



# Department of Community Services *and the* Disability Support Program Transformation Update

October 2016  
Community Sessions

# Presentation Contents

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# DCS Transformation: An Overview

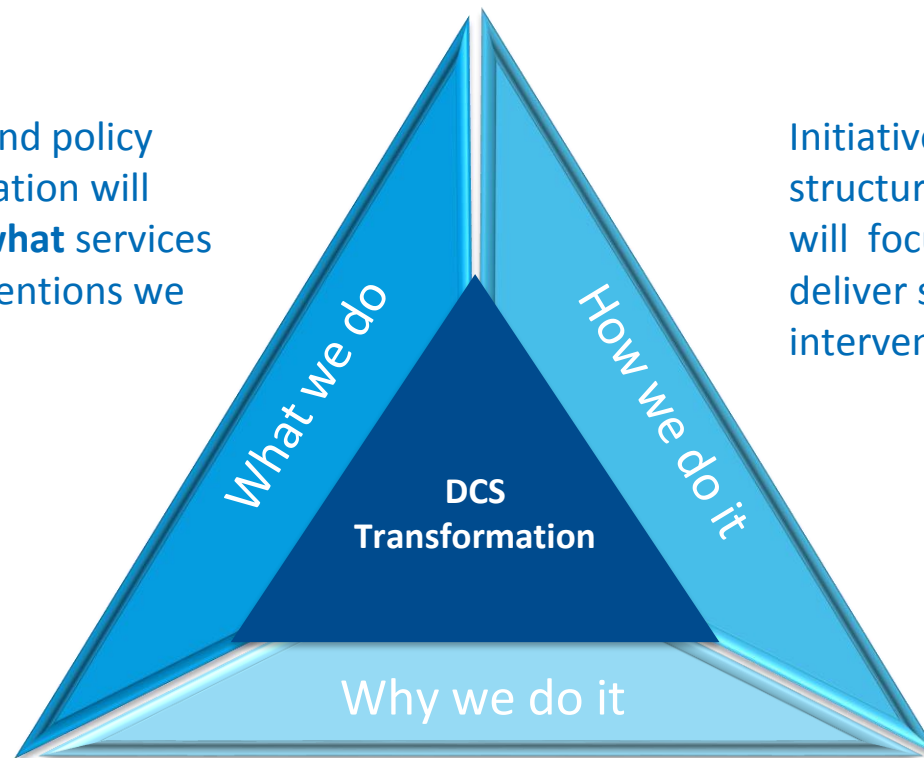
# Context Setting for Transformation

- DCS serves some of the Province's most vulnerable citizens, many of whom have broad and complex needs
- The world we live in today is different than it was 15 to 20 years ago when some of our programs were introduced
- We've heard from every corner of the province – from clients, families, grassroots community organizations, stakeholders and advocates and from staff – that our system and programs must change
- In Fall 2014, DCS launched a multi-year Transformation Program – our goals are ambitious but clear: More sustainable programs with better outcomes for clients

# What do we mean by “DCS Transformation”?

Program and policy transformation will focus on **what** services and interventions we provide.

Initiatives to renew our structure and operations will focus on **how** we deliver services and interventions.



An Outcomes Framework will focus and prioritize efforts on work that will achieve better outcomes for clients.

