



NS Department of Community Services  
Disability Support Program Transformation  
ARC/RRC Current State Overview

FINAL

**1 PROJECT IDENTIFICATION**

<b>Project Name</b>	NS Department of Community Services - Disability Support Program (DSP) Transformation
<b>Project ID</b>	DSP-6 [Community Residential Support Plan]
<b>Core Business Area</b>	Disability Support Program (DSP)
<b>Project Sponsor</b>	Joe Rudderham, Executive Director, Disability Support Program, Nova Scotia Department of Community Services
<b>Project Manager</b>	Darryl Pierrynowski, Davis Pier
<b>Project Director</b>	Amanda Pickrem, Project Director, Nova Scotia Department of Community Services
<b>Version</b>	FINAL

**2 PROJECT OVERVIEW**

**2.1 PROJECT BACKGROUND AND RATIONALE**

Community Services is the largest direct deliverer of human and social services within the Nova Scotia government. It has an annual operating budget of approximately \$900M, over 1,500 staff, close to 30 office locations, and a broad network of services providers that all contribute to delivering services to 150,000 Nova Scotians annually. The Department’s mandate is to ensure that the basic needs of individuals and families are met, children at risk are protected and persons with disabilities have access to housing and residential care programs. The Department is experiencing growth in its expenditures and a demand for program expansion and change in how some programs are delivered. In addition, there are fiscal pressures within Nova Scotia as our provincial economy experiences slow growth and our population ages. All of these factors have led to the need to modernize the way the Department delivers services to its clients. In order to fulfill this mandate, the Department has recognized the need to transform its core programs and service delivery model.

The Disability Support Program (DSP) Division serves children, youth and adults with physical and intellectual disabilities and long-term mental illness. There are a number of challenges with how persons with disabilities are currently being supported:

- There is a heavy reliance on facility-based care with over 1,000 Nova Scotians living in Adult Rehabilitation Centres (ARCs) and Regional Rehabilitation Centre (RRCs) as well acute care facilities and long-term care homes. These facilities are not fully able to meet the unique and diverse needs of residents and the right services and supports are not available to support community based living for these residents.
- Funding available through programs such as the Direct Family Support, Alternative Family Support and Independent Living Support Programs are not adequate to support those wanting to live more independently in their community and do not give individuals sufficient control. Under these programs, providers are funded to deliver services to eligible clients

rather than giving individuals and their families the ability to develop their own support plans and direct their own care within an approved funding framework.

- There are barriers to employment for Nova Scotians with disabilities and the range of programs available through both the DSP and the Department of Labour and Advanced Education (LAE) as these services have not adequately assisted people with disabilities to enter the workforce. This is evidenced partly by the fact that the employment rate of Nova Scotians with disabilities is well below that of Nova Scotians without disabilities.
- The current service delivery model for persons with disabilities is not sustainable. The DSP budget is approximately \$300M, with the majority of spending going to labor costs. Due to the lack of capacity in a range of programs and services, it is a challenge to provide clients with timely access to services that could prevent more serious issues from developing.

In order to address these challenges, DCS established a joint government-community committee and developed a roadmap for a new Disability Support Program. In the fall of 2013, Government endorsed the roadmap. As a result, the disability community, advocacy groups, and the Services for People with Disabilities sector are expecting the roadmap to be implemented. Subsequent to endorsement of the roadmap by government, DSP issued its plan to implement elements of the roadmap. DCS has initiated a Phase 1 (also referred to as Gate 1) DSP Transformation Project to plan the design and implementation of DSP Transformation. Part of this work will include a more detailed analysis of the roadmap recommendations and their alignment towards DSP outcomes and overall financial sustainability.

In Gate 1, DCS is seeking the development of several core program plans and deliverables that will be guided by roadmap components. An **Individual and Family Support Plan** will support community living for more individuals and will involve enhancement of current community based support options. DCS is also seeking to develop a **Community Residential Support Plan** to transition residents from institutions to a supportive community environment. An **Employment Plan** will help the Department move towards the goal of full employment for persons with disabilities in Nova Scotia and may include increased employability supports through DSP service providers. Changes to the Care Coordinator role are also required to align with new client programs and services and move towards a Person Directed Planning / Navigation approach. These will be enabled through the development of the **Care Coordinator Plan**. Change management, communication and information technology supports must also be planned to enable changes to program, services and service delivery.

## 2.2 DOCUMENT PURPOSE

The Disability Support Program includes 10 facilities that operate as Adult Rehabilitation Centres (ARCs) and/or Regional Rehabilitation Centres (RRCs). Two facilities have both ARC and RRC components. The purpose of this document is to gather information about the scale, ownership, infrastructure, funding, staffing and services of each facility to inform Gate 1 planning and Gate 2 analysis.

## 2.3 SCOPE

The following tasks were in scope for this work:

- For each facility, current state information gathering and validation pertaining to:
  - Number of clients by program and level of support;
  - Status of participant assessments;
  - Partnerships with Housing NS, Transportation Infrastructure Renewal or Housing Corporations;
  - Programing, services and supports offered;
  - Strategic planning status;
  - Licensing and accreditation status;
  - Governance;
  - Staffing, including specialized staffing;
  - Community partnerships;
  - Current and future challenges; and,
  - Funding.

The following tasks were out of scope for this work:

- Identification and assessment of individual participants within ARC and RRC Facilities.

### 3 SUMMARY OF FACILITY FEEDBACK

Current state information was collected for the following facilities:

Association	Facility Name	Location	Facility Type
Metro Community Housing Association	Community Transition House	Dartmouth	RRC
Quest	Quest Cobequid RRC	Sackville	RRC
Breton Ability	Breton ARC	Sydney River	ARC
Breton Ability	Breton RRC	Sydney River	RRC
Riverview Home Corporation	Riverview ARC	Stellarton	ARC
Sunset Residential & Rehabilitation Services	Sunset ARC	Pugwash	ARC
Harbourside Lodge and Adult Residential Centre	Harbourside Lodge and Adult Residential Centre	Yarmouth	ARC
Kings Regional Rehabilitation Centre	Kings ARC	Watervillie	ARC
Kings Regional Rehabilitation Centre	Kings RRC	Waterville	RRC
LaHave Manor Corporation	Lahave Manor ARC	Dayspring	ARC
The Meadows Adult Residential Centre	The Meadows Adult Residential Centre	Bridgetown	ARC
Yarmouth Association for Community Residential Option	Arcadia House	Yarmouth	RRC

The following table outlines the funded beds and staffing compliments for each facility. In some cases, facility budgeted staffing compliments vary from those funded by DCS. This occurs when facilities use other revenue sources to fund staffing compliments or when facilities are able to fund alternate positions within the approved DCS funding envelope.

Facility	# of Beds	DCS Funded Staff	Facility Budgeted Staff*	Total DCS Funding (2014-2015)
<b>MCHA Community Transition House RRC</b>	5	13.60	13.60	\$ 748,309
<b>Quest Cobequid RRC</b>	24	69.50	69.50	\$ 4,992,958
<b>Breton ARC</b>	53	94.30	82.73	\$ 4,245,914

Facility	# of Beds	DCS Funded Staff	Facility Budgeted Staff*	Total DCS Funding (2014-2015)
Breton RRC	53	76.40	133.25	\$ 7,352,524
Riverview ARC	90	94.60	94.60	\$ 6,342,260
Sunset ARC	115	143.40	143.40	\$ 9,142,297
Harbourside Lodge and ARC	32	33.44	33.44	\$ 2,081,686
Kings ARC	70	124.55	382 total	\$ 5,533,419
Kings RRC	103	140.16		\$ 11,441,259
Lahave Manor ARC	66	61.60	61.60	\$ 3,883,376
The Meadows ARC	33	Dual staff funding from DCS and DHW		\$ 2,261,072
Arcadia House RRC	4	19.00	19.00	\$ 1,014,636

Each facility was asked to specify future opportunities for adding capacity and to indicate the current and future challenges of providing supports to participants. Those responses are summarized in the table below.

Facility	Ability to Add Capacity	Challenges
Community Transition House RRC	<ul style="list-style-type: none"> <li>Expansion of community based options including ILS</li> </ul>	<ul style="list-style-type: none"> <li>Client group has less family connection</li> <li>Funding for different staffing models</li> <li>Acquiring/renting new properties</li> </ul>

Facility	Ability to Add Capacity	Challenges
		<ul style="list-style-type: none"> <li>• Fire Marshall requirements are challenging</li> </ul>
<b>Quest Cobequid RRC</b>	<ul style="list-style-type: none"> <li>• None specified</li> </ul>	<ul style="list-style-type: none"> <li>• Challenge to find agencies and organizations that are a good fit for clients with behavioral and emotional regulation challenges</li> <li>• Transportation</li> <li>• Staff support required</li> </ul>
<b>Breton ARC/RRC</b>	<ul style="list-style-type: none"> <li>• Social model of support and social enterprise programming</li> </ul>	<ul style="list-style-type: none"> <li>• Funding at appropriate levels is a challenge across the sector</li> <li>• The current building needs many upgrades and a major facelift. It looks like an “institution”.</li> </ul>
<b>Riverview ARC</b>	<ul style="list-style-type: none"> <li>• Limited due to space availability until number of participants/beds can be reduced</li> </ul>	<ul style="list-style-type: none"> <li>• Utilizing existing space for other purposes</li> <li>• Creating different roles for staff</li> <li>• Managing change with union (CUPE)</li> </ul>
<b>Sunset ARC</b>	<ul style="list-style-type: none"> <li>• Aging in place for people who do not have family support networks</li> </ul>	<ul style="list-style-type: none"> <li>• Location</li> <li>• Building itself, still a 120 year old building even with the renovation</li> </ul>
<b>Harbourside Lodge and ARC</b>	<ul style="list-style-type: none"> <li>• Could take more seniors</li> <li>• Psycho-geriatric</li> <li>• Mental health participants</li> <li>• Acquired brain injury participants</li> </ul>	<ul style="list-style-type: none"> <li>• Funding</li> <li>• Staffing</li> <li>• Training</li> </ul>
<b>Kings ARC/RRC</b>	<ul style="list-style-type: none"> <li>• Significant, including assistive technology, outreach teams and community homes/ILS</li> </ul>	<ul style="list-style-type: none"> <li>• Infrastructure</li> <li>• Recruitment and retention of key personnel</li> </ul>
<b>Lahave Manor ARC</b>	<ul style="list-style-type: none"> <li>• Senior’s residence and nursing home model</li> <li>• Pre-vocational program can be expanded</li> </ul>	<ul style="list-style-type: none"> <li>• Funding</li> <li>• Staffing</li> <li>• Renovations to the building required</li> </ul>
<b>The Meadows ARC</b>	<ul style="list-style-type: none"> <li>• Day programs</li> </ul>	<ul style="list-style-type: none"> <li>• Staffing levels</li> <li>• Education</li> </ul>

Facility	Ability to Add Capacity	Challenges
	<ul style="list-style-type: none"> <li>• Geriatric services – aging in place for people with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Transportation</li> </ul>
<b>Arcadia House RRC</b>	<ul style="list-style-type: none"> <li>• Would provide other community homes</li> <li>• Preparing another home for complex cases</li> </ul>	<ul style="list-style-type: none"> <li>• Funding expenses such as travel</li> <li>• Transportation</li> <li>• Staffing</li> </ul>

#### 4 METRO COMMUNITY HOUSING ASSOCIATION – COMMUNITY TRANSITION HOUSE (RRC)

The Community Transition House (CTH) RRC is located in Dartmouth and operated by the Metro Community Housing Association. The facility is licensed to support 5 beds.

