DSP Transformation

Adult Service Array Design

Final Version for Approval

December 16, 2016

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Contents

- **Background/Scope**

- **Current State Summary**
    - Residential and In-Home Supports
    - Day Programming and Employment Supports
    - Other Supports in the Community
    - Placement and Funding

- **Future State Summary**
    - Service Array Design Approach
    - System Vision and Guiding Principles
    - Eligibility and Supports Budgets
    - Residential and In-Home Supports
    - Day Programming and Employment Supports
    - Community Supports
    - Assessment, Planning and Funding

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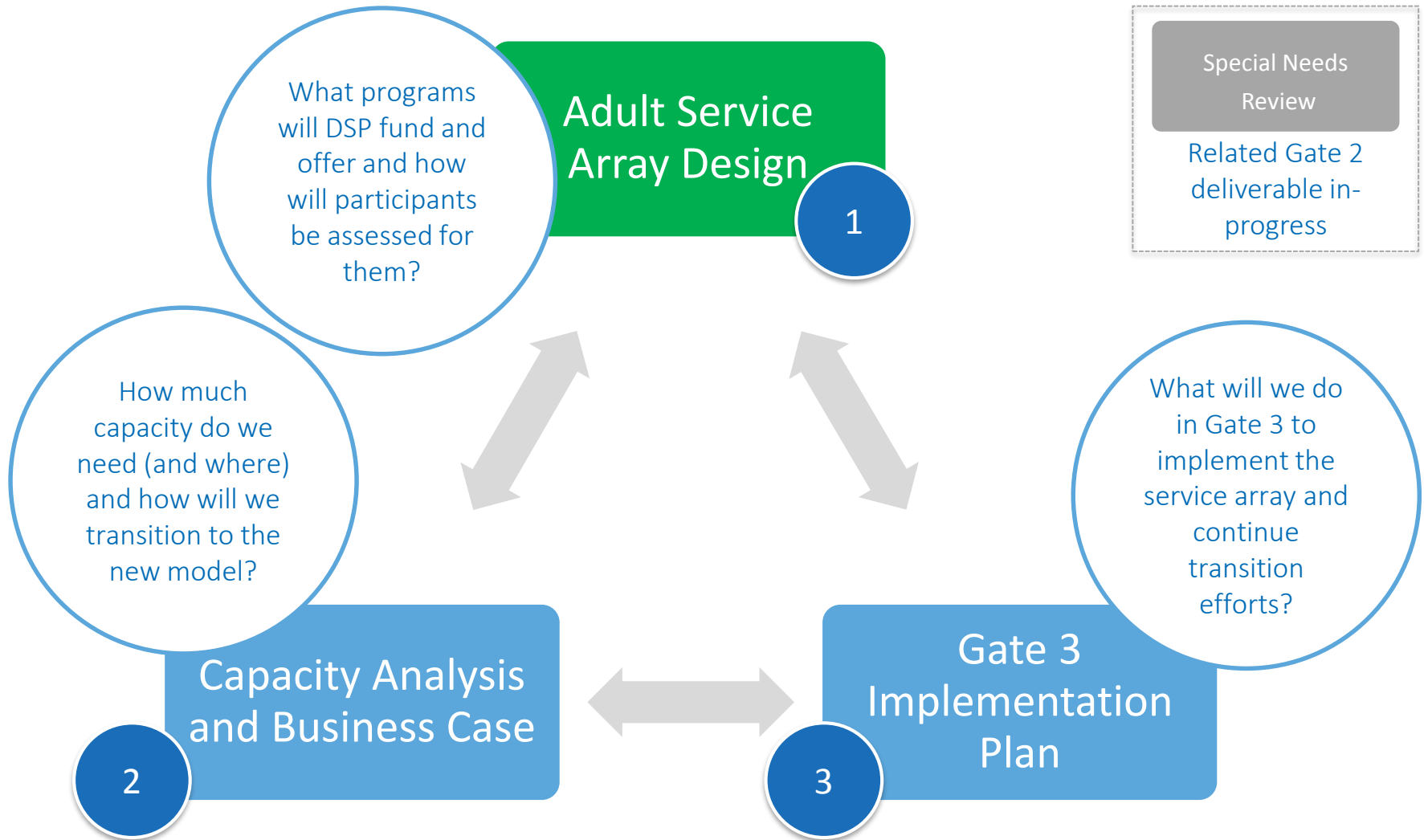
Background/Scope

In Scope – What's Included?

1. Current state analysis of data outlying current assessment, placement and funding and inputs from consultations with participants, families, service providers, advisory group members and staff

2. Overview of future state service array, outlining programs that DSP will fund and offer to adults with disabilities, including:
   – In-Home and Residential Supports
   – Day Programming and Employment
   – Community Supports and Services

3. Recommendations for how participants will access the future array, including:
   – Assessment
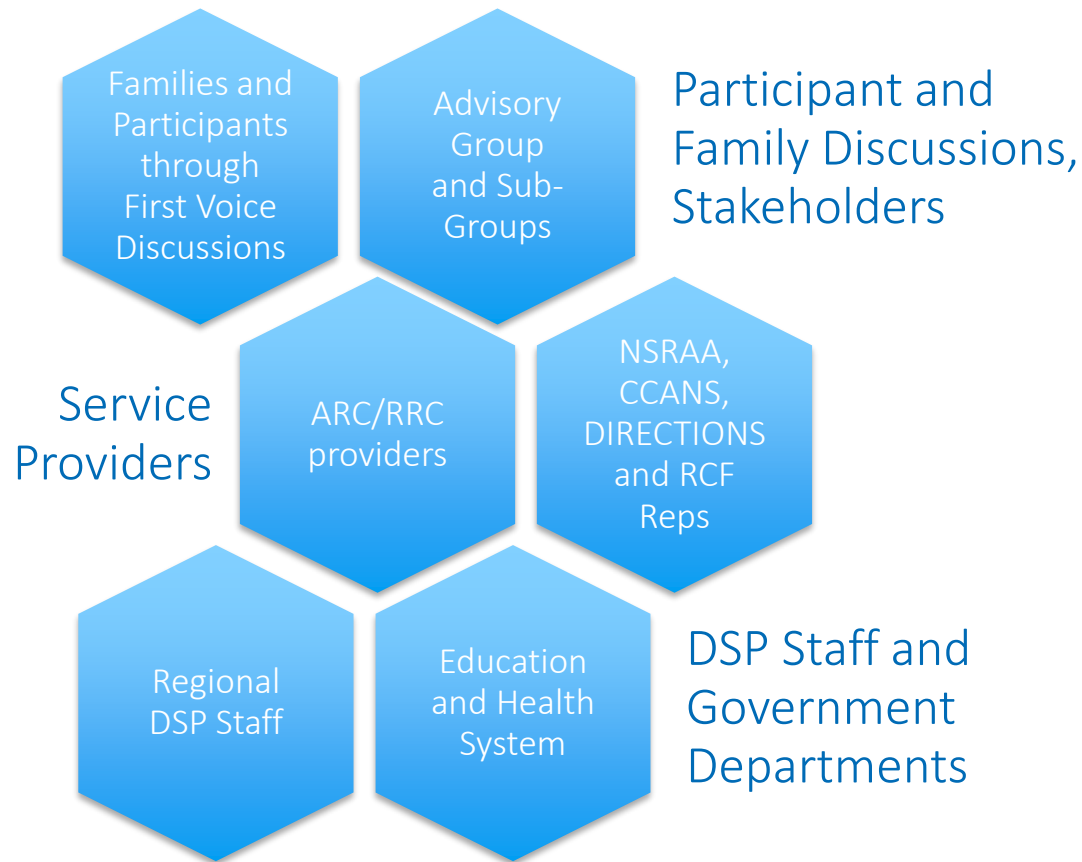   – Planning
   – Funding

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Out of Scope – Service Array Design

1. Analysis and design of service array for DSP children's programming

2. Detailed design of standards and service mixes for new DSP programs in service array

3. Analysis of capacity and funding required for programs in future service array
   – Within scope of Gate 2 Capacity Analysis and Business Case Deliverable

4. Development of any recommended changes to assessment/planning methodologies and funding models

There are three Gate 2 deliverables directly related to the new Adult Service Array Design

What programs will DSP fund and offer and how will participants be assessed for them?

Adult Service Array Design

1

Special Needs Review

Related Gate 2 deliverable in-progress

How much capacity do we need (and where) and how will we transition to the new model?

Capacity Analysis and Business Case

2

What will we do in Gate 3 to implement the service array and continue transition efforts?

Gate 3 Implementation Plan

3

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Consultations were a key input into analysis of the current state

Families and Participants through First Voice Discussions

Advisory Group and Sub-Groups

Participant and Family Discussions, Stakeholders

Service Providers

ARC/RRC providers

NSRAA, CCANS, DIRECTIONS and RCF Reps

Regional DSP Staff

Education and Health System

DSP Staff and Government Departments

Approximately 200 hours of total consultation and discussions

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There are several limitations of the data that are being used to assess the current state

1. Not all DSP adult participants have an assessment (the Individual Assessment and Support plan or IASPs) completed and entered in ICM
   - 3,779 of 5,068 participants have completed IASPs
   - IASP, placement and financial data analysis are limited to this sample and are as of July 2016
2. Waitlist and program demand data includes all adult participants
3. ASC funding is not associated with participants. Most Adult Service Centres (ASCs) are grant funded and do not track costs/supports associated with each participant
4. Cost data is from the 2015-2016 fiscal year
5. Historical differences in data management processes across regions and data entry errors may cause some inconsistencies in the data (e.g. special needs vs. per diem, grandfathered placements, coding for placements)
6. Block funding for Regional Rehabilitation Centres (RRCs) is not included for purposes of analysis because we are not able to tie RRC costs directly to participants or their LOS

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An Explanation of Box Plots
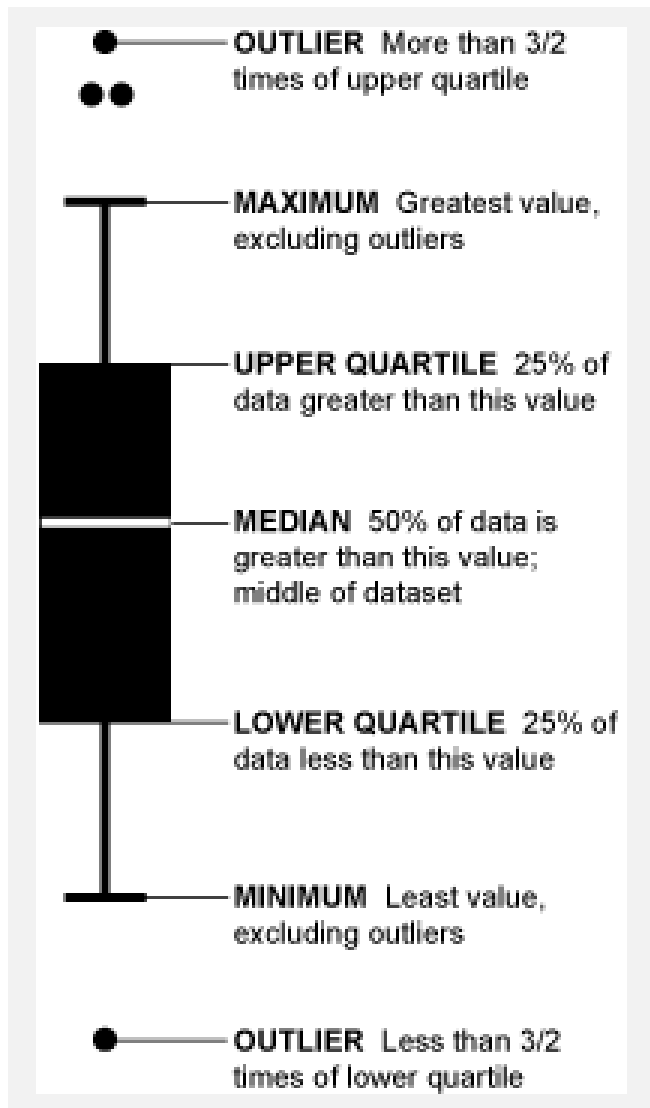
Box plots will be used throughout this deliverable to depict the distribution of funding to participants in a given Level of Support
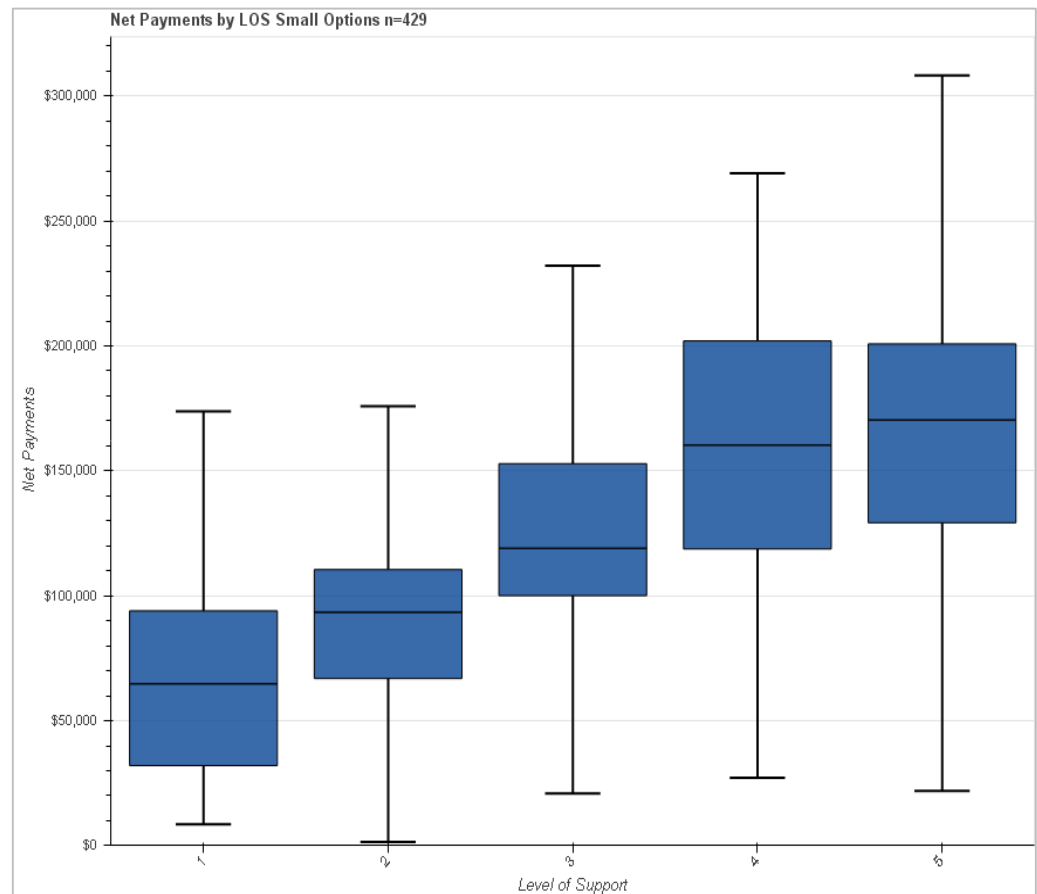
Current State Analysis –

Residential and In-Home Supports

Quick Refresh – Levels of Support Profiles

Person Profile: Person can live an active life as a participating member of the community with intermittent support for some daily activities.

Person Profile: Person can develop skills and increase adaptive behaviors and community access with intense levels of support and structure. Benefit from a multi-disciplinary approach for responding to frequent unpredictable behavior/safety issues.

Level 1 Support: **Minimal**

Level 2 Support: **Moderate**

Level 3 Support: **High**

Level 4 Support: **Enriched**

Level 5 Support: **Intensive**

Person Profile: Person can maintain/enhance their skills, broaden social and community networks and optimize stability of multiple/chronic health issues with high need for assistance, support and structure.

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Our Current Service Array

In-Home and Residential Supports

Where you live

In-Home Supports

Flex	ILS	AFS

Residential Supports

Group Homes and DR I/II/III	Small Option Homes	RCFs	ARC/RRCs

Day Programming and Employment Supports

What you do during the day

Living Supports

Rec. and Leisure	Complex Needs 1:1	Retirement

Employment Supports

Volunteerism	School to Work	Social Ent. and Pre-Employment	Employment

Community Supports and Services

What other supports you may need

Special Needs	RRC Outreach Teams	Licensed Respite Beds

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Our Current Service Array

In-Home and Residential Supports

Where you live	In-Home Supports			Residential Supports			
	Flex	ILS	AFS	Group Homes and DR I/II/III	Small Option Homes	RCFs	ARC/RRCs

Day Programming and Employment Supports

What you do during the day	Living Supports			Employment Supports			
	Rec. and Leisure	Complex Needs 1:1	Retirement	Volunteerism	School to Work	Social Ent. and Pre-Employment	Employment

Community Supports and Services

What other supports you may need	Special Needs	ARC/RRC Outreach Teams	Licensed Respite Beds

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Current State Analysis – In-Home Residential

OUR MOST SIGNIFICANT ISSUES	1. Residential funding is tied to the cost of beds – not participant support needs 2. Many placements are based on urgency and can be driven by lack of capacity rather than best fit

Other Things We've Learned From Current State Analysis

In-Home Supports (Flex, ILS, AFS)	Residential Supports (Small Options, Group Homes, Developmental Residences I-III)
• Flex is a younger population due to aging parents/waitlist • Majority of ILS participants are LOS 1 and 2 • 20% of AFS placements are LOS 4 and 5 which supports notion of supporting for more high needs participants in program	• 38% of SOH and 50% of GH/DR participants are LOS 1 and 2. These participants are likely overserved • Group Homes are not fulfilling their skill building mandate and there is a limited skill building in general • Licensing/LOS requirements is causing placement issues

Facility Based Supports
(ARCs, RRCs, RCFs)

- The RCF population is aging and staffing levels do not support high levels of personal care
- Most ARC/RRC placements have evolved to a Long Term Care model of physical/nursing care
- ARC/RRCs are not fulfilling their rehabilitation/skill development mandate
- RRCs have youngest age groups due to admissions to support participants with high LOS and behaviors, including those waiting for SOH placements

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Flex at Home – Overview

Flex	ILS	AFS	Group Homes and DR I/II/III	Small Option Homes	RCFs	ARC/RRCs

Description

Flex Individualized Funding Program provides supports and services to adults with disabilities who live at home with their families with support from their family/personal support network. This program is intended to supplement the natural supports that a participant receives from their family/personal support network and through other standard community resources that are available to residents of Nova Scotia.

Eligibility

- Must be permanent residents of Nova Scotia
- Must be over 19 years of age
- Must be diagnosed with an intellectual developmental disability, long term mental illness, physical disability, or dual diagnosis
- Must have a needs identified through the IASP process
- Must meet the financial eligibility criteria as outlined in the policy
- Family and participant must agree to participate in the assessment process

Client Level of Support Accepted: 1 2 3 4 5

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Flex at Home – Levels of Support

Level of Support	Support Provided
1	
2	**Foundational Funding:** Total not to exceed $500/month, no receipts required
3	**Intermediate Funding:** Total not to exceed $2,200/month, receipts required
4	**Enhanced Funding:** Total not to exceed $3,800/month, receipts required
5	

Maximum Funding: $3,800/month (plus special needs)

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Flex at Home – Demand

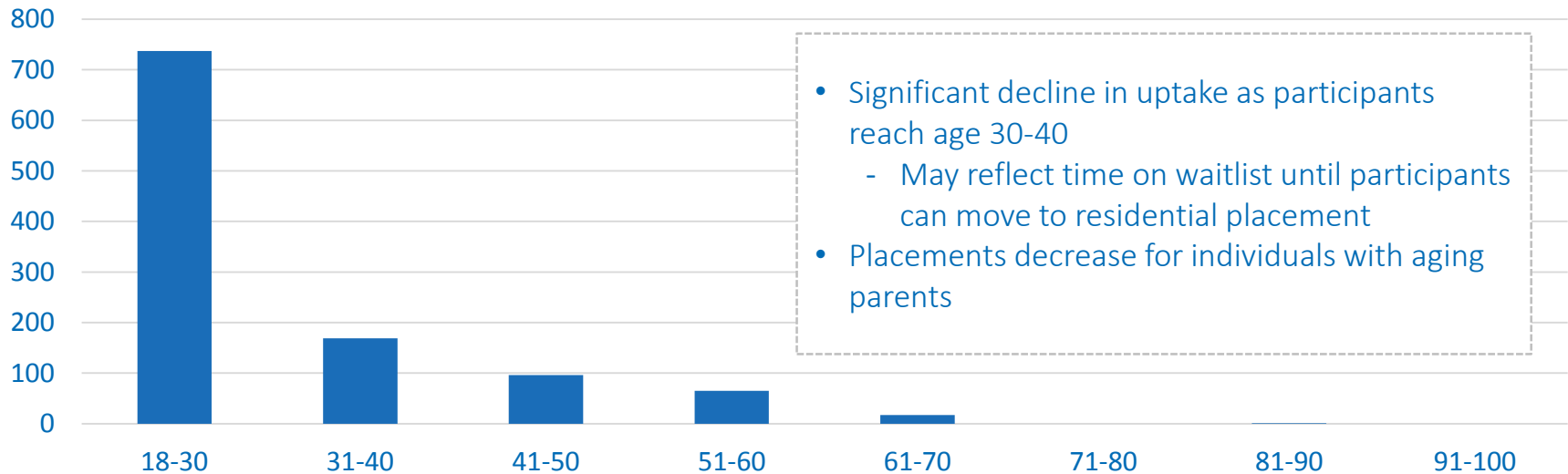- 4432
- 1300

Flex Case Count   Total Case Count
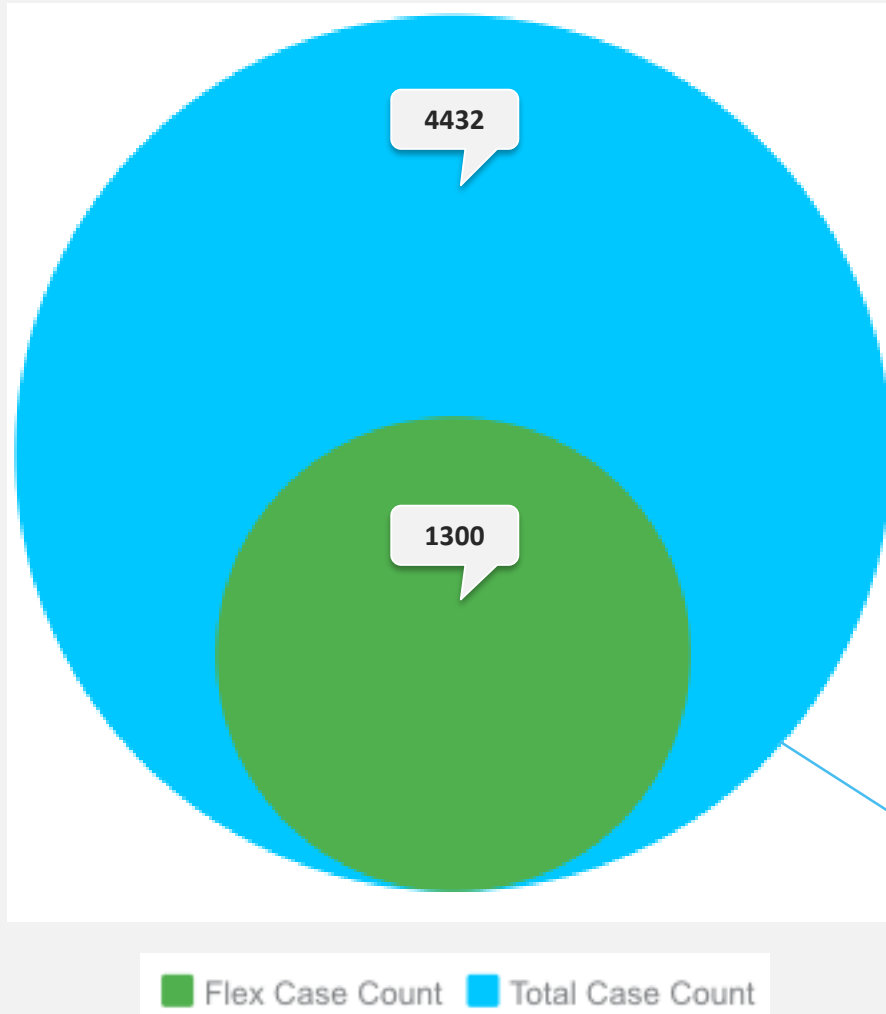
- Approximately 30% of DSP participants are living with family
- DSP's highest uptake program
- Automatic enrolment ensures no waitlist and or undue pressures on families (only program with no waitlist)
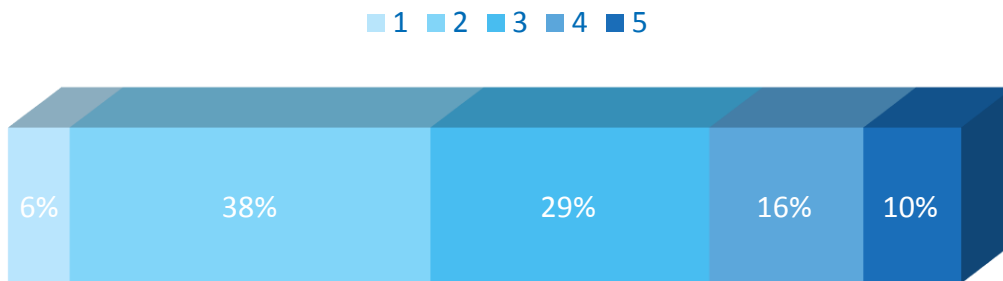
DSP supported 4432 adult participants at time of extract

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Flex at Home – Demographics
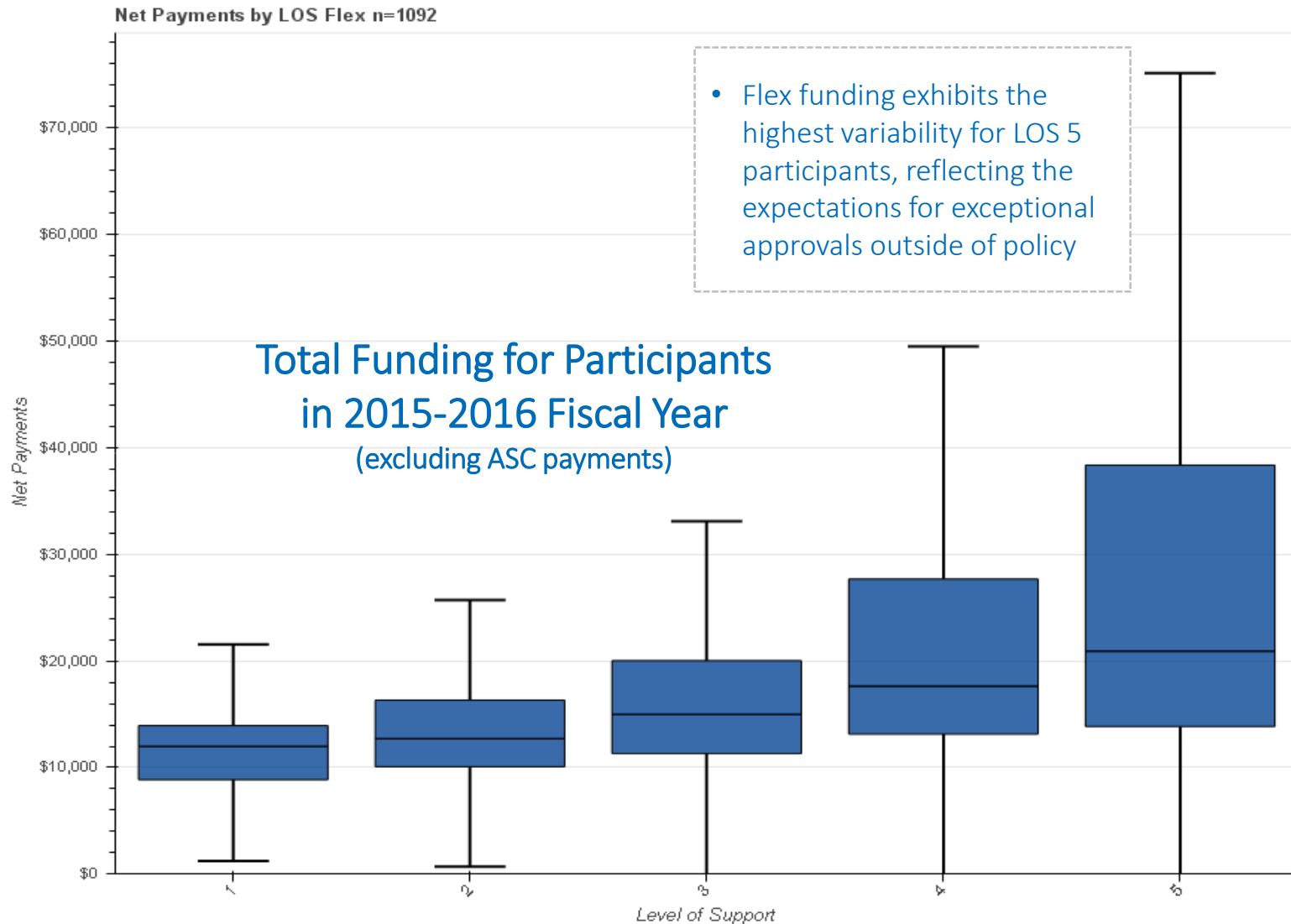
Current Flex Case Count by Age Group

- Significant decline in uptake as participants reach age 30-40
  - May reflect time on waitlist until participants can move to residential placement
- Placements decrease for individuals with aging parents

Current Flex Case Count by Level of Support

Legend: ■ 1 ■ 2 ■ 3 ■ 4 ■ 5

| 6% | 38% | 29% | 16% | 10% |

- Enhanced funding levels (up to $3800/month) have enabled the support of more Level 4 and 5 participants
- Low number of LOS 1 participants – it is likely that these individuals are living independently

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Flex at Home – Funding Distribution

Net Payments by LOS Flex n=1092

- Flex funding exhibits the highest variability for LOS 5 participants, reflecting the expectations for exceptional approvals outside of policy

Total Funding for Participants

in 2015-2016 Fiscal Year

(excluding ASC payments)

Independent Living Support (ILS) – Overview

Description

The ILS program provides up to 21 hours a week of supports and services to eligible individuals who are semi-independent and require minimum support in their own apartment or home. The hours of support are determined on an individual basis by the care coordinator after consulting both the individual and the service provider. This is then reviewed and approved by the casework supervisor or the senior caseworker.

Eligibility

- They require no more than 21 hours of support per week
- They are under the age of 65
- They are able to access crisis support independently and are able to use an emergency response system
- They are able to manage medication with minimal support and guidance
- They are able to participate in decisions about their activities and needs and are able to communicate these needs/preferences to others
- They are willing to participate in the Individual Support Planning process
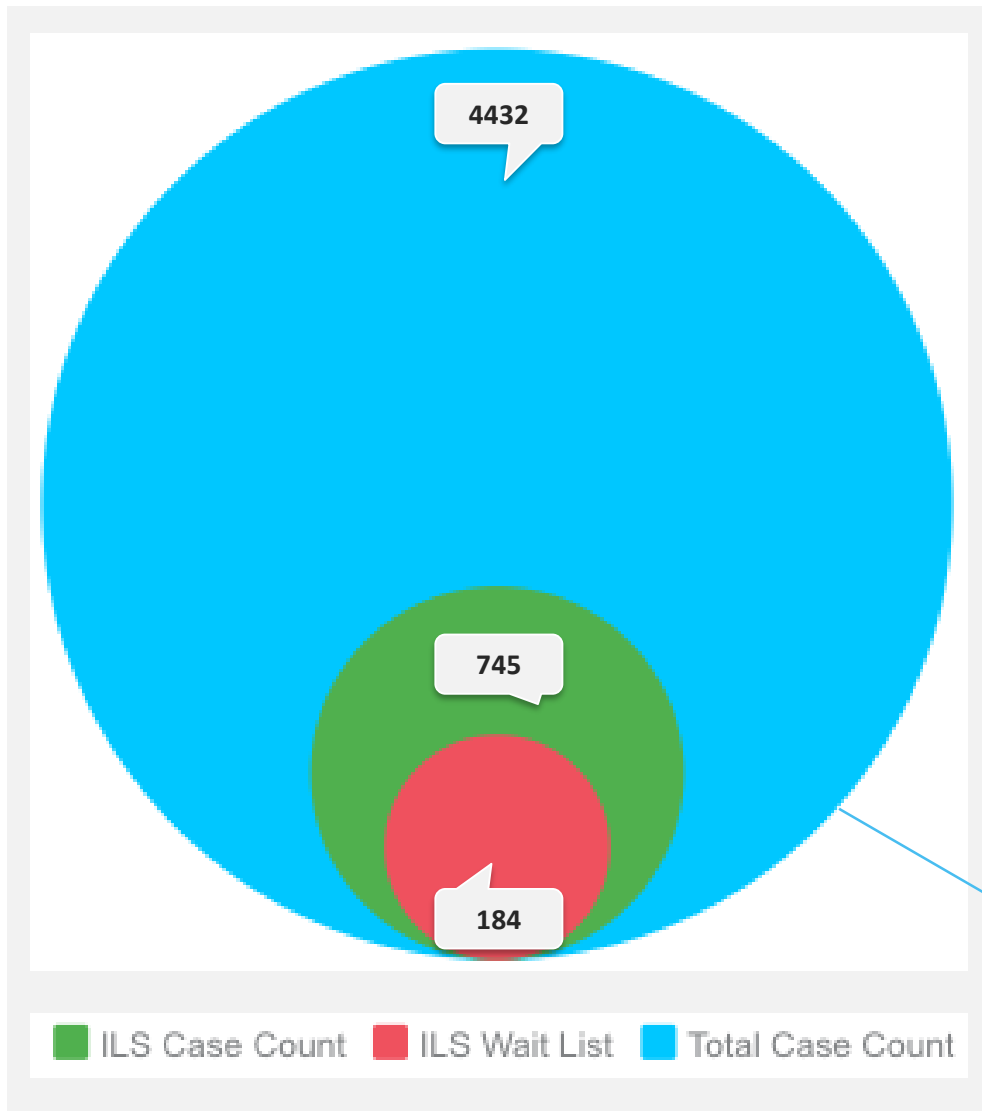
Client Level of Support Accepted: **1** **2** **3** **4** **5**

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ILS – Levels of Support

Level of Support	Support Provided
1 **2** **3** **4** **5**	Hours of support (e.g. support with activities of daily living, development goals, community activities, etc.) may range from 1-21 hours per week and is determined on an individual basis by the care coordinator after consultation with the individual and the service provider. Support hours may be shared where applicable (e.g. between roommates). Additional support hours can be approved in cases of emergency, up to a maximum of four weeks.