# DCS Transformation Roadmap

**Gate (Phase) 1** – strategic direction setting & planning



Completed June 2015

**Gate (Phase) 2** – detailed policy, program, delivery design. Implementation of some administrative improvements



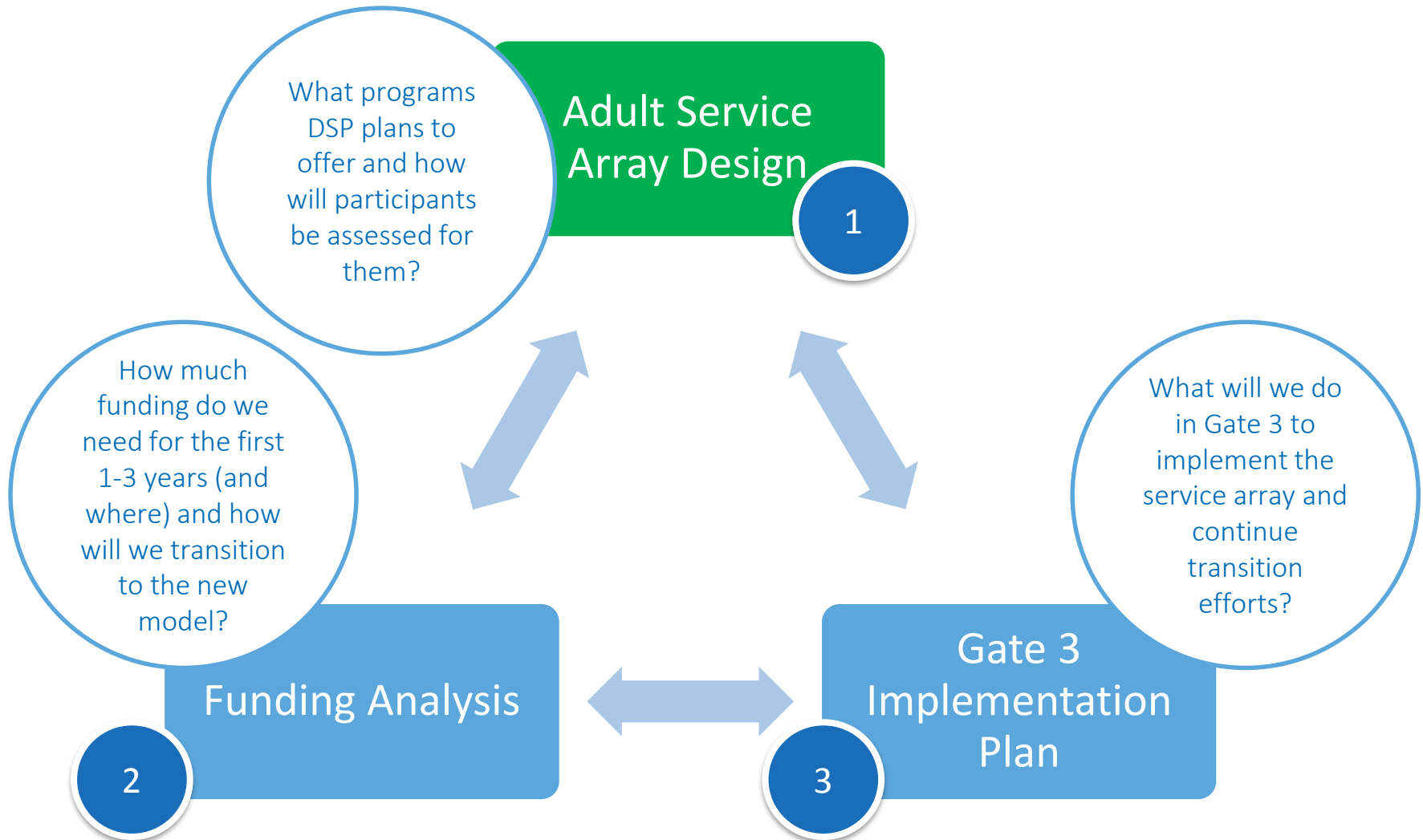
Began in July 2015; Scheduled to be complete in January 2017

**Gate (Phase) 3** – implementation



Scheduled to begin in post January 2017

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

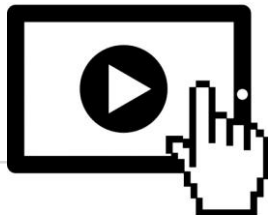


# Desired DCS Client and System Outcomes

**Transforming DCS programs and services is critical in order to realize tangible improvements for all clients and for the entire system**

## Outcomes for Nova Scotians (Client)

- Clients have control over their own lives
- Clients are able to meet their basic needs
- Clients are safe from abuse and violence
- Clients are included in the community
- Clients are attached to the labour market



## Outcomes for the Department (System)

- Supports and services are affordable and sustainable
- Supports and services are delivered efficiently
- System of supports and services is a balanced mix of prevention and intervention
- Supports and services are accessible
- DCS staff and delivery partners are empowered to make a positive difference in people's lives



# DSP Program and the Need for Change

# DSP Current State Overview

- Serves **5,300** children, youth and adults with intellectual, physical disabilities or long term mental illness
- Delivered by **107** individual service providers, **4000+** support workers and **100+** DSP staff
- **334** licensed homes exist across the province
- Supports approx. **2000** individuals in vocational/day programs and employment supports
- Waitlist of over **1100** clients. **380** of which are currently not receiving any supports while 760 are on the waitlist for alternate supports

## DSP's Residential, Community and In Home Supports Programs

### ***Residential Facilities (1010 Clients Supported)***



- Regional Rehabilitation Centres
- Adult Residential Centres
- Residential Care Facilities

### ***Community Home (1246 Clients Supported)***



- Developmental Homes
- Group Homes
- Small Options

### ***In Home Supports (3036 Clients Supported)***



- Independent Living Support
- Alternative Family Support
- Flex In Home Support

# A Profile of the Clients We Serve

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



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

Level 1 Support:  
**Minimal**

Level 2 Support:  
**Moderate**

Level 3 Support:  
**High**

Level 4 Support:  
**Enriched**

Level 5 Support:  
**Intensive**



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



# A Reminder of Why DSP is Transforming

- DSP costs have been on a steady incline since 2005
- Program gaps and lack of capacity
- Current system does not provide flexibility for the changing needs of clients and demographics
- Increasing complexity in client needs. Individual cases with complex needs can cost upwards of \$250K-\$1M per annum
- Facility infrastructure is aging and costly to maintain