##### 4.1 FUNDING

2014-2015 Actual Funding			
Annual Grant Funding	Annual Per Diem Funding	Special Needs	Total Funding
\$ 548,175	\$ 183,502	\$ 16,632	\$ 748,309

Funding assumptions:

- Annual grant and per diem funding is net of client income.
- Special needs includes all payments to service providers as well as to third parties. It also includes extra staffing and any other payments made to the service provider.
- Special needs paid to third parties was allocated based on capacity.

##### 4.2 GENERAL INFORMATION

Location	Age of building	Number of individuals supported	Attached to a Long-term care facility (Yes/No)	Other programming offered (Please detail: education; training; work; etc)	Is there a strategic plan? Is it in relation to the Roadmap for DSP?	Has the facility been accredited to any industry standard?
349B Pleasant Street, Dartmouth	Unsure	5	No	<ul style="list-style-type: none"> <li>• Teach life skills informally;</li> <li>• Residents go to StoneHearth Bakery 2 days per week;</li> <li>• Attend “Among Friends” support program;</li> <li>• Structured programming during the day is voluntary</li> </ul>	Yes – nothing contradicts the Roadmap	No

### 4.3 GOVERNANCE

Condition of the facility	Owned by	Governed by: Board of Directors; Special Legislation	Other buildings (resource centres; ILS, CLO, etc)	Land owned by	Have there been any major infrastructure projects recently?	Are any infrastructure projects planned? Required?	Are there partnerships or current arrangements with Housing NS, TIR; Regional Housing Authority or Municipal Corporation to assist with infrastructure projects?
Good	Province	Board of Directors; non-profit under the Societies Act	<ul style="list-style-type: none"> <li>4 bed community home that was downsized from a 10 bed;</li> <li>10 community homes – 1 has 9 residents; 1 has 7; others are either 3 or 4 bed homes</li> <li>They own 6 of these and rent the other 4</li> </ul>	Province	Only when this facility became a transition house	Not for RRC facility	Housing Authority handles significant maintenance

### 4.4 COMMUNITY PARTNERSHIPS AND SPECIALIZED RESOURCES

Do you offer living options outside of the facility? Community Home, ILS, etc; are these on site or in the community?	Do you offer Respite services; Outreach services; other transition or stabilization services; other programs to community based individuals?	Are there Specialized resources in place or within easy access (Psychology; Psychiatry; OT; Speech Language; etc)	Partnerships in place or potential – do others in the community use the facility space / programs? For what purpose?	Are there opportunities for residents to engage in programs in the community? Are there relationships currently in place to enable this?	Capacity to adapt for other services	Challenges for re-invention
<ul style="list-style-type: none"> <li>Yes has other community homes and RCF</li> </ul>	<ul style="list-style-type: none"> <li>Used to offer respite beds but they became permanent beds;</li> <li>Could have capacity in 2 bed apartment in one of their properties</li> </ul>	<ul style="list-style-type: none"> <li>East Coast Forensics while the clients have a conditional discharge</li> <li>Capital Health accessed for regular services</li> </ul>	<ul style="list-style-type: none"> <li>East Coast Forensics; DCS for this facility</li> </ul>	<ul style="list-style-type: none"> <li>Lake City</li> <li>StoneHearth Bakery</li> <li>Teamwork</li> <li>Mental Health Services</li> </ul>	<ul style="list-style-type: none"> <li>Community living options offered now and can expand; ILS program can be expanded</li> </ul>	<ul style="list-style-type: none"> <li>Client group has less family connection</li> <li>Funding for different staffing models</li> <li>Renting vs buying properties</li> </ul>

	<ul style="list-style-type: none"> <li>This is a transition home – East Coast Forensics offers the stabilization service</li> </ul>	<ul style="list-style-type: none"> <li>New clients are given access to a psychiatric nurse or get moved to GPs.</li> </ul>				<ul style="list-style-type: none"> <li>Fire Marshall requirements are challenging</li> </ul>
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#### 4.5 STAFFING LEVELS

DIRECT CARE STAFFING			
FTES	RRW I	Supervisor of Residential Care	Facility Total for Direct Care
DCS Data - RRC	12.6	1.0	13.6
Facility Data - RRC	12.6	1.0	13.6

#### 4.6 OTHER STAFFING INFORMATION

Unionized staff – number and positions	Which union (s) represent staff	Clinical staff: RN; LPN; OT; Physio; CCA	Education/ training of direct support staff other than clinical (RRW/RCW/LSW)
9 unionized	CUPE	No	<ul style="list-style-type: none"> <li>Residential Counsellors – 2 year HS diploma;</li> <li>Have some Psychology/Social Sciences staff</li> <li>Less strict on these requirements for casuals</li> <li>RCF staff have the lowest education requirements (GR.12)</li> <li>Provide the core competencies training</li> </ul>

#### 4.7 PARTICIPANT INFORMATION

##### 4.7.1 PARTICIPANTS BY LEVEL OF SUPPORT

Level of Support	Level 1	Level 2	Level 3	Level 4	Level 5
MCHA CTH RRC	-	1	3	-	1

**4.7.2 CURRENCY OF RESIDENTIAL ASSESSMENTS**

- Assessments are current, having been completed in 2014-2015.

**4.7.3 POTENTIAL TO TRANSITION TO COMMUNITY**

- All participants have identified a preference to transition to RCF, Small Option or Group Home supports.

## 5 QUEST RRC

This RRC is located in Lower Sackville and is licensed for 24 beds. There is also a second floor in this building that is offering a Community Transition Program in conjunction with the Department of Health and Wellness – Mental Health. That program currently provides services for seven individuals. Quest also operates Group Home in Dartmouth and Small Options Home in Lawrencetown.

### 5.1 FUNDING

2014-2015 Actual Funding (Quest Cobequid RRC Only)			
Annual Grant Funding	Annual Per Diem Funding	Special Needs	Total Funding
\$4,547,097	-	\$ 445,861	\$ 4,992,958

Funding assumptions:

- Annual grant and per diem funding is net of client income.
- Special needs includes all payments to service providers as well as to third parties. It also includes extra staffing and any other payments made to the service provider.
- Special needs paid to third parties was allocated based on capacity.

### 5.2 GENERAL INFORMATION

Facility	Location	Age of building	Number of individuals supported	Living options offered	Attached to a Long-term care facility (Yes/No)	Other programming offered (Please detail: education; training; work; etc)	Is there a strategic plan? Is it in relation to the Roadmap for DSP?	Has the facility been accredited to any industry standard?
Quest Cobequid RRC	70 Memory Lane, Lower Sackville - 1 <sup>st</sup> Floor	<ul style="list-style-type: none"> <li>• Unknown</li> <li>• 1<sup>st</sup> floor was renovated walls in 2008</li> </ul>	24	Private bedrooms and communal washrooms	No	Educational / prevocational / vocational programs are conducted in the local community	No	No

Facility	Location	Age of building	Number of individuals supported	Living options offered	Attached to a Long-term care facility (Yes/No)	Other programming offered (Please detail: education; training; work; etc)	Is there a strategic plan? Is it in relation to the Roadmap for DSP?	Has the facility been accredited to any industry standard?
Community Transition Program	70 Memory Lane, Lower Sackville -2 <sup>nd</sup> Floor	<ul style="list-style-type: none"> <li>Unknown.</li> <li>2<sup>nd</sup> floor was renovated 2012-2013.</li> </ul>	7 (licensed for 16)	Private bedrooms and communal washrooms	No	Groups are conducted (goals, relationship building, arts and creativity, kitchen and games)	No	No
1 Albyn Avenue Group Home	1 Albyn Avenue, Dartmouth	Unknown	4	Private bedrooms and communal washrooms	No	Clients participate in DASC Industries and Project 50's	No	No
5 Roywell Drive Small Option	5 Roywell Drive, Lawrencetown	Unknown	3	Private bedrooms and communal washrooms	No	Clients participate in Lake City Woodworkers and Project 50's	No	No

### 5.3 GOVERNANCE

Facility	Condition of the Facility	Owned by	Governed by: Board of Directors; Special Legislation	Have there been any major infrastructure projects recently?	Are there any infrastructure projects planned? Required?	Are there partnerships or current arrangements with Housing NS, TIR; Regional Housing Authority or Municipal Corporation to assist with infrastructure projects?
Quest RRC	Good	Metropolitan Regional Housing Authority	Board of Directors under the Nova Scotia Society's Act	The 1 <sup>st</sup> floor at 70 Memory Lane was totally renovated in 2008.	No	Metropolitan Regional Housing Authority has two (2) employees assigned to the Quest operated/co-operated sites and a supervisor. It is hoped that a Service Agreement can be reached in the near future.
Community Transition Program	Good	Metropolitan Regional Housing Authority	The Community Transition Program is a joint venture between the Departments of Health and Wellness and Community Services and is led by a Steering Committee.	The 2 <sup>nd</sup> floor at 70 Memory Lane was totally renovated in 2012-2013.	No	Metropolitan Regional Housing Authority has two (2) employees assigned to the Quest operated/co-operated sites and a supervisor. It is hoped that a Service Agreement can be reached in the near future.

Facility	Condition of the Facility	Owned by	Governed by: Board of Directors; Special Legislation	Have there been any major infrastructure projects recently?	Are there any infrastructure projects planned? Required?	Are there partnerships or current arrangements with Housing NS, TIR; Regional Housing Authority or Municipal Corporation to assist with infrastructure projects?
1 Albyn Avenue Group Home	Average	Metropolitan Regional Housing Authority	Board of Directors under the Nova Scotia Society's Act.	No	No	Metropolitan Regional Housing Authority provides the building maintenance. Metropolitan Regional Housing Authority provides the building maintenance.
5 Roywell Drive Small Option Home	Good	Metropolitan Regional Housing Authority	Board of Directors under the Nova Scotia Society's Act.	No	No	

#### 5.4 COMMUNITY PARTNERSHIPS & SPECIALIZED RESOURCES

Are there Specialized resources in place or within easy access (Psychology; Psychiatry; OT; Speech Language; etc)	Partnerships in place or potential – do others in the community use the facility space / programs? For what purpose?	Are there opportunities for residents to engage in programs in the community? Are there relationships currently in place to enable this?	Challenges for re-invention
<ul style="list-style-type: none"> <li>• OT (1 FTE)</li> <li>• Social Worker (1 FTE)</li> <li>• Psychologist (vacant)</li> <li>• Psychiatry                             <ul style="list-style-type: none"> <li>○ The psychiatrist for the COAST team consults as needed for the more severely developmentally delayed clients.</li> <li>○ Clients who are able and require same are referred to the Bedford-Sackville Community Mental Health Program for psychiatric service.</li> </ul> </li> <li>• Dietician (contracted)</li> <li>• Physiotherapy (contracted)</li> </ul>	No	<p>Prevocational</p> <ul style="list-style-type: none"> <li>• Greentree Recycling</li> <li>• Feed Nova Scotia</li> <li>• BMO Centre</li> <li>• Sagewood Continuing Care</li> <li>• Bedford Library</li> <li>• Vocational</li> <li>• Building Futures</li> <li>• Teamwork Cooperative</li> <li>• Safety First (gainful employment or 1 individual)</li> </ul> <p>Educational</p> <ul style="list-style-type: none"> <li>• ReachAbility</li> <li>• Bedford Sackville Community Health Board</li> <li>• Society of Deaf and Hard of Hearing</li> </ul> <p>Physical Health</p>	<ul style="list-style-type: none"> <li>• Challenge to find agencies / organizations that are a good fit for clients with behavioural and emotional regulation challenges</li> <li>• Transportation</li> <li>• Staff support required</li> </ul>

		<ul style="list-style-type: none"> <li>• Sackville Sports Stadium (swimming)</li> <li>• Superbowl</li> </ul> Recreational <ul style="list-style-type: none"> <li>• Special Olympics</li> <li>• SCRI Club</li> </ul>	
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5.5 STAFFING LEVELS

Quest Cobequid RRC staffing numbers provided by the provider matched the positions funded by DCS.