Maximum Total Hours: 21 hours/week

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ILS – Demand

Legend: ILS Case Count (green), ILS Wait List (red), Total Case Count (blue)
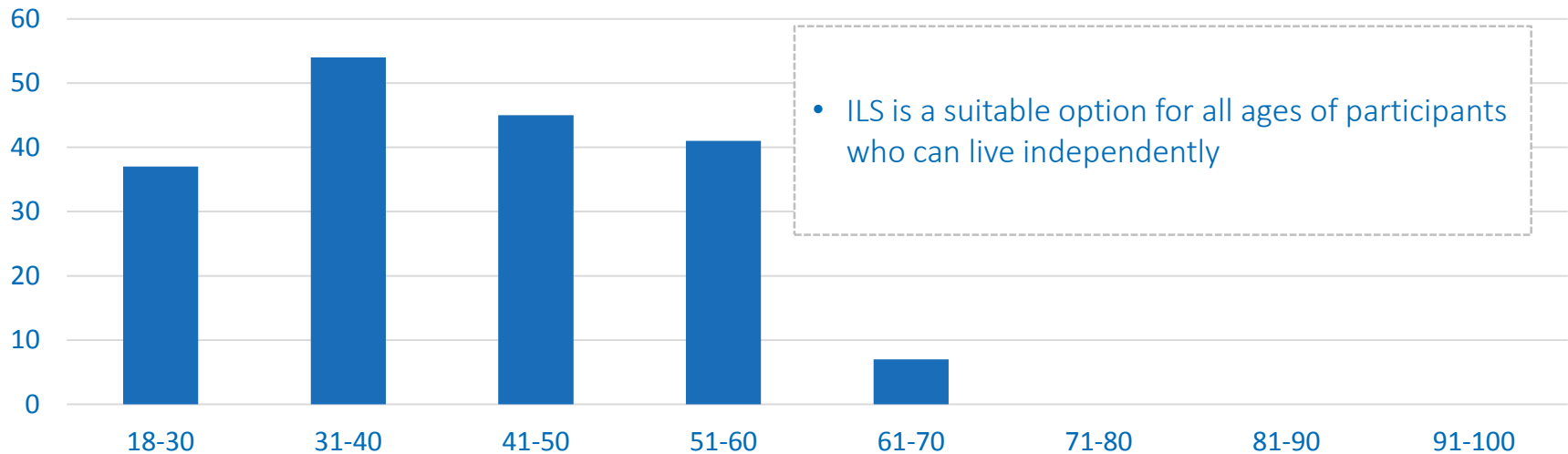
Chart values: 4432, 745, 184

- Case counts includes grandfathered cases from supervised apartments program (being converted to ILS over time)
- The waitlist underestimates demand for the program. Care coordinators have deferred waitlist requests due to significant wait times
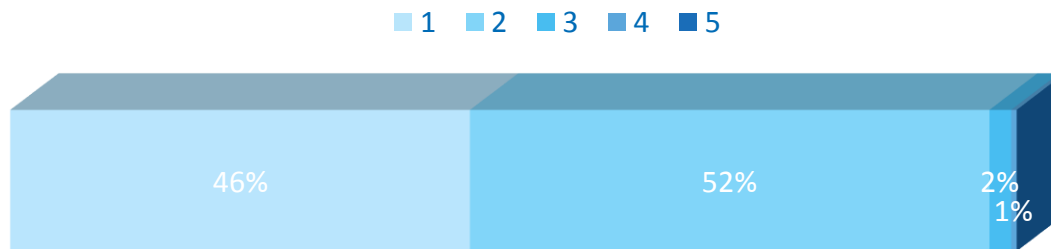
DSP supported 4432 adult participants at time of extract

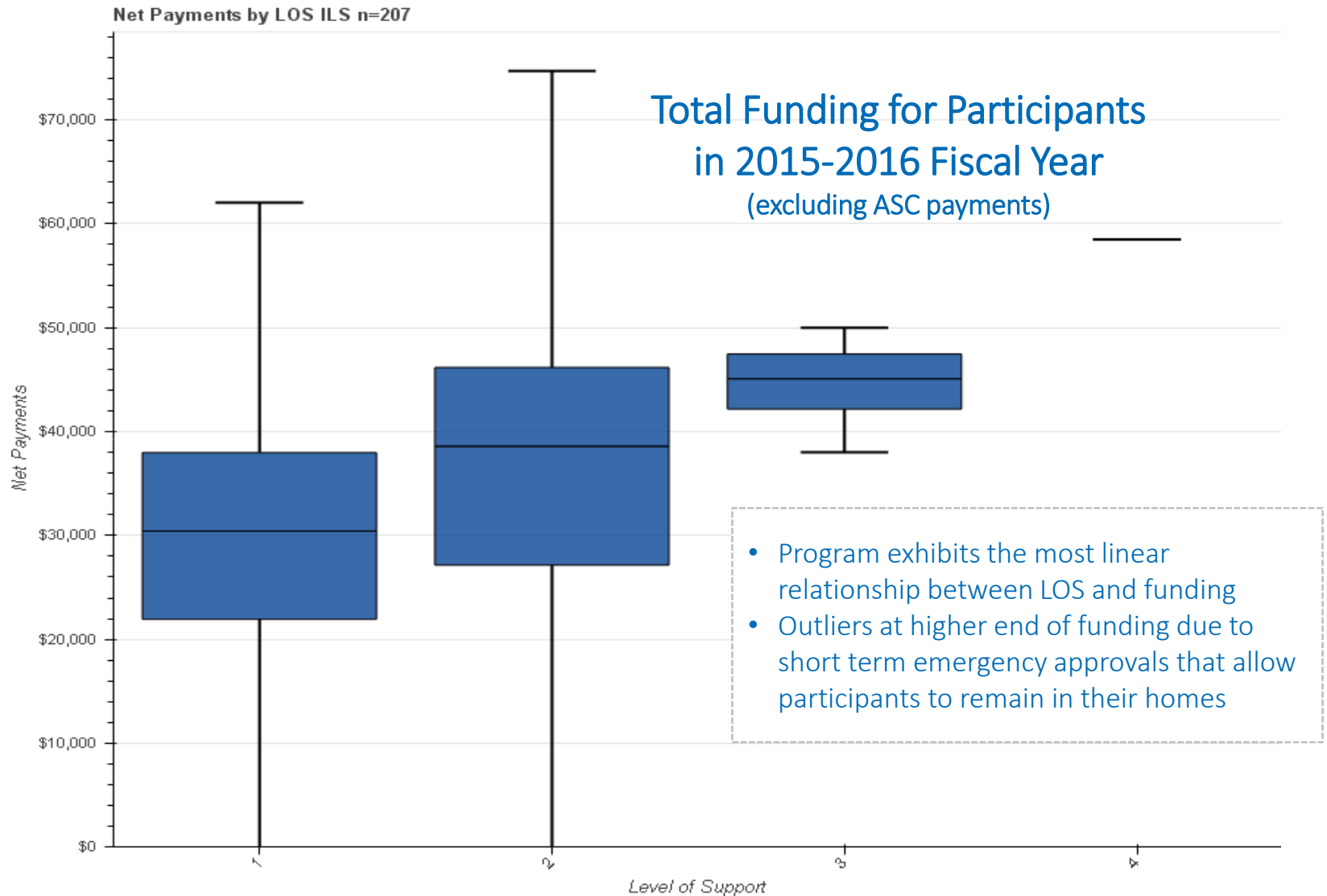NOVA SCOTIA

ILS – Demographics

Current ILS Case Count by Age Group

- ILS is a suitable option for all ages of participants who can live independently

Current ILS Case Count by Level of Support

Legend: 1 2 3 4 5

46%   52%   2%   1%

- Few participants with LOS 3 or higher are currently supported in ILS
- Program should target ways to better support future LOS 1 and 2 participants

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ILS – Funding Distribution

Net Payments by LOS ILS n=207

Total Funding for Participants in 2015-2016 Fiscal Year
(excluding ASC payments)

- Program exhibits the most linear relationship between LOS and funding
- Outliers at higher end of funding due to short term emergency approvals that allow participants to remain in their homes

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Alternative Family Support (AFS) – Overview

Flex	ILS	AFS	Group Homes and DR I/II/III	Small Option Homes	RCFs	ARC/RRCs

Description

The AFS program supports persons with disabilities in an approved, private family home. Support and supervision is provided for up to two individuals unrelated to the AFS provider. The program provides a family-like settling for individuals who may require varying levels of support and supervision, who may prefer living with a family, and who will benefit from the additional support a family environment can provide

Eligibility

- The applicants assessed support needs can be successfully accommodated in an AFS setting
- Appropriate supports identified through the assessment and individual support plan processes are available
- The applicant does not require long term or ongoing night awake support
- The placement is within approved funding levels and AFS program resources
- The applicant or the person acting on their behalf have agreed that the available AFS placement is an appropriate residential program option
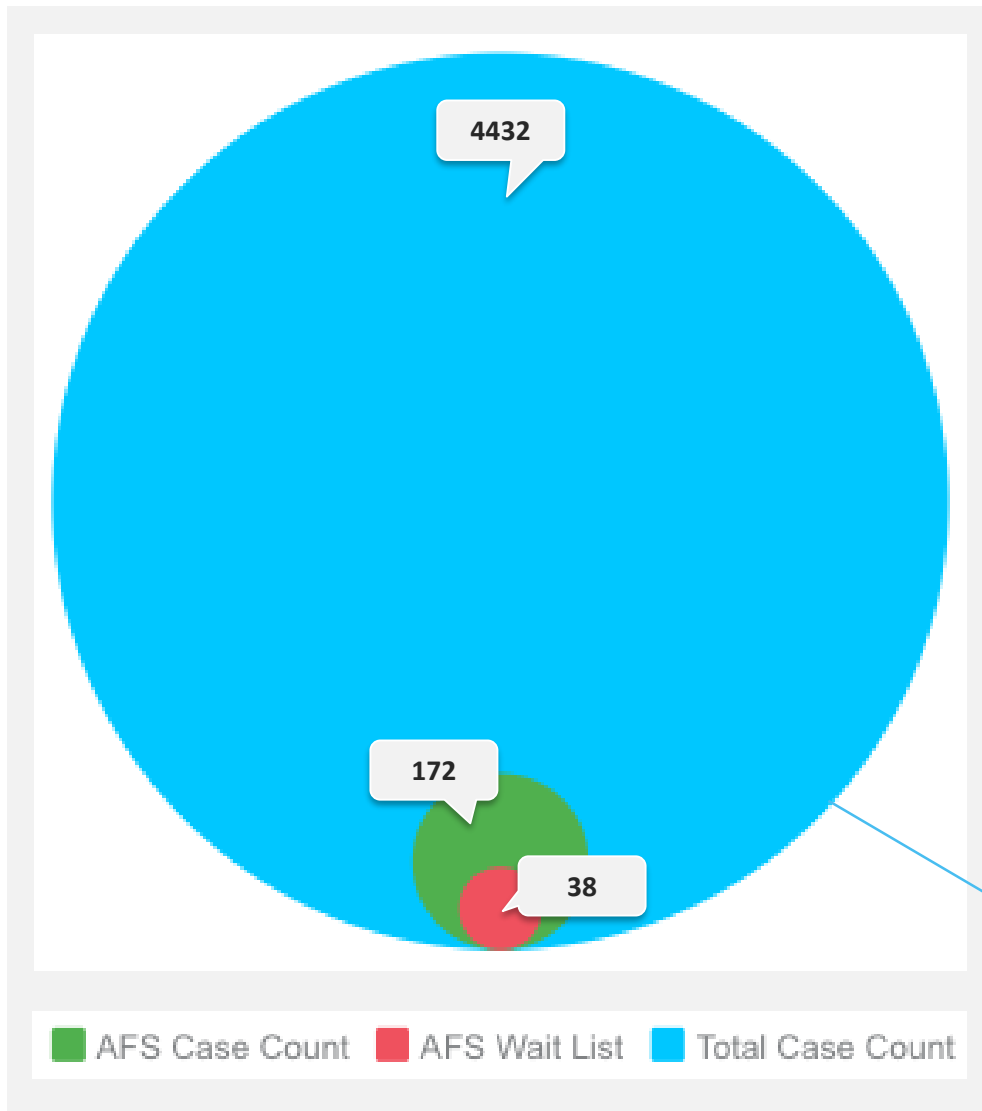
Client Level of Support Accepted: 1 2 3 4 5

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AFS – Demand

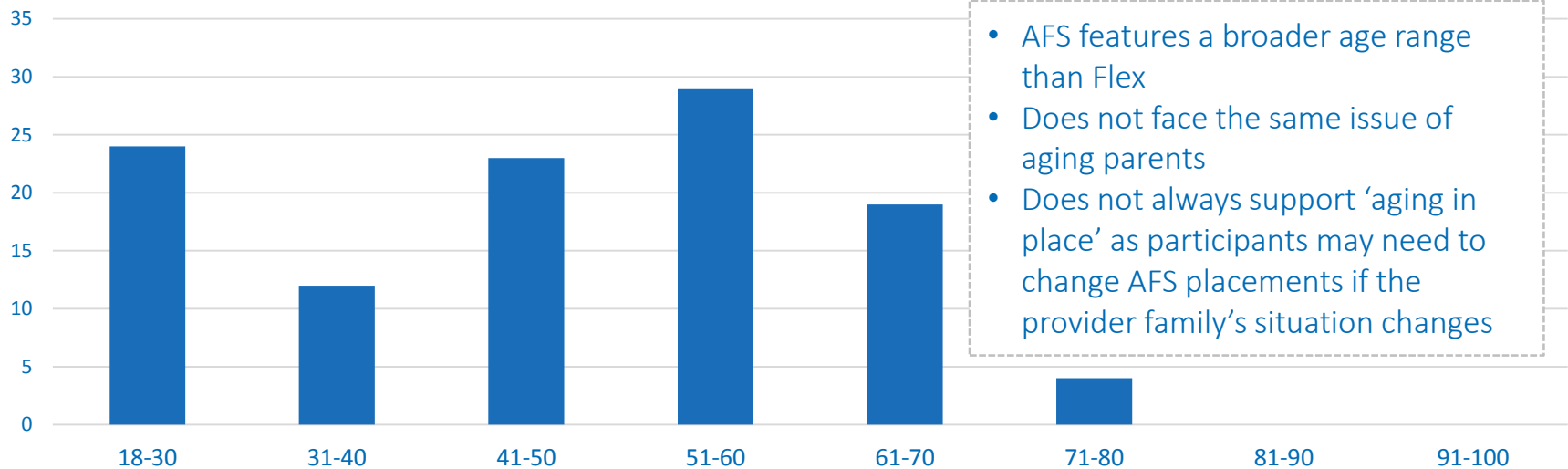Chart legend: AFS Case Count (172), AFS Wait List (38), Total Case Count (4432)

- Lower enrolment reflects the importance of matching – it is not feasible to simply place the next person on the waitlist when openings are available
- Consults indicate that feelings of guilt may cause some families/participants to avoid AFS
- Efforts are required to recruit AFS provider families. These efforts have not been a focus in recent years as program budget is at its maximum
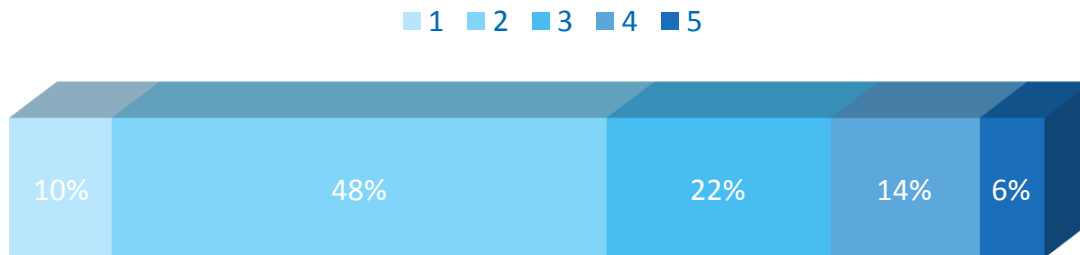
DSP supported 4432 adult participants at time of extract

AFS – Demographics
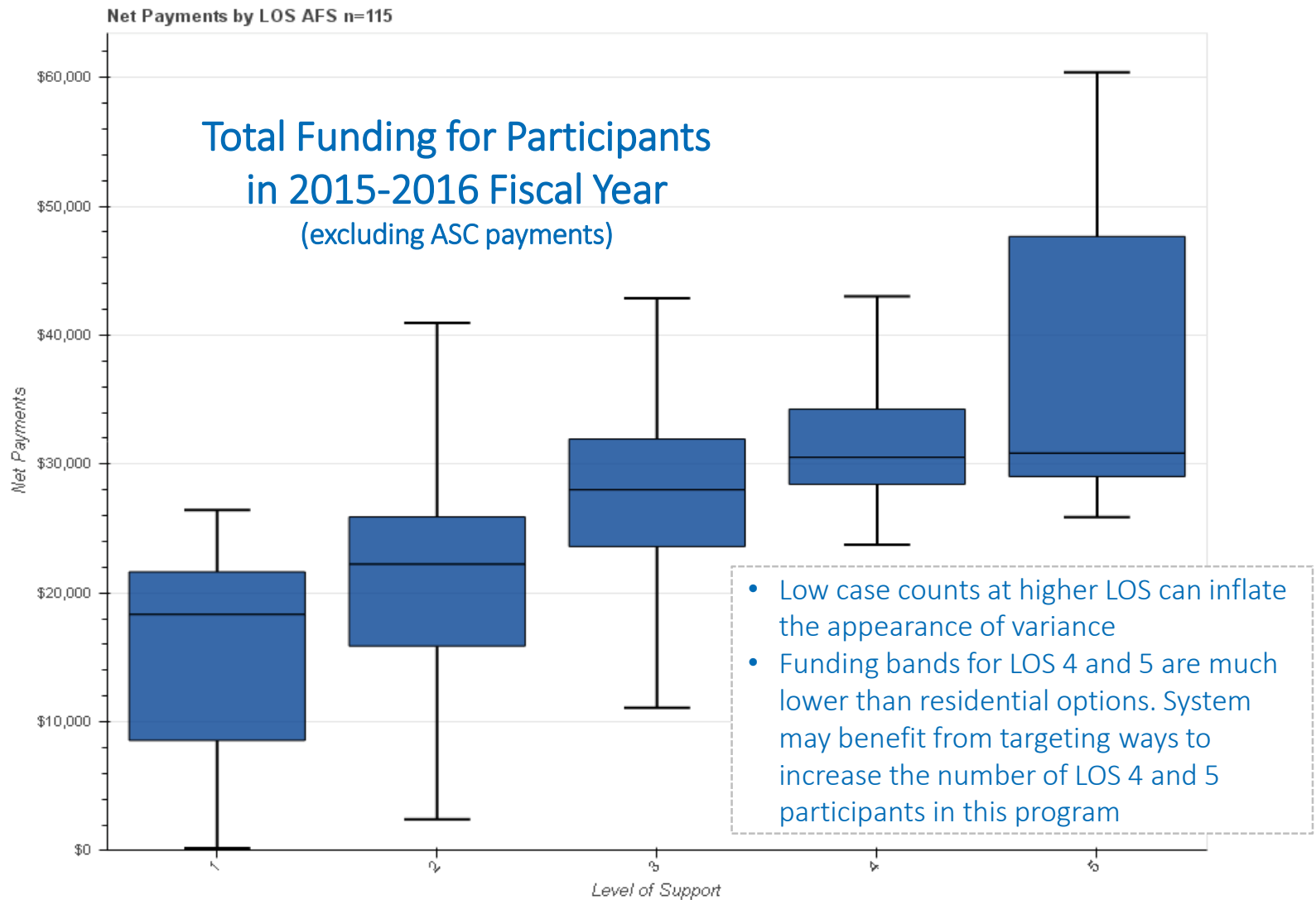
Current AFS Case Count by Age Group

- AFS features a broader age range than Flex
- Does not face the same issue of aging parents
- Does not always support 'aging in place' as participants may need to change AFS placements if the provider family's situation changes

Current AFS Case Count by Level of Support

Legend: 1 2 3 4 5

10% | 48% | 22% | 14% | 6%

- 20% of AFS placements are LOS 4/5
- We may be able to support more LOS 4/5 participants in family homes if AFS levels of funding were available to immediate family members

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AFS – Funding Distribution

Net Payments by LOS AFS n=115

**Total Funding for Participants
in 2015-2016 Fiscal Year**
(excluding ASC payments)

Net Payments

$60,000
$50,000
$40,000
$30,000
$20,000
$10,000
$0

Level of Support

- Low case counts at higher LOS can inflate the appearance of variance
- Funding bands for LOS 4 and 5 are much lower than residential options. System may benefit from targeting ways to increase the number of LOS 4 and 5 participants in this program

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Group Home (GH) – Overview

Description

A Group Home provides participants with residential living support, learning and assistance with their activities of daily living, routine home and community activities. A Group Home focuses on enhancing a participant's skill development in the home setting.

Homes currently range in size from four to fourteen beds.

Eligibility

- There is no strict program eligibility policy outside of LOS
- Eligibility is determined by DSP Program eligibility

Providers

- There are 50 Group Homes supported by 31 service providers
- This includes ARC service providers REL, Sunset, and Riverview

Client Level of Support Accepted: 1 2

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Developmental Residence (DR) – Overview

Flex	ILS	AFS	Group Homes and DR I/II/III	Small Option Homes	RCFs	ARC/RRCs

Description

A Developmental Residence provides 24-hour residential support and supervision for four or more persons with intellectual disabilities who need moderate support with activities of daily living and high support with routine home and community activities. Developmental Residences provide program supports which emphasize the development of participant's interpersonal, self-care, domestic, and community oriented skills.
Homes currently range in size from four to nine beds.

Eligibility

- There is no strict program eligibility policy, but placements primarily target ID diagnosis
- Eligibility is determined by DSP Program eligibility

Providers

- There are 52 development residences supported by 26 service providers
- This includes ARC service providers REL, Riverview, and KRC
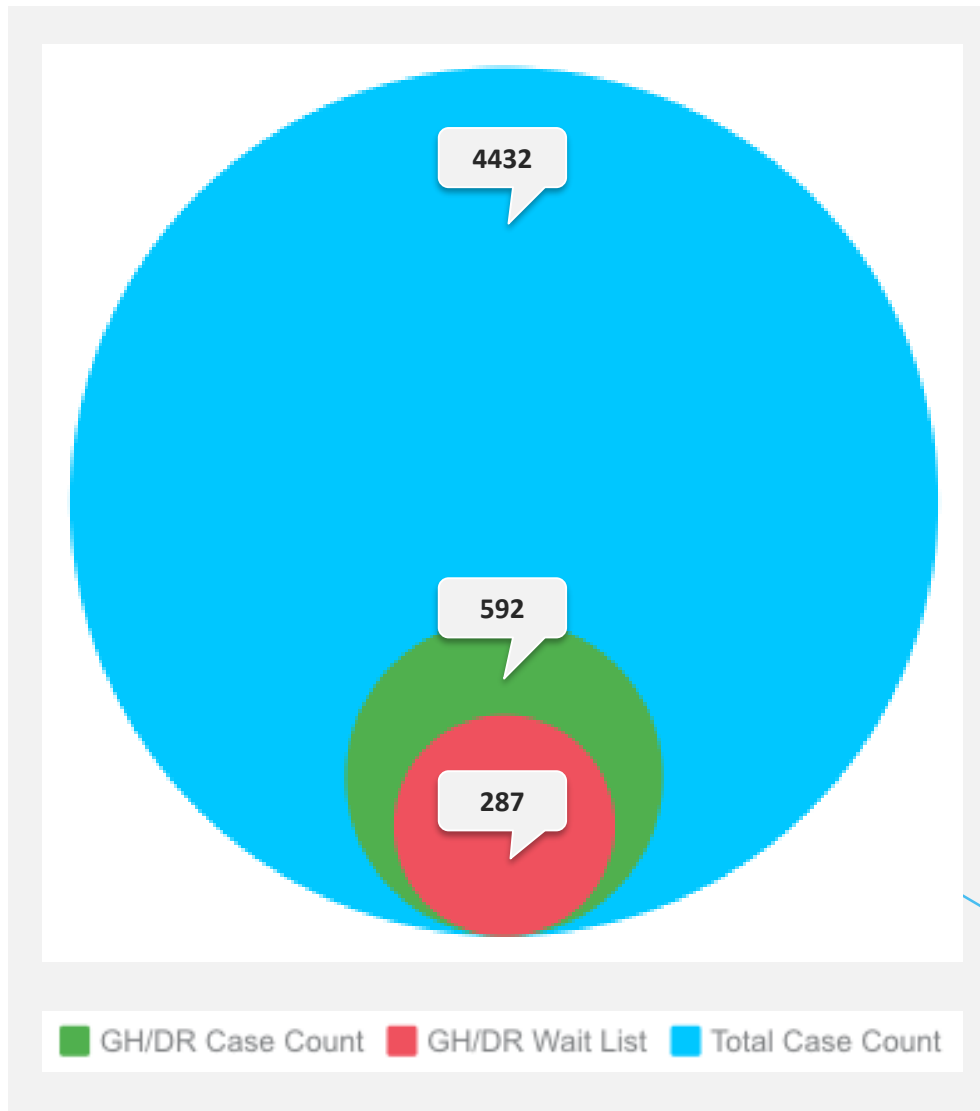
Client Level of Support Accepted: 3 4 5

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GH and DR – Levels of Support

Level of Support	Support Provided
1	Group Home
2	
3	DR I – Moderate to Severe Intellectual Disabilities
4	DR 2– Severe Intellectual Disabilities and Challenges with ADL DR 3 – Intellectual Disabilities with Persistent Behavioral Challenges
5	DR 3 – Intellectual Disabilities with Persistent Behavioral Challenges

Current licensing classifications may lead to lack of flexibility, fit, and choice in placements.

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GH and DR – Demand

Chart labels: 4432, 592, 287

Legend:
- GH/DR Case Count
- GH/DR Wait List
- Total Case Count

- More placements than Small Option Homes, but over 135 fewer waitlisted participants
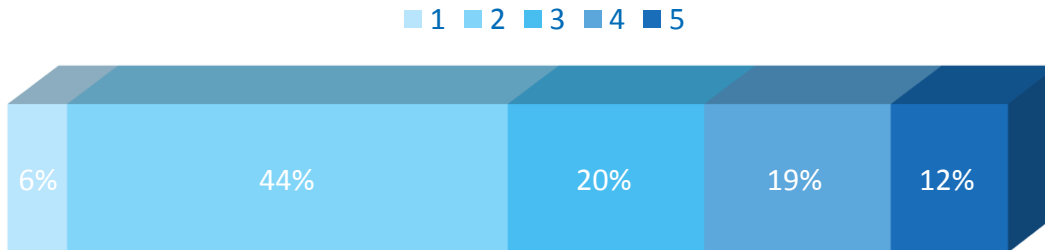- Supports the notion that participants want to live in smaller settings

DSP supported 4432 adult participants at time of extract

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GH and DR – Demographics

Current GH/DR Case Count by Age Group

- Supports a broad range of ages and allows participants to age in place
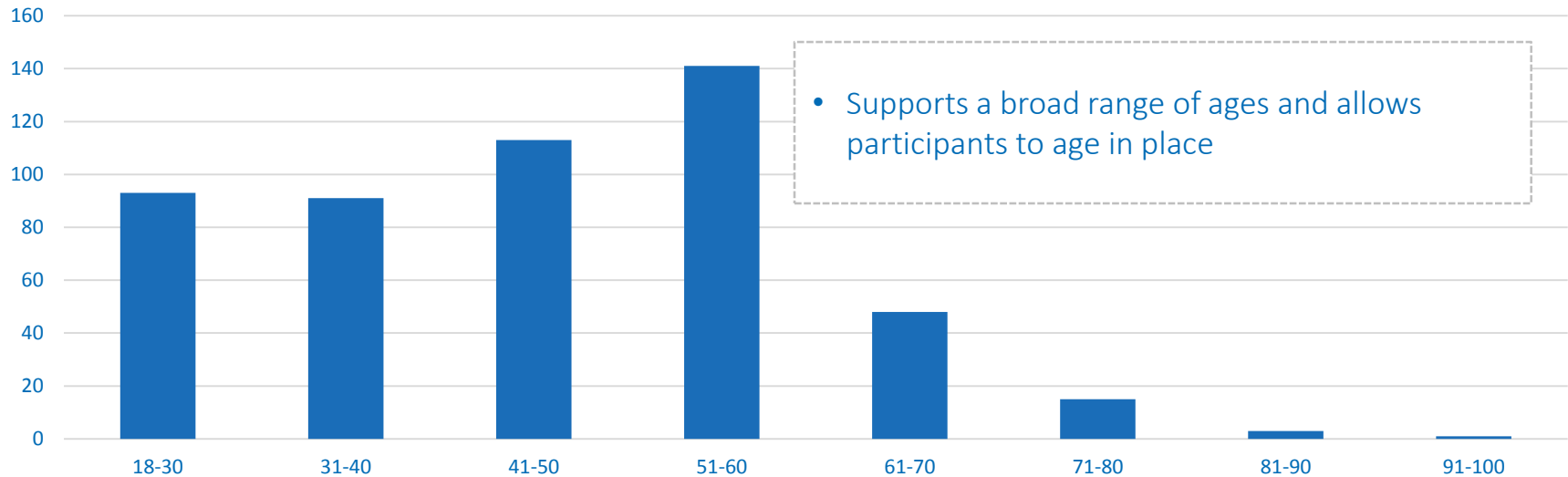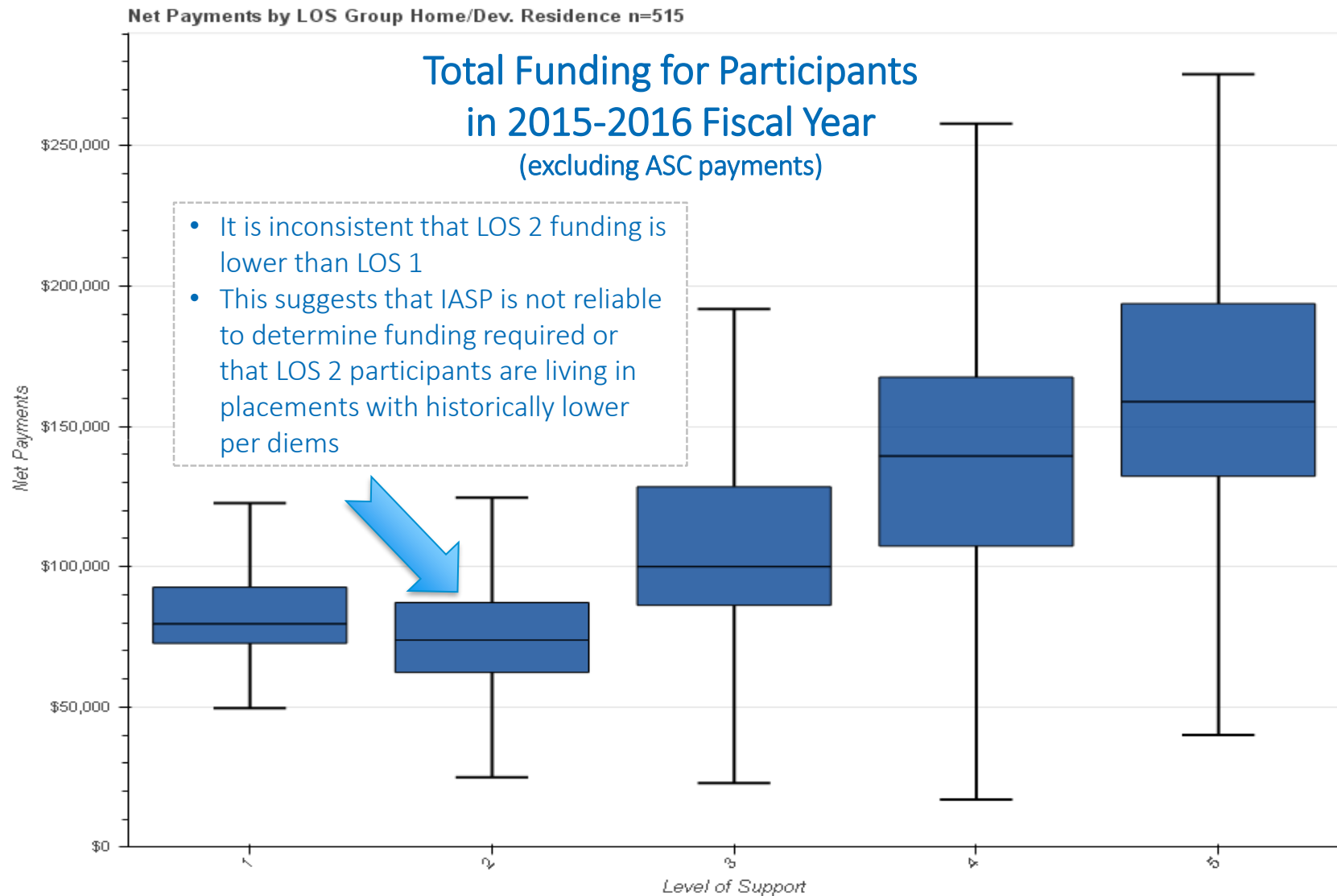
Current GH/DR Case Count by Level of Support

- 70% of placements are LOS 1-3
- Consults indicate that some of these participants could be successful in ILS or AFS if more skill building could be accessed in the GH/DR placement

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GH and DR – Funding Distribution

Net Payments by LOS Group Home/Dev. Residence n=515

Total Funding for Participants in 2015-2016 Fiscal Year
(excluding ASC payments)

- It is inconsistent that LOS 2 funding is lower than LOS 1
- This suggests that IASP is not reliable to determine funding required or that LOS 2 participants are living in placements with historically lower per diems

Small Option Homes (SOH) – Overview

Description

Small Option Homes provide support for three to four persons with disabilities in community homes. The residents are supported by qualified staff through a combination of live-in and shift models.

There are also 13 unlicensed homes which support one to two individuals. These homes function similarly to SOH from a supports perspective.

