.00	Director Finance & Admin	82,533	
1.00	Director Environment and Plant	82,533	
2.00	Admin\Accounting Support	85,886	
2.00	Coordinator Services and Supports	144,586	
1.00	Coordinator Clinical Services	77,177	
1.00	Behavior Interventionist	72,293	
1.00	CEO	100,000	
1.00	Director Vocational Services	82,533	
			1,424,577
	Benefits		284,915

Organizational/Management Resources Reallocation from Current

4.00	Unit Coordinator	289,172
1.00	Director of Client Care	82,533
1.00	Education/QM	72,293
1.00	Financial Services Coordinator	72,293
1.00	Environmental Services Coordinator	60,332
1.00	Reception/Medical Records	34,744
1.00	CEO (former)	92,585
	RN revised coverage	290,472

Staffing Reallocation to Small Options	150,000	
		(1,144,424)
Benefits		(228,885)
	Total	7,736,184
	Total (Net of Operations of YR 2 to Yr 5 Homes)	1,736,184

Notes

Braemore Home has been under funded for a number of years. Moving to the Social Model of Support will require investment up front to realize the benefits in the long term. The building requires extensive investment to renovate or rebuild to meet future requirements.

Purchase or construction costs of Small Option homes not included

- Year 2 Education/ Professional development to increase by \$50,000 to \$150,000
 Additional 1.0 FTE Admin support position
 Program Consultant not included after Yr 1
 1.0 FTE Director Vocational Services position added
- Year 3 Tele-health expenses included @ \$50,000
- Year 4 Staffing Reallocation from main facility to Small Options @ \$125,000
- Year 5 Education Amount increased by \$25,000 to \$175,000
 IT Evergreen program @ \$25,000
 Additional Staffing Reallocation from main facility to Small Options @ \$150,000