DIRECT CARE STAFFING										
FTES	Coord. Infection Control	LPN	Medical Director	OT	Psychology	RN	RRW I	Social Work	Supervisor Residential Care	Facility Total for Direct Care
DCS Data - RRC	1	9.9	1	1	1	5	26.1	1	1	46.9
Facility Data - RRC	1	9.9	1	1	1	5	26.1	1	1	46.9

OPERATIONAL STAFFING						
FTES	Admin/Executive Director	Book-keeper	Clerk	Controller	Cooks	HR Recruiter
DCS Data - RRC		1	0.5	1	1	2.5
Facility Data - RRC		1	0.5	1	1	2.5

OPERATIONAL STAFFING						EXTRA STAFFING
FTES	IT Resource	Program Res. Coord.	Secretary	Utility Worker	Facility Total for Operations	Total Extra Staffing
DCS Data - RRC	0.3	0.5	1.0	7.4	16.2	6.4
Facility Data - RRC	0.3	0.5	1	7.4	16.2	6.4

5.6 OTHER STAFFING INFORMATION

Facility/Location	Total Number of Staff	Non-union / Excluded: number and positions	Unionized staff – number and positions	Which union(s) represent staff	Clinical staff: RN; LPN; OT; Physio; CCA	Education/training of direct support staff other than clinical (RRW/RCW/LSW)
Quest RRC	63.15	16 Casual RRW 1 Nurse Manager 1 Cook Supervisor	25.9 RRW 1 Cook 2 Utility Worker, Food Service 3 Utility Worker, Housekeeping	CUPE NSNU	5.3 RN 7.75 LPN Occupational Therapist Occupational Therapy Assistant	7 core competencies Registered professionals Journeyman Cook Papers
Quest Administration	4.0	4.0	0	N/A	Executive Director Human Resource Manager Financial Officer Administrative Assistant	Registered professionals
Quest Community Behavioural Support Service	5.0	5.0	0	N/A	Social Worker Registered Nurse Coordinator/OT Casual Psychologist (vacant) Administrative Assistant	Registered professionals
Community Transition Program	25.8	1 Supervisor 1 Admin. Assistant 1 Scheduler 3 Casual RRW	17.1 RRW 1.5 Utility Worker, Housekeeping 0.8 Cook 0.5 Utility Worker, Food Service	CUPE		Registered LPN 7 Core Competencies Cooks Papers
1 Albyn Avenue Group Home	13.3	3 Casual RRW 0.5 LPN	9.8 Full Time RRW	CUPE		7 Core Competencies
5 Roywell Drive Small Option Home	9.9	2 Casual RRW 0.5 LPN	8.4 Full Time RRW	CUPE		7 Core Competencies

## 5.7 PARTICIPANT INFORMATION

**5.7.1 PARTICIPANTS BY LEVEL OF SUPPORT**

Support	Level 1	Level 2	Level 3	Level 4	Level 5	Level 5+
Quest RRC	-	-	-	1	23	1

**5.7.2 CURRENCY OF RESIDENTIAL ASSESSMENTS**

- The majority of participants have been assessed within the past 3 years. Three participants have not been assessed since 2012 and one has not since 2008.

**5.7.3 POTENTIAL TO TRANSITION TO COMMUNITY**

- 3 participants have indicated a preference for a Small Options placement.
- 2 participants have indicated a preference for an ILS placement.

## 6 BRETON ABILITY CENTRE

Breton Ability Centre (BAC) is located at 1300 Kings Road in Sydney River, Cape Breton. It is a combination ARC/RRC facility. The organization also operates 3 community homes; is operating social enterprises (Best of Cape Breton Retail Store; Print Shop) and offers a range of developmental programming for residents and other individuals with disabilities from the community. The organization also offers an Outreach Program.

BAC is licensed to support 53 ARC beds and 53 RRC beds.

### 6.1 FUNDING

2014-2015 Actual Funding				
Facility	Annual Grant Funding	Annual Per Diem Funding	Special Needs	Total Funding
BAC ARC	-	\$ 4,100,048	\$ 145,866	\$ 4,245,914
BAC RRC	\$ 5,589,426	-	\$ 1,763,098	\$ 7,352,524
<b>Total</b>	<b>\$ 5,589,426</b>	<b>\$ 4,100,048</b>	<b>\$ 1,908,964</b>	<b>\$ 11,598,438</b>

#### Funding assumptions:

- Annual grant and per diem funding is net of client income.
- Special needs includes all payments to service providers as well as to third parties. It also includes extra staffing and any other payments made to the service provider.
- Special needs paid to third parties was allocated based on capacity.

6.2 GENERAL INFORMATION

Age of building	Number of individuals supported	Living options offered	Attached to a Long-term care facility (Yes/No)	Other programming offered (Please detail: education; training; work; etc)	Is there a strategic plan? When completed? Is it in relation to the Roadmap for DSP?	Has the facility been accredited to any industry standard?
40 years old	104 individuals	ARC / RRC facility along with three community homes	No	<ul style="list-style-type: none"> <li>BAC partnered with the Nova Scotia Community College (NSCC) to develop and deliver two key programs for staff: <i>Understanding and Managing Challenging Behaviours</i> and <i>Creating a Community of Learners</i>, based on the portfolio-learning model.</li> <li>Other development offered to staff are Leadership and management development; education on the UN Convention on the Rights of Persons with Disabilities. As BAC supports persons with disabilities using a social model of support it provides education to staff on Supported Decision Making.</li> <li>In preparation for Excellence Canada silver certification, it will also provide education on excellence criteria. The newest training for staff is low arousal training for the management of challenging behaviours.</li> <li>There is also core competency training, including OHS /safety training.</li> </ul>	<ul style="list-style-type: none"> <li>BAC developed a five year strategic plan in 2014.</li> <li>BAC's strategic plan aligns with the current roadmap and transformation for DSP.</li> </ul>	<ul style="list-style-type: none"> <li>BAC has partnered with Excellence Canada to become a centre of learning and excellence.</li> <li>Currently, BAC is working towards Silver Certification. The organization expects to reach this goal by June, 2016.</li> </ul>

1.4 GOVERNANCE

Condition of the facility	Owned by	Governed by: Board of Directors; Special Legislation	Other buildings (resource centres; ILS, CLO, etc)	Land owned by?	Have there been any major infrastructure projects recently?	Are any infrastructure projects planned? Required?	Are there partnerships or current arrangements with Housing NS, TIR; Regional Housing Authority or Municipal

							Corporation to assist with infrastructure projects?
<p>The facility is currently in good working order. As the building is 40 years old, its mechanical systems such as the sewer, water and sprinkler systems are considered to be well aged.</p>	<p>BAC owns both its land and building. BAC is a not for profit organization.</p>	<p>BAC is governed by a professional Board of Directors. BAC's Board of Directors operate under a Policy Governance Board of Directors Model.</p>	<ul style="list-style-type: none"> <li>• BAC operates three community small option homes.</li> <li>• BAC operates a Life Work Centre where individuals access employment, recreation, and skill development opportunities.</li> <li>• BAC operates The Best of Cape Breton Gift Shop as a Social Enterprise, which provides meaningful employment opportunities for residents of BAC and individuals residing in the community.</li> </ul>	<p>Breton Ability Centre (BAC)</p>	<p>In 2013, BAC replaced its mansard roof cedar shingles with a new sheet metal roof. The cost of this project was just over \$200,000.</p>	<ul style="list-style-type: none"> <li>• Upcoming current infrastructure projects consist of the installation of a new 13,000 litre oil tank that is required by BAC's insurance company.</li> <li>• The replacement of all sprinkler heads in the building is required.</li> <li>• The purchase of a new boiler system is currently planned and awaiting budget approval for purchase.</li> </ul>	<ul style="list-style-type: none"> <li>• BAC has partnered with Housing NS and will soon submit final application for funding to develop a mixed housing model on the current site at BAC.</li> <li>• BAC has also partnered with TIR with the hope of creating a new round about that will help with the flow of traffic in the Sydney River area.</li> </ul>

6.3 COMMUNITY PARTNERSHIPS AND SPECIALIZED RESOURCES

Do you offer living options outside of the facility? Community Home, ILS, etc; are these on site or in the community?	Do you offer Respite services; Outreach services; other transition or stabilization services; other programs to community based individuals?	Are there Specialized resources in place or within easy access (Psychology; Psychiatry; OT; Speech Language; etc)	Partnerships in place or potential – do others in the community use the facility space / programs? For what purpose?	Are there opportunities for residents to engage in programs in the community? Are there relationships currently in place to enable this?	Capacity to adapt for other services	Challenges for re-invention
<p>BAC offers three community homes in Sydney, Coxheath, and the Westmount area.</p>	<p>BAC offers respite, outreach, and transition and stabilization services to the community. BAC’s Life Work Centre is also an option for individuals in the community to access employment, recreation, and skill development opportunities.</p>	<p>BAC has access to specialized resources such as Psychiatry, Medical Physicians. It also has on staff Psychology, Nursing, Social Work, Occupational Therapy, Recreation Therapy, Physiotherapy/ OT (contracted), Behavioural Interventionists, and a Dietician.</p>	<ul style="list-style-type: none"> <li>• Some organizations in the community have accessed BAC for utilization of space and training programs. Various trainings related to Occupational Health and Safety has been hosted at BAC. New Dawn Enterprises has also held its Annual General Meeting at BAC.</li> <li>• In the future, BAC is working towards welcoming more organizations from the greater community to access its facility and services</li> </ul>	<ul style="list-style-type: none"> <li>• Residents from BAC attend the YMCA of Cape Breton to take part in exercise programs. The YMCA is a strong partner and proud supporter of BAC.</li> <li>• Residents also attend swimming at the local Kiwanis Pool and Equine Therapy. A number of residents also attend Special Olympics and in the last number of years, travelled provincially to compete.</li> </ul>	<p>Over the past three years, BAC has implemented a social model of support, moving away from a custodial model of care</p>	<ul style="list-style-type: none"> <li>• Funding at appropriate levels is a challenge across this sector.</li> <li>• The current building needs many upgrades and a major facelift. It looks like an “institution”.</li> </ul>

6.4 STAFFING LEVELS

There are some significant differences between the staffing data managed by DCS and the data provided by BAC.