Eligibility

- There is no strict eligibility policy (any participant can request SOH placement)
- Eligibility is determined by overall DSP Program eligibility

Providers

- There are 187 Small Option Homes operated by 43 service providers
- This includes ARC/RRC service providers such as BAC, KRRC, and Quest
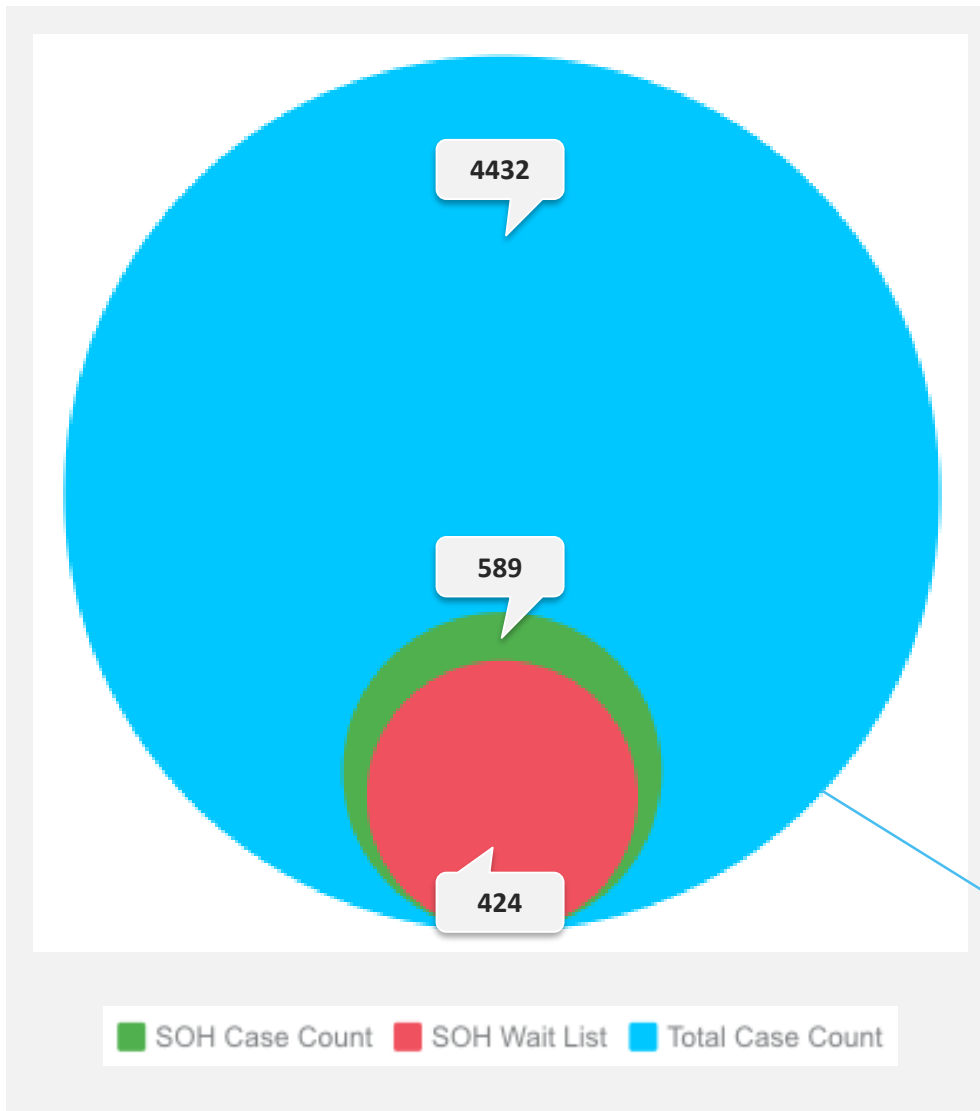
Client Level of Support Accepted: **1** **2** **3** **4** **5**

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SOH – Demand

Chart legend: SOH Case Count (green), SOH Wait List (red), Total Case Count (blue)
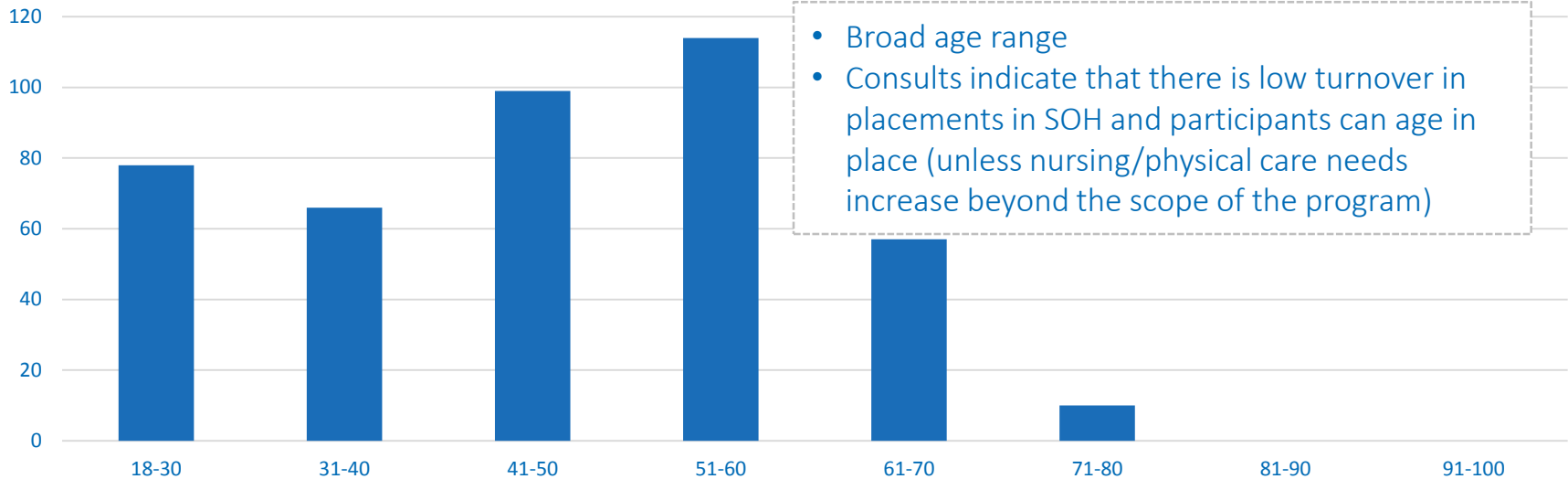Values shown: 4432, 589, 424

- Small Option Homes have the largest waitlist of any DSP program
- Many participants choose a proactive waitlist placement, expecting the process may take several years
- Consults indicated, that due to the high waitlist, placements are often made based on priority, not fit, which can be detrimental to the quality of supports and living in the home
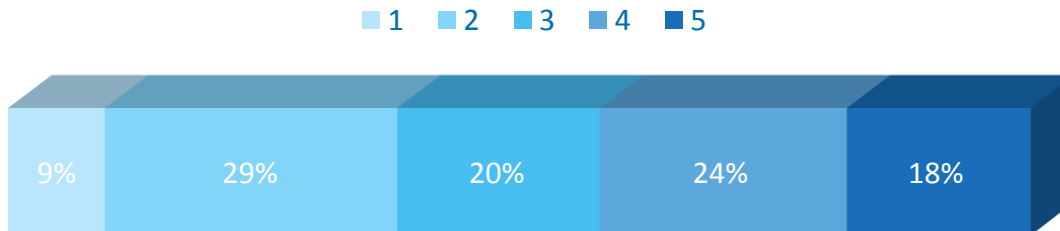
DSP supported 4432 adult participants at time of extract

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SOH – Demographics

Current SOH Case Count by Age Group

- Broad age range
- Consults indicate that there is low turnover in placements in SOH and participants can age in place (unless nursing/physical care needs increase beyond the scope of the program)

Current SOH Case Count by Level of Support

Legend: 1 2 3 4 5

| 9% | 29% | 20% | 24% | 18% |

- Over 50% of placements are LOS 1-3
- Consults indicate that these participants could be successful in ILS or AFS if more skill building could be accessed in the SOH placement

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SOH – Funding Distribution

Net Payments by LOS Small Options n=429

- Funding bands for LOS 4 and 5 are similar, with exception of the most costly LOS placements
- This may indicate that LOS 4 and 5 participants can be supported under similar funding tiers and programming standards
- Funding bands at lower levels of support are considerably higher than ILS/AFS/Flex

Total Funding for Participants in 2015-2016 Fiscal Year
(excluding ASC payments)

Residential Care Facility (RCF) – Overview

Description

Residential Care Facilities provide a residential support option to four or more adults with disabilities who require minimal support and supervision with routine personal-care activities, community skills and activities, and illness supervision. Individuals are provided with limited direct support and do not have major health or behavioral support needs.
Homes range in size from 12 to 31 beds.

Eligibility

- There is no strict eligibility policy
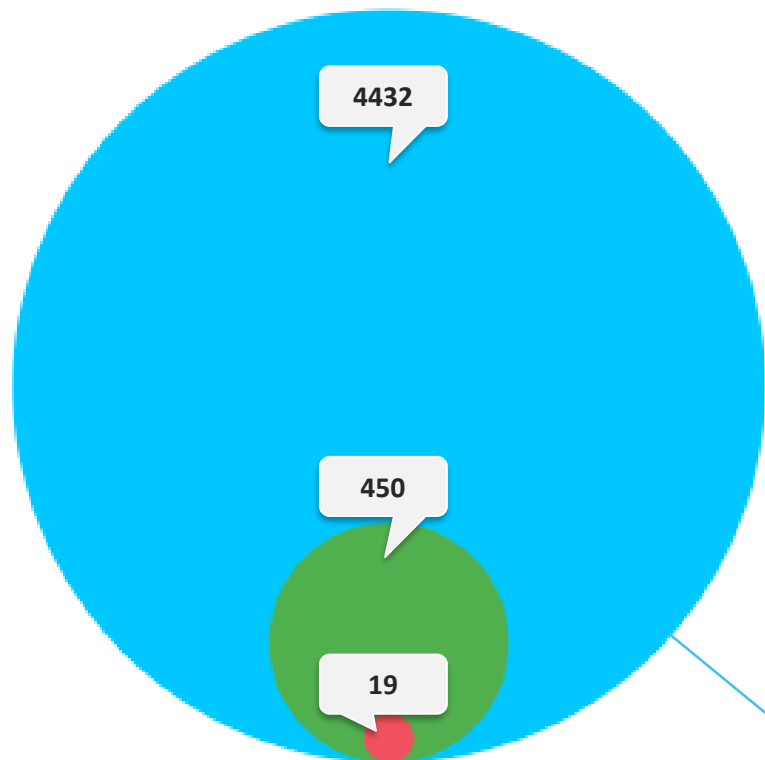- Eligibility is determined by DSP Program eligibility

Providers

- There are 22 RCFs supported by 18 service providers
- Many of these service providers also operate Department of Health and Wellness (DHW) RCF facilities
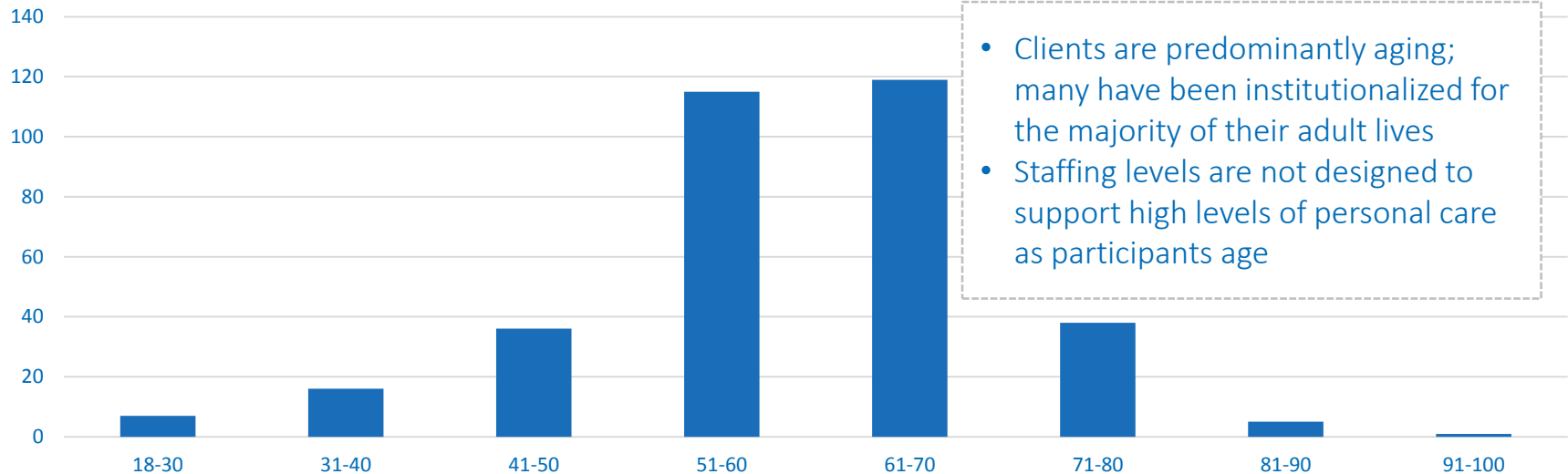
Client Level of Support Accepted: **1**

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RCF – Demand

Legend	
🟩 RCF Case Count	🟥 RCF Wait List
🟦 Total Case Count	

Chart values:
- 4432 (Total Case Count)
- 450 (RCF Case Count)
- 19 (RCF Wait List)

- Smallest waitlist of any DSP program
- Only the residential program experiences ongoing vacancies
- Feedback from service providers indicates that licensing protocol of only allowing LOS 1 participants to access placements is limiting the ability to fill vacancies
- Feedback from staff indicates that participants choose not to access these placements due to their size, lack of private rooms/washrooms and the condition of some facilities
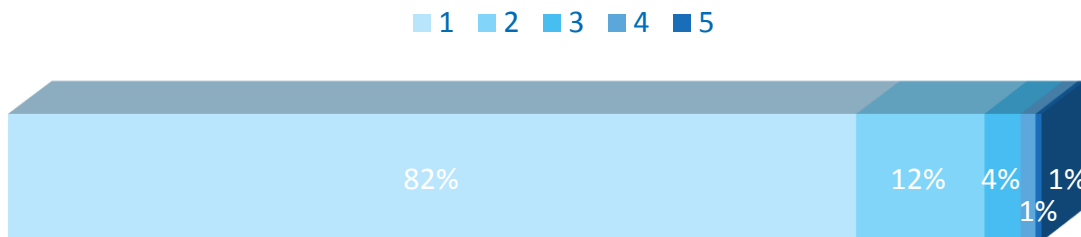
DSP supported 4432 adult participants at time of extract

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RCF – Demographics

Current RCF Case Count by Age Group

- Clients are predominantly aging; many have been institutionalized for the majority of their adult lives
- Staffing levels are not designed to support high levels of personal care as participants age

Current RCF Case Count by Level of Support

Legend: 1 2 3 4 5

82%   12%   4%   1%
1%

- 80% of RCF participants are LOS 1
- These participants may be able to experience more independence in the community over time

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RCF – Funding Distribution

Net Payments by LOS Residential Care Facility n=342

- The inconsistent relationship between LOS and funding could be caused by issues with IASP or LOS 3, 4 and 5 placements occurring in facilities with lower per diems

Total Funding for Participants in 2015-2016 Fiscal Year
(excluding ASC payments)

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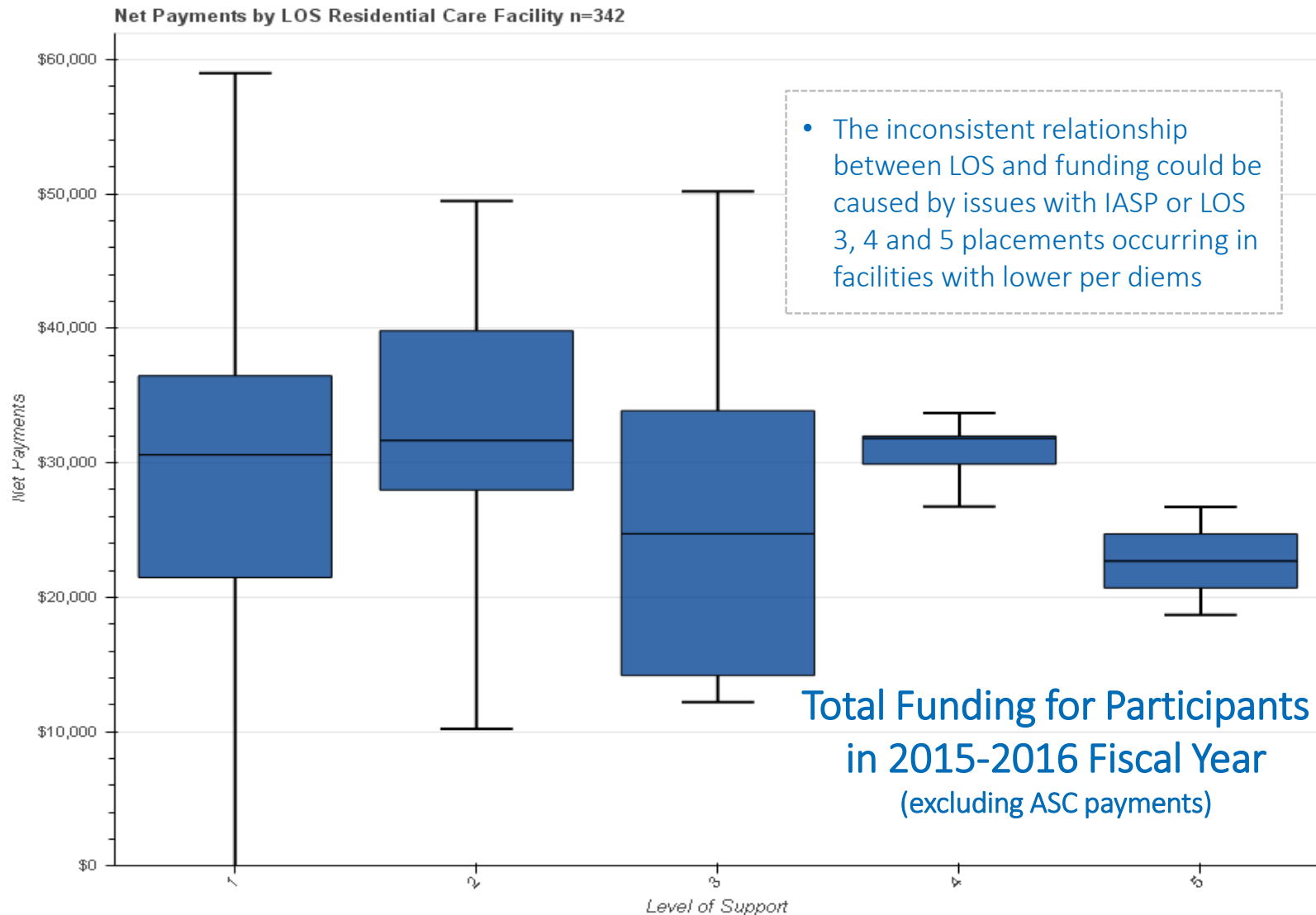
Adult Residential Centre (ARC) – Overview

Description

Adult Residential Centres provide long-term structured supports and services to individuals with disabilities to enhance their development of interpersonal and community oriented skills, and activities of daily living. Approved staffing is provided on a 24-hour/7-day a week basis by on-site professional staff.
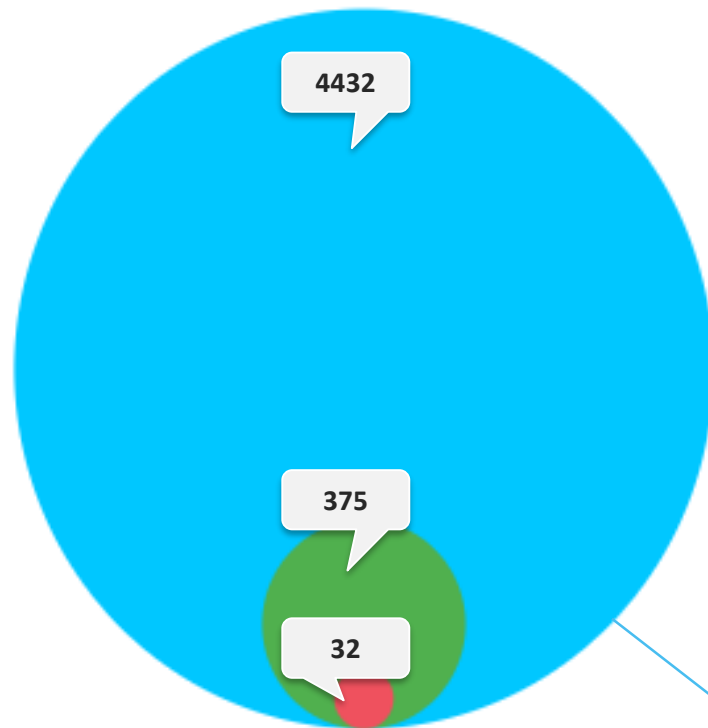
Eligibility

- There is no strict eligibility policy
- Eligibility is determined by DSP Program eligibility

Client Level of Support Accepted: **3** **4**

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ARC – Demand

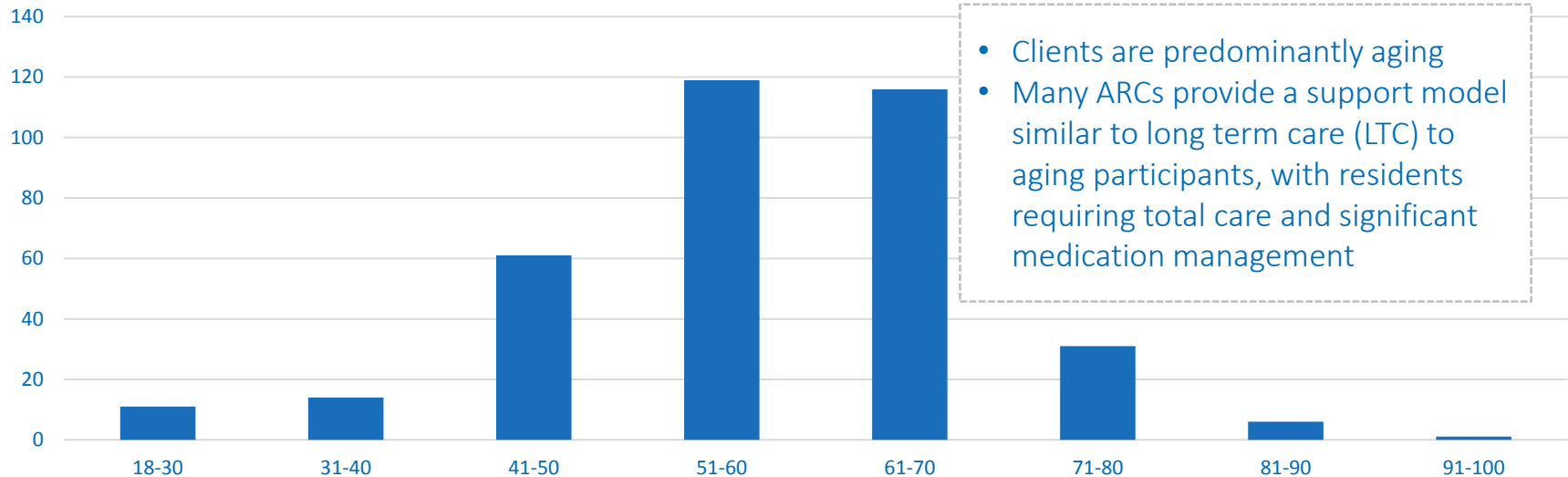ARC Case Count ARC Wait List Total Case Count

- Recent consults with service providers (i.e. in July/August, 2016) suggest that ARCs continue to receive referrals and requests for placements from families, Adult Protection, and the Justice system

DSP supported 4432 adult participants at time of extract

ARC – Demographics

Current ARC Case Count by Age Group

- Clients are predominantly aging
- Many ARCs provide a support model similar to long term care (LTC) to aging participants, with residents requiring total care and significant medication management

Current ARC Case Count by Level of Support

Legend: 1 2 3 4 5

0% | 5% | 37% | 49% | 9%
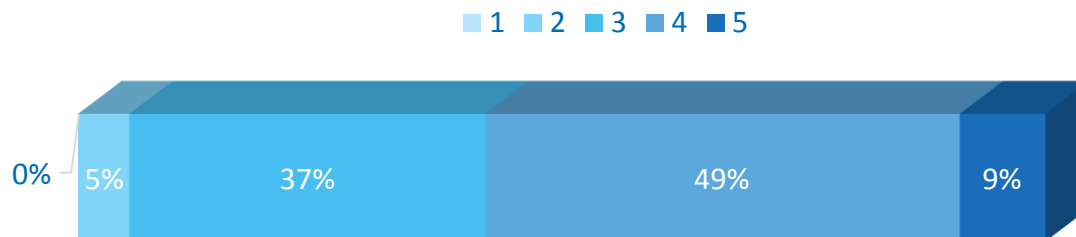
- 42% of participants with LOS 2 and 3 have been suggested for initial focus of transitions

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ARC – Funding Distribution

Net Payments by LOS Adult Residential Centre n=361

- Higher funding for LOS 2 participants may be due to high behaviors or medical needs that are difficult to isolate using current IASP classifications

Total Funding for Participants in 2015-2016 Fiscal Year
(excluding ASC payments)
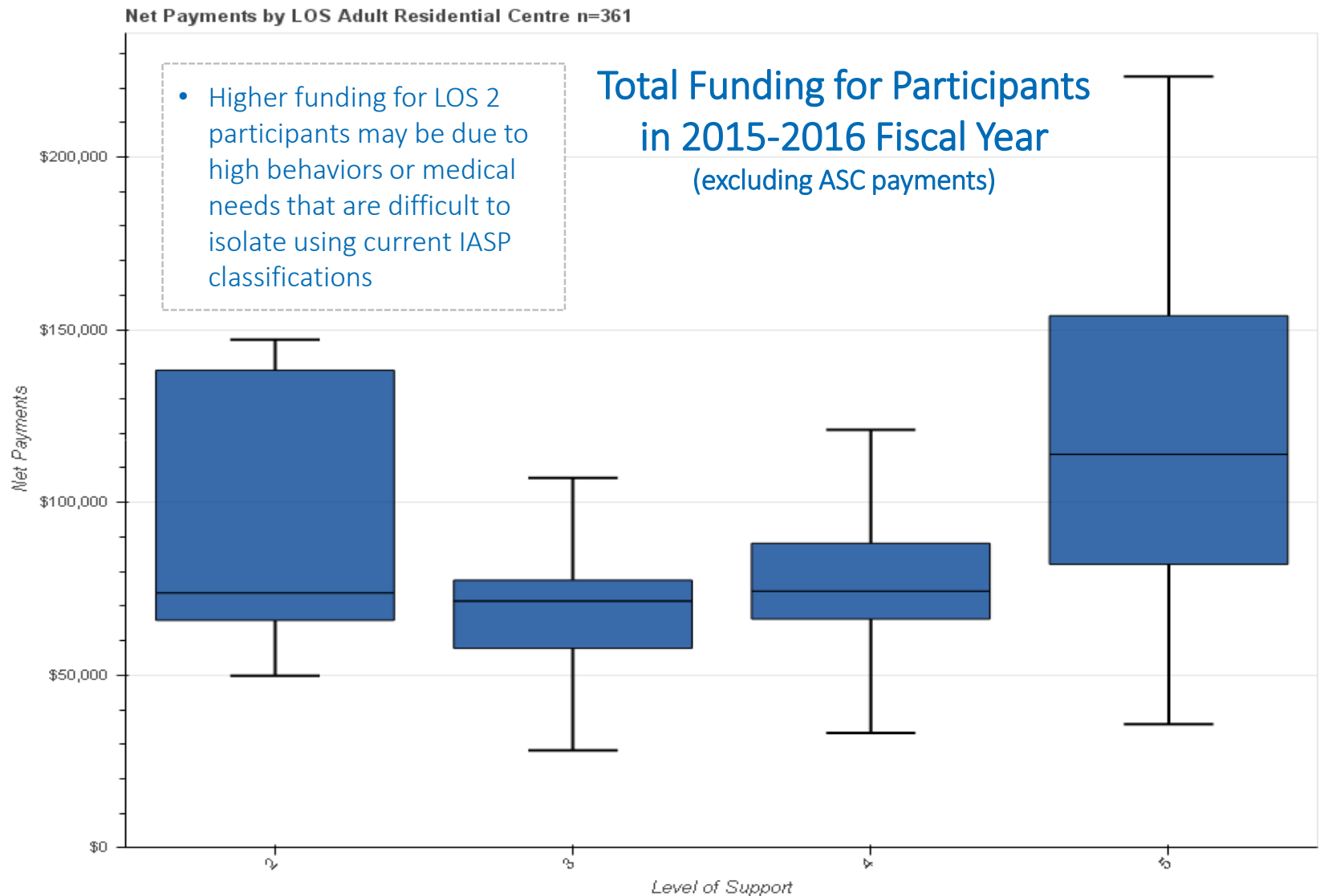
Regional Rehabilitation Centre (RRC) – Overview

Description

Regional Rehabilitation Centres provide both rehabilitation and developmental programs to adults with disabilities who require an intensive level of support and supervision related to complex behavioral challenges and skill development needs. Approved staffing is provided on a 24 hour/7-day a week basis by on-site professional staff.

