

**DSP TRANSFORMATION
HEALTH SYSTEM ALIGNMENT WORKING GROUP
TERMS OF REFERENCE**

DCS AND DSP TRANSFORMATION BACKGROUND AND CONTEXT

Community Services is the largest direct deliverer of human and social services within the Nova Scotia government. The Department is experiencing growth in its expenditures and a demand for program expansion and change in how some programs are delivered. 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 over 5,200 children, youth and adults with physical and intellectual disabilities and long-term mental illness. There are a number of challenges within DSP:

- There is no cohesive legislative or regulatory framework;
- The DSP program's waitlist exceeds 1,100 with 350 people have no service at present;
- Sufficient services and supports that help clients live in their own homes or community are often unavailable due to lack of program capacity;
- Institutionalization is no longer considered an acceptable way to deliver supports to clients ; and
- Facility infrastructure is aging and costly to maintain.

OPPORTUNITIES FOR GREATER COORDINATION AND COLLABORATION BETWEEN DCS AND THE HEALTH SYSTEM

The Department of Health and Wellness and Community Services provide services to almost 40,000 Nova Scotians, who are aging, or have mental or physical disabilities—including fragile infants, children and youth—rely on the services provided by the Department of Health and Wellness (DHW), Nova Scotia Health Authorities (NSHA, IWK Health Centre—and the Disabilities Support Program (DSP) of the Department of Community Services (DCS).

About Continuing Care and Disability Support Program

DHW Continuing Care provides service to Individuals who need ongoing health and other care outside the hospital, either on a long-term or short term basis. This branch provides assessment, home care, long term care (in a nursing home or residential care facility) and protection for vulnerable adults. These services are provided by staff at the Nova Scotia Health Authority or through contracted service providers.

Children, youth and adults with intellectual disabilities, mental illness and or physical disabilities are served through DSP. The program provides support and funding for individuals and families including Direct Family Support, Independent Living Supports, Alternative Family Support, Residential placements and Adult Day programs.

Opportunities and Existing Challenges:

- **Clients are in inappropriate placements.** It is believed that there are over 100 clients currently in DSP residential placements that are better served in Continuing Care Long Term Care Facilities. In 2005, Community Services implemented an “aging in place” approach allowing clients to age in their current facility. The intent of the approach was not to have clients stay indefinitely however clear guidelines for when clients would transition to an alternate level of care (based on rising nursing care needs or palliative status) were not defined. This has resulted in DCS serving many aged clients that required extensive nursing care in DCS facilities/program options that were not designed to support these clients. It is also believed that there are clients in NSHA facilities (e.g. Alternative Level of Care beds, acute care beds) that should be in a DSP placement – the current lack of capacity/waitlists often prevents this from occurring which means that clients are often in a level of care that is not suited to their needs. In all cases, clients are in placements that do not support their health and social outcomes. Believe that there are folks in LTC. (Peter’s Place)
- **There is no clear process for how to address Complex Cases.** Some individuals with complicated care needs, which exceed or fall outside the programs offered by either department are often a challenge to place and support. In some cases, there is no service option to address their multidimensional support needs and placements are often made only because of the good working relationship between the two Departments rather than because a well defined decision process was followed. In addition, service delivery within DHW is being migrated to the NSHA from DHW so they will become an important stakeholder in addressing complex cases. While both departments have a shared responsibility to ensure a support plan is developed and funded for people with complex needs these placements are often made with a clear understanding of the funding parameters that should be followed.

FOCUS OF THE WORKING GROUP

The following are the objectives of this project:

1. **Clarify the clients that should be served by each program**

Community Services

- Segment the client population (What are the characteristics/attributes of each client population), identify what programs/services each segment requires
 - The planned output is agreement by DHW/DCS on who “owns” which client segments
 - Develop an agreed upon approach/criteria to identify clients are currently not in the appropriate program
 - The planned output is a method to identify clients that are currently in placements that should be in another program (i.e. answer the question how many and which DCS clients should be in DHW program)
2. **Identify the programming that is required to address clients that are not currently well served by DCS, DHW, NSHA and IWK**
 3. **Recommend improvements to the process by which DHW and DCS assess, place and provide subsequent case management to clients with complex cases on a go forward basis**

The following are Out of Scope:

- This project will not be a forum to discuss/decide on placement individual cases that are operational in nature. While sample cases might be used to illustrate articulate issues to be addressed – addressing current placements are not in scope.

WORKING GROUP MEMBERSHIP

- The membership of the Working Group includes representatives from the Department of Community Services, Department of Health and Wellness, Nova Scotia Health Authority and the IWK Health Centre.
- The Working Group will be co- chaired by Lorna MacPherson, Director, Disability Support Program and Carolyn Maxwell, Director, Continuing Care Department of Health and Wellness.
- Darryl Pierrynowski, Davis Pier Consulting will provide project management support.

The members of the Working Group are as follows:

Name	Name
Lorna MacPherson	Director, Disability Support Program
Carolyn Maxwell	Director, Risk and Mitigations, Department of Health and Wellness

Name	Name
Lindsay Peach	Vice-President, Integrated Health Services Community Support and Management, Nova Scotia Health Authority
Lynn Howles	Research and Stats Officer, DSP Program
Jocelyne Vine	Vice-President, Patient Care, IWK Health Centre
Dr. Linda Courey	Director, Mental Health, Nova Scotia Health Authority

Meeting quorum is considered to be 50% +1 of the working group membership.

RESPONSIBILITIES OF THE CHAIR

The Chair of the Advisory Group is responsible for:

- The calling of meetings and meeting logistics;
- The timely distribution of minutes and agenda (and/or PowerPoint deck); and
- The chairing of the meeting.

MEETINGS

- A meeting schedule will be confirmed once the scope and timeline of working group is finalized. It is expected that the group meet at least once per month and more often as required.
- It is expected that working group members attend all scheduled meetings. If a member is not able to make a meeting, please notify Darryl Pierrynowski as soon as possible.
- Meeting agendas and supporting material will be distributed at least three working days before each meeting.
- Meetings will be held in Halifax and conference lines will be available for those not able to attend in person.

TIMELINES

RECOMMENDATIONS FROM THIS WORKING GROUP ARE EXPECTED TO BE COMPLETED BY JUNE 2016.