DIRECT CARE STAFFING											
FTES	LPN	Nutrition Services	OT	Physio Therapist	Psychology	RN	RRW I	RRW II	Social Work	Supervisor Residential Care	Facility Total for Direct Care
DCS Data - ARC	16.4	0.5	0	0	0	1.5	4.0	21.2	0.5	2	46.1
Facility Data - ARC	20.35	0	1	0.5	0	3.58	0	22.9	1	2	51.33
DCS Data - RRC	12.7	0.5	0	0	110	10.3	0.0	19.4	0.5	2	46.4
Facility Data - RRC	15.26	0	1	0.5	1	3.58	0	27.14	1	2	51.48

OPERATIONAL STAFFING										
FTES	Accountant	Account. Clerk 1	Account. Clerk 2	Activity Coord.	Admin/Executive Director	Clerk	Clinical Records/Archives	Controller	Cooks	Coordinator
DCS Data - ARC	0.3	0.3	0.5	0	0.5	0	0	0.5	1.8	0
Facility Data - ARC	0.5	0.5	0.75	1	0.5	0.5	1	0.0	2.42	1
DCS Data - RRC	0.3	0.3	0.5	0	0.5	0	1	0.5	1.8	0
Facility Data - RRC	0.5	0.5	0.75	1	0.5	0.5	1	0.0	2.42	1

OPERATIONAL STAFFING										
FTES	Director	Education Coord.	Food Services Coord.	Food Services Manager	Housekeeping	HR Manager	HR Personnel Assistant	IT Resource	Laundry Washer	Lifestyles Coord
DCS Data - ARC	0.5	0	0.5	0	5.8	0	0	0	0	0
Facility Data - ARC	0.5	0.5	0.5	0.5	7.33	0.5	0.75	0.5	0.85	0.5
DCS Data - RRC	0.5	0	0.5	0	5.8	0	0	0	0	0
Facility Data - RRC	0.5	0.5	0.5	0.5	7.33	0.5	0.75	0.5	0.85	0.5

OPERATIONAL STAFFING											EXTRA STAFFING
FTES	Maintenance	Maintenance Supervisor	Program Director	Program Res. Coord.	Quality Coord.	Sales/Marketing	Secretary	Senior Director/Leads	Utility Worker	Facility Total for Operations	Total Extra Staffing
DCS Data - ARC	0.5	0.5	0	0	0	0	0.5	0.5	4.4	17	31.2

Facility Data - ARC	1	0	0.5	0	0.5	0.5	0	3.5	4.8	31.4	0
DCS Data - RRC	2.5	0.5	1	9	0	0	0.5	0.5	4.4	30	0.0
Facility Data - RRC	3	0	0.5	13	0.5	0.5	0	3.5	4.8	46.4	35.37

### 6.5 OTHER STAFFING INFORMATION

Total Number of staff	Non-union / Excluded: number and positions	Unionized staff – number and positions	Which union (s) represent staff	Clinical staff: RN; LPN; OT; Physio; CCA	Education/ training of direct support staff other than clinical (RRW/RCW/LSW)
322	<ul style="list-style-type: none"> <li>Life Skill Workers (2)</li> <li>Behaviour</li> <li>Interventionists (4)</li> <li>Admin Support (1)</li> <li>Accounting Clerks(2.5)</li> <li>HR assistant (1.5)</li> <li>Schedulers (2)</li> <li>IT (1)</li> <li>Social Workers (2)</li> <li>Directors (5)</li> <li>Senior Lead's (3)</li> <li>CEO (1)</li> <li>Executive Director (2)</li> <li>Managers (14)</li> </ul>	<ul style="list-style-type: none"> <li>Admin Support (1)</li> <li>Cooks (5)</li> <li>GWs (33)</li> <li>LPNs (68)</li> <li>Life Skill Workers (11)</li> <li>Maintenance (3)</li> <li>RCWs (151)</li> <li>RNs (9)</li> <li>Stores clerk (1)</li> </ul>	<ul style="list-style-type: none"> <li>CUPE – represents two locals at BAC</li> <li>CUPE 3513 represents general workers', RCWs, LSWs, maintenance, clerical;</li> <li>CUPE 1478 represents LPNs</li> <li>NSNU represents RNs</li> </ul>	<ul style="list-style-type: none"> <li>RNs (9)</li> <li>LPNs (68)</li> <li>OT and physio contracted service</li> </ul>	<ul style="list-style-type: none"> <li>Direct support staff (RCWs, Life Skill Workers) have a 2 year course from the Human Services Program (NSCC) or equivalent education and training.</li> <li>BAC offers ongoing core competency emergency planning, WHMIS, first aid and CPR, crisis management, orientation, TEACCH, CCL, UMCB, UN Convention, safety training, supported decision making, excellence education, and other training as needed.</li> </ul>

### 6.6 PARTICIPANT INFORMATION

#### 6.6.1 PARTICIPANTS BY LEVEL OF SUPPORT

Support	Level 1	Level 2	Level 3	Level 4	Level 5
Breton Ability Centre ARC	-	7	19	26	11
Breton Ability Centre RRC	-	-	-	-	29

### 6.6.2 CURRENCY OF RESIDENTIAL ASSESSMENTS

- 38 of 106 participants have not been assessed in the last three years.
- Five participants have not been assessed since 1999 or later.

### 6.6.3 POTENTIAL TO TRANSITION TO COMMUNITY

- 42 of 106 participants have been identified as having the potential to transition to community-based homes.

## 7 RIVERVIEW HOME CORPORATION

Riverview Home is an ARC located in Stellarton. This building has had a significant renovation, totaling \$29 million, over the past five to seven years and in good physical condition. Three community homes were also built on the property during the renovations. The corporation also manages three community homes in the surrounding area. There is a significant population of elderly residents in the ARC facility. Riverview is licensed for 90 beds.

### 7.1 FUNDING

2014-2015 Actual Funding				
Facility	Annual Grant Funding	Annual Per Diem Funding	Special Needs	Total Funding
Riverview ARC	-	\$ 6,100,577	\$ 241,683	\$ 6,342,260

#### Funding assumptions:

- Annual grant and per diem funding is net of client income.
- Special needs includes all payments to service providers as well as to third parties. It also includes extra staffing and any other payments made to the service provider.
- Special needs paid to third parties was allocated based on capacity.

### 7.2 GENERAL INFORMATION

Age of building	Number of individuals supported	Living options offered	Attached to a Long-term care facility (Yes/No)	Other programming offered (Please detail: education; training; work; etc)	Is there a strategic plan? When completed? Is it in relation to the Roadmap for DSP?	Has the facility been accredited to any industry standard?
100+	90	<ul style="list-style-type: none"> <li>•ARC</li> <li>•Group homes</li> </ul>	No	Work through Summer Street Industries	The strategic plan from 2012 does not align with the roadmap	No

### 7.3 GOVERNANCE

Condition of the facility	Owned by	Governed by: Board of Directors; Special Legislation	Land owned by?	Have there been any major infrastructure projects recently?	Are any infrastructure projects planned? Required?	Are there partnerships or current arrangements with Housing NS, TIR; Regional Housing Authority or Municipal Corporation to assist with infrastructure projects?
<ul style="list-style-type: none"> <li>Renovated wings – excellent condition</li> <li>Un-renovated wing – scheduled for demolition</li> <li>On-site group homes – excellent condition</li> <li>3 off-site group homes require ongoing maintenance</li> </ul>	<ul style="list-style-type: none"> <li>Towns of New Glasgow, Pictou, Stellarton, Westville, Trenton</li> <li>Municipality of the County of Pictou</li> </ul>	Board of Directors	Same as Facility	<ul style="list-style-type: none"> <li>Renovation of two of three ARC wings</li> <li>Construction of three 8-bed group homes on-site</li> </ul>	Demolition of the remaining, un-renovated, wing	<ul style="list-style-type: none"> <li>Mortgages through Housing NS have funded the renovation of the ARC and construction of the on-site group homes.</li> <li>Mortgages for three off-site group homes also through Housing NS</li> </ul>

### 7.4 COMMUNITY PARTNERSHIPS AND SPECIALIZED RESOURCES

Do you offer living options outside of the facility? Community Home, ILS, etc; are these on site or in the community?	Do you offer Respite services; Outreach services; other transition or stabilization services; other programs to community based individuals?	Are there Specialized resources in place or within easy access (Psychology; Psychiatry; OT; Speech Language; etc)	Partnerships in place or potential – do others in the community use the facility space / programs? For what purpose?	Are there opportunities for residents to engage in programs in the community? Are there relationships currently in place to enable this?	Capacity to adapt for other services	Challenges for re-invention
<ul style="list-style-type: none"> <li>Three on-site group homes accommodating a total of 24 residents (8/home).</li> <li>Three off-site group homes accommodating a</li> </ul>	<ul style="list-style-type: none"> <li>Respite bed at Thomas Lane group home in Westville and Sutherland Valley group home in Pictou.</li> </ul>	<ul style="list-style-type: none"> <li>Consultant psychiatrist</li> <li>OT and psychology on a case by case basis</li> </ul>	No-one from the community uses space in the facility, other than our volunteer association meeting here. Facility been	<ul style="list-style-type: none"> <li>A number participate in work programs at Summer Street Industries.</li> <li>Some residents participate in Special Olympics.</li> </ul>	Limited until they can reduce the number of residents living in the	<ul style="list-style-type: none"> <li>Utilizing existing space for other purposes</li> <li>Creating different roles for staff</li> </ul>

total of 15 residents plus two respite beds (two homes with 4 residents, one home with 7)	<ul style="list-style-type: none"> <li>Have offered stabilization in the past and could do so again.</li> </ul>		under renovation for four years so this hasn't been an option	<ul style="list-style-type: none"> <li>Churches offer services at facility but some residents also go out to church.</li> <li>Residents participate in dances, concerts and parties at Summer Street.</li> </ul>	ARC as space is an issue	<ul style="list-style-type: none"> <li>Managing change with union (CUPE)</li> </ul>
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### 7.5 STAFFING LEVELS

There are no discrepancies between DCS funded staffing levels and staffing data provided by the facility.

DIRECT CARE STAFFING									
FTES	Casual Relief	LPN	Nutrition Services	Lab	LPN	RN	RRW I	Supervisor Residential Care	Facility Total for Direct Care
DCS Data - ARC	10.2	5.4	0.4	0	5.4	5.2	35.1	1	57.3
Facility Data - ARC	10.2	5.4	0.4	0	5.4	5.2	35.1	1	57.3

OPERATIONAL STAFFING										
FTES	Accountant	Admin/Executive Director	Assistant-Coord	Chief Cook	Coordinator	Director	Environmental Coord.	Food Services Supervisor	Janitor	Maintenance
DCS Data - ARC	1	1	1	3.8	5	1	1	1	3	1
Facility Data - ARC	1	1	1	3.8	5	1	1	1	3	1

OPERATIONAL STAFFING									EXTRA STAFFING
FTES	Maintenance Supervisor	Office Manager	Program Director	Program Res. Coord.	Sales/Marketing	Secretary	Utility Worker	Facility Total for Operations	Total Extra Staffing
DCS Data - ARC	1	1	1	1	1	2	10.6	36.4	0.9
Facility Data - ARC	1	1	1	1	1	2	10.6	36.4	0.9

## 7.6 OTHER STAFFING INFORMATION

Total Number of staff	Non-union / Excluded: number and positions	Unionized staff –	Which union (s) represent staff	Clinical staff: RN; LPN; OT; Physio; CCA	Education/ training of direct support staff other than clinical (RRW/RCW/LSW)
Approximately 225	24 non union staff	<ul style="list-style-type: none"> <li>• Resident Counsellor – 75.62 FTE</li> <li>• General Worker – 10.55 FTE,</li> <li>• Cook – 3.8 FTE</li> <li>• Maintenance Worker – 3.0 FTE</li> <li>• Support Planner – 5.0 FTE</li> </ul>	CUPE represents resident counsellors, general workers, maintenance, support planners	<ul style="list-style-type: none"> <li>• RN – 1.0 FTE</li> <li>• LPN – 4.2 FTE</li> <li>• Dietician - 0.4 FTE</li> </ul>	Grade XII required. Often get applicants with undergrad degrees. Rarely get applicants with the 2-year Human Services Worker designation. New staff are required to obtain core competencies within 6 months of hire.