Eligibility

- There is no strict eligibility policy
- Eligibility is determined by overall DSP Program eligibility

Client Level of Support Accepted:

5

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RRC – Demand

Chart legend: ■ RRC Case Count ■ RRC Wait List ■ Total Case Count

Values shown: 4432, 185, 45

- Many RRCs provide a support model similar to LTC to aging participants, with residents requiring total care and significant medication management
  - However, RRC participants are most likely to exhibit behaviors that require specialized supports not available in a LTC setting

DSP supported 4432 adult participants at time of extract
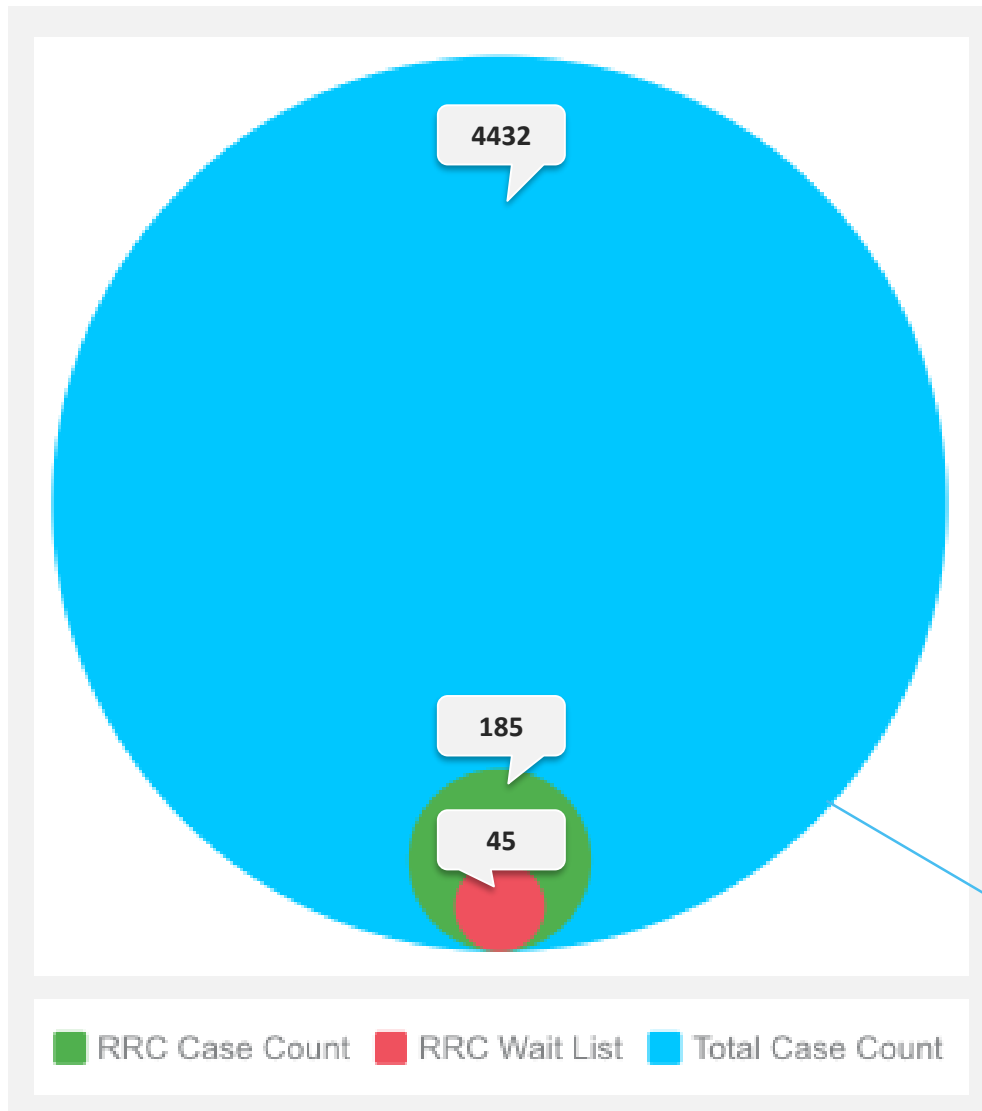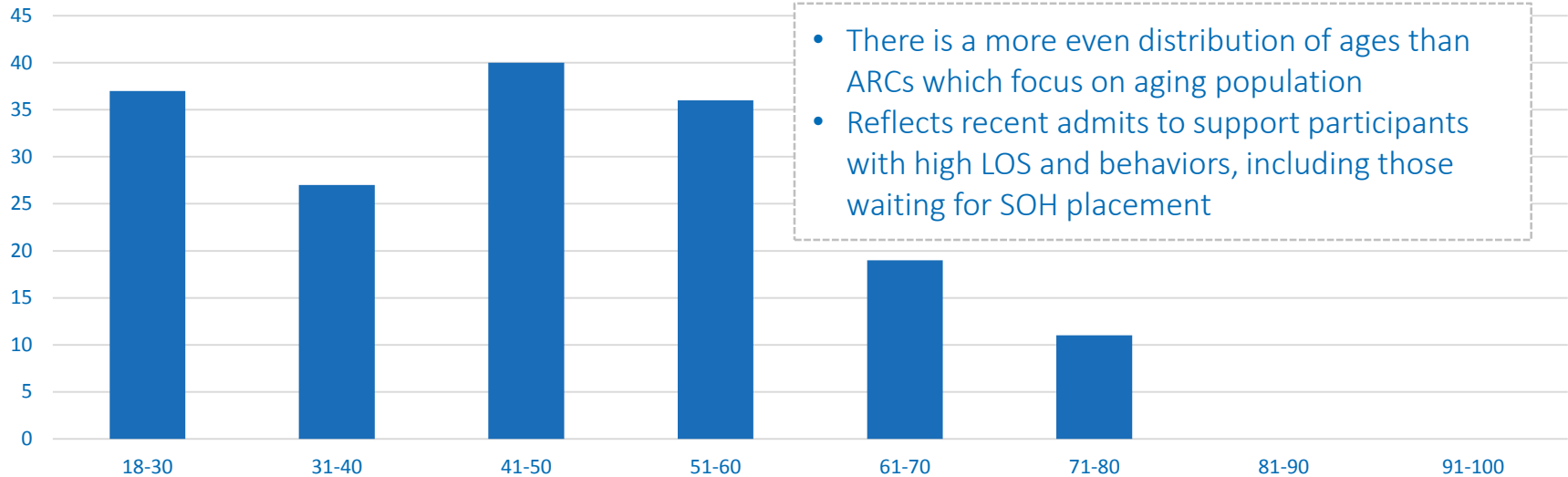
RRC – Demographics

Current RRC Case Count by Age Group

- There is a more even distribution of ages than ARCs which focus on aging population
- Reflects recent admits to support participants with high LOS and behaviors, including those waiting for SOH placement

Bar chart axis values: 45, 40, 35, 30, 25, 20, 15, 10, 5, 0

Age groups: 18-30 (37), 31-40 (27), 41-50 (40), 51-60 (36), 61-70 (19), 71-80 (11), 81-90, 91-100

Current RRC Case Count by Level of Support

Legend: 1, 2, 3, 4, 5

1%, 1%, 11%, 9%, 78%
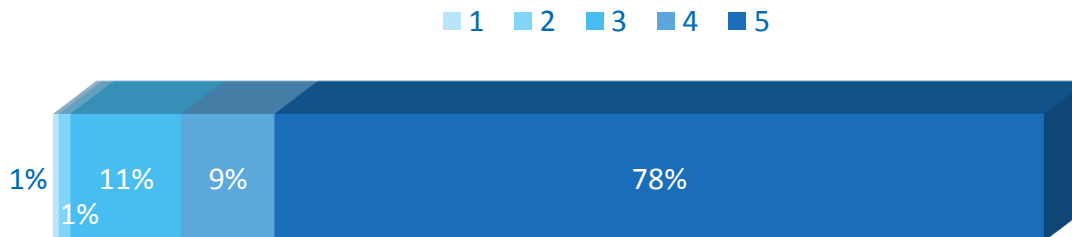
- 14% of participants with LOS 1-3 should be the focus of initial transitions to community

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RRC – Funding Distribution

- RRC beds are block funded, meaning funding is not tied to individual beds/participants

  - RRC beds are still funded when vacant

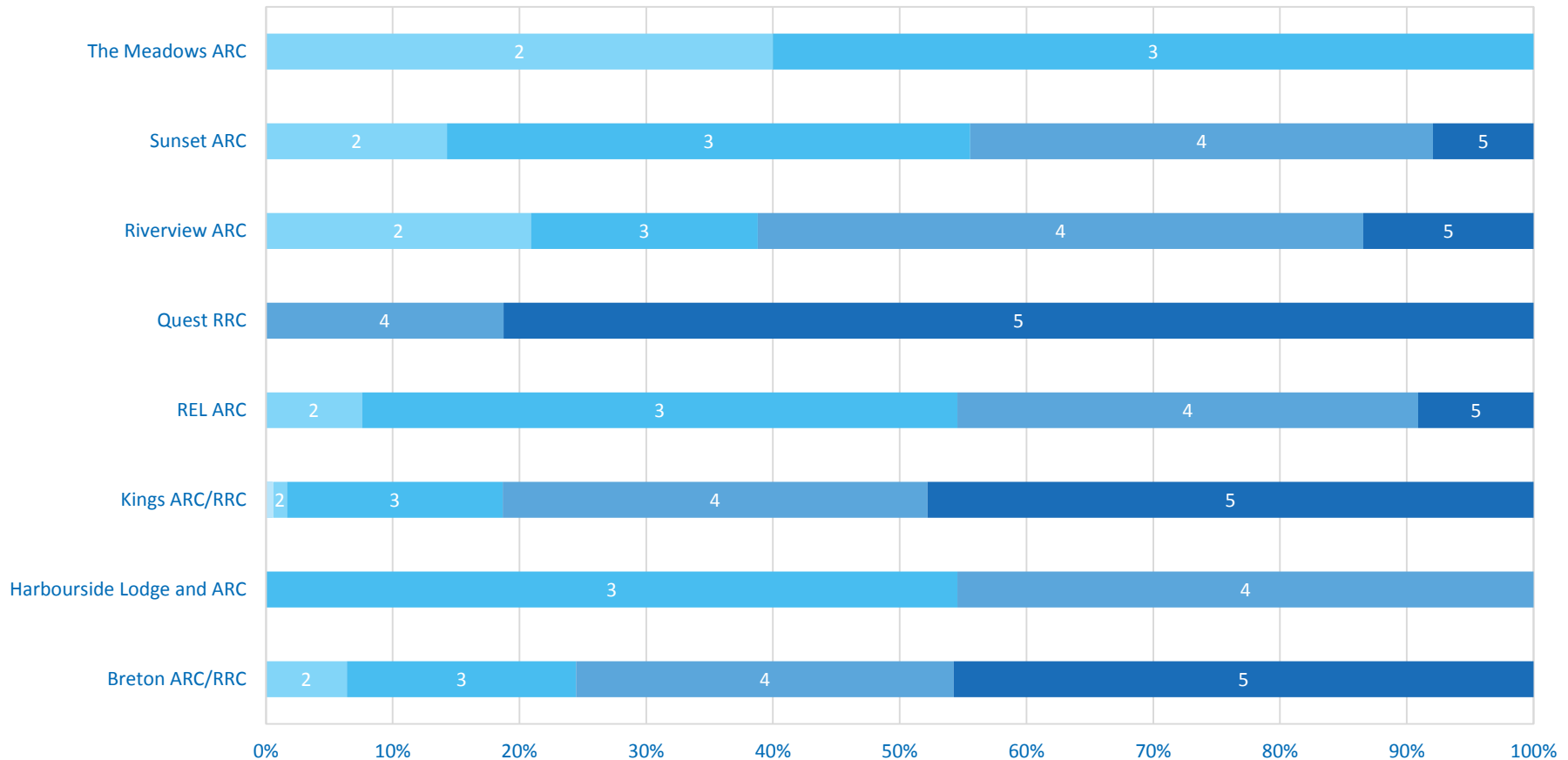- Does not allow us to associate annual costs with individual participants and Levels of Support

Average Annual Cost Per RRC Bed:

~ $185,000

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ARC and RRC – LOS by Facility

Facility	Distribution
The Meadows ARC	2: ~40%, 3: ~60%
Sunset ARC	2, 3, 4, 5
Riverview ARC	2, 3, 4, 5
Quest RRC	4, 5
REL ARC	2, 3, 4, 5
Kings ARC/RRC	2, 3, 4, 5
Harbourside Lodge and ARC	3, 4
Breton ARC/RRC	2, 3, 4, 5

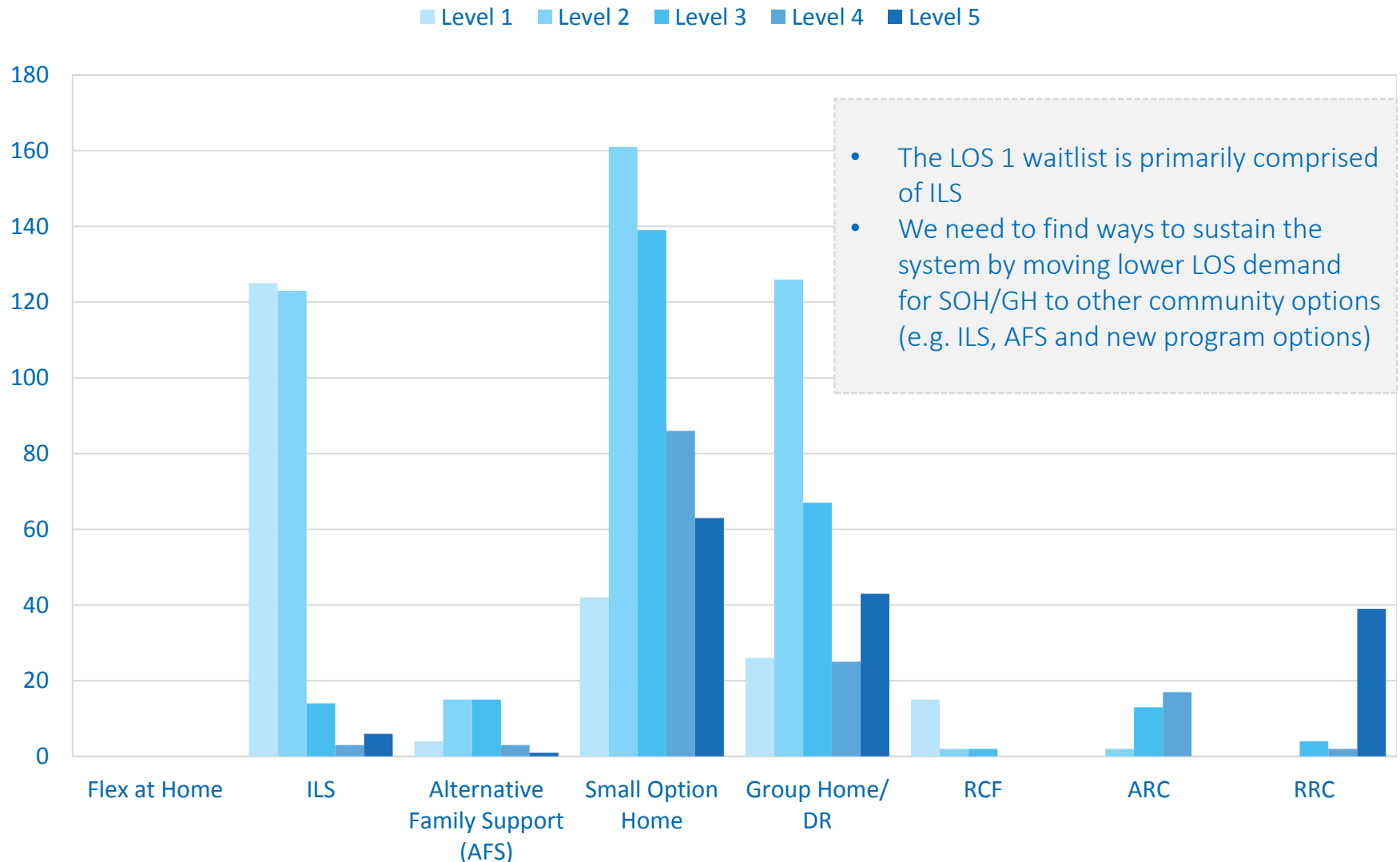- Sunset, REL and the Meadows residents appear to have the highest proportion of residents who could transition to community in the short-term
- Meadows and Harbourside distributions are skewed due to incomplete IASPs at the time of data extract

- Breton Ability ARC/RRC and Kings ARC/RRC represent the most complexity with regards to closure due to LOS distribution and the number of residents

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Summary of Program Utilization

| Flex | ILS | AFS | Group Homes and DR I/II/III | Small Option Homes | RCFs | ARC/RRCs |

■ Waitlist   ■ Case Count

- A larger waitlist for SOH compared to GH, supports feedback that participants want to live in smaller settings
- ILS demand is likely underreported (on waitlist) due to lack of waitlist referrals in recent years
- There is no waitlist for Flex at Home as this is not a capped program

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Waitlist by Program by Level of Support

Level 1 ■ Level 2 ■ Level 3 ■ Level 4 ■ Level 5

- The LOS 1 waitlist is primarily comprised of ILS
- We need to find ways to sustain the system by moving lower LOS demand for SOH/GH to other community options (e.g. ILS, AFS and new program options)

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Summary of LOS by Program
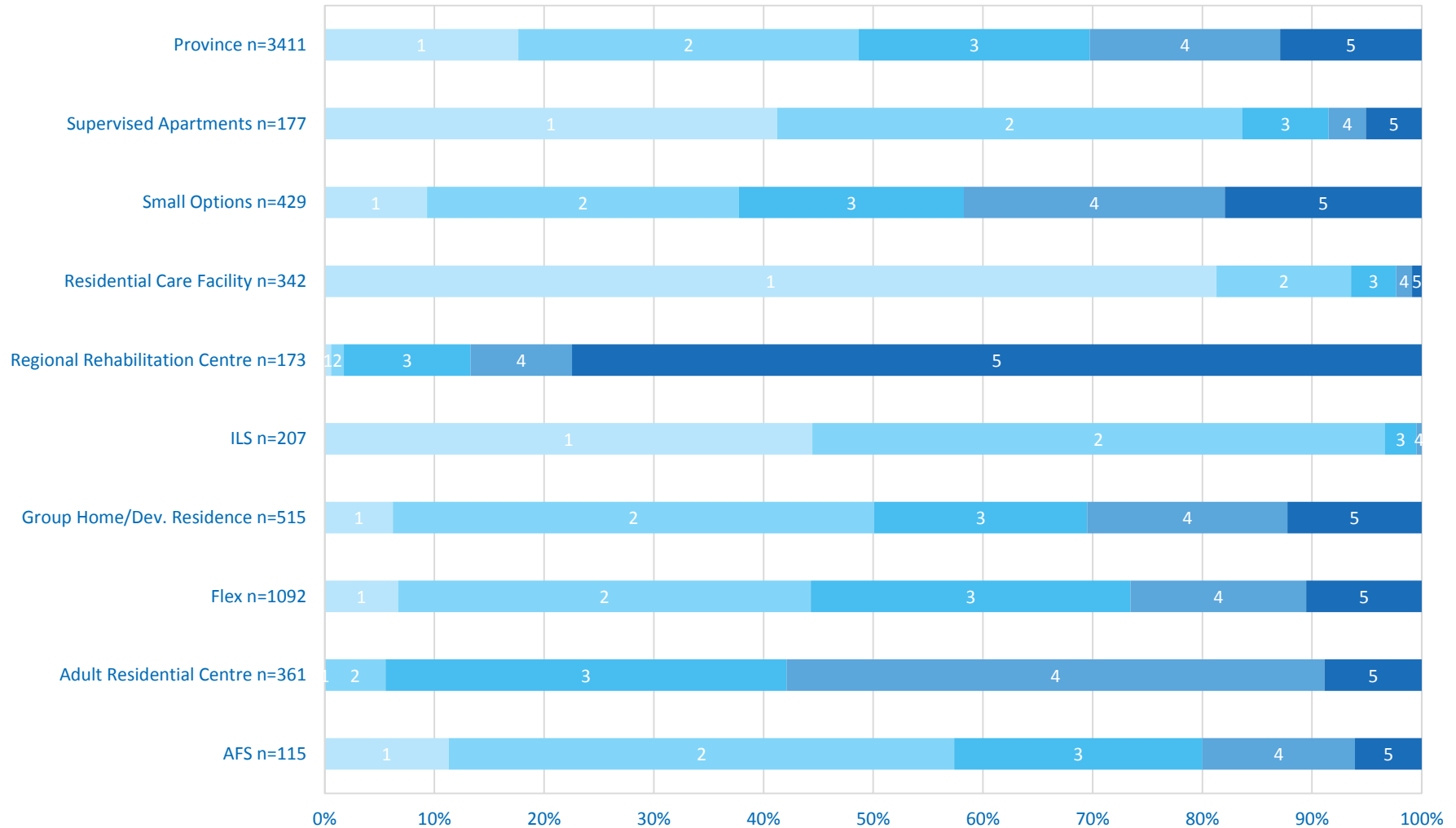
See next slide for conclusions and observations

Key Conclusions from Program Data

Placements

- AFS: 20% of AFS placements are LOS 4/5. There may be an opportunity to support more LOS 4/5 participants in family homes if AFS levels of funding were available to immediate family members

- ARC: Over 40% of ARC residents are LOS 3 or lower. These participants may be good candidates to transition to community options earlier and with more independence in future phases

- ILS: There are few participants with LOS 3 or higher being supported in ILS. We should target ways to support more LOS 1 and 2 participants in ILS, and not change the intent of the program to accommodate LOS 3+ (e.g. by including overnight supports, etc.)

- RCF: 80% of RCF participants are LOS 1. These participants may be able to experience more independence in the community over time

- SOH: SOHs have relatively equal proportion of participants in all 5 levels. Ideally, SOH and other residential homes would be the residential option for participants with higher levels of support required

Program Funding

- SOH/GH: These programs exhibit the greatest variation in cost per client, reflecting wide variation in support needs due to policy decisions and exceptions approved for 'one-offs' (e.g. any level of support can request a placement in SOH)

- Flex: Flex funding exhibits the highest variability for LOS 5 participants, reflecting the expectations for exceptional approvals outside of policy

- AFS/ILS/Flex: Front-end programs exhibiting similar funding bands which demonstrates the need for pathways to transition between these programs without barriers such as waitlists

- GH/RCF/ARC: Many programs exhibit an inconsistent relationship between funding levels and LOS (i.e. higher LOS does not always equal higher funding band)

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Key Themes from Current State Consults

1 — Our current residential programs do not reflect the self-identified needs of participants, as expressed during First Voice sessions

- Participants told us that they do not 'fit into the box' of different community residential programs. We should focus on flexibility within our residential options, not on trying to create a wide breadth of options (i.e. SOH, DR 1-3, GH) to support various groups of participants
- Participants want control over how they are supported and where they live. Participants indicated that these two factors have a significant impact on their quality of life
- Young participants desire to live in the community with family and/or friends – they do not talk about wanting to live in institutions, group homes or large settings
- Some clients are very happy where they are and transitioning them will require time and many supports. Some indicated they would be devastated to have to leave their facility and have no desire to move

2 — Lack of standards and associated monitoring hinders the quality and consistency of supports that participants receive

- There are no standards to ensure the quality and consistency of residential supports (e.g. SOH, GH, DR)
- The seven core competencies of staff training must be revisited as standards are implemented
  - Through First Voice, we learned that participants want their support workers to be more responsive to their changing needs and support worker turnover/change adds stress to their lives
- There is a lack of opportunity for skill building in our residential settings
- ARC/RRCs are not fulfilling their rehabilitative mandate and have evolved to "LTC type supports"

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Current State Analysis –

Day Programming and Employment Supports

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Our Current Service Array

In-Home and Residential Supports

Where you live	*In-Home Supports*			*Residential Supports*			
	Flex	ILS	AFS	Group Homes and DR I/II/III	Small Option Homes	RCFs	ARC/RRCs

Day Programming and Employment Supports

What you do during the day	*Living Supports*			*Employment Supports*			
	Rec. and Leisure	Complex Needs 1:1	Retirement	Volunteerism	School to Work	Social Ent. and Pre-Employment	Employment

Community Supports and Services

What other supports you may need			
	Special Needs	ARC/RRC Outreach Teams	Licensed Respite Beds

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Current Day Programming/Employment Supports

Living Supports *(also forms of respite)*		Employment Supports				
Recreation and Leisure	**Complex Needs**	**Volunteerism**	**School to Work Transition**	**Social Enterprise and Pre-Employment**	**Employment**	**Retirement**
Community and/or facility based activities for persons for whom the traditional social enterprise or employment experience is not their choice (for any reason).	Individualized programs designed specifically for persons with challenging behavior and/or fragile health where the staffing is 1:1 or higher.	The policy or practice of volunteering one's time or talents, especially in one's community.	Students transitioning from high school having time limited experiences in social enterprise or any other service appropriate to their needs.	Social Enterprise: Agency/facility and non-facility based business. Pre-Employment: Individualized work skill training opportunities to be successful in a work setting.	Supported employment, community-based employment; inclusive of job development, job coaching, retention support, and career exploration. Real work, real pay, and fully inclusive.	Community and/or facility based activities for those persons who are of aging and/or physical issues may have retired them from social enterprise activities and or employment.
E.g. crafts, games, swimming, skating, etc.	E.g. individualized rec. or leisure at home and in the community	E.g. volunteer positions in community – food banks, churches, nursing homes, etc.	E.g. periodic visits to Adult Service Centre to learn skills in a Social Enterprise setting	E.g. learning to load dishwasher, do laundry, prepare small meals, etc.	E.g. providing job site coaching in partnership with businesses	E.g. day activities such as games, music, crafts, etc.

Current state service array was developed in consultation with the DIRECTIONS Council;
it includes day programming supports offered by residential providers and ARC/RRCs.

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Where Day Programming is Delivered

- The current day programming service array is primarily delivered by Adult Service Centres (ASCs)

- There are approximately 2,100 existing participants and 350 waiting for services at ASCs in Nova Scotia (as of mid-2015)

- ASCs also serve ESIA and non-DCS participants

Clients At ASCs

- DSP: 52%
- ESIA: 20%
- Other: 24%
- Not Specifed: 4%

Clients on Waitlists

- DSP: 36%
- ESIA: 2%
- Other: 12%
- Not Specifed: 50%
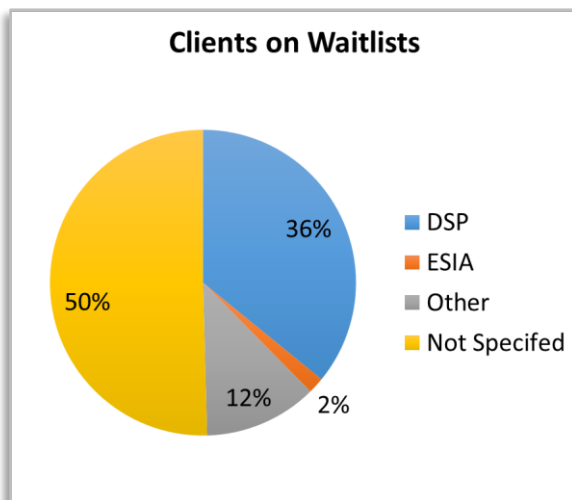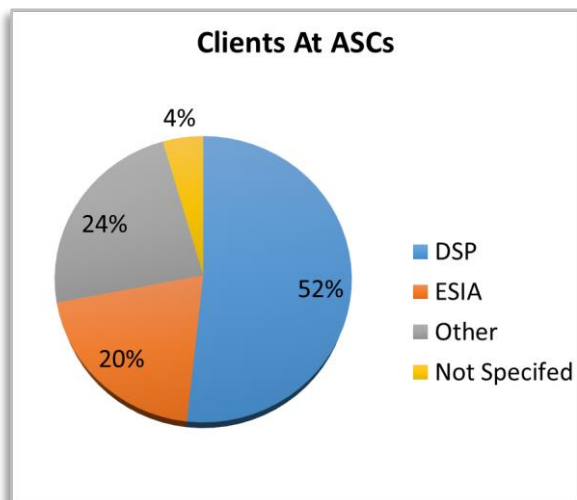
Note: The clients and waitlist numbers were collected manually by the ASCs as participant level data is not tracked in LAMPSS. As such, there are likely data completeness and accuracy issues.

- There are also examples of non-work day programming and social enterprise (e.g. YACRO café) being provided by residential service providers to participants who are unable to access supports at an ASC

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Key Themes from Current State Consults

1 We do not prioritize day programing in our participant planning and funding approaches

- A significant proportion of DSP participants do not have access to formalized day programming/activities
- We focus on funding and planning for residential supports over day programming supports

2 There are significant gaps in day programming options geographically

- Not all ASCs deliver the entire array of day programming options, limiting the types of day programming available in a given geographic catchment area – makes access to a participant's desired choice of programming an issue

3 Participants are less concerned about where they access day programming (e.g. at ASCs) and more concerned with having choice

- Participants want control over what they do during the day and how they are supported. During First Voice discussions, the idea of attending an ASC was less prevalent than participants' desires to access programming in the community
- A consistent theme in First Voice discussions was the barrier to day programming created by transportation and funding
- We cannot design programs that are specific to the needs of a large number of participants (e.g. participants do not fit into the 'box' defined as 'Retirement')

4 Lack of standards and associated monitoring hinders the quality and consistency of supports that participants receive (particularly at ASCs)

- Many programs identified as 'life skills' are actually recreation/leisure activities that would be better delivered in a community setting
- There are no standards to ensure the quality and consistency of day programming and employment supports

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Current State Analysis –
Other Supports in the Community

Our Current Service Array

In-Home and Residential Supports

	In-Home Supports			Residential Supports			
Where you live	Flex	ILS	AFS	Group Homes and DR I/II/III	Small Option Homes	RCFs	ARC/RRCs
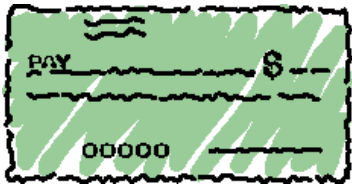
Day Programming and Employment Supports

	Living Supports			Employment Supports			
What you do during the day	Rec. and Leisure	Complex Needs 1:1	Retirement	Volunteerism	School to Work	Social Ent. and Pre-Employment	Employment

Community Supports and Services

What other supports you may need	Special Needs	ARC/RRC Outreach Teams	Licensed Respite Beds

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What We Offer and What We Heard

	Special Needs Funding	RRC Outreach Teams	Residential Respite Beds
Current Supports	• Funding up to limits designated in the Special Needs policy	• Three multi-disciplinary outreach teams are funded at KRRC, BAC and Quest • Teams support community participants and ARC/RRC residents	• Respite beds are funded in ARC/RRC facilities and SOH/GH/DRs • Participants can access up to 60 nights/year of residential respite
Feedback	• The policy is not applied consistently across regions. We need an objective approach • **Transportation was identified as the largest gap in funding levels** • Other funding issues identified included personal allowance	• There is a lack of central oversight and consistency across the province • Current teams are not meeting expectations for caseloads • Positive feedback on the CCOGS team from KRRC • Facility-based teams do not have the proper context to assess participants and develop support plans in community settings (e.g. may suggest using a 'time-out' room)	• Respite beds can become permanent placements if participants cannot return to their previous placement • Service providers manage access to the beds, which may not provide equitable opportunity for all participants • Current approach does not respect the privacy of full-time residents in homes that have respite beds

Key Takeaways

- DSP's current service array focuses primarily on residential and day programming supports
- There is a need for additional supports to compliment these core services and to enable:
  - More support for families so that participants can stay in the family home if that is where they want to live
  - An integrated support plan that leverages non-paid supports that are naturally available in the community and promote social inclusion
  - Periodically accessed supports that ensure participants can live successfully in community

Distribution of Funding

The majority of our funding is for residential programming, with some investment in day programing and almost no investment in other community supports.

Funding for 2015-2016 fiscal:

Where You Live*:
$299 M

What You Do During the Day:
$18 M
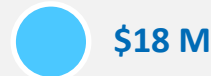
Other Supports:
- ~$1 M

As the system is transformed we need to shift some focus away from residential, and into day programming (including outside of ASCs) and other community supports that help participants and families

*Many larger facilities are funded to offer their own day programming supports to residents. Those funding amounts are captured as part of the overall budget and are difficult to separate.

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Current State Analysis – Placement and Funding

Our Current Placement Guidelines

Placement guidelines are currently driven by Level of Support Policy and licensing guidelines.

Complexity of Support Needs

| Level 1 Support: Minimal | Level 2 Support: Moderate | Level 3 Support: High | Level 4 Support: Enriched | Level 5 Support: Intensive |

Direct Family Support | Independent Living Support | Alternative Family Support | Residential Care Facilities | Small Options | Group Homes | Developmental Residences | Adult Residential Centres | Regional Rehabilitation Centres

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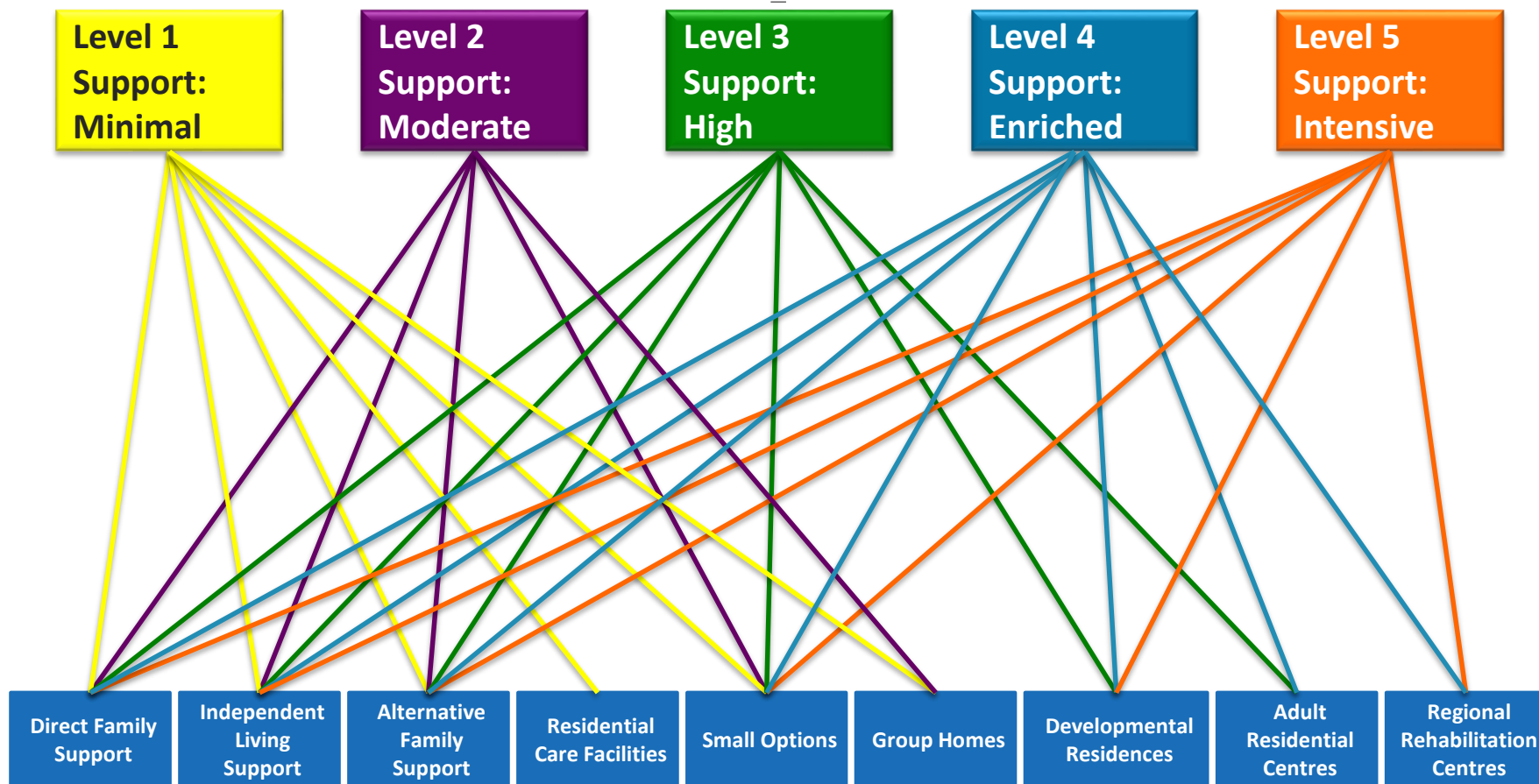
Our current placement guidelines can cause issues with placement and funding

In-Home/Residential Supports

- Placements are often based on urgent waitlist priorities and existing capacity, not the best fit for the home which can cause placements to break down
    - Funding and staffing is tied too closely to the historic cost of beds, not to the participant's support needs
- Provides service providers with an incentive to 'keep' participants in a placement, instead of supporting transition to more independence and supporting a new participant who may have higher needs
- Opportunities for skill building and recreation are limited within residential options due to staffing pressures that can be caused by incompatibility between residents

Day Programming/ Employment Supports

- We cannot track DSP's investment in ASCs to outcomes for DSP participants
    - We do not know who is in what type of day programing/employment support, what funding is specifically supporting DSP participants, etc.
- ASCs manage their own admissions processes and waitlists – DSP is not engaged when there are openings to identify participants in need of day programming
- Consultations indicate that families are funding placements in ASCs using Flex respite funding due to ASC waitlists and a lack of funding for alternative options
- Current approach primarily benefits ASCs, not DSP or participants

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Future State –

Service Array Design Approach

Our Approach to Designing the Adult Service Array

Visioning

Development of a vision and guiding principles to govern decision making and recommendations

Research and Consultation

Identification of program gaps and options through consultation, research and engagement with DSP Strategist

Analysis

Analysis of options by Service Array Working Group using consultation results, research and ICM data as inputs

Validation

Validation of proposed changes through First Voice consults, alignment with DSP outcomes and data analysis

Research included jurisdictional scans on deinstitutionalization in Canada and best practice research led by the DSP Strategist

Consultations included DSP regional staff, ASC providers, ARC/RRC providers, community residential providers, advisory group and First Voice inputs

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Future State –

Vision and Guiding Principles

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How did we make decisions and recommendations?

Vision for Community Living

Vision for community living developed through consults with participants

Roadmap Principles

Roadmap principles applicable to service array design

Design Principles

Identified through research, consultations and working group sessions to govern design decisions

Client and System Outcomes

Mapped to new service array to ensure alignment

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The Vision for DSP Participants

All people and their families have the right to live, love, work, play and pursue their life aspirations in their community. Community is where a person feels safe, valued for their contribution and able to pursue the life they choose.

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A Vision for the Future of DSP

Paid supports are just one component of a fully integrated, person-centered support plan.

We want to design a system that enables people to live an integrated life in the community that is not solely focused on paid supports.