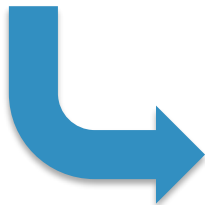
# A Vision for the Disability Support Program

# A Vision for the Future of DSP

*We believe that people with disabilities have the right to live, love, work, play, and pursue their life aspirations in their community. Community is where a person feels safe, valued for their contribution and able to pursue the life they choose.*

# The DSP Vision Aligns with the Roadmap

- The design of the adult service array aligns with the goals of *“Choice, Equality and Good Lives in Inclusive Communities - A Roadmap for Transforming the Nova Scotia Services to Persons with Disabilities Program”*
- The Roadmap goals relative to the the adult service array design include:



## Living in the Community

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

## Individualized Funding

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

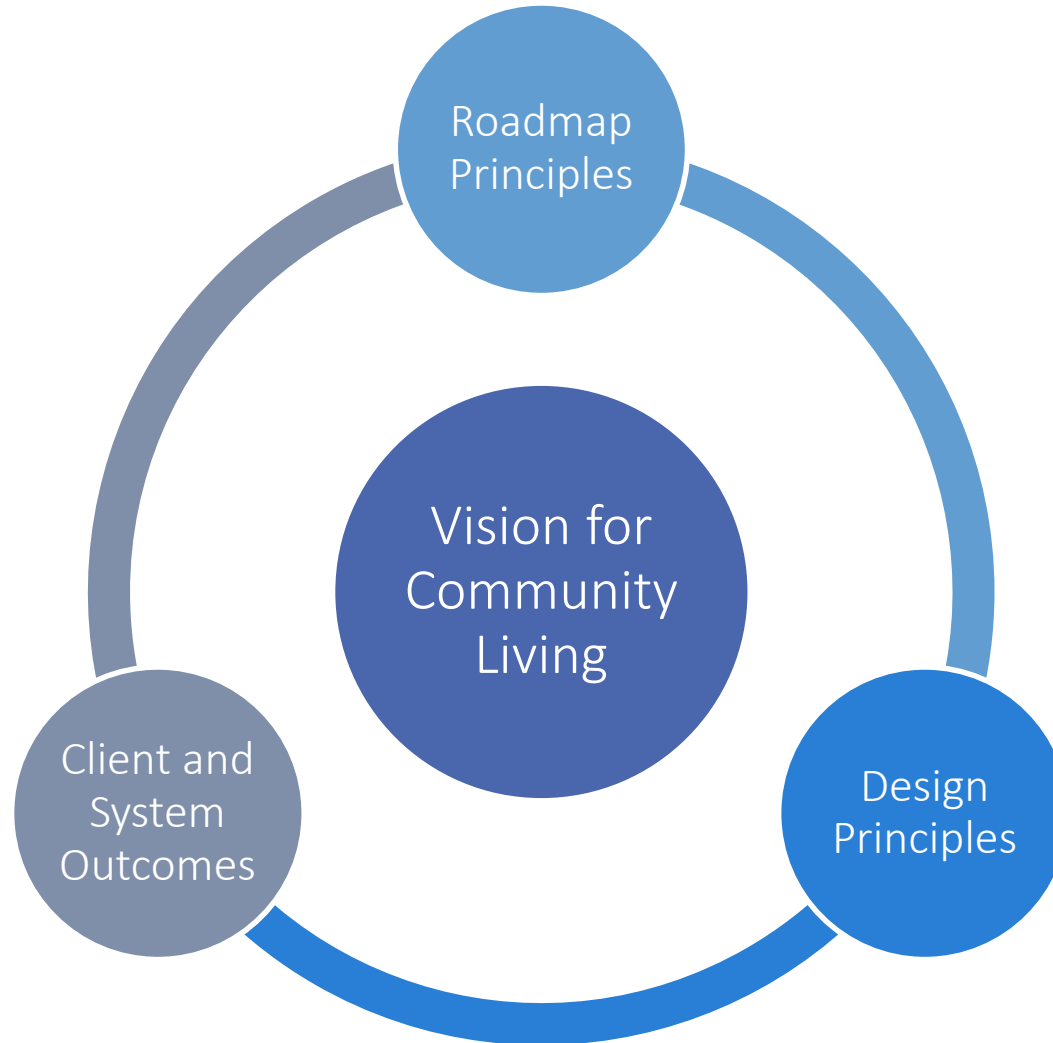
## Employment / Day Programs

- DCS will further develop a menu of employment and day programming options that support an employment focused framework