## 7.7 PARTICIPANT INFORMATION

### 7.7.1 PARTICIPANTS BY LEVEL OF SUPPORT

Support	Level 1	Level 2	Level 3	Level 4	Level 5
Riverview ARC	0	3	10	36	2
Thomas Lane (D3)	0	1	0	0	6
Sutherland Valley (D3)	0	0	0	0	4
Park View (GH)	0	2	2	0	0
Evergreen (GH)	0	0	2	6	0
Brookhaven (GH)	0	1	5	2	0
Sky View (GH)	0	4	3	1	0

**7.7.2 CURRENCY OF RESIDENTIAL ASSESSMENTS**

- Assessments were completed on most residents prior to construction in 2006. Many were updated over the last number of years as residents were relocated and for future planning. Some assessments (5) were completed between 1997 – 2003 and have not been updated. 20 were updated in 2006. Since 2008, 24 have been updated.

**7.7.3 POTENTIAL TO TRANSITION TO COMMUNITY**

- Ten residents have expressed a desire to relocate to community placement. Seven have requested a Group Home placement; two prefer ILS; and one would prefer ILS or a Group Home.

## 8 SUNSET ARC

Sunset ARC is located in Pugwash. It is a very old building (120+ years) that has been under renovation for the past 7 years. It is not a good physical structure and presents many challenges for people with disabilities. Sunset is licensed to support 115 participants

### 8.1 FUNDING

2014-2015 Actual Funding				
Facility	Annual Grant Funding	Annual Per Diem Funding	Special Needs	Total Funding
Sunset ARC	-	\$ 7,527,787	\$ 1,614,510	\$ 9,142,297

Funding assumptions:

- Annual grant and per diem funding is net of client income.
- Special needs includes all payments to service providers as well as to third parties. It also includes extra staffing and any other payments made to the service provider.
- Special needs paid to third parties was allocated based on capacity.

### 8.2 GENERAL INFORMATION

Age of building	Number of individuals supported	Living options offered	Attached to a Long-term care facility (Yes/No)	Other programming offered (Please detail: education; training; work; etc)	Is there a strategic plan? When completed? Is it in relation to the Roadmap for DSP?	Has the facility been accredited to any industry standard?
120+	80	<ul style="list-style-type: none"> <li>• ILS for Cumberland County</li> <li>• 1OnCommunity Home (7 bed + 1 Respite bed) –</li> </ul>	No	Sheltered workshop – training – offered to individuals in the community as well	In development; DCS was consulted as part of the stakeholder group	No

### 8.3 GOVERNANCE

Condition of the facility	Owned by	Governed by: Board of Directors; Special Legislation	Other buildings (resource centres; ILS, CLO, etc)	Land owned by?	Have there been any major infrastructure projects recently?	Are any infrastructure projects planned? Required?	Are there partnerships or current arrangements with Housing NS, TIR; Regional Housing Authority or Municipal Corporation to assist with infrastructure projects?
Livable – fair to poor	Municipality	<ul style="list-style-type: none"> <li>• Board of Directors</li> <li>• 3 Municipal Councilors</li> <li>• 3 Members at large</li> </ul>	<ul style="list-style-type: none"> <li>• Sunset Industries (sheltered workshop)</li> <li>• Community Home;</li> <li>• 10 people supported in ILS</li> </ul>	Municipality	Yes, renovations started 7 years ago	Yes, required to meet Fire Marshall requirements	<ul style="list-style-type: none"> <li>• Housing NS</li> <li>• Municipality</li> </ul>

### 8.4 COMMUNITY PARTNERSHIPS AND SPECIALIZED RESOURCES

Do you offer living options outside of the facility? Community Home, ILS, etc; are these on site or in the community?	Do you offer Respite services; Outreach services; other transition or stabilization services; other programs to community based individuals?	Are there Specialized resources in place or within easy access (Psychology; Psychiatry; OT; Speech Language; etc)	Partnerships in place or potential – do others in the community use the facility space / programs? For what purpose?	Are there opportunities for residents to engage in programs in the community? Are there relationships currently in place to enable this?	Capacity to adapt for other services	Challenges for re-invention
<ul style="list-style-type: none"> <li>• ILS</li> <li>• Community home</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Respite bed</li> <li>• Sheltered workshop</li> </ul>	<ul style="list-style-type: none"> <li>• Psychiatry &amp; OT comes into the site</li> <li>• Have never had Psychology</li> </ul>	<ul style="list-style-type: none"> <li>• Very accepted in the community</li> <li>• Volunteers from the community come in to play music</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteering</li> <li>• Curling club</li> </ul>	<ul style="list-style-type: none"> <li>• Aging in place for people who don't have families</li> </ul>	<ul style="list-style-type: none"> <li>• Location</li> <li>• Building itself, still a 120 year old building even with the renovation</li> </ul>

		<ul style="list-style-type: none"> <li>• Director of Client Services very well versed in Mental Health nursing.</li> </ul>	<ul style="list-style-type: none"> <li>• 4H come in for crafts as part of the recreation program</li> <li>• Recreation is offered on each unit – all activities adapted to each unit population;</li> </ul>			
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### 8.5 STAFFING LEVELS

There are no discrepancies between DCS funded staffing levels and staffing data provided by the facility.

DIRECT CARE STAFFING									
FTES	Casual Relief	LPN	Medical Director	Nutrition Services	RN	RRW I	Supervisor Residential Care	Tech Resources	Facility Total for Direct Care
DCS Data - ARC	14.2	3.8	1	0.5	1	50.9	0.3	1	72.7
Facility Data - ARC	14.2	3.8	1	0.5	1	50.9	0.3	1	72.7

OPERATIONAL STAFFING														
FTES	Admin/Executive Director	Assistant-Coord	Chief Cook	Controller	Cooks	Coordinator	Director	Env Coord.	Food Services Coord.	Food Services Supervisor	Housekeeping	HR Manager	HR Personnel Assistant	HR Recruiter
DCS Data - ARC	1	1	2	1	1.4	1	1	1	2	1	13.8	1	3	1
Facility Data - ARC	1	1	2	1	1.4	1	1	1	2	1	13.8	1	3	1

OPERATIONAL STAFFING												EXTRA STAFFING	
FTES	Laundry Washer	Maintenance	Medical Services Coord	Plant Manager	Program Director	Program Res. Coord.	Sales/Marketing	Secretary	Senior Director	Utility Worker	Facility Total for Operations	Total Extra Staffing	
DCS Data - ARC	1.1	2	1	1	1	1	1	2	0.8	3	45	25.7	
Facility Data - ARC	1	2	1	1	1	1	1	2	0.8	3	45	25.7	

### 8.6 OTHER STAFFING INFORMATION

Total Number of staff	Non-union / Excluded: number and positions	Unionized staff – number and positions	Which union (s) represent staff	Clinical staff: RN; LPN; OT; Physio; CCA	Education/ training of direct support staff other than clinical (RRW/RCW/LSW)
171	26	<ul style="list-style-type: none"> <li>• 49 casual on ARC</li> <li>• 72 full time on ARC</li> <li>• 20 part time on ARC</li> <li>• 11 kitchen fulltime</li> <li>• 1 kitchen part time</li> <li>• 5 housekeeping full time</li> <li>• 5 housekeeping part time</li> <li>• 8 support services casual</li> </ul>	CUPE	<ul style="list-style-type: none"> <li>• RNs</li> <li>• Director of Client Services</li> <li>• Manager of Health Services (supervises LPNs)</li> <li>• Nurse supervisors</li> <li>• Consultant OT</li> <li>• LPNs</li> <li>• Few CCAs</li> </ul>	<ul style="list-style-type: none"> <li>• Train own staff – mostly middle aged people from the community (may not have Gr. 12)</li> <li>• New hires have to start as casuals which does not appeal to younger workers</li> </ul>

## 8.7 PARTICIPANT INFORMATION

### 8.7.1 PARTICIPANTS BY LEVEL OF SUPPORT

Support	Level 1	Level 2	Level 3	Level 4	Level 5
Sunset ARC	0	1	56	8	5
Durham House (GH)	0	6	0	0	0

### 8.7.2 CURRENCY OF RESIDENTIAL ASSESSMENTS

- 42 are noted as having not been assessed in over 10 years.
- The remaining assessments have occurred between 2005 -2014.

### 8.7.3 POTENTIAL TO TRANSITION TO COMMUNITY

- 13 participants are identified as being waitlisted for alternate placement.

## 9 HARBOURSIDE LODGE ARC

Harbourside Lodge ARC is located in Yarmouth. This is small ARC facility (32 beds) attached to the regional hospital and on the second floor above the veteran’s unit.

### 9.1 FUNDING

2014-2015 Actual Funding				
Facility	Annual Grant Funding	Annual Per Diem Funding	Special Needs	Total Funding
Harbourside ARC	-	\$ 2,003,071	\$ 78,615	\$ 2,081,686

Funding assumptions:

- Annual grant and per diem funding is net of client income.
- Special needs includes all payments to service providers as well as to third parties. It also includes extra staffing and any other payments made to the service provider.
- Special needs paid to third parties was allocated based on capacity.

### 9.2 GENERAL INFORMATION

Age of building	Number of individuals supported	Living options offered	Attached to a Long-term care facility (Yes/No)	Other programming offered (Please detail: education; training; work; etc)	Is there a strategic plan? When completed? Is it in relation to the Roadmap for DSP?	Has the facility been accredited to any industry standard?
40	32	ARC	Yes – Veteran’s Unit & hospital	No	No	No

### 9.3 GOVERNANCE

Condition of the facility	Owned by	Governed by: Board of Directors; Special Legislation	Other buildings (resource centres; ILS, CLO, etc)	Land owned by?	Have there been any major infrastructure projects recently?	Are any infrastructure projects planned? Required?	Are there partnerships or current arrangements with Housing NS, TIR; Regional Housing Authority or Municipal Corporation to assist with infrastructure projects?
Good	Harbourside Lodge;	<ul style="list-style-type: none"> <li>Board appointed by the Municipality</li> <li>11 members from different areas of Tri- County</li> </ul>	Veteran's floor	Harbourside Lodge	<ul style="list-style-type: none"> <li>Roof repair last year;</li> <li>Painted 2 years ago</li> </ul>	No	<ul style="list-style-type: none"> <li>Municipality</li> <li>Hospital</li> </ul>

#### 9.4 COMMUNITY PARTNERSHIPS AND SPECIALIZED RESOURCES

Do you offer living options outside of the facility? Community Home, ILS, etc; are these on site or in the community?	Do you offer Respite services; Outreach services; other transition or stabilization services; other programs to community based individuals?	Are there Specialized resources in place or within easy access (Psychology; Psychiatry; OT; Speech Language; etc)	Partnerships in place or potential – do others in the community use the facility space/ programs? For what purpose?	Are there opportunities for residents to engage in programs in the community? Are there relationships currently in place to enable this?	Capacity to adapt for other services	Challenges for re-invention
No	No	<ul style="list-style-type: none"> <li>GP as required or once per week</li> <li>Other specialists come as needed</li> <li>OT &amp; PT from the hospital</li> </ul>	No	<ul style="list-style-type: none"> <li>Kaye Nickerson Centre in Yarmouth</li> <li>Life Skills program in Yarmouth</li> </ul>	<ul style="list-style-type: none"> <li>Could take more seniors</li> <li>Psycho-geriatric</li> <li>Mental Health</li> <li>Brain injuries</li> </ul>	<ul style="list-style-type: none"> <li>Funding</li> <li>Staffing</li> <li>Training</li> </ul>

#### 9.5 STAFFING LEVELS

There are no discrepancies between DCS funded staffing levels and staffing data provided by the facility.