Source: http://supportstofamilies.org/
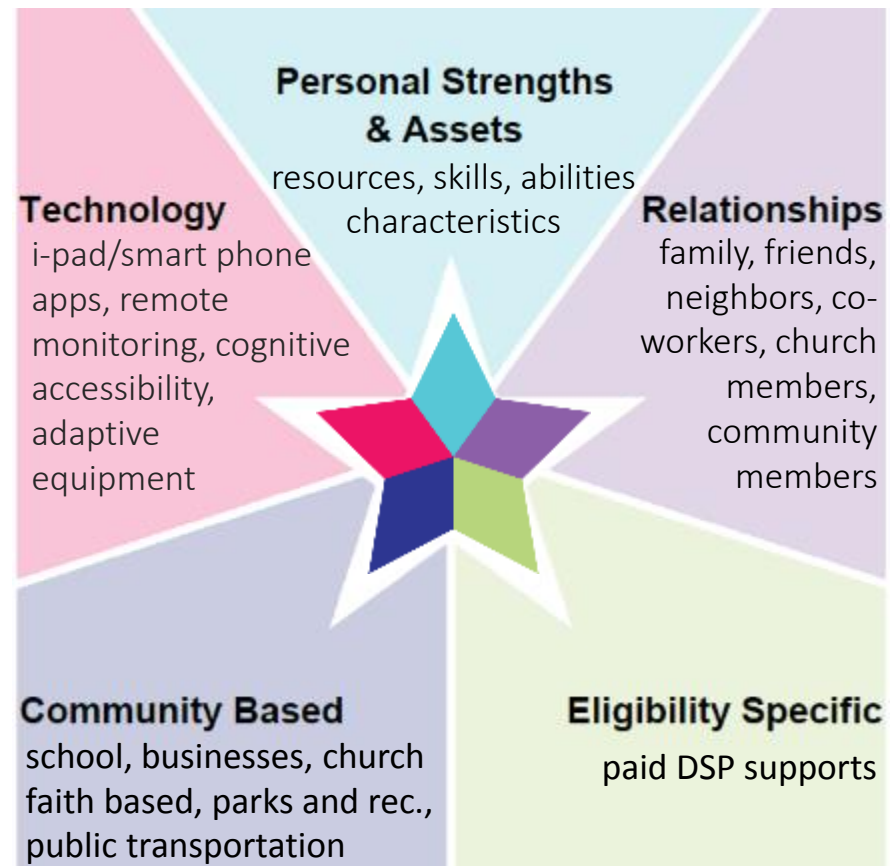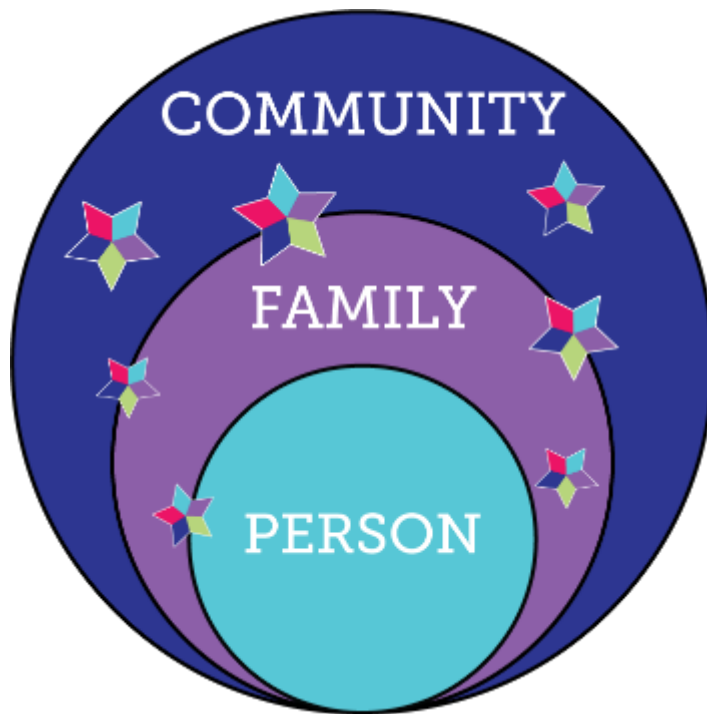
We Will Focus on a Trajectory Towards the Good Life for Participants

Personal relationships

Making mistakes

Learning to say "no"

Summer jobs, babysitting

Chores and allowance

Birthday parties with friends

Playing sports or an instrument

My parents have passed away, what do I do?

Parents turn 65

Living adult life

Turning 18. Leaving school at 18 or 21

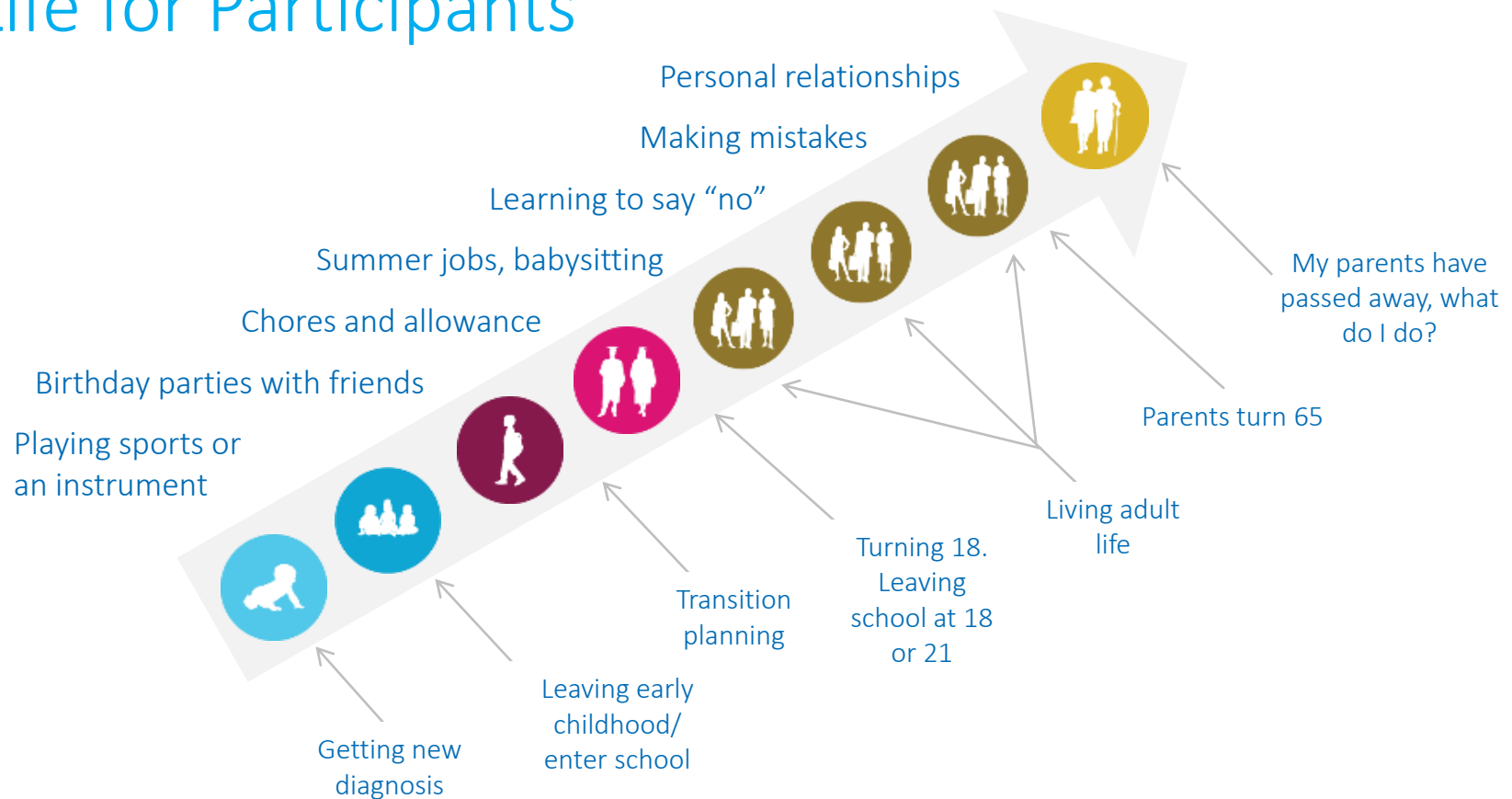Transition planning

Leaving early childhood/ enter school

Getting new diagnosis

- First Voice validated that our participants have the same life goals and struggles as all Nova Scotians – we need to design our system to respect and respond to where they are on the trajectory
- We can help participants live the life they choose by offering choice, helping them manage difficult transitions and providing supports required at different points in life

Source: http://lifecoursetools.com

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Alignment with Roadmap Goals and Objectives

The design of the adult service array aligns with the goals of "*Choice, Equality and Good Lives in Inclusive Communities – A Roadmap for Transforming the Nova Scotia Services to Persons with Disabilities Program*".

The Roadmap goals relative to the the adult service array design include:

Living in the Community

Discontinue the use of larger facilities and transition individuals to smaller community settings

Individualized Funding

Expand direct funding options so individuals have greater control over the supports they receive

Employment / Day Programs

Develop a menu of employment and day programming options that support an employment focused framework

Person Directed Planning

Provide supports and services in an efficient way that also enables choice, flexibility and person-directed planning

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Design Principles

Identified through, research, consultations and working group sessions to govern design decisions.

- Guiding Principles Categories for Future State Design
  - Programming
  - Choice/ Person Directed
  - Community Living
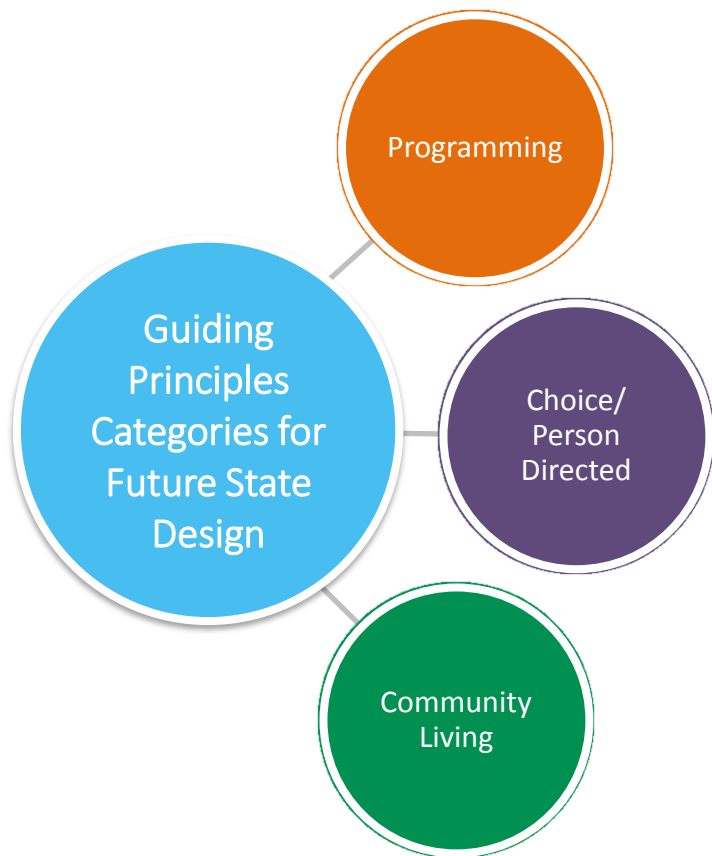
Programs funded by DSP will have standards to ensure quality and outcomes, and those standards will be appropriately monitored and enforced.

We will invest in programming for families and enrich the lives of those living with families to ensure participants who wish to can stay in family homes for as long as possible.

Support allocations will be based on support needs. Those with the highest level of need will receive the most amount of support.

We will invest in new programming for young entrants to DSP adult programs to prevent future institutionalization.

We will not create a second tier of health services. Health services accessed by non-disabled Nova Scotians should be available to Nova Scotians with disabilities.

The system will enable an integrated life in the community, not a life built fully around paid services.

The planning process will focus on (in-order) the supports that can be provided by:

1. One's self
2. One's family
3. One's community
4. Technology
5. Paid government supports

Participants will have choice regarding where they live and who they receive supports from.
The choice of paid supports will be within the limits of a personal supports allocation that is individualized to the participant's support needs and desired programming.

Every individual will have the right to their own bedroom.

Every individual will have the opportunity to access day programing in the community.
If they so desire, participants will be funded/supported to access day programming outside of their home.

New community homes will be built, for a maximum of four residents.

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DSP Client and System Outcomes

All support options proposed in the future service array are mapped to the DSP client and system outcomes to ensure alignment

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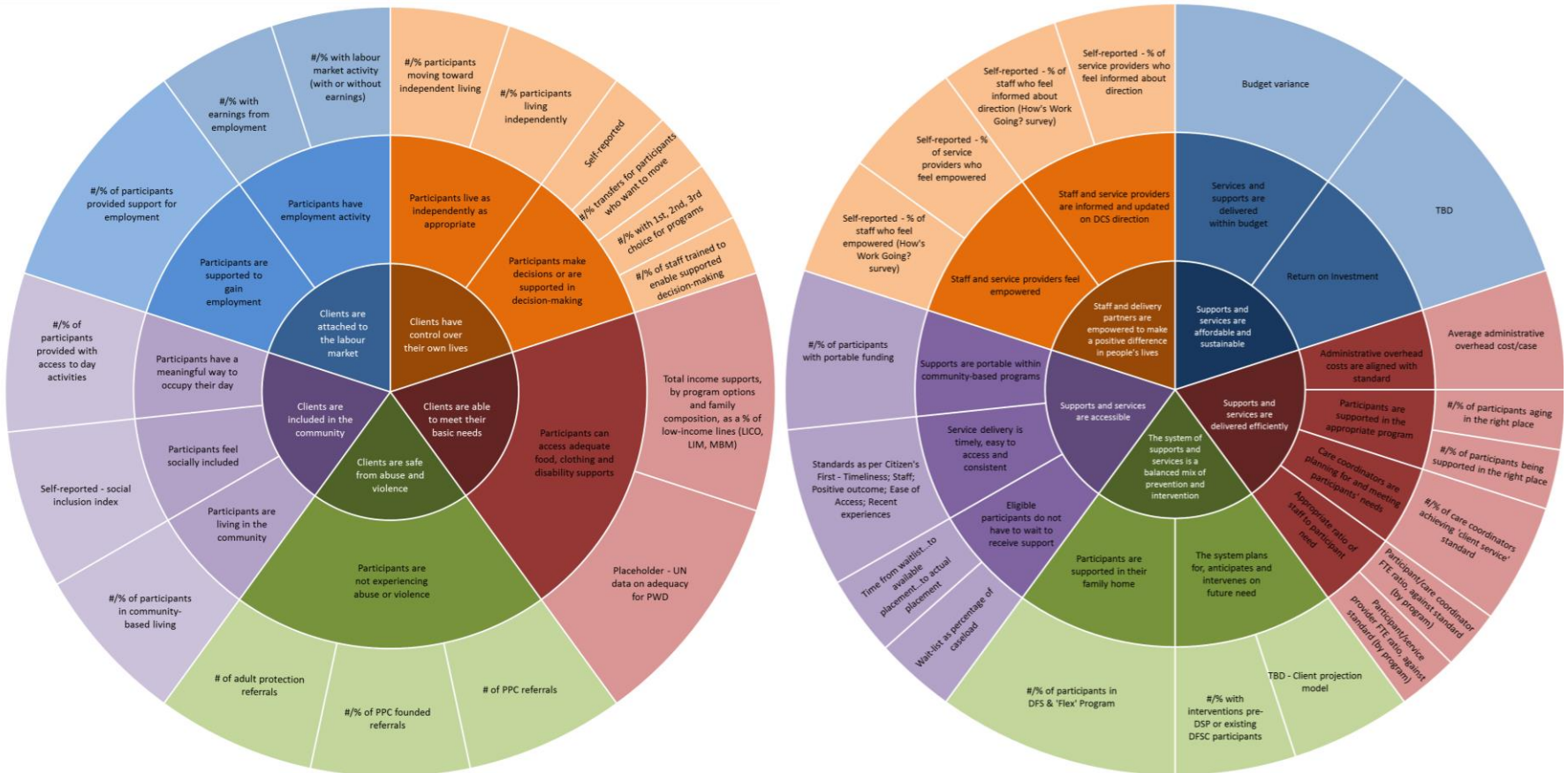
Future State –
Eligibility and Supports Budgets

Changing our approach to funding and eligibility

Current Funding Approach

1. Driven by historical per diem of each bed, attached to service provider/bed
2. Funding and planning for individual participants focuses on residential supports

Future Funding Approach

1. Calculated based on assessed support needs and how a participant wants to live
2. Tied to the individual, not the bed
3. Always includes both in-home/residential and day program funding

Current Eligibility
Driven Loosely by LOS Policy

Level 1 Support: Minimal — Level 2 Support: Moderate — Level 3 Support: High — Level 4 Support: Enriched — Level 5 Support: Intensive

Direct Family Support — Independent Living Support — Alternative Family Support — Residential Care Facilities — Small Options — Group Homes — Developmental Residences — Adult Residential Centres — Regional Rehabilitation Centres
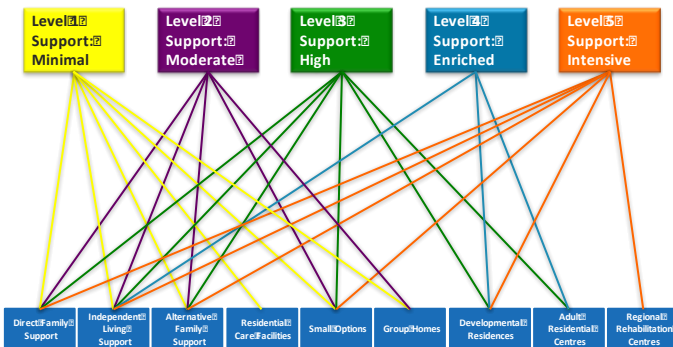
Future Eligibility

1. Service mixes dictate the amount of support available by program, based on LOS
2. Eligibility is driven by whether you can meet your goals within the service mix available to you in a given program

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Some new terminology will be used when describing how we foresee the eligibility, supports allocation and funding for programs

- **Service Mix**
  - The mix of available residential and day programming support units (e.g. hours, days, weeks of support options) that a participant can choose from, based on their Level of Support and chosen In-Home/Residential support option (e.g. where they live)
  - Each item in the service mix has a specified unit of support/service

- **Tiered Rates**
  - The rate of reimbursement for a unit of service, with increasing tiers based on Level of Support

- **Supports Budget or Supports Allocation Budget**
  - The mix of services chosen by a participant, multiplied by the corresponding tiered rate, resulting in a total budget for supports

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Service Mixes ensure participants are appropriately placed in our programs

For example, a service mix would outline the weekly, monthly or annual hours of the various services/supports that a participant would be eligible for if they choose to live independently in the ILS program.

Program: Independent Living Support

Example Only

LOS	1	2	3	4	5
In-Home Support (hours/week)	12	21	30	38	52
Center based day (hours/week)	8	15	15	20	20
Community Access (hours/week)	2	6	8	5	5
Employment (hours/week)	10	7	7	5	5
Total Day Programming (hours/week)	20	28	30	30	30

For Example:

1. A LOS 3 participant wants to live independently through ILS
2. To be eligible for ILS, the participant must be able to live independently while receiving no more than 30 hours of in-home support and 30 hours of day program funding per week

Service Mixes ensure participants are properly supported and funding is equitable.

E.g. Prevents LOS 1 participants in $150,000/year placements

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In the future, funding will be tied to a participant, not a bed or facility

Assessment → Choice of Residential Option → Supports Budget Approved

Service Mix for Option and LOS

Assign LOS

Multiplied by

Tiered Rates for LOS

= Supports Budget

+ Plus Approved Add-ons/ Special Needs
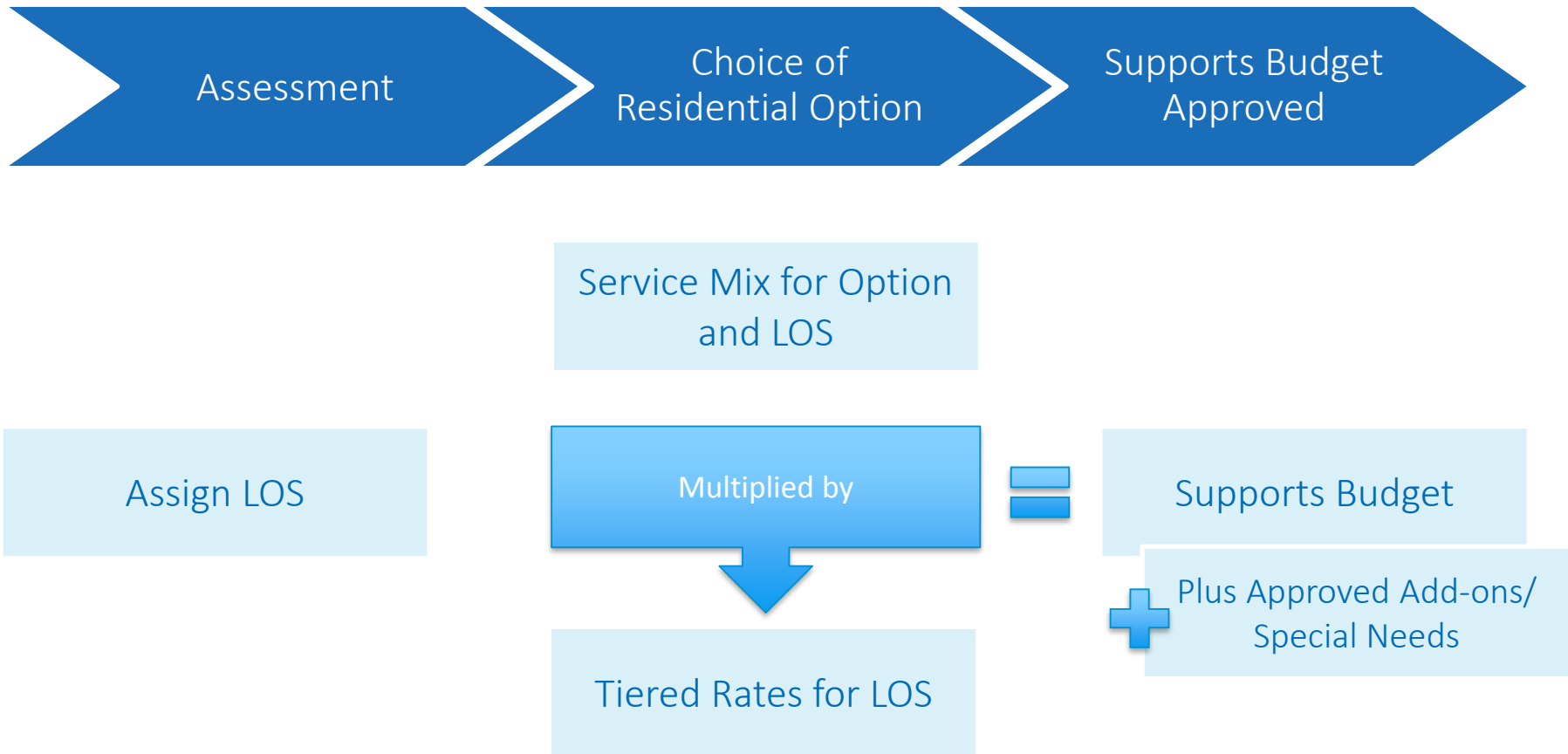
Future State –

Residential and In-Home Supports

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How We Analyze and Define the Future Array

- This section contains the following analysis and program design:

Identification of current gaps	Options considered but not recommended for future array	Recommended future service array

- To define new programs or changes to existing programs, the following information is presented by program:

Description	Eligibility (if applicable)	Intended Participants
Program Delivery	Unit of Delivery	
Sector Research	Consultation Feedback	Alignment with Outcomes

- Note the difference between Eligibility and Intended Participant sections
  - Eligibility – who will be able to access a support based on policy
  - Intended Participants – what profile of eligible participants is <u>most likely</u> to access the support
- This section does not include analysis regarding the location or required capacity for future programs in the service array
  - In-scope for Capacity and Business Case Deliverable

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Programming Gaps

- The following gaps were identified by the Working Group through:

  1. Consultation with staff, service providers, advisory group members and First Voice representatives

  2. Review of our current service array by DSP Strategist

  3. Best practice research from other jurisdictions

- It is important to differentiate programming gaps from capacity gaps

  – E.g. we recognize that there are capacity gaps in ILS, but it is a support option in our current array

Residential and In-Home Support Gaps

1. Individualized funding options for residential supports
2. Community options for current RCF participants
3. Providing nursing and medical supports in community
4. Seniors requiring LTC supports with associated behaviors
5. Gap in array between ILS (21 hrs/wk) and SOH/GH
6. Skill building opportunities in residential settings

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The following gaps related to Residential and In-Home supports were identified

In-Home and Residential Supports						
Current Array – Where you live	*In-Home Supports*			*Residential Supports*		
	Flex	ILS	AFS	Group Homes and DR I/II/III	Small Option Homes	RCFs	ARC/RRCs

Program Specific Gaps

There is lack of programming available between 21 hrs/wk in ILS and 24/7 GH/SOH	There are limited community residential options for RCF residents	There is no programming focused on seniors with high medical needs and behaviors

Commons Gaps across Existing Programs

There is a lack of self-directed, individualized funding options	It is difficult to access nursing supports in community options	There is limited skill building available in residential settings

NOVA SCOTIA

Programming Gaps

Gap	Description	What We Offer Now
1. Individualized funding options for residential supports	• Individualized funding is a key theme of the Roadmap • The Roadmap calls for self-managed (i.e. managed by participant with family/personal support network), individualized funding in amounts that would allow the procurement of a residential placement (e.g. SOH)	• Flex is a self-managed individualized program that allows families to use respite funding to meet their individual needs • ILS allows participants to choose from service providers in their geographic area • The Family Demonstration Project piloted the use of self-managed supports with two groups of families
2. Community options for current RCF participants	• RCFs primarily serve a segment of the population with long term mental health supports who lack independence related to activities like cooking, cleaning and personal finances • There is a gap in community based support options for this population. 21 hours of ILS supports may not be sufficient. 24/7 supports in a SOH may be more structure and supervision than is required	• There are 450 participants supported in 22 RCFs • Some of which are Small Option and Group Homes with a focus on supporting individuals with mental illness

NOVA SCOTIA

Programming Gaps

Gap	Description	What We Offer Now
3. Providing nursing supports in the community	• ARC/RRC facilities provide a significant amount of nursing supports using RN/LPN staff, including wound care, IVs, bowel management and ongoing monitoring • There is a lack of access to community nursing services for chronic nursing care. This gap will increase as participants transition from facilities to the community	• $10.8 M in direct care nursing supports is funded through ARC/RRCs each year • $370,000 in community nursing supports was contracted through VON last year • Continuing Care Home Care nursing is available for acute nursing needs. In some cases, nurses train residential workers to provide care
4. Long Term Care (LTC) supports for seniors with diagnosed behavioral support needs	• ARC/RRC facilities support many individuals of advancing age (e.g. 65+) whose nursing and physical care needs may make them candidates for LTC homes funded by the DHW • Feedback from consultations indicates that LTC beds are difficult to access for seniors with disabilities who have behavioral support needs; the LTC model is not designed to support all of these needs	• There are significant nursing supports and costs in ARC/RRC settings to support individuals who are aging and have associated behaviors • Participants in ARC/RRCs have been identified for LTC assessment by DHW Continuing Care

NOVA SCOTIA

Programming Gaps

Gap	Description	What We Offer Now
5. Gap in array between ILS (21 hours a week) and 24/7 staffing nature of Group Homes and Small Option Homes	• There are participants with the desire and ability to live independently or with roomates in the home/apartment of their choosing, but require more than 21 hours/support per week, and in some cases, occasional overnight supports • Some of these individuals may not choose to live in SOH/GH operated by a service provider because it limits choice and they do not require the constant supervision and supports of these homes • We need to bridge the gap between the 21 hours/week of ILS and residential homes	• ILS allows participants to access 21/hours week of in-home supports • There are some grand-parented placements in the Supervised Apartments program but new placements are not accepted
6. Skill building opportunities in residential settings	• Group Homes and Developmental Residences were originally designed to allow participants to pursue personal development goals and skills for activities of daily living • Many residential options have evolved to a custodial model and participants experience limited opportunities to pursue personal development. Due to the lack of flexibility in placements, it is often not possible for participants with likeminded development goals to live together	• Consultations indicate that there are varying levels of opportunity for skill building in residential settings • In many cases, the degree of opportunity is based on the layout of a home, the mentality of staff and service provider leadership and/or the staffing levels of a home

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Options considered but not recommended

Program Option	Description	Why It's Not a Fit
Self-Managed Funding for Residential Options	The Roadmap recommends providing individualized funding to families to be used in a self-managed fashion to purchase and manage the ongoing provision of residential supports including housing, support workers, transportation, special needs and day programming.	The working group was supportive of the concept of individualized residential supports and funding to an individual's needs. However, it felt that DSP still has a role to play in managing the funding to ensure that service providers are upholding standards and that funding is used in a responsible manner. This option would require significant family management efforts which may limit the number of participates that are able to benefit from such a program.
Co-Housing Developments	Co-housing is a residential living option in which individual housing units surround or are fixed in close proximity to a central building which acts as the hub of the neighborhood. Individuals elect to live in these communities based on mutual interests, lifestyle preferences, or the desire for a close-knit community, and may hold many community activities in the common space.	While the working group was supportive of this notion in practice, the complexity of developing these communities was deemed beyond the scope of DSP's mandate (specifically, the identification of non-DSP residents that would populate such a development). There are several options in the array that would allow Nova Scotia citizens and DSP participants to pursue Co-Housing, but it is not recommended that it be offered as a standalone DSP program.

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Future State In-Home and Residential Array

Current Array

In-Home Supports

Flex	ILS	AFS

Residential Supports

Group Homes and DR I/II/III	Small Option Homes	RCFs	ARC/RRCs

Future Array

In-Home Supports

Flex with Family	ILS	AFS

Flex Independent

Residential Supports

Shared Living Supports	Community Homes	Specialized Long Term Care Centres

Recognized as a programing need, but may not be delivered by DSP

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The following are the Recommended In-Home and Residential Program Changes

1. No Changes - Continue the Flex in Home and Flex Independent Programs without change

2. Change to Existing Program - Expand the existing AFS program to allow family members to provide supports for participants. Conduct further program analysis and/or evaluation to address First Voice feedback

3. Change to Existing Program - Expand the number of support hours available to participants in the ILS program

4. Change to Existing Programs - Consolidate the Small Option, Group Home and Developmental Residence Programs into the Community Homes Program

5. New Program - Implement a new Shared Living Supports Program

6. New Program - Implement a new program to support DSP participants with high medical and high behaviors

7. Discontinue Program - Discontinue the ARC and RRC Programs

8. Discontinue Program - Discontinue the RCF Program

NOVA SCOTIA

Flex Living with Family

Recommendation	• Continue to offer program; no changes proposed

Description

- Provides supports and services to adults with disabilities who live at home with their families with support from their family/personal support network
- Supplements the natural supports that a participant receives
- Monthly funding is primarily used to access respite supports

Eligibility

Participants must:

- Meet all DSP general eligibility requirements
- Reside in a family home (e.g. with parents)
- Be identified as needing respite supports at the time of assessment
- Demonstrate understanding of their responsibility to manage funds to meet their monthly needs

NOVA SCOTIA

Flex Living with Family

Intended Clients	LOS	All	Age	Under 45	Diagnosis	All	24/7	No

- Flex Living with Family can allow participants of all ages, diagnoses and levels of support to live at home, if paid supports can be complimented by natural family and community supports
  - 26% of current Flex clients are LOS 4 or 5
- Flex at becomes less feasible as parents age. We expect a decrease in Flex usage as participants enter the 35-45 age range

Unit of Support

- **In-home respite supports** – monthly reimbursement to funding limit
- **Residential respite** – annual allocation of days

Program Delivery

- **Administration** – monthly funding allocation can be administered by the participant's family or a third party agency
- **Provision of supports** – supports can be provided by a respite care provider of the participant/families' choosing

NOVA SCOTIA

Flex Living with Family

Sector Research

- These programs ensure the wellness of families providing care and ensure participants can stay in the family home
- Additional programming to support families may include specialized training, networking with other families, or other forms of assistance
  - We'll see this in other components of the service array

Themes from Consultations

- Families face challenges in finding and keeping respite providers
- Administrative responsibilities can be cumbersome and confusing for some families
  - This issue is partially addressed by the new flexible allowance
  - We'll see other community supports in our service array that will provide additional assistance in these areas
- There may be Income Assistance clients living with family members who could benefit from additional supports of Flex (e.g. comfort allowance, access to residential respite)
- First Voice revealed that there are individuals who no longer want to live at home with their family but are unable to move out due to capacity

NOVA SCOTIA

Flex Living with Family

Alignment with Client Outcomes

Clients have control of their own lives

- Participants make decisions
- Participants are supported in the program of their choice
- Participants live as independently as appropriate

- Foundational funding allowance maximizes choice for self-managed funds
- Enhanced funding level lets participants at highest levels of support remain at home if they choose

Clients are included in the community

- Participants feel socially included
- Participants are experiencing the community

- Flex delays or prevents the need for a residential placement in a service provider operated home

Clients are safe from abuse

- Participants are not experiencing abuse or violence

- Respite care workers are chosen by families based on fit and processes to meet a family's standards

NOVA SCOTIA

Flex Living with Family

Alignment with System Outcomes

System supports services that are a balanced mix of prevention and intervention	Participants are supported in their family home	• All Flex at Home participants must reside within their family home to be eligible
Supports and services are accessible	Eligible participants do not have to waitlist to receive supports	• Flex is an uncapped program (no waitlist) as government continues to support costs to investing families
Supports and services are affordable and sustainable	Services and supports are delivered within budget	• DSP will reimburse families for supports up to a monthly budgeted maximum • Prevents the need for additional infrastructure
Supports and services are delivered efficiently	Administrative overhead costs are aligned with standards Appropriate ratio of staff to participant need	• Families serve as the administrators of the funding, removing the need for administrative staff to support the program

NOVA SCOTIA

Flex Independent

Recommendation	• Continue to implement the program as planned in Fall 2016; no changes proposed. A program evaluation will be a component of the program implementation plan

Description

- Flex Independent provides self-directed and self-managed funding to participants living independently with support from their natural support network. The funding is intended to supplement the natural support provided by families

- The funding is used to purchase supports specific to a participant's disability-related needs and goal, promote independence, and offer an alternative to, prevent or delay a participant's placement in a DSP funded residential support option

- Flex Independent is not intended to provide 24/7 supports and cannot be used to 'purchase' a residential placement

- **This program has direct alignment with the Roadmap's goal of implementing self-managed, individualized funding programs**

Eligibility

Participants must:

- Meet all DSP general eligibility requirements

- **Be able to live successfully within the service mixes available by level of support**

- Demonstrate they have sufficient personal support networks in their Flex Independent Proposal to be found eligible. Personal support networks can be made up of family and/or other support networks

NOVA SCOTIA

Flex Independent

Intended Clients	LOS	1-2	Age	All	Diagnosis	All	24/7	No

- Flex Independent is a better fit for participants with lower levels of support who do not require a high level of supervision or assistance with activities of daily living
- Participants with aging parents can still be successful in this program if they have a strong personal support network
- Ideally, these participants would have employment or day programming, as Flex funding is not intended to fund daily activities

Unit of Support

- **In-home respite supports** – monthly reimbursement to funding limit
- **Residential respite** – annual allocation of days

Program Delivery

- **Administration** – monthly funding allocation can be administered by the participant with the support of their family/personal support network and/or a third party administrator
- **Provision of supports** – supports can be provided by a respite care provider of the participant's choosing

NOVA SCOTIA

Flex Independent

Sector Research

- Sector research of outcomes indicates:
  - Individualized funding provides increased choice of lifestyle, greater empowerment, and increased use of community facilities
  - Long term, this type of program is more cost effective than a residential setting, including the costs associated with day programming
  - Research emphasizes the need to combine this type of program with day programming as planned activities may be minimal or non-existent which could result in social isolation
  - Research indicates this type of program is a good fit for individuals who wish to live with roommates, as it decreases likelihood of social isolation
- **In Nova Scotia, we need to ensure Flex Independent participants can also access day programming or employment to get the best outcomes**

Themes from Consultations

- Families often face challenges in finding and keeping respite providers and this issue could extend to Flex Independent
  - This issue is partially addresses by the new flexible allowance
  - We'll see other community supports in our service array that will provide additional assistance in these areas
- There may be Income Assistance (IA) clients living with family members who want more independence, or IA clients living independently who could benefit from the supports of Flex Independent
- We should expect lower uptake for this program than ILS due to the effort required to self-manage funds

NOVA SCOTIA

Flex Independent

Alignment with Client Outcomes

Clients have control of their own lives

- Participants make decisions
- Participants are supported in the program of their choice
- Participants live as independently as appropriate

- Foundational funding allowance maximizes choice for self-managed funds
- Participants are living independently and are not tied to a single service provider

Clients are included in the community

- Participants are experiencing the community
- Participants have a purpose and a way to occupy their day

- Research indicates that self-directed supports, combined with independent living, can lead to greater individual empowerment

Clients are safe from abuse

- Participants are not experiencing abuse or violence

- Respite care workers are chosen by the participant based on fit

NOVA SCOTIA

Flex Independent

Alignment with System Outcomes

Outcome	Statement	Detail
System supports services that are a balanced mix of prevention and intervention	The system plans for and anticipates future needs	• Feedback from younger participants indicates that the sector needs to provide more opportunities for independent living
Supports and services are accessible	Eligible participants do not have to waitlist to receive supports	• At time of launch, Flex Independent will not have a waitlist • There may be a waitlist if interested exceeds available funding at some point
Supports and services are affordable and sustainable	Services and supports are delivered within budget	• DSP will reimburse individuals for supports up to a monthly budgeted maximum • Prevents the need for additional infrastructure
Supports and services are delivered efficiently	Administrative overhead costs are aligned with standards Appropriate ratio of staff to participant need	• Participants serve as the administrators of the funding, removing the need for administrative staff to support the program

NOVA SCOTIA

Independent Living Support

Recommendation	• Continue to offer the ILS program and increase the support hours for participants who require more support hours to live independently

Description

- ILS provides clients with the ability to live independently with the use of supplemental support as required on an hourly basis
- **Future change to address programing gap -** 21 hours/week of support is the current limit. This limit will be revisited (and increased) through the development of new service allocations for the program
  - Allocating more than 21 hours/week will allow more LOS 1 and 2 participants to live successfully within the program, decreasing the reliance on residential homes
- Multiple ILS participants may choose to live together and 'pool' their hours for more weekly supervision and increased flexibility. Care coordinators can help ILS participants to identify potential ILS roommates
- ILS will not be designed to enable frequent overnight supports as these cannot be sustainably delivered in a 1:1 ILS setting

Eligibility

Participants must:

- Meet all DSP general eligibility requirements
- Be able to live semi-independently (e.g. not require 24/7 supports)
- **Be able to live successfully within the service mixes available by level of support**

NOVA SCOTIA

Independent Living Support

Intended Clients	LOS	1-2	Age	All	Diagnosis	All	24/7	No

- ILS is a better fit for participants with lower levels of support who do not require a high level of supervision or assistance with activities of daily living
- Participants must be able to participate in the management of their own dwelling
- Ideally, these participants would have employment or day programming, as ILS funding is not intended to fund daily activities

Unit of Support

- Weekly hour allocation

Program Delivery

- **Administration** – ILS funding is provided by DSP directly to the provider of ILS support services
- **Provision of supports** – ILS participants can choose from an approved service provider in their area to provide weekly supports. The participant has the right to change service providers if they choose

NOVA SCOTIA

Independent Living Support

Sector Research

- Rather than placing participants into existing residential beds, licensed to offer supports of a particular kind and level, ILS focuses on support that is matched to a person's specific needs and preferences and changing that support as the person's needs and preferences change

- ILS provides the benefit of separating a participant's support needs from their housing needs. If a participant's needs change and an adjustment in supports is required, the participant does not have to move out of their living arrangement when changing their support services and service providers. This separates an individual's support needs from their housing needs

- Other jurisdictions interviewed by the Working Group (e.g. BC and Manitoba) undergoing de-institutionalization have emphasized the importance of separating supports from permanent housing infrastructure, as this provides more flexibility in the future, particularly as participants with a history of institutionalization age out of the system

Themes from Consultations

- There is a significant gap between the 21 hours/week available in ILS and the staffing levels and supervision associated with SOH/GHs. This gap is partially due to the discontinuation of the Supervised Apartments program

- Higher weekly support allocations in ILS would allow more residents to live independently and avoid placements in residential homes

- Younger participants want more control over who they live with (e.g. want to choose their roommates) which is easier to facilitate through ILS than SOH/GH

- Participants are ready to move into ILS as young adults once high school is completed, but length of time spent on the waitlist leads to a gradual decrease in independence and skills for daily living. We need flexibility to target ILS at the appropriate time before a participant's abilities decline

NOVA SCOTIA

Independent Living Support

Alignment with Client Outcomes

Clients have control of their own lives

- Participants make decisions
- Participants are supported in the program of their choice
- Participants live as independently as appropriate

- ILS provides the ability for participants to choose their dwelling, roommates and service provider, without having to manage the administration of funding

Clients are included in the community

- Participants are experiencing the community
- Participants have a purpose and a way to occupy their day

- Research indicates that independent living can lead to greater individual empowerment

Clients are safe from abuse

- Participants are not experiencing abuse or violence

- ILS providers are chosen by the participant based on fit and can be changed if desired

NOVA SCOTIA

Independent Living Support

Alignment with System Outcomes

Supports and services are affordable and sustainable

Services and supports are delivered within budget

- Service providers provide supports up to a weekly maximum of hours
- This prevents the need for additional infrastructure owned by service providers

Supports and services are delivered efficiently

Participants are supported in appropriate placements

Administrative overhead costs are aligned with standards

Appropriate ratio of staff to participant need

- Adding additional support hours will allow those who can live independently to avoid residential placements
- Additional overhead (e.g. maintenance, capital funding) is not required for infrastructure

NOVA SCOTIA

Alternative Family Support

Recommendation	• Continue to offer program and expand service provider eligibility to immediate family members

First Voice feedback indicates that a program evaluation is required. Participants indicated that AFS felt temporary and had limited access to other supports.

Description

- The AFS program supports persons with disabilities in an approved, private family home. Support and supervision is provided for up to two individuals unrelated to the AFS provider

- AFS home providers typically have twenty-four hour a day/seven day a week responsibility for the individuals who live with them, though individuals may receive other supports during the course of a day (e.g. community supports, employment supports, respite, and schooling)

- **Future change to address programing gap –** AFS service provider eligibility will be extended to include members of a participant's family, excluding those with legal responsibility such as a parent, spouse or legal guardian

- AFS participants are also eligible for annual usage of residential respite to provide a break for AFS home providers

Eligibility

Participants must:

- Meet all DSP general eligibility requirements

- Be able to live semi-independently

- Be able to live successfully within the service mixes available by level of support

NOVA SCOTIA

Alternative Family Support

Intended Clients	LOS	All	Age	All	Diagnosis	All	24/7	No

- Current state data indicates that all ages and LOS can be supported in AFS
- More LOS 4 and 5 participants could be supported if provider eligibility is extended to family members or if AFS providers were specifically recruited to support participants with high support needs
- Aging participants can be supported by young families/family members
- The program is not intended for participants requiring 24/7 in-person supervision, but AFS providers are responsible for participants at all times

Unit of Support

- **AFS care provider** – monthly allocation of funding
- **Respite** – annual allocation of days

Program Delivery

- **Administration** – AFS providers are approved by DSP; funding is provided directly from DSP to provider families
- **Provision of supports** – approved AFS providers; as independent contractors, they are not subject to wage and hour laws, workers compensation or unemployment insurance

NOVA SCOTIA

Alternative Family Support

Sector Research

- Research by UBC indicates that outcomes related to health, behaviors and community inclusion increase when participants transition from residential settings to family homes under AFS-like programs
- Other provinces indicated that staff from residential facilities, that closed during de-institutionalization efforts, were given the option to become approved AFS providers and provide supports for institutionalized participants in their own homes
  - **DSP can work with residential facilities to provide information sessions to staff about AFS options. This may prevent some facility based participants from requiring placements in licensed residential homes in the community**

Themes from Consultations

- Participants have concerns about their AFS families moving or a change in circumstances that would not allow them to be AFS providers any longer
- Participants identified a clear role for DSP in setting AFS standards and periodically visiting AFS homes to ensure appropriateness of supports
- Feedback from staff suggests that feelings of guilt prevent some families from seeking AFS placements for their loved ones
  - E.g. "if I can't care for my child, how can I expect another family to?"
- Staff at residential facilities are not generally aware of the opportunity to become AFS providers
  - One former RRW at Sunset ARC became an AFS provider. The Meadows ARC is providing an upcoming education session to staff on AFS
- Participants in ARC/RRCs do not have strong family support networks. It is unlikely that many would have an option to live with extended family in an AFS arrangement
- The key success factor in AFS placements is match/fit. Because of this, adding new capacity to the system is a labor intensive process that may take several months per new placement
- AFS families would benefit from peer networks that would allow them to connect and provide support to each other

NOVA SCOTIA

Alternative Family Support

Alignment with Client Outcomes

Clients have control of their own lives

- Participants make decisions
- Participants are supported in the program of their choice
- Participants live as independently as appropriate

- AFS participants have choice in their AFS provider
- AFS participants live in a community setting that allows them to function as independently as possible

Clients are included in the community

- Participants are experiencing the community
- Participants feel socially included

- The family setting can provide more natural supports and reduces the risk of social isolation

Clients are safe from abuse

- Participants are not experiencing abuse or violence

- AFS providers are chosen by DSP care coordinators and participants and must adhere to DSP requirements

NOVA SCOTIA

Alternative Family Support

Alignment with System Outcomes

Supports and services are affordable and sustainable	Services and supports are delivered within budget	• AFS providers provide supports within a monthly budget • Prevents the need for additional infrastructure owned by service providers
Supports and services are delivered efficiently	Participants are supported in appropriate placements Administrative overhead costs are aligned with standards Appropriate ratio of staff to participant need	• Extending eligibility to family will allow those who can live in AFS arrangements to avoid residential placements • Additional overhead (e.g. maintenance, capital funding) is not required for infrastructure
System supports services that are a balanced mix of prevention and intervention	Participants are supported in their family home	• Extending provider eligibility will allow more AFS participants to live in homes of family members

NOVA SCOTIA

Shared Living Supports

Recommendation	• Implement a new program to allow multiple participants living in close proximity to share intermittent staff support from a contracted service provider

Description

- **This new support option is one of the proposed changes to address the current gap that exists between ILS supports and residential supports available in GH/SOHs**
- This type of residential support allows more than one person to share intermittent staff support from a contracted service provider. Participants using this service may live in one residence or in close geographical proximity. Staffing ratios would be lower than GH/SOH
- Participants could choose to live alone or with one or more roommates
- Participants would lease/rent/own their place of dwelling
- Service provider staff can provide supports in the participant's dwelling or in a common space leased/rented/owned by the service provider in close proximity to the private dwellings
    - Participants may choose to periodically visit the common space for social interactions with staff, other participants or for meals
- Service providers would provide supports such as personal care and instrumental activities of daily living
- Shared staff are not present 24/7, but are awake and available at all times and able to respond to requests within a defined period of time (e.g. 5 minutes)
- Some participants may also be eligible for NSHA Home Care supports

Eligibility

Participants must:

- Meet all DSP general eligibility requirements
- Be able to live semi-independently
- **Be able to live successfully within the service mixes available by level of support**

NOVA SCOTIA

Shared Living Supports

Intended Clients	LOS	1-4	Age	All	Diagnosis	All	24/7	Yes

Potential participants who could benefit from this type of residential support include:

- Participants transitioning from ARCs and RCFs with lower support needs but currently lacking skills/experience with activities of daily living

- Participants who wish to live independently but benefit from the comfort of knowing that 24/7 supports are available on short notice

- Participants who do not require the constant supervision and structure/schedule associated with residential homes (e.g. SOH/GH/DR)

Unit of Support

- **Group support hours** – weekly allocation funded at group rate
- **Personal support hours** – weekly allocation funded at individual rate

Program Delivery

- **Administration** – funding is provided directly from DSP to service providers
- **Provision of supports** – approved residential service providers

NOVA SCOTIA

Shared Living Supports

Sector Research

- Although the program is new to Nova Scotia, there are examples from other jurisdictions that can be used as a starting point for detailed program/policy design

- It is important that the program not lead to clusters of segregated housing for persons with disabilities. Research indicates that too many participants living in close proximity, without interaction with the wider community, can lead to segregation, isolation and a poorer overall quality of life

- Participants in this program benefit from the qualifications of trained staff of approved service providers (compared to a program with respite workers like Flex Independent)

- This program could provide participants with the opportunity to choose a roommate who is a match based on lifestyle and interests. This choice can lead to increased social inclusion and fewer triggers for behaviors

  - **Although this program may require more upfront effort to coordinate placements in NS, it provides long term benefits associated with fit and lower staffing costs**

Themes from Consultations

- All stakeholders engaged highlighted the gap in the service array that exists between ILS and residential options

- Service providers indicated that a model similar to the former Supervised Apartments program would be beneficial for participants requiring more support than ILS but less support than a GH/SOH

- Residents who live in models with similar programming (e.g. Kendall Lane home for participants with physical disabilities) indicated that having staff on call made them feel safer

- Participants leaving facilities are accustomed to having staff available when needed and could have their transition to community eased by Shared Living Supports

- Participants want to maximize the amount of choice in their lives. The increased independence in this program (compared to SOH/GH) would appeal to participants who are able to live semi-independently

NOVA SCOTIA

Shared Living Supports

Alignment with Client Outcomes

Clients have control of their own lives

- Participants make decisions
- Participants are supported in the program of their choice
- Participants live as independently as appropriate

- Shared Living Supports would provide more autonomy and choice than the structure associated with GH/SOHs
- Shared Living Supports may allow participants to transition to ILS over time as they become more independent

Clients are included in the community

- Participants are experiencing the community
- Participants feel socially included

- Participants can live in the setting size of their choice (e.g. alone, with one or more roommates)

Clients are safe from abuse

- Participants are not experiencing abuse or violence

- Service providers will be approved by DSP and must meet training requirements for residential support workers

NOVA SCOTIA

Shared Living Supports

Alignment with System Outcomes

Supports and services are affordable and sustainable

Services and supports are delivered within budget

- Focusing on rented/leased dwellings will provide flexibility for residents and service providers, particularly for residents who use the program to eventually transition to ILS

Supports and services are delivered efficiently

Participants are supported in appropriate placements

Appropriate ratio of staff to participant need

- Residents can live in a smaller setting and still have access to overnight supports without having staff awake in the participant's dwelling

NOVA SCOTIA

Community Homes

Recommendation	• Consolidate GH, SOH and DRs into a Community Homes program and limit new homes to a maximum of four participants

Description

- Community Homes will become the licensed residential option for DSP participants who require supports in a home completely operated/managed by a third party service provider
    - Community Homes will consolidate/replace the existing Small Option Home, Group Home and Developmental Residence programs
- New homes will have four beds (or fewer)
- These supports must take place in a setting other than a family home and have the following:
    - Readily available third shift staff awake or asleep. Readily available means in the same setting or adjoining setting such as a duplex, adjoining apartment or side by side condos
    - Some time alone in the home during the day may be appropriate for participants with lower levels of support
    - Some individuals could require intermittent staff support but live in the same apartment or single family dwelling where continuous supports are provided to other people living there
- Supports and staffing levels would be individualized to the support needs of residents
- Physical layouts of homes will be designed to support an individual's support needs

Eligibility

Participants must:

- Meet all DSP general eligibility requirements
- **Be able to live successfully within the service mixes available by level of support**

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Community Homes

Intended Clients	LOS	3-5	Age	All	Diagnosis	All	24/7	Yes

- Although we expect more interested in this program from LOS 3-5 participants, all LOS will be eligible for Community Homes, but funding rates will be more closely tied to LOS to ensure equity and sustainability in the system
- Potential participants who could benefit from this type of residential support include:
    - Participants transitioning from ARCs and RRCs
    - Participants requiring skill development or experience in a small setting before transitioning to more independent options (if they choose)
    - LOS 4 and 5 with challenging behaviors, dual diagnosis, acquired brain injury, Cerebral palsy, autism spectrum disorder and total care requirements

Unit of Support

- Daily rate, based on 365 days of support/year

Program Delivery

- **Administration** – funding is provided directly from DSP to service providers
- **Provision of supports** – approved residential service providers

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Community Homes

Sector Research

- Other provinces that have undergone de-institutionalization (e.g. BC and Manitoba) warned against creating too much government or service provider owned housing inventory. Over time, these homes may be excess inventory or an additional cost to government as more participants favor independent living and individualized supports

- Potential disadvantages of licensed Community Home models from the research include inflexible schedules, high levels of staffing/control, incompatibility among residents and inability to adapt to changing needs

- Research from as early as 2001 indicates that the notion of 'one-size fits all' type of Community Homes is an outdated standard of care and support
  - **This supports our recommendation to consolidate all licensed homes into a single program option**

Themes from Consultations

- There is no 'one-size fits all' type of Community Home

- The public does not understand the notion of different types of licensed homes. Participants do not want a Group Home or Small Option Home. They talk about a home with friends, or near their family, job, etc.

- The physical design of the home is equally as important as the programming. Accessibility, layout and sensory considerations are all relevant

- The need to place urgent cases from the waitlist has made fit and combining participants of common interests and goals difficult. This can lead to more behaviors and a less 'home-like' atmosphere

- Staff consults indicate that the original differences between Group Homes/DRs (skill development) and Small Option Homes (ongoing, maintenance type supports) have generally evolved away. The primary difference between the models now is the size of homes and LOS allowed from a licensing perspective

- Fire Marshall regulations add additional costs to licensed homes and decrease choice (e.g. bedroom doors must remain closed)

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Community Homes

Alignment with Client Outcomes

Clients have control of their own lives

- Participants are supported in the program of their choice
- Participants live as independently as appropriate

  - Participants can live in a home where staffing and programming is tailored to their needs, allowing them to gain independence and develop skills if they choose

Clients are included in the community

- Participants are experiencing the community
- Participants feel socially included

  - Community Homes represent the best opportunity for high support needs participants to live in an inclusive community setting

Clients are safe from abuse

- Participants are not experiencing abuse or violence

  - Service providers will be approved by DSP and must meet training requirements for residential support workers

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Community Homes

Alignment with System Outcomes

Supports and services are affordable and sustainable

Services and supports are delivered within budget

- Focusing on rented/leased dwellings will provide flexibility for residents and service providers
- Tying funding and staffing to assessments will ensure that participants are not over-served in community settings

Staff and service providers feel empowered

Self-reported percentage of service providers who feel empowered

- With fewer restrictions on placements service providers will be able to develop Community Home options based on fit of residents and their individual support needs

Supports and services are delivered efficiently

Participants are supported in appropriate placements

Appropriate ratio of staff to participant need

- Community homes will be funded based on the assessed support needs of residents, not the historical per diems tied to a bed

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Community Homes – Rationale for Consolidation

- Current suite of community residential programs are 'artifacts of the past'
- Clear support of this direction from consultations and research
  - One size does not fit all – we can't design specific Community Home programs for large segments of participants
  - New entrants don't know the difference or care about differentiation between Group Home, Developmental Residence, etc.. They want to live with friends, live alone, live near family, etc.
  - Other jurisdictions undergoing changes have adopted this approach (e.g. Newfoundland, Ontario and Manitoba)
- More flexibility for placements (based on fit) and licensing
  - This allows participants of different diagnosis to live together if they choose (e.g. MH and ID)
- Setting a size limit for future homes removes the need for differentiating between programs based on bed count
- Funding based on a participant's assessed support needs, not type of home
- Supports DCS corporate goal of administrative simplicity

Group Homes

Small Option Homes

Developmental Residences

Community Homes

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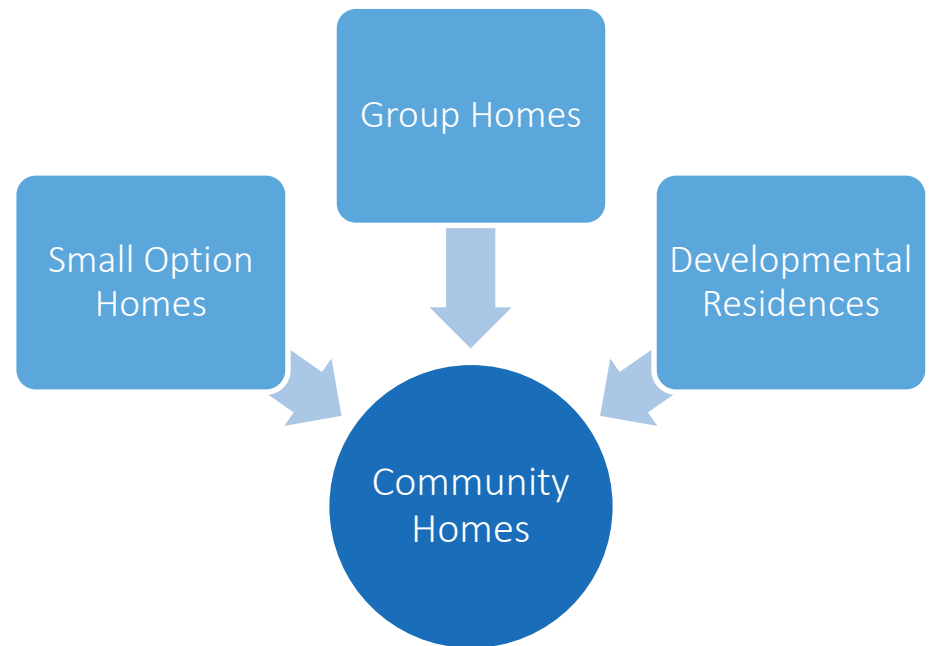
Community Homes – Where do RCFs fit?

Current State RCFS

- 22 RCFs operated by 18 service providers
- 450 participants
- Size ranges from 12-31 beds
- Focus on primary diagnosis of Mental Illness

- Current RCF model does not align with the Roadmap or our vision for Community Homes due to the size and density of current facilities

- The current support model is beneficial for a segment of participants, particularly lower levels of support, with mental illness
  - Support model: low staffing ratios, 24/7 supervision available, medication management, meal prep./nutrition, and coaching for IADL but not personal care

- We foresee the opportunity for some RCF facilities to reinvent themselves as Community Homes with smaller numbers (e.g. single rooms for all residents)
  - Many are operated out of physical buildings that look like homes
  - This would allow participants who benefit from that support model to remain with agency and staff that they have developed trust with
  - Downsizing of this nature would require new community placements for many residents

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Residential Homes – Limiting the Size of New Homes

Proposed size of new Community Home capacity

Four residents or fewer
(with one bedroom per resident)

Existing GH/DRs of 5+ beds will not be asked to downsize in short term

Benefits

- First Voice consults indicated that participants value choice and privacy
- Research indicates that smaller settings promote social inclusion and choice and lead to better outcomes for participants
- Smaller settings present more opportunity for residents to participate in cooking, cleaning and other house operations
- Larger settings are prone to social isolation and increase likelihood of abuse/neglect

Trends in the Sector

- Canadian provinces interviewed promoted investment in smaller settings as demand for larger homes has decreased over time following de-institutionalization
- American states have moved towards smaller settings, with the following breakdown as of 2013:
  - Three or fewer beds: 80%
  - Four to six beds: 16%
  - Seven or more beds: 4%

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Specialized Long Term Care Centres

Special Considerations for this Option

- The need for specialized long term care settings to support seniors with disabilities has been identified by the DHW Alignment Working Group and DSP Adult Service Array Working Group
- It has not been determined which department is best suited to deliver this program. Consideration must be given to DSP's commitment to remove facility based care from its service array

Description

- This program would provide a combination of long term care and social/functional supports to seniors with disabilities in a licensed, facility based setting
  - A facility based setting is the Nova Scotia standard for long term care and is required to sustain the costs associated with specialized nursing/medical supports
- Long term care supports provided would align with current DHW/NSHA standards for nursing, personal care, and mobility supports
- Disability specific supports would include support planning for behaviors and social/functional supports
- Direct support staff would require a mix of current CCA and RRW competencies to properly support participants
- A gap in specialized staffing that is not present in the current LTC setting would include some combination of Psychiatry/Behavioral Analysts

Eligibility

Initial discussions between DHW/NSHA and DSP have focused on the following criteria:

- Meet Continuing Care's eligibility for long term care in that their nursing/mobility/physical care needs exceed what can reasonably be provided in a community setting
- Meet DSP's eligibility in that they have a diagnosed disability, with behaviors exceeding what is currently supported in a long term care setting

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Addressing the Nursing Gap

Our Current Nursing Services

ARCs/RRCs
$10.8 M in funding for direct care nursing

Acute Community Nursing
Home Care nursing available through DHW/NSHA for acute need; RRWs trained for some procedures

Chronic Community Nursing
Not available through DHW/NSHA; $370,000 in special needs funding directed to nursing last year

Our Recommended Future Approach

All Community Nursing
Continue to access Home Care Nursing for acute needs and negotiate policy changes with DHW/NSHA to enable access to Home Care Nursing for DSP participants with chronic conditions

Rationale
- DSP does not have a mandate or expertise specific to nursing assessment and provision
- DHW offers standardized intake and assessment for home care nursing
- Policy change may require transferring some of current ARC/RRC nursing budget to DHW
- Allows DSP participants with nursing needs to live in any community option that meets their functional supports
- Aligns with approaches we've seen in other provinces

A key success factor for this approach is using standards and service agreements to outline the personal/physical care responsibilities of residential service providers and minimize unnecessary nursing costs

Mapping our Gaps to the New Array

Legend	Gaps	New Programs	Changes to Existing Programs	Policy Changes

Gap	Proposed Changes		
Individualized Funding	Flex Independent	Personal budgets based on assessment	
Options for RCF Participants	ILS hours increase	Shared Living Supports	Community Homes
Nursing Supports	Standards to specify personal care role of RCWs	Transfer of ARC/RRC nursing to DHW and policy changes	Specialized LTC Facilities
LTC Seniors w/Behaviors	Specialized LTC Facilities		
Gap between ILS and SOH/GH	ILS hours increase	Shared Living Supports	
Skill Building Opportunities	Shared Living Supports	Community Homes	Personal budgets based on assessment

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The New Array Supports the Roadmap

Roadmap Commitments

Living in the Community

DCS will discontinue the use of larger facilities and transition individuals to smaller community settings

Individualized Funding

DCS will expand direct funding options so individuals have greater control over the supports they receive

Employment / Day Programs

DCS is developing a menu of employment and day programming options

Person Directed Planning

DCS will provide supports and services in an efficient way that also enables choice and flexibility

New Array

- Removes facility based residential supports from array
- Introduces new community programs to address gaps for participants transitioning from facilities

- Flex Living with Family is a new self-directed individualized funding program
- Supports budgets individualize supports and funding to the participant, instead of the placement

- The new budget allocation model provides participants with choice regarding what they do during the day

- Supports budgets individualize supports and funding to the participant, instead of the placement
- Participants have more choice in what service providers they are supported by and how they are supported

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Summary of Recommended In-Home and Residential Program Changes

1. **No Changes -** Continue the Flex in Home and Flex Independent programs without change

2. **Change to Existing Program -** Expand the existing AFS program to allow family members to provide supports for participants. Conduct further program analysis and/or evaluation to address First Voice feedback

3. **Change to Existing Program -** Expand the number of support hours available to participants in the ILS program

4. **Change to Existing Program -** Consolidate the Small Option, Group Home and Developmental Residence programs into the Community Homes program

5. **New Program -** Implement a new Shared Living Supports program

6. **New Program -** Implement a new program to support DSP participants with high medical and high behaviors

7. Discontinue Program - Discontinue the ARC and RRC programs

8. Discontinue Program - Discontinue the RCF program

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Future State –

Day Programming and Employment Supports

How We Analyze and Define the Future Array

- This section contains the following analysis and program design:

Identification of current gaps	Options considered but not recommended for future array	Recommended future service array

- To define new programs or changes to existing programs, the following information is presented by program:

Description	Eligibility (if applicable)	Intended Participants
Program Delivery	Unit of Delivery	
Sector Research	Consultation Feedback	Alignment with Outcomes

- Note the difference between Eligibility and Intended Participant sections
  - Eligibility – who will be able to access a support based on policy
  - Intended Participants – what profile of eligible participants is most likely to access the support
- This section does not include analysis regarding the location or required capacity for future programs in the service array
  - In-scope for Capacity and Business Case Deliverable

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Programming Gaps

- The following gaps were identified by the Working Group through:
    1. Consultation with staff, service providers, advisory group members and First Voice representatives
    2. Review of our current service array by DSP Strategist
    3. Best practice research from other jurisdictions
- It is important to differentiate programming gaps from capacity gaps
    - E.g. we recognize that there are capacity gaps in job coaching, but it is a support option in our current array

Day Programming and Employment Support Gaps	1. Individualized Funding for Day Programming 2. Retirement Specific Supports and Programming 3. Training for Community Groups

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The following are the identified Day Programming/ Employment Support Gaps

Day Programming and Employment Supports							
Current Array – What you do during the day	*Living Supports*			*Employment Supports*			
	Rec. and Leisure	Complex Needs 1:1	Retirement	Volunteerism	School to Work	Social Ent. and Pre-Employment	Employment

Identified Gaps

- There are no self-directed day programming funding options
- There is a lack of day programming for seniors with disabilities
- There is limited opportunity for training or networking for community groups who want to develop programming

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Programming Gaps

Gap	Description	What We Offer Now
1. Individualized Funding for Day Programming	• Individualized funding is a key theme of the Roadmap • The Roadmap calls for self-managed (managed by participant with family/personal support network), individualized funding that would allow participants to design day programming options of their choice	• In some cases, participants and families use their individualized Flex funding to 'purchase' placements at ASCs that are at capacity • Extra staffing funding is occasionally provided to residential service providers for those without a day program
2. Retirement Supports and Programming	• Participants with intellectual disabilities often experience aging earlier in life, at which point for some, employment or work-like day programming is no longer their day programming of choice • There is no DSP funded programming through Adult Service Centres or other agencies that is specifically targeted towards seniors	• As the populations of ARC/RRCs have aged, facilities have shifted the focus of their recreation activities to programming that is targeted to participants of retirement age • ASCs provide programming to participants of retirement age, but must design the programming to meet the general needs of all age groups
3. Training for Community Groups	• There are groups of families and citizens interested in developing non-work day programing opportunities for participants who are unable to access the proper training or expertise to properly support participants, support behaviors, etc.	• In some cases, participants and families use their individualized Flex funding for day programing developed by community groups • There is no DSP program to connect these groups to training or expertise

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Options considered but not recommended

Program Option	Description	Why It's Not a Fit
Self-Managed Funding for Day Programming	The Roadmap recommends providing individualized funding to families to be used in a self-managed fashion to purchase and manage the ongoing provision of day programming, including employment supports.	The working group was supportive of the concept of individualized day programming and funding to an individual's needs. However, it felt that DSP still has a role to play in managing the funding to ensure that service providers are upholding standards and that funding is used in a responsible manner. This option would require significant family management efforts which may limit the number of participants that are able to benefit from such a program.
Segregated, Retirement Focused Day Programming	This option would entail the development of centre-based programming for seniors with disabilities. Programming would focus on leisure and recreation activities.	While this type of programming is found in other jurisdictions, the Working Group felt that it did not align with DSP's goal of increasing social inclusion. Centre-based seniors day programming would largely limit interactions of participants to other persons with disabilities and paid staff. The non-work day programming option proposed in the service array will provide the flexibility for participants of retirement age to pursue the day programming of their choice. Seniors who choose this type of program may be able to use their funding to procure placements in existing community programming such as the Northwood Adult Day Program.