DIRECT CARE STAFFING				
FTES	LPN	Nutrition Services	RRW I	Facility Total for Direct Care
DCS Data - ARC	5	0.6	13.5	19.0
Facility Data - ARC	5	0.6	13.5	19

OPERATIONAL STAFFING											EXTRA STAFFING
FTES	Admin/Executive Director	Book-keeper	Chief Cook	Director	Environmental Coord.	Food Services Supervisor	Maintenance	Maintenance Supervisor	Utility Worker	Facility Total for Operations	Total Extra Staffing
DCS Data - ARC	1	1	1.2	3	3.9	0.1	0.3	0.5	3.4	14.4	0.04
Facility Data - ARC	1	1	1.2	3	3.9	0.1	0.3	0.5	3.4	14.4	0.04

### 9.6 OTHER STAFFING INFORMATION

Non-union / Excluded: number and positions	Unionized staff – number and positions	Which union (s) represent staff	Clinical staff: RN; LPN; OT; Physio; CCA	Education/ training of direct support staff other than clinical (RRW/RCW/LSW)
<ul style="list-style-type: none"> <li>ED is the only RN (on call 24/7/365)</li> </ul>	<ul style="list-style-type: none"> <li>Recreation Coordinator</li> <li>RCWs</li> <li>Housekeeping</li> </ul>	CUPE	<ul style="list-style-type: none"> <li>1 RN</li> <li>FT LPNs</li> <li>2 PT LPNs</li> <li>3 Casuals</li> <li>(OT, Physio, Dietician are contracted through the hospital)</li> </ul>	<ul style="list-style-type: none"> <li>Nothing less than CCA</li> <li>Try for 2 year Diploma from NSCC grads</li> <li>Difficulty attracting and retaining NSCC graduates</li> </ul>

9.7 PARTICIPANT INFORMATION

9.7.1 PARTICIPANTS BY LEVEL OF SUPPORT

Support	Level 1	Level 2	Level 3	Level 4	Level 5
Harbourside Lodge ARC	0	0	23	4	2

9.7.2 CURRENCY OF RESIDENT ASSESSMENTS

- 6 were completed between 2013-2015.
- Remaining are outdated with oldest being 1972.

9.7.3 POTENTIAL TO TRANSITION TO COMMUNITY

- 12 identified as potential to move to community with adequate supports.
- 5 identified as referred to a nursing home.

## 10 KINGS REGIONAL REHABILITATION CENTRE (KRRC)

This ARC/RRC is located in Waterville in the Annapolis Valley. This is the province’s largest facility, serving 215 (facility and community homes) individuals with disabilities. The building is over 50 years old and requires upgrades. KRRC also offers an outreach program, assistive technology services, community homes and successful social enterprises.

### 10.1 FUNDING

2014-2015 Actual Funding				
Facility	Annual Grant Funding	Annual Per Diem Funding	Special Needs	Total Funding
KRRC ARC	-	\$ 5,516,137	\$ 17,282	\$ 5,533,419
KRRC RRC	\$ 11,370,367	-	\$ 70,892	\$ 11,441,259
<b>Total</b>	\$ 11,370,367	\$ 5,516,137	\$ 88,174	\$ 16,974,678

#### Funding assumptions:

- Annual grant and per diem funding is net of client income.
- Special needs includes all payments to service providers as well as to third parties. It also includes extra staffing and any other payments made to the service provider.
- Special needs paid to third parties was allocated based on capacity.

### 10.2 GENERAL INFORMATION

Age of building	Number of individuals supported	Living options offered	Attached to a Long-term care facility (Yes/No)	Other programming offered (Please detail: education; training; work; etc)	Is there a strategic plan? When completed? Is it in relation to the Roadmap for DSP?	Has the facility been accredited to any industry standard?
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50+ Years	215	<ul style="list-style-type: none"> <li>• ARC/RRC/Adult and Youth Residential</li> <li>• Including 2 'Specialized ARC' Units</li> </ul>	No	<ul style="list-style-type: none"> <li>• Education</li> <li>• Learning Technology</li> <li>• Training</li> <li>• Pre-vocational and Vocational</li> <li>• Day Program</li> </ul>	A 2013-2018 strategic plan was developed in 2013 which aligns with the Roadmap.	Accreditation Canada – April 2015 (96% Standards Met)
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### 10.3 GOVERNANCE

Condition of the facility	Owned by	Governed by: Board of Directors; Special Legislation	Other buildings (resource centres; ILS, CLO, etc)	Land owned by?	Have there been any major infrastructure projects recently?	Are any infrastructure projects planned? Required?	Are there partnerships or current arrangements with Housing NS, TIR; Regional Housing Authority or Municipal Corporation to assist with infrastructure projects?
<ul style="list-style-type: none"> <li>• Lots of land</li> <li>• Good structure</li> <li>• Needs infrastructure upgrades (5 year plan completed)</li> </ul>	<ul style="list-style-type: none"> <li>• Building by DCS</li> <li>• Land by Municipal</li> </ul>	Board of Directors under Special Legislation – KRRC Act	<ul style="list-style-type: none"> <li>• Plank Industries</li> <li>• Green House</li> <li>• Rainforth Home</li> <li>• Newton (Bridgewater)</li> <li>• Community Option Adult</li> <li>• 4 Youth Homes</li> </ul>	Owned Owned Owned Dept. of Housing Rented Rented	<ul style="list-style-type: none"> <li>• Gateways refit 2008</li> <li>• Horizons/MacA Bathroom Refit 2012</li> <li>• Electrical Upgrades</li> <li>• Structured Wiring</li> <li>• Fire upgrades</li> </ul>	<ul style="list-style-type: none"> <li>• \$2.8 Million in proposed upgrades</li> <li>• 5-10 year plan forwarded to DCS in 2012</li> </ul>	<ul style="list-style-type: none"> <li>• Newton Home</li> <li>• Mortgage arrangements with NSMF Corp for Plank, Greene,</li> </ul>

### 10.4 COMMUNITY PARTNERSHIPS AND SPECIALIZED RESOURCES

Do you offer living options outside of the facility? Community Home, ILS, etc; are these on site or in the community?	Do you offer Respite services; Outreach services; other transition or stabilization services; other programs to community based individuals?	Are there Specialized resources in place or within easy access (Psychology; Psychiatry; OT; Speech Language; etc)	Partnerships in place or potential – do others in the community use the facility space / programs? For what purpose?	Are there opportunities for residents to engage in programs in the community? Are there relationships currently in place to enable this?	Capacity to adapt for other services	Challenges for re-invention
Community Homes – Youth and Adult	<ul style="list-style-type: none"> <li>• CCOG</li> <li>• Vocational</li> <li>• Day programs</li> </ul>	<ul style="list-style-type: none"> <li>• Physio</li> <li>• OT</li> <li>• IT Lab</li> <li>• Pharmacy</li> <li>• Speech</li> <li>• Psychology</li> <li>• Clinical Dietician</li> <li>• Social Work</li> <li>• Trained teacher</li> </ul>	NS Hearing and Speech	Annapolis Valley Regional School Board/ South Shore Regional School Board, Acadia University, Special Olympics, Peopleworx, Flowercart, swimming and numerous other recreational activities	Significant	<ul style="list-style-type: none"> <li>• Infrastructure</li> <li>• Recruitment and retention of key personnel</li> </ul>

### 10.5 STAFFING LEVELS

KRRC receives DSP funding for staffing the ARC, RRC and Community Based homes that it operates. The facility uses that funding to set its own internal budget for staffing which is represented in the last row of each table.

DIRECT CARE STAFFING										
FTES	Coord. Infection Control	Industrial Therapist	Lab	LPN	Medical Director	Nutrition Services	OT	Pharmacy	Physio Assistant	Physio Therapist
DCS Data - ARC	0	0	0	21.00	0	0	0	0	0	0
DCS Data - Comm Opt	0	0	0	9.16	0	0	0	0	0	0
DCS Data - RRC	1	6	0.20	30.22	0.10	0.80	2.10	2.10	1	1.20
<b>Total Funded</b>	<b>1</b>	<b>6</b>	<b>0.20</b>	<b>60.38</b>	<b>0.10</b>	<b>0.80</b>	<b>2.10</b>	<b>2.10</b>	<b>1</b>	<b>1.20</b>

<b>Facility Internal Budget</b>	1.00	2.80	0.20	48.72	0.10	0.70	3.00	2.10	0.60	0.60
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<b>DIRECT CARE STAFFING</b>									
FTES	Psychology	RN	RRW I	Senior RN	Social Work	Speech Assistant	YW1	YW2	Facility Total for Direct Care
DCS Data - ARC	0	3.3	30.12	1.36	0	0	0	0	55.48
DCS Data - Comm Opt	1.10	0	41.49	1.07	1.05	0	21.37	26.54	101.78
DCS Data - RRC	2.30	3.60	70.42	2.45	1.70	1.00	0	0	126.19
<b>Total Funded</b>	<b>3.40</b>	<b>6.60</b>	<b>142.03</b>	<b>4.88</b>	<b>2.75</b>	<b>1.00</b>	<b>21.37</b>	<b>26.54</b>	<b>283.45</b>
<b>Facility Internal Budget</b>	<b>2.00</b>	<b>4.68</b>	<b>161.44</b>	<b>5.14</b>	<b>4.00</b>	<b>0.50</b>	<b>19.96</b>	<b>22.46</b>	<b>280.00</b>

<b>OPERATIONAL STAFFING</b>												
FTES	Accountant	Account. Clerk 1	Purchaser	Activity Coord.	Admin/Executive Director	Clerk	Clinical Records/Archives	Controller	Cooks	Coordinator	Director	Education Coord.
DCS Data - ARC	0.26	0.51	0	0	0.26	0.51	0.26	0	2.05	0	1.17	0
DCS Data - Comm Opt	0.29	0.58	0	0	0.29	0.58	0.29	0	0	0	0.70	1
DCS Data - RRC	0.46	0.91	0.00	0.90	0.46	0.91	0.46	0	3.02	0	1.73	0
<b>Total Funded</b>	<b>1.00</b>	<b>2.00</b>	<b>0.00</b>	<b>0.90</b>	<b>1.00</b>	<b>2.00</b>	<b>1.00</b>	<b>0.00</b>	<b>5.07</b>	<b>0.00</b>	<b>3.60</b>	<b>1.00</b>
<b>Facility Internal Budget</b>	-	2.00	1.00	-	1.00	1.40	1.00	1.00	5.04	5.00	3.00	2.00

<b>OPERATIONAL STAFFING</b>											
FTES	Environment al Coord.	Food Services Coord.	Food Services Supervisor	Food Services Manager	Foreman	HR Manager	Communicat ions	PD	IT Resource	Lifestyles Coord	Maintenance
DCS Data - ARC	0.38	0.40	0.12	0.40	1.88	0.0	0	0	0.26	0.00	1.35
DCS Data - Comm Opt	0	0	0	0	0	0	0	0	0.29	0	0
DCS Data - RRC	0.63	0.60	0.18	0.60	3.14	0.0	0	0	0.46	1.00	2.25
<b>Total Funded</b>	<b>1.00</b>	<b>1.00</b>	<b>0.30</b>	<b>1.00</b>	<b>5.02</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1.00</b>	<b>1.00</b>	<b>3.60</b>
<b>Facility Internal Budget</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>0</b>	<b>5.99</b>	<b>1.00</b>	<b>0.80</b>	<b>1.00</b>	<b>1.00</b>	-	<b>5.00</b>

OPERATIONAL STAFFING										EXTRA STAFFING
FTES	Plant Manager	Program Res. Coord.	Quality Coord.	Reception	Recreation Coord.	Secretary	Senior Director	Utility Worker	Facility Total for Operations	Total Extra Staffing
DCS Data - ARC	0.38	3.00	0	0.64	0	0.26	0.26	15.98	8.19	60.88
DCS Data - Comm Opt	0	2.20	0	0.72	0	0.29	0.29	0	3.73	0
DCS Data - RRC	0.63	5.00	1.00	1.14	0.82	0.46	0.46	25.18	13.97	0
<b>Total Funded</b>	<b>1.00</b>	<b>10.20</b>	<b>1.00</b>	<b>2.50</b>	<b>0.82</b>	<b>1.00</b>	<b>1.00</b>	<b>41.16</b>	<b>25.89</b>	<b>60.88</b>
<i>Facility Internal Budget</i>	<i>1.00</i>	<i>11.00</i>	<i>1.00</i>	<i>2.80</i>	<i>1.00</i>	<i>1.00</i>	-	<i>39.13</i>	<i>34.23</i>	<i>68.00</i>

## 10.6 PARTICIPANT INFORMATION

### 10.6.1 PARTICIPANTS BY LEVEL OF SUPPORT

Support	Level 1	Level 2	Level 3	Level 4	Level 5
KRRC ARC	0	0	34	10	9
KRRC RRC	0	1	0	2	95
KRRC Specialized ARC	0	0	16	1	
KRRC Community Homes					
KRRC ILS		1			

### 10.6.2 CURRENCY OF RESIDENTIAL ASSESSMENTS

- Most are outdated except for those in Community Homes and a participant in ILS. 51 were updated in between 2013 and 2015. Some have not been updated since original assessment (1978 is oldest).

**10.6.3 POTENTIAL TO TRANSITION TO COMMUNITY**

- For 77 participants, transition to community would be appropriate with adequate supports. Many have high support needs and would be difficult to support in community.

## 11 LAHAVE MANOR

LaHave Manor is an ARC located in Bridgewater. This is a 35 year-old building in need of renovations. The average age of the resident population is 61. Most residents are 60 – 86. Staffing is a concern.

### 11.1 FUNDING

2014-2015 Actual Funding				
Facility	Annual Grant Funding	Annual Per Diem Funding	Special Needs	Total Funding
LaHave ARC	-	\$ 3,548,013	\$ 335,363	\$ 3,883,376

Funding assumptions:

- Annual grant and per diem funding is net of client income.
- Special needs includes all payments to service providers as well as to third parties. It also includes extra staffing and any other payments made to the service provider.
- Special needs paid to third parties was allocated based on capacity.

### 11.2 GENERAL INFORMATION

Age of building	Number of individuals supported	Living options offered	Attached to a Long-term care facility (Yes/No)	Other programming offered (Please detail: education; training; work; etc)	Is there a strategic plan? When completed? Is it in relation to the Roadmap for DSP?	Has the facility been accredited to any industry standard?
35	66	<ul style="list-style-type: none"> <li>• ARC</li> <li>• Community Homes</li> <li>• ILS / Supported apartments</li> </ul>	No	Pre-vocational program (basic)	Yes – plan is 4 years old; not aligned with the Roadmap	No

11.3 GOVERNANCE

Condition of the facility	Owned by	Governed by: Board of Directors; Special Legislation	Other buildings (resource centres; ILS, CLO, etc)	Land owned by?	Have there been any major infrastructure projects recently?	Are any infrastructure projects planned? Required?	Are there partnerships or current arrangements with Housing NS, TIR; Regional Housing Authority or Municipal Corporation to assist with infrastructure projects?
Fair /poor	LaHave Manor Corp.	<ul style="list-style-type: none"> <li>• 8 member Board of Directors</li> <li>• Community members</li> <li>• Not registered under the Societies Act; By-Laws not approved</li> </ul>	<ul style="list-style-type: none"> <li>• 3 community homes</li> <li>• ILS – Supported apartments (32 individuals supported)</li> </ul>	LaHave Manor Corp.	<ul style="list-style-type: none"> <li>• Roof redone 1 year ago; major renovations due to leaks – mold in building – insurance is covering this;</li> <li>• They did a courtyard themselves from their foundation</li> <li>• Received 45 new beds</li> </ul>	Building requires significant work – complete renovation	No

11.4 COMMUNITY PARTNERSHIPS AND SPECIALIZED RESOURCES

Do you offer living options outside of the facility? Community Home, ILS, etc; are these on site or in the community?	Do you offer Respite services; Outreach services; other transition or stabilization services; other programs to community based individuals?	Are there Specialized resources in place or within easy access (Psychology; Psychiatry; OT; Speech Language; etc)	Partnerships in place or potential – do others in the community use the facility space / programs? For what purpose?	Are there opportunities for residents to engage in programs in the community? Are there relationships currently in place to enable this?	Capacity to adapt for other services	Challenges for re-invention
<ul style="list-style-type: none"> <li>• Community homes: 2 are 5 bed, (of which 1 home is all female), 1 is 7 bed;</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-voc. Program is offered to community – 8 individuals attending from the</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health at hospital accessed</li> <li>• Psychiatrist comes in once per month</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-voc clients come from the community</li> <li>• ARC Industries – 10 people</li> </ul>	<ul style="list-style-type: none"> <li>• ARC Industries – 10 individuals attend</li> <li>• Others do volunteer work at the local</li> </ul>	<ul style="list-style-type: none"> <li>• Some – senior’s residence –</li> </ul>	<ul style="list-style-type: none"> <li>• Funding</li> <li>• Staffing</li> <li>• Renovations to the</li> </ul>

<ul style="list-style-type: none"> <li>• 15 individuals supported in ILS/supervised apartments</li> </ul>	community; there is a waitlist.	<ul style="list-style-type: none"> <li>• Medical Director is contracted – visits bi-weekly</li> <li>• OT on staff</li> <li>• Dietician on staff</li> <li>• RN – 1 FTE</li> </ul>	<ul style="list-style-type: none"> <li>• NSCC – students come to the facility</li> <li>• Pre-voc program does work for businesses in the community</li> </ul>	animal shelter and the Salvation Army	nursing home <ul style="list-style-type: none"> <li>• Pre-voc program can be expanded</li> </ul>	building required
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### 11.5 STAFFING LEVELS

There are no discrepancies between DCS funded staffing levels and staffing data provided by the facility.

DIRECT CARE STAFFING				
FTES	LPN	RN	RRW / I	Facility Total for Direct Care
DCS Data - RRC	10.1	1.2	26.5	37.7
Facility Data - RRC	10.1	1.2	26.5	37.7

OPERATIONAL STAFFING							
FTES	Admin/Executive Director	Chief Cook	Clerk	Controller	Cooks	Food Services Supervisor	Housekeeping
DCS Data - RRC	1	1.2	1	1	2	1	3.9
Facility Data - RRC	1	1.2	1	1	2	1	3.9

OPERATIONAL STAFFING							EXTRA STAFFING	
FTES	Maintenance	Maintenance Supervisor	Program Director	Program Res. Coord.	Secretary	Utility Worker	Facility Total for Operations	Total Extra Staffing
DCS Data - RRC	1.0	1.0	1.0	3.0	1.0	2.9	20.9	3.0
Facility Data - RRC	1	1	1	3	1	2.9	20.9	3

### 11.6 OTHER STAFFING INFORMATION

Total Number of staff	Non-union / Excluded: number and positions	Unionized staff – number and positions	Which union (s) represent staff	Clinical staff: RN; LPN; OT; Physio; CCA	Education/ training of direct support staff other than clinical (RRW/RCW/LSW)
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66	<ul style="list-style-type: none"> <li>• 7:</li> <li>• CEO;</li> <li>• 2 office staff</li> <li>• RN</li> <li>• Dietician</li> <li>• OT</li> <li>• Director of Finance</li> </ul>	59	UNIFOR	<ul style="list-style-type: none"> <li>• 1 RN FTE</li> <li>• 12 LPN positions: 5 FTEs – 7 part-time</li> </ul>	Hire CCAs mainly; core competencies beside this.
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### 11.7 PARTICIPANT INFORMATION

#### 11.7.1 PARTICIPANTS BY LEVEL OF SUPPORT

Support	Level 1	Level 2	Level 3	Level 4	Level 5
LaHave ARC	0	1	28	4	7
Community Homes (Compassion Home)	0	1	4	0	0
Community Home (Rose Cottage)	0	5	0	0	0
Supervised apartments / ILS	3	11	0	0	0

#### 11.7.2 CURRENCY OF RESIDENTIAL ASSESSMENTS

- 9 ARC assessments have been completed between 2013-2015.
- The remainder are outdated (oldest is an assessment from 1976).

11.7.3 POTENTIAL TO TRANSITION TO COMMUNITY

- 11 participants are identified from the ARC as having potential to transition to community.
- 6 participants are identified as potential transfers to DHW nursing homes.

12 THE MEADOWS

The Meadows (Annapolis) is an ARC in Bridgetown in the Annapolis Valley. It is part of a complex operated by the Annapolis County Municipal Housing Corporation - the other facility is a long-term care home. 34 individuals are supported in the ARC. The organization also supports 9 individuals in the ILS program and 16 in the supported apartment program.

12.1 FUNDING

2014-2015 Actual Funding				
Facility	Annual Grant Funding	Annual Per Diem Funding	Special Needs	Total Funding
Meadows ARC	-	\$ 2,016,929	\$ 244,143	\$ 2,261,072

Funding assumptions:

- Annual grant and per diem funding is net of client income.
- Special needs includes all payments to service providers as well as to third parties. It also includes extra staffing and any other payments made to the service provider.
- Special needs paid to third parties was allocated based on capacity.