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Future State Day Programming/Employment Array

Current Array

Living Supports

Rec. and Leisure	Complex Needs 1:1	Retirement

Employment Supports

Volunteerism	School to Work	Social Ent. and Pre-Employment	Employment

- In general, the Adult Service Centre sector and other agencies (e.g. residential service providers) are providing a comprehensive, modern array of day programming options
- Proposed changes to this sector focus on simplifying navigation, providing participants with more choice (specifically in underserved geographic areas), tying funding to participants instead of agencies/facilities and using social enterprise as a pathway to employment
- Limiting the number of discrete program options allows participants and service providers to work collaboratively and innovatively to develop programming that meets the needs of individuals

Future Array

Living Supports

Community Day Activities	Examples: Volunteerism, Recreation/Leisure, Community Inclusion, Complex Needs, Retirement, Skill Building

Employment Supports

Social Enterprise	Employment	Examples: Job Preparation, Job Development, Job Coaching, Job Follow-Up

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Community Day Activities

Description

- This day programming option focuses on community and centre based non-work supports
- Depending on their support needs and preferences, participants are supported in a group or individual setting to achieve their goals for community integration and inclusion
- Staff are funded to design/deliver programming, provide supervision and in some cases, provide personal care
- Activities are determined by the individual and support provider, and focus on engaging in a variety of community-based activities that help the individual to learn new skills, build relationships, and enjoy everything life in the community has to offer
- Activities may include habilitation volunteering, attending local events, visiting stores, museums, restaurants, or fitness centers, or simply navigating the community
- Participants may also choose to receive training for activities of daily living that do not necessarily lead to employment

Eligibility

Participants must:

- Meet all DSP general eligibility requirements
- **Be able to achieve day programming goals within the service mixes available by level of supports**

Community Day Activities

Intended Clients	LOS	All	Age	All	Diagnosis	All

- Community based programming is intended for all types of participants who choose not to pursue work related day programming activities such as social enterprise or employment
- Participants transitioning out of ARC/RRCs are likely to initially choose this type of day programing over Social Enterprise or Employment

Unit of Support

- **Centre based activities** – weekly hours allocation, funded at group rate
- **Community based group** – monthly hours allocation, funded at group rate
- **Community based 1:1** – monthly hours allocation, funded at individual rate

Program Delivery

- **Administration** – funding is provided directly from DSP to service provider agency
- **Provision of supports** – some Adult Service Centres are well positioned to leverage community connections and deliver these supports; funding should not be limited to ASCs as other agencies and community organizations may choose to fill gaps in specific communities as funding is available

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Community Day Activities

Sector Research

- Interviews with Canadian provinces indicated that a strong network of non-work day programming options is critical during de-institutionalization. Non-day programming prevents 'burn-out' for participants and residential staff, increases social inclusion for participants and increases awareness in surrounding communities

- Clubhouse models, pioneered in the mental health field, have become an increasingly popular form of flexible non-work day programming for persons with disabilities

- Senior specific day programming often has a lower age minimum, which can limit the ability of participants with intellectual disabilities who age earlier than their peers to qualify

- **In NS, we need to have flexible non-work programming that is individualized to the interests of participants and provides community integration/social inclusion**

Themes from Consultations

- Adult Service Centres feel that they have the necessary organizational infrastructure (e.g. expertise, physical space, community connections, accessible transportation vehicles, etc.) to broaden their offerings of non-work programming with a focus on community and social inclusions. This could include centre based activities that bring the community into ASCs (e.g. public events)

- Participants want choice over their day programming activities and can feel limited by what is offered at their local ASC, if for example, the ASC is focused on a single activity such as wood products

- Community organizations may fill a non-work programming gap in certain geographic regions (or outside of normal work hours) using a Clubhouse model (such as The Club SCRI)

- Participants want to do meaningful activities during the day. If employment is not an option, volunteerism would provide meaningful activity in a community setting

- ARC/RRC consultations indicated that residents transitioning to community would most likely choose non-work day programming over employment related activities. Many residents are aging and have not had expectations or goals regarding work

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Community Day Activities

Alignment with Client Outcomes

Clients have control of their own lives
- Participants make decisions
- Participants are supported in the program of their choice
- Participants live as independently as appropriate

- Participants are not limited in choice by the programming offered by their local ASC
- Participants can choose from a variety of non-work options that fall within their supports budget

Clients are included in the community
- Participants are experiencing the community
- Participants feel socially included
- Participants have a purpose and a way to occupy their day

- Participants can use their non-work day programming supports budget to access community activities that are important to them, or to volunteer their time in a purposeful way

Alignment with System Outcomes

Supports and services are affordable and sustainable
- Services and supports are delivered within budget

- Supports are designed to be delivered within a participant's personal supports budget

Staff and service providers are empowered
- Staff and service providers feel empowered

- Service providers can work with participants to use day programming supports budgets for activities valued by the participant

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Social Enterprise

Description

- This day programming option focuses on centre based work activities that contribute to a form of business
- Revenues from Social Enterprise operations are used to employ required staff and to provide participant's with a form of income that recognizes their contributions to the enterprise
- Social Enterprise programming should include at least one of the following criteria:
    - Be used to provide training and skills that allow participants to pursue their development goals to enable fully paid employment
    - Be used to maintain employment skills for participants employed part time in fully paid employment
    - Be operated in a public facing setting (e.g. storefront) that provides community integration and social inclusion through day programing
- Social Enterprise should not be used as a long-term form of 'covered hours' if it does not provide skill building or community inclusion, as it becomes a form of government subsidized business, with limited benefits for participants

Eligibility

Participants must:

- Meet all DSP general eligibility requirements
- **Be able to achieve day programming goals within the service mixes available by level of supports**

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Social Enterprise

Intended Clients	LOS	1-3	Age	< 65	Diagnosis	ID, MH

- Social Enterprise is a beneficial pathway for participants wanting to develop skills that will allow them to achieve their personal employment goals
- Social Enterprise can also provide meaningful activity in a community integrated setting for participants who are unable to immediately gain full employment or who would require permanent, ongoing supports to maintain full employment

Unit of Support

- **Centre based activities** – weekly hours allocation, funded at group rate

Program Delivery

- **Administration** – funding is provided directly from DSP to service provider agency
- **Provision of supports** – most Adult Service Centres are well positioned to deliver Social Enterprise programing; residential service providers (such as YACRO) also have strong Social Enterprise expertise and the ability to add capacity

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Social Enterprise

Sector Research

- Social Enterprise or centre-based employment delivered through a 'sheltered workshop' model is being phased out in jurisdictions across North America

    - For example, in 2015, Ontario agreed to close sheltered workshops over the next five years

    - From Toronto Star in 2015: In the United States, new federal legislation limits youth with disabilities from working for low wages. Individual states, such as Vermont, eliminated workshops more than a decade ago. Others, such as New York, are discussing similar action now. In Oregon, workshops will be phased out as part of a court settlement from a class-action lawsuit

    - **These trends support need to limit Social Enterprise funding to skill building or community integration focused activities**

Themes from Consultations

- Participants have indicated a desire to earn a higher wage than the stipends available through current Social Enterprise programming

    - Service providers typically can only pay a full wage when the participant is completing all job tasks without ongoing supports

- Feedback from staff indicates that some Social Enterprise placements begin as a way to 'learn job skills' but participants do not progress further towards full employment

- Some residential service providers (e.g. YACRO, BAC, KRRC, and Sunset) have innovated and developed community integrated Social Enterprise operations that provide their residential participants with meaningful day programming

    - We should not assume that all new Social Enterprise capacity will be developed through ASCs

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Social Enterprise

Alignment with Client Outcomes	**Clients are attached to the labor market**	Participants are supported to gain employment
		Participants are earning income from employment
	Clients are included in the community	Participants are experiencing the community
		Participants feel socially included
		Participants have a purpose and a way to occupy their day
Alignment with System Outcomes	**Supports and services are affordable and sustainable**	Services and supports are delivered within budget
		Return on investment
	Staff and service providers are empowered	Staff and service providers feel empowered

- Social Enterprise can be an effective pathway to full employment in the community
- The income earned through Social Enterprise is important to participants and provides them with independence to purchase items of interest beyond shelter, food and clothing

- When designed appropriately, Social Enterprise can allow participants to experience meaningful work in a community integrated manner

- Support funds invested in Social Enterprise; this can help to generate revenues which are shared with participants

- Service providers can work with participants and the broader community to develop Social Enterprise programming that promotes community inclusion

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Employment

- This programming focuses on the preparation, job development, initial support and on-going follow-up to support full employment in a community integrated job for participants
- Employment may be part-time or full-time depending on a participant's abilities, goals and preferences
- Funded supports in employment programs can include:
  - Job preparation – necessary skill development
  - Job development – finding/creating jobs and matching participants
  - Job coaching – initial on-the-job supports until any accommodations have been determined and the participant/employer are comfortable
  - Job follow-up – periodic follow-up to assist in maintaining employment
- Initial supports, such as job preparation and development, may be provided in a centre-based setting
- Job coaching and follow-up are provided in the community workplace in an individual or group setting (e.g. one job coach for multiple Michelin employees)

Eligibility

Participants must:

- Meet all DSP general eligibility requirements
- **Be able to achieve day programming goals within the service mixes available by level of supports**

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Employment

Intended Clients	LOS	1-3	Age	> 65	Diagnosis	All

- Although participants with lower levels of support are most likely to seek employment, all participants may benefit from employment supports if they choose to pursue employment goals

- Higher support needs participants could benefit most from job carving (see next slide for description)

- New entrants to the system are likely to seek employment supports

Unit of Support

- **Centre based job preparation** – weekly hours allocation, funded at group rate

- **Job development** – weekly hours allocation, funded at individual or group rate

- **Job coaching and follow-up** – weekly hours allocation, funded at individual or group rate

Program Delivery

- **Administration** – funding is provided directly from DSP to service provider agency

- **Provision of supports** – most Adult Service Centres are well positioned to deliver Employment programming; participants with low levels of support and a mental health diagnosis may benefit more from the employment supports available through DCS ESS and LAE Career Centres

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Employment

Sector Research

- Organizations that focus on furthering the employment of people with complex employment-related needs should be given positive financial incentives to work with this population instead of competing to serve people with less challenging needs who can be quickly and successfully placed in paid employment

- An innovative approach in the sector is job carving, which entails developing a new position (which did not previously exist) that fills a gap in service, or carving out specific duties from one or more existing positions and creating a new position out of that. Job creation, or carving, can be useful in assisting individuals with higher support needs by tailoring a job to their specific skill sets

- **In NS, we need not assume that employment is only accessible for lower LOS. There are approaches that can also allow high LOS participants to access partial community employment**

Themes from Consultations

- Young participants have experienced a more inclusive school system and society as youth and are more willing to pursue work. We can expect to see an increase in demand for employment supports, per capita

- Participants are most interested in work that offers fair wages (e.g. minimum wage or higher)

- Employment can often be the first step in allowing participants to seek more independent living

- Youth are not made aware of employment supports and programming at an early enough age. They often seek this programming after spending extra years in high school or being at home during the day, after which point their skills may have deteriorated

- Employment supports require flexibility to ensure success (e.g. for length of time job coaching is required, frequency of follow up, amount of training required, etc.)

- Add-on transportation funding must be sufficient to prevent transportation from becoming a barrier to employment

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Employment

Alignment with Client Outcomes

Clients are attached to the labor market

- Participants are supported to gain employment
- Participants are earning income from employment

> - The goal of employment supports is to enable participants to find and maintain fully paid employment in the community

Clients are included in the community

- Participants are experiencing the community
- Participants feel socially included
- Participants have a purpose and a way to occupy their day

> - Employment allows participants to experience meaningful work in a community integrated manner

Clients have control of their own lives

- Participants make decisions
- Participants live as independently as appropriate

> - Income and skills earned through employment allows participants to gain independence and make decisions about how they want to spend their lives

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Employment

Alignment with System Outcomes

Supports and services are affordable and sustainable

| Services and supports are delivered within budget |
| Return on investment |

- Funding investment in employment supports leads to significant ROI for participants in the form of fair, market wages

Staff and service providers are empowered

Staff and service providers feel empowered

- Through job carving and job development, service providers can develop creative solutions for generating employment opportunities for participants

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Mapping our Gaps to the New Array

Legend	Gaps	New Programs	Changes to Existing Programs	Policy Changes

Gap	Proposed Changes		
Individualized Funding	Personal budgets based on assessment		
Retirement Supports	Community Non-Work Programming		
Training for Community Groups	Community Networker	Community Outreach Teams	

See Community Supports Array for more info

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The New Array Supports the Roadmap

Roadmap Commitments

Living in the Community

DCS will discontinue the use of larger facilities and transition individuals to smaller community settings

Individualized Funding

DCS will expand direct funding options so individuals have greater control over the supports they receive

Employment / Day Programs

DCS is developing a menu of employment and day programming options

Person Directed Planning

DCS will provide supports and services in an efficient way that also enables choice and flexibility

New Array

- Community integration and social inclusion will be increased by opportunities for community-based day programming

- Supports budgets individualize supports and funding to the participant, instead of the placement or ASC

- The new array focuses on choice and flexibility within a wide array of day programing options that support a pathway to employment but also offers a meaningful, fulfilling activity for those who are not seeking employment

- Supports budgets individualize supports and funding to the participant, instead of the placement or ASC
- Participants have more choice in what service providers they are supported by and how they are supported

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Summary of Recommendations

1. Ensure all participants have access to day programming by adding funding for supports to service mixes
2. Funding the following types of day programming through service mixes:
   a) Community Day Activities
   b) Social Enterprise
   c) Employment Supports
3. Enable participants to access day programming through a variety of approved sources including ASCs, ESS and community groups (e.g. The Club at SCRI)

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Future State – Community Supports

How We Analyze and Define the Future Array

- This section contains the following analysis and program design:

Identification of current gaps	Options considered but not recommended for future array	Recommended future service array

- To define new programs or changes to existing programs, the following information is presented by program:

Description	Eligibility (if applicable)	Intended Participants
Program Delivery	Unit of Delivery	
Sector Research	Consultation Feedback	Alignment with Outcomes

- Note the difference between Eligibility and Intended Participant sections
  - Eligibility – who will be able to access a support based on policy
  - Intended Participants – what profile of eligible participants is most likely to access the support
- This section does not include analysis regarding the location or required capacity for future programs in the service array
  - In-scope for Capacity and Business Case Deliverable

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Programming Gaps

- The following gaps were identified by the Working Group through:
    1. Consultation with staff, service providers, advisory group members and First Voice representatives
    2. Review of our current service array by DSP Strategist
    3. Best practice research from other jurisdictions
- It is important to differentiate programming gaps from capacity gaps
    - E.g. we recognize that there are capacity gaps in residential respite, but it is a support option in our current array

Community Supports Gaps

1. Respite Coordination
2. High School to Community Transition
3. Training for Families
4. Community Outreach
5. Stabilization Supports
6. Assistive Technology

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The following Gaps related to Community Supports were identified

Community Supports and Services

Current Array – What other supports you may need	Special Needs	ARC/RRC Outreach Teams	Licensed Respite Beds

Identified Gaps

Ability to access respite supports

Transition planning to support students leaving high school

Access to community outreach teams with specialization in disability field

Access to supports in times of crisis/escalation of support need

Assessment and planning for use of assistive technology

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Programming Gaps

Gap	Description	What We Offer Now
1. Respite Coordination	• DSP offers respite funding to over 1300 participants/families through the Flex program • Consults with families and analysis of ICM data indicates that many families are not using their entire monthly funding allotments due to difficulties finding and obtaining respite workers. Approximately $900,000 in approved respite funding went unclaimed in the 2015-2016 fiscal • There are limited supports available to help families find, match and administer finances for respite workers	• There is some respite matching happening in the Western and Central regions and the Pictou County area of Northeastern. Three large residential service providers identify RRWs from their homes who are also able to work part time as respite workers for Flex families • Autism Nova Scotia has developed a respite worker database in the central region that has not gained widespread adoption
2. High School to Community Transition	• Research indicates that the High School to Community Transition is a critical juncture in a participant's life. A lack of planning and capacity can lead to the development of undesirable behaviors and attitudes towards work and independence • Targeted transition planning is required to ensure a student is informed of adult programming options, and receiving interventions in the high school system to prepare for a successful transition to community	• Some ASCs have developed relationships with local high schools and asked that Student Services make them aware of potential future clients. In some cases, these youth begin to attend the ASC part time while they are still in the school system • SchoolsPlus is an inter-agency program provided at multiple school sites across the province. It provides planning supports for families in need, but is not focused specifically on DSP participants and feedback suggests minimal benefits for students transitioning to DSP

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Programming Gaps

Gap	Description	What We Offer Now
3. Training for Families	• By directly supporting approximately 30% of adult participants, families are a significant source of care/support provision in the DSP service array • Families generally receive less formal training in providing supports and dealing with behaviors than residential care providers • Providing more opportunities for families to pursue training would potentially provide Flex participants with improved outcomes and allow them to remain in family homes longer	• Families are able to seek reimbursement for a limited amount of annual training through the Flex program
4. Community Outreach	• Multi-disciplinary outreach teams provide assessment, support planning and treatment services to participants in their place of residence • The quality of outreach supports provided by some ARC/RRC outreach teams has been identified as an issue during consults, including the notion that these teams work from an institutional setting, which can inhibit their ability to assess and develop support plans in a community setting	• DSP currently funds outreach teams from KRRC, Quest and BAC • In some cases, participants can access community mental health outreach teams (such as COAST) through NSHA

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Programming Gaps

Gap	Description	What We Offer Now
5. Stabilization Supports	• Stabilization supports are point-in-time interventions triggered by a short-term escaltion in support needs or behaviors. They provide a multi-disciplinary team approach that can help identify triggers for behaviors and develop support plans that enable participants to transition back to their place of residence • Stabilization supports are not readily available to all participants in the province within a reasonable timeframe	• Options vary by region. In some cases, participants requiring medication changes/reviews are able to access in-patient mental health services. In other cases, participants can access community outreach teams through ARC/RRCs or NSHA (e.g. COAST) to perform assessments and develop support plans in a participant's place of residence
6. Assistive Technology	• Assistive technlogy is the notion of using a device or other form of technology to improve an individual's funcional capabilities, including mobility, vision, auditory, dexterity or cognitive functions • A one-time investment in assistive technology assessment and devices can provide long-term returns in outcomes for individuals	• KRRC has an expert in assistive techology on staff who provides supports to residents that aim to increase their inclusion, skills and quality of life

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Options considered but not recommended

Program Option	Description	Why It's Not a Fit
Standalone Programming for Parents with Disabilities	• During a DIRECTIONS Consultation, three ASCs indicated that they provide supports for participants who are also parents • The working group considered whether parenting supports should fall within the community supports array	• This support option likely does not have sufficient demand to merit a standalone program in the service array. • Participants could use their day programming service mix to access customized parenting supports through ASCs or other agencies • There are many parenting supports currently available through community resources such as the IWK and regional parenting/family resource centres

Stabilization and Assessment Units	• The ARC/RRC Association proposed the creation of standalone Stabilization and Assessment Units at BAC, KRRC and Quest RRC
	• The purpose would be to have an in-patient style unit where beds would be reserved for assessment and support planning by multi-disciplinary teams that would allow participants to return to their place of residence
		• The working group was not supportive of facility-based stabilization and assessment units:
		  - Assessment and discovery of triggers of behaviors is most effectively conducted at a participant's residence or workplace. This can be completed by community outreach teams who can also follow up to ensure treatment/support plans are properly implemented
		  - The sensory triggers and unfamiliar environment of facility-based (or out-of-home) supports are seen as a barrier to effective stabilization
		  - A guiding principle is not to create a second tier of health services. Participants requiring in-patient mental health services (e.g. med. changes), should be able to access the same services as non-disabled Nova Scotians

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Recommended Community Supports Changes

Current Array

| Special Needs | ARC/RRC Outreach Teams | Licensed Respite Beds |

Proposed Future Array

| Special Needs* | Community Networker | High School to Community Transition | Respite Coordination Agencies | Community Outreach Teams | Respite Beds |

On-Call Respite Beds

1. **New Program** - Implement the new Community Networker role
2. **New Program** - Implement a High School to Community Transition Program
3. **New Program** - Implement Respite Coordination Agencies
4. **Change to Existing Service** - Implement multi-disciplinary community outreach teams with a focus on the disability sector and provide support to participants in their community setting
5. **Change to Existing Service** - Do not add respite beds directly in residential homes and ensure on-call capacity is available

NOVA SCOTIA

Community Networker

Recommendation	• Implement a new program to provide dedicated support to individuals and planning teams in developing social networks and connections within communities • Look for opportunities to leverage this role in ESIA and CYFS

Description

- The objective of this program is to provide support to individuals and planning teams in developing social networks and connections within local communities
  - Develop exchange networks among participants, families and community groups to enable the exchange of expertise (e.g. developing community programming) and non-government supports (e.g. ride sharing)
  - Develop a relationship with the participant in order to understand the participant's need for assistance with advocacy, community building, and community inclusion
  - Support to develop social networks with community organizations to increase the participant's opportunity to expand valued social relationships and build connections within the participant's local community
- Multiple agencies (or individuals) who are well connected to local communities would be contracted to provide supports
- **This service should not be a duplication of the care coordinator role**
- Other DCS programs may benefit from this role – we are working with other programs to investigate opportunities

Eligibility

Participants must:
- Meet all DSP general eligibility requirements

NOVA SCOTIA

Community Networker

Intended Clients	LOS	All	Age	All	Diagnosis	All

Participants who may benefit from this service may include:

- Participants transitioning from facility-based supports
- Participants leaving the family home and looking to build community connections
- Participants in rural areas with fewer formal community organizations

Unit of Support

- **Community Networking** – annual funding, to support specified caseload

Program Delivery

- **Administration** – funding is provided directly from DSP to service provider agencies
- **Provision of supports** – this support option is best delivered by a collection of agencies contracted across the province; it is unlikely that a single agency would have the required community networks in all areas of the province

NOVA SCOTIA

Community Networker

Sector Research

- There are many examples of this type of program in other jurisdictions:
  - British Columbia implemented a similar model to assist participants transitioning to and living in the community during de-institutionalization. Feedback from DSP staff who participated in the program indicated that it provided positive outcomes for participants
  - North Carolina offers a Community Guide Services program to help participants build a network of natural, unpaid supports and advocate on behalf of participants when necessary
  - In Georgia, the Council on Developmental Disabilities launched "Real Communities" state-wide in 2010. The effort is meant to pull people and communities together to work together toward common goals to improve their own community using person-centered supports and community-centered connections
- **DSP has a lack of non-residential or day programming support options. There is an opportunity to implement programming that can assist many participants without significant investments in infrastructure, specialized resources, etc.**

Themes from Consultations

- Nova Scotia communities have capacity to provide more unpaid supports in a coordinated fashion, but we need to ensure that resources are committed to building networks and connecting participants to the community by funded positions/agencies
- Many participants leaving facilities do not have strong community connections
- Community groups looking to develop programming such as Clubhouse Models would benefit from the networking services of a Community Networker as they seek to identify similar programming in other parts of the province
- Families caring for family members with disabilities can offer many unpaid to supports to each other, outside of the purview of government (e.g. respite, transportation, care models) if they have support in networking

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Community Networker

Clients are included in the community

- Participants are experiencing the community
- Participants feel socially included
- Participants have a purpose and a way to occupy their day

- Community navigation allows clients to integrate their paid DSP supports with non-paid, community based supports and programming

Supports and services are affordable and sustainable

- Services and supports are delivered within budget
- Return on investment

- Program is funded on an annual basis through contracts to measure and adjust budget to program demand
- Investment in networkers/agencies concentrated on this programming will be returned in the form of greater volumes of unpaid supports for DSP participants

Supports and services are accessible

- Eligible participants do not have to wait to receive support
- Service delivery is timely, easy to access and consistent

- Community Navigators would constantly network within their local communities, and based on their knowledge of participants, match them to opportunities as they become available

NOVA SCOTIA

High School to Community Transition

Recommendation	• Implement a new program and deliver it through care coordinators to support the transition for participants from high school to community

Description

- This program would provide ongoing case management, by designated DSP staff, that focuses on transition planning for students to the adult service array
- Not all participants in this program would be known to DSP (e.g. not all enrolled in DFSC) at the time of referral
- Students would be identified by School Board/High School teams and provided with the option to voluntarily enroll in the transition planning program
- Support and planning provided would include:
  - Education on DSP children's and adults programming, and the difference between the two (e.g. to prepare families for differences in funding levels)
  - Education on service providers operating in certain geographic regions
  - 'Test-drives' of program options where students may periodically visit residential sites or ASCs to experience and learn about options
  - Joint planning with School Board/High School teams to ensure supports available in schools are targeted to align with desired adult programming of the student (e.g. targeting work experience in high school if employment is preferred adult programming)
- Case management data would assist DSP in forecasting future program demand

Eligibility

Participants must:

- Be enrolled in the Nova Scotia education system
- Have a diagnosed disability that would qualify them for DSP adult programming upon turning 19

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High School to Community Transition

Intended Clients	LOS	All	Age	< 21	Diagnosis	All

Participants who may benefit from this service may include:

- Students aged 15-21 (grades 9-12)

- Those who are not currently receiving DSP supports, but may in the future

Unit of Support

- **Transition planning** – annual funding of DSP positions based on forecasted caseload (capacity may exist within current staffing, depending on workload)

Program Delivery

- **Administration** – program overseen by DSP head office program coordinator

- **Provision of supports** – supports are provided regionally by dedicated resources

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High School to Community Transition

Sector Research

- There are many examples of this type of program in other jurisdictions:

  - In Alberta, planning begins at age 15 when the Family Support for Children with Disabilities (FSCD) program begins to assist families during transitions by providing information and referrals for service

  - In British Columbia, planning begins at age 14 and focuses on planning, community involvement and collaboration between multiple government agencies

  - In Manitoba, planning beings at age 16 and includes linkages with community workers from Manitoba Family Services and Housing program and regional health authority (RHA) programs

- **DSP has a lack of non-residential or day programming support options. There is an opportunity to implement programming that can assist many participants without significant investments in infrastructure, specialized resources, etc.**

Themes from Consultations

- Across School Boards and high schools, there is an inconsistent, and often low, level of understanding regarding the DSP programs that students with disabilities could qualify for upon turning 19

- Many students remain in the high school system for two extra years, but do not learn any new skills, because they are uncertain of what other options are available

- Upon turning 21 and leaving the school system, participants are faced with waitlists, and possible decline in skills, that in some cases can be avoided if requests for programming are made at age 19

- DSP has no mechanism to forecast the future capacity and support needs that programs must provide to support new entrants in future years

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High School to Community Transition

Alignment with Client Outcomes

Clients have control over their lives

- Participants make decisions
- Participants are supported in the programming of their choice

- Participants are informed of their support options and can make informed choices, particularly regarding whether they should remain in school after age 19

Alignment with System Outcomes

System supports services that are a balanced mix of prevention and intervention

- The system plans for and anticipates future needs

- Case management data from the program will allow DSP to understand the future support needs of participants

Supports and services are accessible

- Eligible participants do not have to wait to receive support
- Service delivery is timely, easy to access and consistent

- Dedicated resources are available to focus on the important transition between high school and community
- Students can avoid waitlists by applying for programming as soon as they are eligible

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Respite Coordination Agencies

Recommendation	• Implement a new program (through contracts with service agencies)

Description

- This program would provide matching and administrative services to participants and families with assessed needs for respite supports
- Matching supports would include:
    - Identification/intake of available respite support workers (e.g. criminal record checks)
    - Matching with families based on fit, geography and scheduling needs (e.g. identifying respite workers who can work evenings or weekends)
    - Assisting families in navigation of residential respite options available
- Administrative supports would include:
    - Payroll, timesheet, book keeping and taxation outsourcing
- It is important that administrative supports are delivered through an outsourced model, so that respite workers do not become employees of the respite agencies and thus subject to the relevant labor/union protocols (e.g. benefits plans, vacation pay, issues with part-time shifts, etc.)

Eligibility

Participants must:
- Meet all DSP general eligibility requirements
- Be enrolled in a DSP program that offers funding for respite supports (e.g. Flex)

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Respite Coordination Agencies

Intended Clients	LOS	All	Age	All	Diagnosis	All

- This program would primarily benefit Flex and AFS participants and their families/care givers

Unit of Support

- **Respite worker matching** – annual funding to service agency, to support specified caseload
- **Respite administration** – annual rate, paid by families to agency using respite funding

Program Delivery

- **Administration** – funding provided by DSP to contracted respite agency(s) for respite matching; optional respite administration services purchased directly by families
- **Provision of supports** – supports are provided by contracted agencies/ service providers; some residential service providers with a strong pool of casual employees may wish to offer this service

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Respite Coordination Agencies

Sector Research

- There are several examples of this type of program in other jurisdictions:
    - In Ontario, the Community Helpers for Active Participation provides a medium for matching respite workers with families in need through online tools and an in-person Respite Access Facilitator
    - In BC, Community Living BC has contracted a service provider to develop a centralized registry of respite care providers and coordinate the matching of individuals in need of respite and workers in the registry
- These examples highlight the opportunity in Nova Scotia to implement beneficial programming without significant investments in infrastructure, specialized resources, etc.
- Investing in programs for families (in addition to respite programs such as Flex) helps participants to remain in the family home and benefit from natural supervision

Themes from Consultations

- Consultations indicate that families face difficulties in finding and maintaining respite support workers and finding respite that is flexible to their timing requirements (e.g. weekend, evening, overnight, etc.)
    - Over $900,000 in approved Flex respite funding was not used by families in the last fiscal year, partly due to the inability to find respite workers
    - The complexities of managing finances can also be a barrier to some families
- Making respite funding easier to use will allow more participants to live longer in their family homes if they choose
- Existing respite coordination options (e.g. Autism Nova Scotia database) are not funded for ongoing operations and currency of data or to delivery services directly to individual families or participants

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Respite Coordination Agencies

Alignment with Client Outcomes

Clients have control over their lives	Participants are supported in the programming of their choice	• Participants who wish to live at home or independently (through Flex Independent) have more options for finding and managing respite workers
Client's basic needs are met	Participants can access disability supports	• Participants and families are more able to access respite supports within approved budget limits

Alignment with System Outcomes

System supports services that are a balanced mix of prevention and intervention	Participants are supported in their family home	• Supporting the use of Flex respite funding provides more relief for caregivers, allowing participants to stay in the family home longer
Supports and services are accessible	Eligible participants do not have to wait to receive support	• Flex is currently DSP's only program without a waitlist. The support of respite agencies will make Flex a more feasible options for more participants

NOVA SCOTIA

Community Outreach

Recommendation	• Implement disability focused outreach teams to provide in-home (or at day programming location) outreach supports for participants living in the community and transitioning from facilities

Description

- The objective of this program is to provide in-home (or at location of day programming) outreach supports by a multi-disciplinary team
- Outreach teams would work with participants, families, support staff, community medical resources (e.g. family doctors) and other stakeholders who may play a role in developing and implementing support plans
- The community outreach program would be a mix of provincial and regional resources, dedicated to DSP participants, with experience in supporting persons with disabilities
- Potential disciplines which may compose the teams include Psychiatry, Behavioral Interventionists or Analysts, Occupational Therapy, Speech Language Pathology and Assistive Technology (with specialization in disability sector)
- Referrals to the outreach program would be made by participants, families or service provider agencies through regional DSP staff
- Provincial programming/standards would ensure the consistent delivery of day programming in all areas of the province
- This service should not duplicate DHW/NSHA supports

Eligibility

Participants must:

- Meet all DSP general eligibility requirements
- Be receiving DSP supports in a residential or day programming capacity

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Community Outreach

Intended Clients	LOS	4-5	Age	All	Diagnosis	All

Participants who will benefit from this service may include:

- Participants experiencing behavioral challenges

- Participants requiring physical changes to residences due to sensory issues or to accommodate changes in their functional abilities

- Participants requiring assistive technology

Unit of Support

- **Community Outreach** – annual funding, to support specified caseload and staffing mix

Program Delivery

- **Administration** – funding is provided directly from DSP to service provider agencies

- **Provision of supports** – this support option is best delivered by multi-disciplinary teams working under a set of provincial standards; an opportunity may be given for some ARC/RRC outreach teams to continue their roles under provincial standards (e.g. through RFP process when/if funding is approved)

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Community Outreach

Sector Research

- In Manitoba, community outreach has a focus on assessment, consultation and education to care providers related to management of individuals who pose a risk to themselves or others
  - Demonstrates the need for Nova Scotia outreach to focus on more than just the participant, but to also consider how staff and the environment relate to behaviors
- During de-institutionalizing, British Columbia hired professionals with expertise in ID supports help community health practitioners develop care plans and provide appropriate medical supports
- A literature review by the ARC/RRC Association, in collaboration with the Health Association of Nova Scotia concluded that: "by providing outreach services to clients, family members or other direct support persons, the potential for clients to be admitted/readmitted to a facility-based model would be greatly reduced"
  - **Both of these examples emphasize the importance of having access to community outreach during time of transformation as participants transition from facilities**

Themes from Consultations

- Current outreach teams funded through RRCs have elicited mixed feedback
  - Cambridge Community Outreach Group (CCOGs) has generally received positive feedback
  - General theme that community outreach teams should not be operating from an institutional setting
- Outreach is not standardized between providers and DSP has minimal influence over caseload, participants served, etc.
- Outreach is an effective form of stabilization. To effectively stabilize behaviors, assessment and support planning/implementation must be delivered in the setting that is triggering the behaviors (e.g. home or work place) instead of a facility-based setting

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Community Outreach

Alignment	Outcome	Statement	Detail
Alignment with Client Outcomes	Clients have control over their lives	Participants are supported in the programming of their choice	• Outreach services can allow participants to receive interventions in their homes without having to transition to a higher level of support
	Client's basic needs are met	Participants can access disability supports	• Participants have access to multi-disciplinary teams without having to enter treatment in a hospital setting or stabilization unit
Alignment with System Outcomes	System supports services that are a balanced mix of prevention and intervention	Participants are supported in their family home	• Participants have access to multi-disciplinary teams without having to leave their family home
	Supports and services are accessible	Eligible participants do not have to wait to receive support	• In some cases, access to a Community Outreach team may allow participants to avoid waitlists for community based supports such as OT offered by DHW/NSHA

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Changes to Residential Respite Approach

Our Current Residential Respite Options

ARCs/RRCs
Many facilities have licensed respite beds

SOH/GH/DR
Licensed respite beds are in the homes (and sometimes bedrooms) of DSP participants

Our Recommended Future Approach

Attached Respite Units
Respite beds in apartments/duplexes/ condos attached to licensed homes

On-Call Respite Units
Respite beds that are not scheduled in advance, but are available in cases of a more urgent need

Additional in-home respite during times of exceptional circumstances/need will also continue to be offered through the Flex In-Home Program.