12.2 GENERAL INFORMATION

Age of building	Number of individuals supported	Living options offered	Attached to a Long-term care facility (Yes/No)	Other programming offered (Please detail: education; training; work; etc)	Is there a strategic plan? When completed? Is it in relation to the Roadmap for DSP?	Has the facility been accredited to any industry standard?
28	<ul style="list-style-type: none"> <li>• 34 ARC</li> <li>• 9 ILS</li> </ul>	<ul style="list-style-type: none"> <li>• ARC</li> <li>• ILS</li> </ul>	Part of the same operation – long term care home on same site	<ul style="list-style-type: none"> <li>• Vocational program</li> <li>• Recreation</li> </ul>	A strategic plan was developed for the entire Meadows complex	No

	• 16 Supported apartment	• Supported Apartment			and is more focused on the long-term care operations	
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### 12.3 GOVERNANCE

Condition of the facility	Owned by	Governed by: Board of Directors; Special Legislation	Other buildings (resource centres; ILS, CLO, etc)	Land owned by?	Have there been any major infrastructure projects recently?	Are any infrastructure projects planned? Required?	Are there partnerships or current arrangements with Housing NS, TIR; Regional Housing Authority or Municipal Corporation to assist with infrastructure projects?
Good	Annapolis County Municipal Housing Corp.	<ul style="list-style-type: none"> <li>Resolution of Municipal Council approved by DHW, DCS &amp; Municipal Affairs</li> <li>By-laws also approved by Board, DCS &amp; DHW</li> </ul>	<ul style="list-style-type: none"> <li>ILS and supported apartments</li> </ul>	Annapolis County Municipal Housing Corp.	Apartments renovated 2 years ago at \$100,000 for a complex case	<ul style="list-style-type: none"> <li>Requires work in tub room</li> <li>Generator</li> <li>Heat pumps</li> </ul>	<ul style="list-style-type: none"> <li>Requesting assistance from Municipality and TIR regarding sidewalks from apartments to the main site</li> </ul>

### 12.4 COMMUNITY PARTNERSHIPS AND SPECIALIZED RESOURCES

Do you offer living options outside of the facility? Community Home, ILS, etc; are these on site or in the community?	Do you offer Respite services; Outreach services; other transition or stabilization services; other programs to community based individuals?	Are there Specialized resources in place or within easy access (Psychology; Psychiatry; OT; Speech Language; etc)	Partnerships in place or potential – do others in the community use the facility space / programs? For what purpose?	Are there opportunities for residents to engage in programs in the community? Are there relationships currently in place to enable this?	Capacity to adapt for other services	Challenges for re-invention
<ul style="list-style-type: none"> <li>ILS</li> <li>Supported apartments</li> </ul>	Had a respite bed but not available currently – renovations being completed	<ul style="list-style-type: none"> <li>Cambridge Community Outreach program at KRRC</li> </ul>	<ul style="list-style-type: none"> <li>Canadian Mental Health Association</li> <li>Community events such as concerts,</li> </ul>	<ul style="list-style-type: none"> <li>Garden Program / Market</li> <li>Special Olympics</li> </ul>	<ul style="list-style-type: none"> <li>Day programs;</li> <li>Geriatric services – aging in place</li> </ul>	<ul style="list-style-type: none"> <li>Staffing levels</li> <li>Education</li> <li>Accessibility</li> <li>Transportation</li> </ul>

		<ul style="list-style-type: none"> <li>•Psychiatry and OT at Mountain Lea Lodge (their long term care home)</li> <li>•0.2 of Physio FTE</li> <li>•HANS for Biomed</li> </ul>	fundraisers; antique car show; •Community does not use the facility	<ul style="list-style-type: none"> <li>•Recreation: pool program</li> <li>•Volunteer program</li> <li>•Pet therapy</li> </ul>	for people with disabilities	
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### 12.5 STAFFING LEVELS

Due to its operation as an ARC and long-term care facility, The Meadows receives dual funding allocations from DCS and the Department of Health and Wellness.

### 12.6 OTHER STAFFING INFORMATION

Total Number of staff	Non-union / Excluded: number and positions	Unionized staff – number and positions	Which union (s) represent staff	Clinical staff: RN; LPN; OT; Physio; CCA	Education/ training of direct support staff other than clinical (RRW/RCW/LSW)
60	<ul style="list-style-type: none"> <li>• Business Office;</li> <li>• Administrator is 30% funded by DCS</li> <li>• CFO is 40% funded by DCS</li> <li>• Food Services supervisor is funded 20% by DCS</li> <li>• Environmental Services manager is funded 20% by DCS;</li> <li>• Maintenance Supervisor is funded 5% by DCS</li> </ul>	<ul style="list-style-type: none"> <li>• 11 RCWs</li> <li>• 4 LPNs</li> <li>• 1 DRCW</li> <li>• 5 CSSWs</li> <li>• Activity workers</li> <li>• 1 Cook FT</li> <li>• 2 Cooks PT</li> <li>• 4 FWS</li> <li>• 2 HSKP</li> <li>• 1 Maintenance</li> <li>• SOCS</li> </ul>	<ul style="list-style-type: none"> <li>• CUPE</li> <li>• SEILI (LPNs)</li> </ul>	4 LPNs	<ul style="list-style-type: none"> <li>• RCWs – grade 12 and core competencies</li> <li>• Recreation staff – 2 year program (HS) or degree</li> <li>• Community support program – Grade 12 + 2 year HS – same for small options counsellors</li> </ul>

### 12.7 PARTICIPANT INFORMATION

12.7.1 PARTICIPANTS BY LEVEL OF SUPPORT

Support	Level 1	Level 2	Level 3	Level 4	Level 5
The Meadows (ARC)	1	0	28	3	0
Supervised apartments	6	0	0	0	0
Willowvale Supervised apartments	2	7	0	0	0

12.7.2 CURRENCY OF RESIDENTIAL ASSESSMENTS

- Those in supervised apartments were completed in 2015.
- 13 of ARC residents were updated in period 2013-2015.
- Remainder of assessments are outdated.

12.7.3 POTENTIAL TO TRANSITION TO COMMUNITY

- 16 are identified as potentially moving to community.
- 5 are identified as potential referrals to DHW programs.

### 13 YACRO – ARCADIA HOUSE

Arcadia House is an ARC funded home for 4 young men with challenging behaviours and high needs. It is located in Yarmouth and is one of the community homes operated by YACRO. The young men in this home participate in activities outside the home during the day. YACRO also operates successful social enterprises in the area including a restaurant and a soap making business.

#### 13.1 FUNDING

2014-2015 Actual Funding				
Facility	Annual Grant Funding	Annual Per Diem Funding	Special Needs	Total Funding
YACRO ARC	-	\$ 998,610	\$ 26,017	\$ 1,014,636

Funding assumptions:

- Annual grant and per diem funding is net of client income.
- Special needs includes all payments to service providers as well as to third parties. It also includes extra staffing and any other payments made to the service provider.
- Special needs paid to third parties was allocated based on capacity.

#### 13.2 GENERAL INFORMATION

Age of building	Number of individuals supported	Living options offered	Attached to a Long-term care facility (Yes/No)	Other programming offered (Please detail: education; training; work; etc)	Is there a strategic plan? When completed? Is it in relation to the Roadmap for DSP?	Has the facility been accredited to any industry standard?
50	4	Community Living	No	<ul style="list-style-type: none"> <li>• Work</li> <li>• Education</li> <li>• Training</li> </ul>	Yes; aligned with Roadmap	No

13.3 GOVERNANCE

Condition of the facility	Owned by	Governed by: Board of Directors; Special Legislation	Other buildings (resource centres; ILS, CLO, etc)	Land owned by?	Have there been any major infrastructure projects recently?	Are any infrastructure projects planned? Required?	Are there partnerships or current arrangements with Housing NS, TIR; Regional Housing Authority or Municipal Corporation to assist with infrastructure projects?
Good	YACRO	Board of Directors consists of 10 community members	<ul style="list-style-type: none"> <li>• ILS – Metro &amp; Western regions (20 clients);</li> <li>• 17 community homes</li> <li>• Respite program</li> </ul>	YACRO	Flood in past 2 years at Arcadia House – home temporarily relocated	No	No

13.4 COMMUNITY PARTNERSHIPS AND SPECIALIZED RESOURCE

Do you offer living options outside of the facility? Community Home, ILS, etc; are these on site or in the community?	Do you offer Respite services; Outreach services; other transition or stabilization services; other programs to community based individuals?	Are there Specialized resources in place or within easy access (Psychology; Psychiatry; OT; Speech Language; etc)	Partnerships in place or potential – do others in the community use the facility space / programs? For what purpose?	Are there opportunities for residents to engage in programs in the community? Are there relationships currently in place to enable this?	Capacity to adapt for other services	Challenges for re-invention
<ul style="list-style-type: none"> <li>• Community homes</li> <li>• ILS</li> </ul>	Respite	Through Outpatients at the hospital	<ul style="list-style-type: none"> <li>• Social Enterprise partnerships very strong;</li> <li>• Partnerships also created through the BOD – Board includes membership from RCMP; Mental Health; consumers; and others in the community</li> </ul>	Many through the social enterprise arm of the organization	<ul style="list-style-type: none"> <li>• Would provide other community homes; preparing another home for complex cases</li> </ul>	<ul style="list-style-type: none"> <li>• Funding – recognition of actual budget expenses; travel costs</li> <li>• Transportation</li> <li>• Staffing</li> </ul>

### 13.5 STAFFING LEVELS

There are no discrepancies between DCS funded staffing levels and staffing data provided by the facility.

DIRECT CARE STAFFING							
FTES	Casual Relief	RRW I	Night Awake	Night Asleep	Sleep Over Relief	Supervisor Residential Care	Facility Total for Direct Care
DCS Data - RRC	2.4	11.9	1.4	1.4	0.3	0.6	17.9
Facility Data - RRC	2.4	11.9	1.4	1.4	0.3	0.6	17.9

OPERATIONAL STAFFING						
FTES	Accountant	Admin/Executive Director	Book-keeper	Controller	Coordinator	Education Coord.
DCS Data - RRC	0.1	0.1	0.1	0.1	0.1	0.1
Facility Data - RRC	0.1	0.1	0.1	0.1	0.1	0.1

OPERATIONAL STAFFING								
FTES	HR Manager	HR Recruiter	IT Resource	Maintenance Supervisor	Office Manager	Program Res. Coord.	Secretary	Facility Total for Operations
DCS Data - RRC	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.1
Facility Data - RRC	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.1

### 13.6 OTHER STAFFING INFORMATION

Total Number of staff	Non-union / Excluded: number and positions	Unionized staff – number and positions	Which union (s) represent staff	Clinical staff: RN; LPN; OT; Physio; CCA	Education/ training of direct support staff other than clinical (RRW/RCW/LSW)
261	<ul style="list-style-type: none"> <li>Casuals</li> <li>Management &amp; Administration</li> <li>Café staff</li> </ul>	155	NSGEU	Medical Coordinator is a LPN	<ul style="list-style-type: none"> <li>RRW – experience: Human Services Diploma preferred; will take Grade 12</li> </ul>

					<ul style="list-style-type: none"> <li>• Training completed in-house</li> <li>• Many staff have university degree</li> <li>• Provide core competency training; cultural awareness; defensive driving; food handlers</li> </ul>
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**13.7 PARTICIPANT INFORMATION**

**13.7.1 PARTICIPANTS BY LEVEL OF SUPPORT**

Support	Level 1	Level 2	Level 3	Level 4	Level 5
YACRO – Arcadia House	0	0	0	0	4

**13.7.2 CURRENCY OF RESIDENTIAL ASSESSMENTS**

Two residents were assessed in 2014. The additional two were assessed in 2009.

**13.7.3 POTENTIAL TO TRANSITION TO COMMUNITY**

Arcadia House is considered a community based RRC.