Rationale for Change:

- Participants and families are less likely to access licensed respite beds in a facility setting due to the stigma attached to facilities and concerns about placing loved ones in an institutional setting
  - ARC/RRC respite beds should be phased out as facilities down-size and close
- Community residential respite beds are in the homes (or shared bedrooms) of DSP participants. Participants who live in these homes full-time have little say in who accesses the respite beds
  - To maintain the right of privacy for residents, new residential respite capacity should focus on attached respite units (e.g. apartments, town house duplexes, etc.) that can share resources with a fully-staffed licensed home
  - This would enable some interaction between full-time residents and temporary residents, but at the choice of the participants
- The system requires some (likely limited) capacity for resident on-call residential respite in cases of urgent need
  - These beds would not be scheduled in advanced and only staffed/funded when in use
  - Criteria for use could include sudden illness of caregiver (e.g. AFS or Flex family) or short term need such as convalescence from hospital

DSP must also take a more active role in managing access to respite beds. Openings are currently managed by service providers with limited DSP oversight to ensure equitable access.

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Mapping our Gaps to the New Array

Legend	Gaps	New Programs	Changes to Existing Programs	Policy Changes

Gap	Proposed Changes		
Respite Coordination	Respite Coordination Agencies		
High School to Community Transition	HS to Comm. Transition Staff		
Training for Families	Community Navigators	Community Outreach	
Community Outreach	Community Outreach		
Stabilization Supports	Community Outreach	On-Call Respite Beds	
Assistive Technology	Community Outreach		

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The New Array Supports the Roadmap

Roadmap Commitments

Living in the Community

DCS will discontinue the use of larger facilities and transition individuals to smaller community settings

Individualized Funding

DCS will expand direct funding options so individuals have greater control over the supports they receive

Employment / Day Programs

DCS is developing a menu of employment and day programming options

Person Directed Planning

DCS will provide supports and services in an efficient way that also enables choice and flexibility

New Array

These community supports will help participants to:

- Remain in the family home
- Transition successfully from facilities to community
- Live a more integrated, inclusive life in the community

- Respite coordination agencies will help families and participants to maximize the benefit of individualized, self-directed funding programs like Flex

- High School to Community Transition will help youth to understand their employment and day programming options and access high school programming to help them achieve their long term goals

- Community Networkers will assist in adding non-paid community supports to a participant's person-directed support plan

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Summary of Community Supports Recommendations

1. **New Program** - Implement the new Community Networker role

2. **New Program** - Implement a High School to Community Transition Program

3. **New Program** - Implement Respite Coordination Agencies

4. **Change to Existing Service** - Implement multi-disciplinary Community Outreach teams with a focus on the disability sector and provide support to participants in their community setting

5. **Change to Existing Service -** Do not add respite beds directly in residential homes and ensure on-call capacity is available

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Future State –
Assessment, Planning and Funding

Accessing the New Array

We have proposed a new array of DSP supports

What the Array Achieves

- Addresses programming gaps
- Modernizes the suite of programs offered by DSP
- Minimizes redundancy with other departments
- Addresses the goals of the Roadmap for transformation

Where DSP Goes Next with the Array

- Capacity analysis
- Implementation planning
- Development of programming policies and standards

Is the new service array all we need to achieve transformation…..?

NO

To achieve the goals of the roadmap and truly implement a modern, sustainable, community-focused, and person-directed system, the biggest transformation at DSP is:

1. How we assess for support need
2. How we allocate the provision of supports to individuals
3. How we fund the system

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Let's start with an overview of our current assessment methodology

1

Program Application

Collects basic personal information about potential participants

2

Calculation of Financial Eligibility

Considers an individual's income sources and calculates a potential monthly budget

3

Functional Assessment and IASP

IASP is completed by the care coordinator and results in a Level of Support and placement in a DSP program or waitlist

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Levels of Support – Support Scales

Six support need scales are included in the IASP, resulting in a total assessment score. The Level of Support is assigned by the care coordinator (and approved by a case work supervisor) once the six support areas have been assessed.

Activities of Daily Living:
Details the client's ability to complete basic tasks, follow directions and establish routines, as well as the ability to communicate their feelings, wants and needs effectively.

+40

Safety
Refers to the client's ability to manage risks and access an emergency response system.

+15

Instrumental Activities of Daily Living
Details the client's requirement of supervision or support in daily activities like food preparation, household and financial management, and accessing the community.

+38

Behavior
Details the client's ability to demonstration and engage in appropriate behaviors.

+13

Health Status
Details the client's requirement for support regarding mental and physical health and wellness.

+25

Medical Conditions
Outlines a client's ability to self manage their medication and access community medical supports.

+10

Max possible score by support scale

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Levels of Support Profiles

Person Profile: Person can live an active life as a participating member of the community with intermittent support for some daily activities.

Person Profile: Person can develop skills and increase adaptive behaviors and community access with intense levels of support and structure. They benefit from a multi-disciplinary approach for responding to frequent unpredictable behavior/safety issues.

Level 1 Support: **Minimal**	Level 2 Support: **Moderate**	Level 3 Support: **High**	Level 4 Support: **Enriched**	Level 5 Support: **Intensive**

Person Profile: Person can maintain/enhance their skills, broaden social and community networks and optimize stability of multiple/chronic health issues with high need for assistance, support and structure.

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We Need Valid and Reliable Assessment

1 Our Guiding Principle:

2 We Do That By:

3 To Do That, We Need:

People with the most support needs should receive the most supports

Tying the allocation of supports budget to an assessed level of support need

An assessment methodology that is fair, reliable and valid in assigning a LOS

Without a proven <u>valid</u> and <u>reliable</u> assessment method, we cannot tie LOS to supports budgets and build trust in this approach amongst participants, families, advocates and service providers.
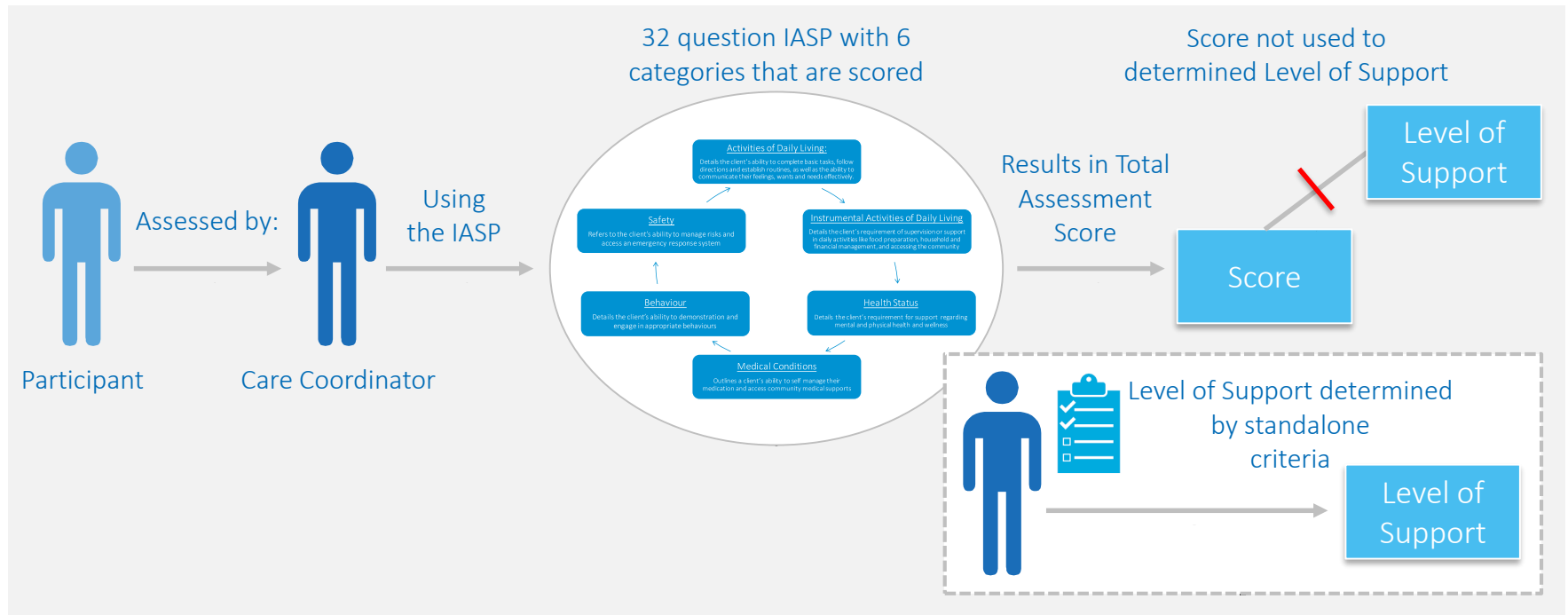
What does valid mean?

The methodology uses the appropriate questions and scales to accurately measure the support needs of an individual and assign a Level of Support.

What does reliable mean?

The methodology gives us the same results for the same participant, regardless of assessor. It is consistent.

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The most significant issue with the IASP is that Level of Support is not directly tied to the total assessment score

32 question IASP with 6 categories that are scored

Score not used to determined Level of Support

Participant

Assessed by:

Care Coordinator

Using the IASP

Activities of Daily Living:
Details the client's ability to complete basic tasks, follow directions and establish routines, as well as the ability to communicate their feelings, wants and needs effectively.

Safety
Refers to the client's ability to manage risks and access an emergency response system

Instrumental Activities of Daily Living
Details the client's requirement of supervision or support in daily activities like food preparation, household and financial management, and accessing the community

Behaviour
Details the client's ability to demonstration and engage in appropriate behaviours

Health Status
Details the client's requirement for support regarding mental and physical health and wellness

Medical Conditions
Outlines a client's ability to self manage their medication and access community medical supports

Results in Total Assessment Score

Score

Level of Support

Level of Support determined by standalone criteria

Level of Support

- The total assessment score is not used to determine the LOS. LOS is determined by a care coordinator/case work supervisor using a separate set of standalone criteria
- This issue, alone, makes it very difficult to use our IASP as an assessment methodology for allocating supports budgets

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Is the IASP reliable and consistent across regions?

We can look across regions to determine if LOS follows a consistent distribution.

Total Assessment Score by Region
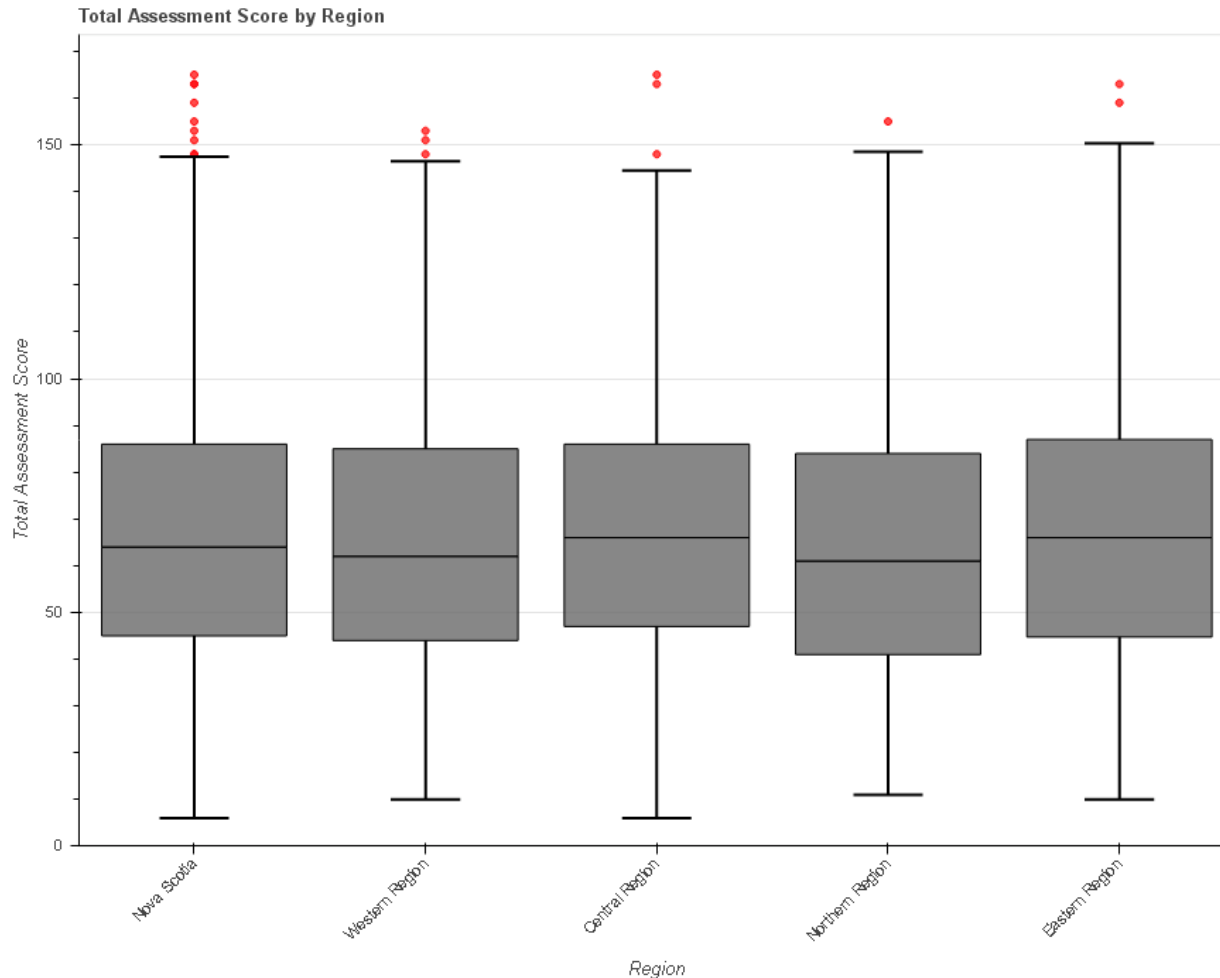
Assuming the DSP population is relatively homogeneous across the province, the total assessment scores are quite reliable.

Is the IASP reliable and consistent across regions?

We can look across regions to determine if LOS follows a consistent distribution.

Level of Support by Region
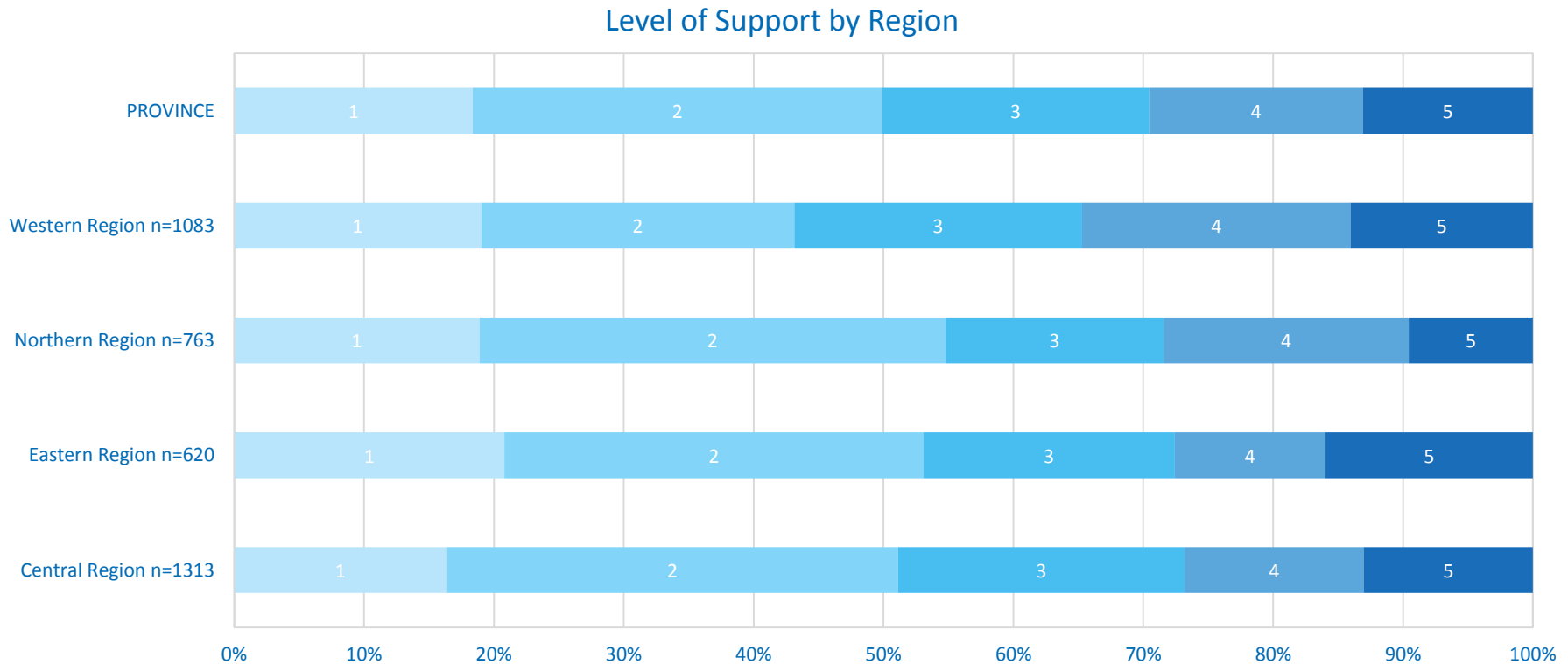
Assuming the DSP population is relatively homogeneous across the province, the LOS is relatively consistent. ✓

We cannot confirm the IASP is reliable without significant testing (e.g. using test cases) of the methodology across assessors. ❓

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Is the IASP Valid?

The questions/scores we use in the IASP to assess support needs, are not directly linked to the Level of Support
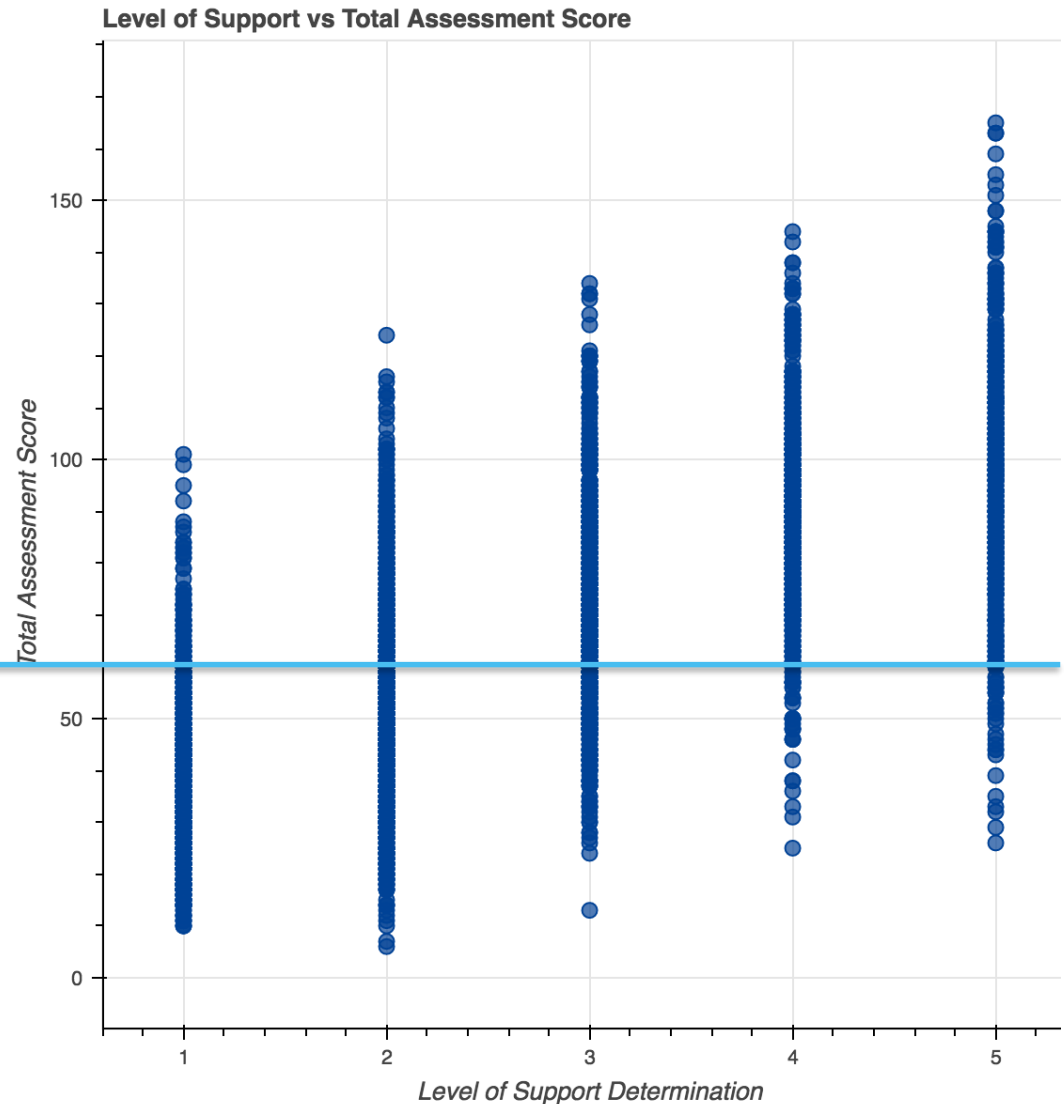
For Example

A total assessment score of 60 has led to LOS determinations between 1 and 5

Conclusion

We cannot use our existing IASP and LOS framework to fairly allocate supports budgets

Level of Support vs Total Assessment Score

Total Assessment Score (y-axis)

Level of Support Determination (x-axis)

Analyzing our IASP – Why it is not valid

Level of Support Determination

Level of Support is not calculated based on the total assessment score (uses separate set of criteria).

It is difficult to differentiate between functional, behavioral and medical support needs using the current LOS method.

With no such link, the supports budget framework is not defensible, giving license to individual assessors to assign levels based on their own summary judgments.

If the province seeks to distribute resources to individuals based on an objective assessment of individual need, then the assessment scores must be directly tied to final level assignments.

Assessment Questions

The targeted construct of assessment is "support need". Many of the 32 items do not target understanding of support need.

The questions and LOS descriptions make it difficult to identify which participants require additional supports due to high behavioral and medical needs (e.g. a LOS 5) participant could have no behaviors and high support needs or high behaviors and modest support needs).

Research and Testing

To be truly deemed reliable and valid, a methodology must undergo rigorous research and testing. This requires significant expertise and effort.

Reliability testing involves the use of test cases and data comparison to determine if a method is consistent and removes biases.

Validity testing requires researching and analyzing a method's long term relationship to funding and participant/system outcomes.

This is the benefit of using standardized, researched and tested tools such as interRAI, Supports Intensity Scale, etc. In addition to purchasing the methodology, jurisdictions are benefiting from the research and credibility behind the method.

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Proposed Next Steps for Participant Assessment

Conduct an Options Analysis and Selection of New Assessment Method

What Method is Best for Nova Scotia?

- Consider our goal of grouping participants into clear and defensible levels to assign supports
- Ensure we can differentiate between functional/social support needs and high behavioral/medical supports
- Ensure that the methodology is appropriate for intellectual disability, mental health and physical disability diagnoses
- A new assessment methodology will also require a new planning methodology, since the IASP is currently used for both

How Does It Impact Assessment Processes?

- Given the methodology, who should complete assessments?
- Is a new tool required to support the process?
- Can we use adaptive technology to enable non-verbal participants, and others with issues communicating, to participate in the assessment process?
- What timeframe should we target for reassessments?
- What information could we provide to service providers?

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We need a reliable, valid assessment methodology to understand how much medical and behavioral support each participant needs

Then we can:

1. Build service packages or mixes by Support Level based on common support needs

    -   Service mixes include In-Home/Residential and Employment or Day services

2. Service mixes are priced by level and rate of tier to establish supports budgets

    -   Some services are managed outside the base budget, including professional or non-recurring supports (e.g. community networker) and special needs (e.g. extra transportation)
    -   Participants work with a care coordinator to design and manage their service mix without going over the budget

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We can create service mixes, by residential program

For example, a service mix indicates the weekly, monthly or annual hours of the various services/supports that a participant would be eligible for if they choose to live at home with family in the Flex Living with Family Option.

Program -> Flex Living with Family

Example Only

LOS	1	2	3	4	5
In-Home Support (hours/week)	21	35	42	56	64
Respite (annual hours)	280	320	420	450	450
Center based day (hours/week)	8	15	15	20	20
Community Access (hours/week)	2	6	8	5	5
Employment (hours/week)	10	7	7	5	5
Total Day Programming (hours/week)	20	28	30	30	30

These mixes are used to build support plans with participants/families.

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We can create tiered rate structures

Rates are developed for every support in the service mixes. Each tier would represent one or more Level of Support.

Example Only

Tier	LOS
Tier 1	1
Tier 2	2-3
Tier 3	4
Tier 4	5

Day Services – Centre Based		
Tier 1	Hourly	$10.00
Tier 2	Hourly	$13.25
Tier 3	Hourly	$15.50
Tier 4	Hourly	$20.00

Day Services – Employment		
Tier 1	Hourly	$16.00
Tier 2	Hourly	$18.25
Tier 3	Hourly	$21.50
Tier 4	Hourly	$25.00

ILS		
Tier 1	Hourly	$16.00
Tier 2	Hourly	$17.50
Tier 3	Hourly	$21.00
Tier 4	Hourly	$24.00

Community Home		
Tier 1	Daily	$141.00
Tier 2	Daily	$183.61
Tier 3	Daily	$243.98
Tier 4	Daily	$301.23

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The result of the process is a participant's supports budget

| Assessment | Choice of Residential Option | Supports Budget Approved |

Service Mix for Option and LOS

Assign LOS   **Multiplied by**   =   **Supports Budget**

Plus Approved Add-ons/ Special Needs

Tiered Rates for LOS
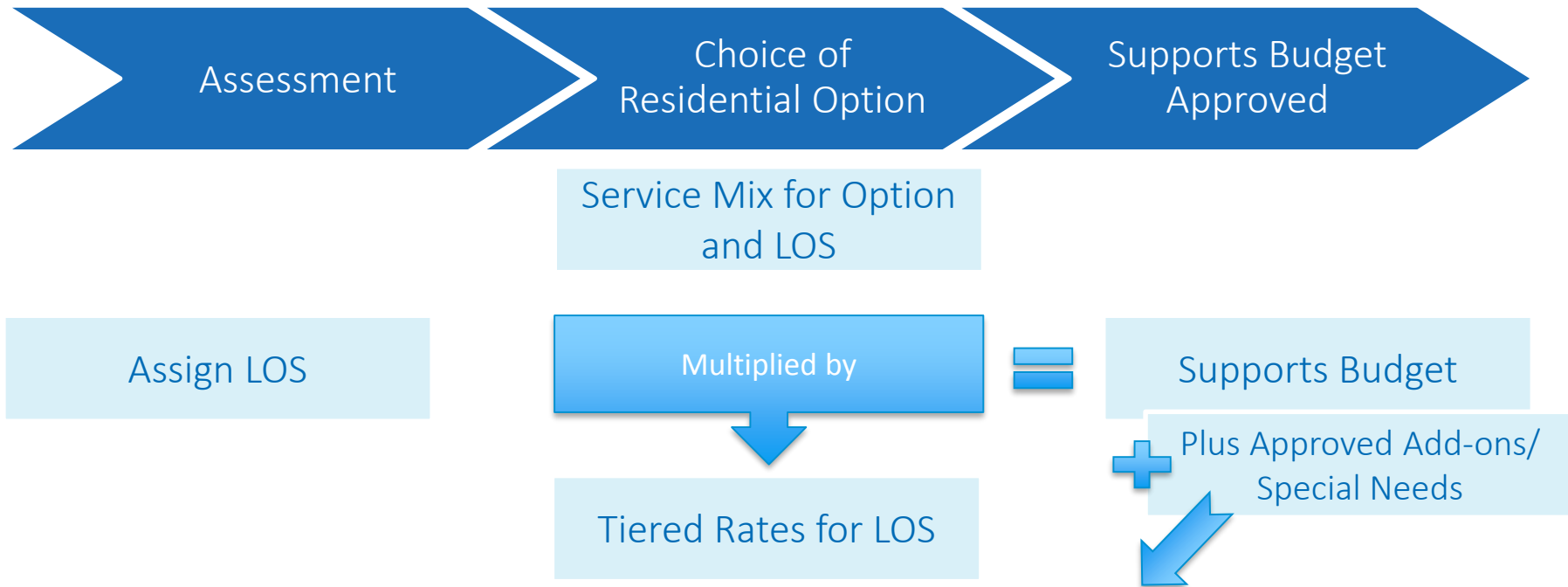
- Budgets vary according to levels that group people from least to highest support needs
- Each level represents a certain amount of money for base services (e.g. in-home/residential and day programming/employment)
- In some instances, other services can be added on to get a higher personal budget allocation (e.g. transportation, infrequently accessed programs, and other special needs)
- Processes are implemented to address exceptional needs

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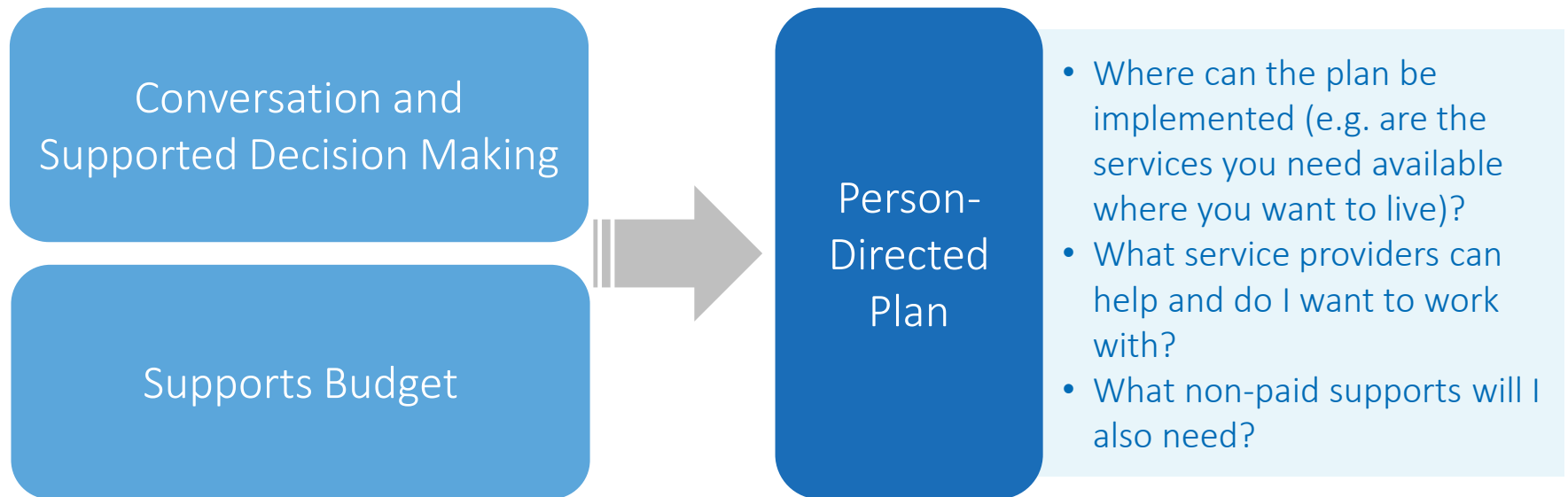
A Sample Supports Budget – LOS 1 ILS Participant

Service Mix	LOS 1
In-Home Support (hours/week)	12
Center based day (hours/week)	8
Community Access (hours/week)	2
Employment (hours/week)	10
Total Day Programming (hours/week)	20

Tiered Rates – Tier 1		Total
Hourly	$15.00	$180.00
Hourly	$8.00	$64.00
Hourly	$13.00	$26.00
Hourly	$20.00	$200.00
Total Day Supports		$290.00

Base Budget

Recurring Add-Ons/ Special Needs

Supports Budget	Unit	Funding
In-Home/Residential	Weekly	$180.00
Day/Employment Programming	Weekly	$290.00
Basics (Food/Shelter/Clothing)	Monthly	$790
Comfort Allowance	Monthly	$115
Transportation	Monthly	$150

Choice/flexibility re: how this is used

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A supports budget provides choice

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┌──────────────────────────────┐        ┌──────────────┐     ┌────────────────────────────┐
│   Conversation and           │        │              │     │ • Where can the plan be    │
│   Supported Decision Making  │        │              │     │   implemented (e.g. are the│
│                              │        │              │     │   services you need        │
└──────────────────────────────┘   ⟹    │   Person-    │     │   available where you want │
                                         │   Directed   │     │   to live)?                │
┌──────────────────────────────┐        │   Plan       │     │ • What service providers   │
│                              │        │              │     │   can help and do I want to│
│   Supports Budget            │        │              │     │   work with?               │
│                              │        │              │     │ • What non-paid supports   │
└──────────────────────────────┘        └──────────────┘     │   will I also need?        │
                                                              └────────────────────────────┘
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- A new assessment methodology will also require a new planning methodology and tool, with associated training and role definition

    - Potential for some care coordinators to focus on assessment and some to focus on planning/case management

    - Planning tool must allow participants to access array through service mixes within their supports budget and ensure access to planning for non-paid supports

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How long does this take to implement?

Implementation Plan to be developed by end of Gate 2

Manitoba is taking 18 months to implement the same approach

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manitoba.ca > Families > Persons with Disabilities   > Resource Allocation Model

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Adult and Child Abuse Registries

ALL Aboard Poverty Reduction Strategy

Child and Family Services (CFS)

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Children's disABILITY Services

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Resource Allocation Model – Human Services Research Institute

Community Living disABILITY Services (CLDS) has recently implemented the Supports Intensity Scale (SIS) as a standardized assessment to assist in the determination of the support needs for program participants, and is now working with an external organization to develop a funding allocation model linking the SIS assessment tool to the CLDS program.

The implementation of the Supports Intensity Scale has factored in several important considerations including upholding the principles of The Vulnerable Persons Living with a Mental Disability Act while making responsible fiscal decisions that maximize available resources. The adoption of a standardized assessment tool for all participants requesting CLDS services is critically important to ensure Manitoba creates a transparent, equitable and sustainable program. Developing a funding allocation system linking SIS to the CLDS funding model will establish a fair way to allocate resources to program participants based on their assessed support needs. This will ensure that there is an equitable and transparent funding structure within CLDS going forward. To date over 1,000 SIS assessments have been completed across the province.

Earlier this year, CLDS received Treasury Board approval to engage an external organization to assist with the development of a funding allocation model to be used in conjunction with the SIS. A Request for Proposal (RFP) process was initiated and CLDS is pleased to announce that the Human Services Research Institute (HSRI) was the successful applicant.

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