## Person Directed Planning

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

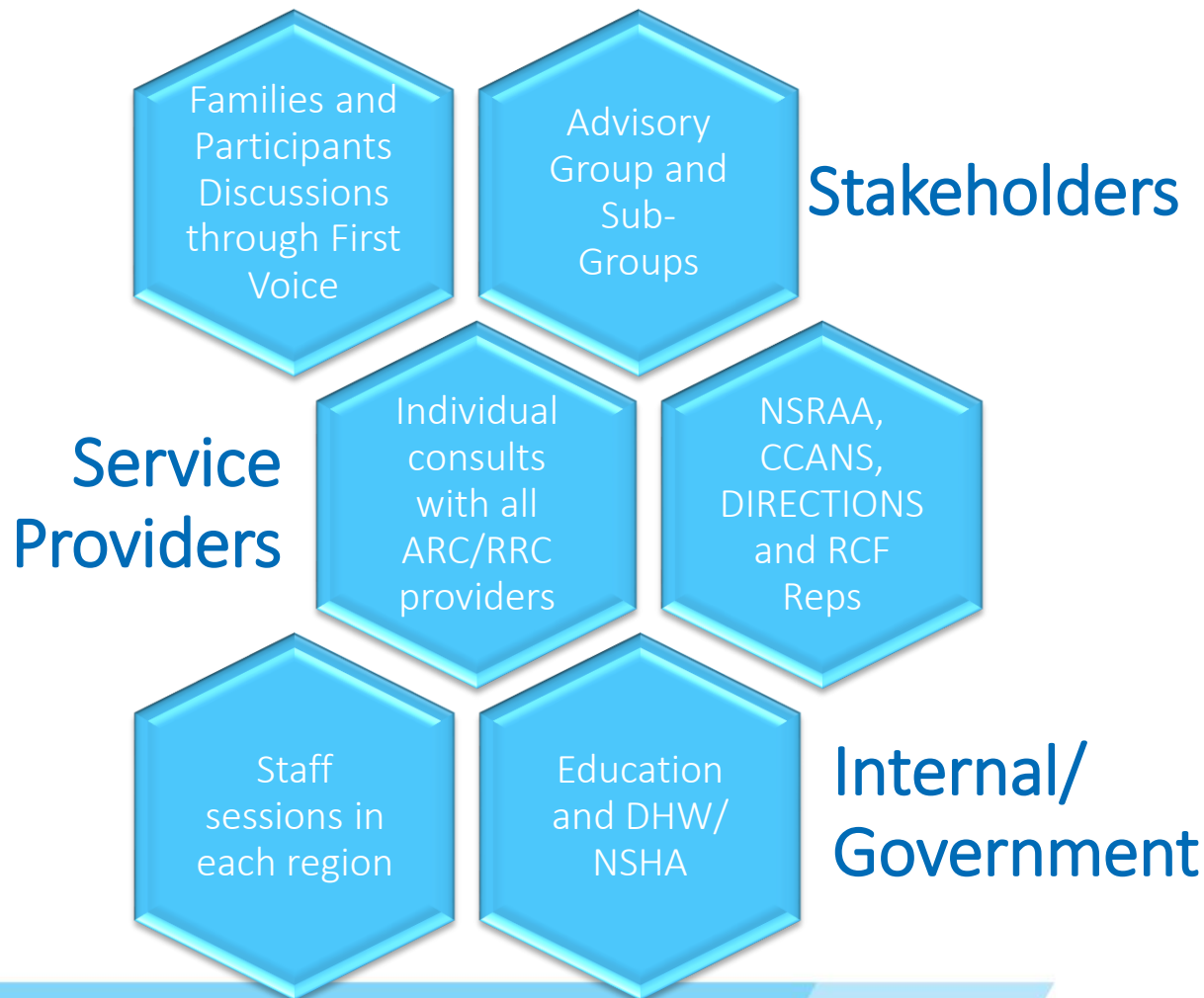
# How the DSP Vision & Recommendations were Developed





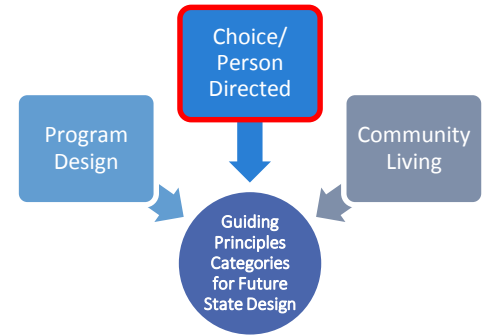
# An Overview of the Guiding Principles

**Consultation results are a key input into the design of the future array of services**

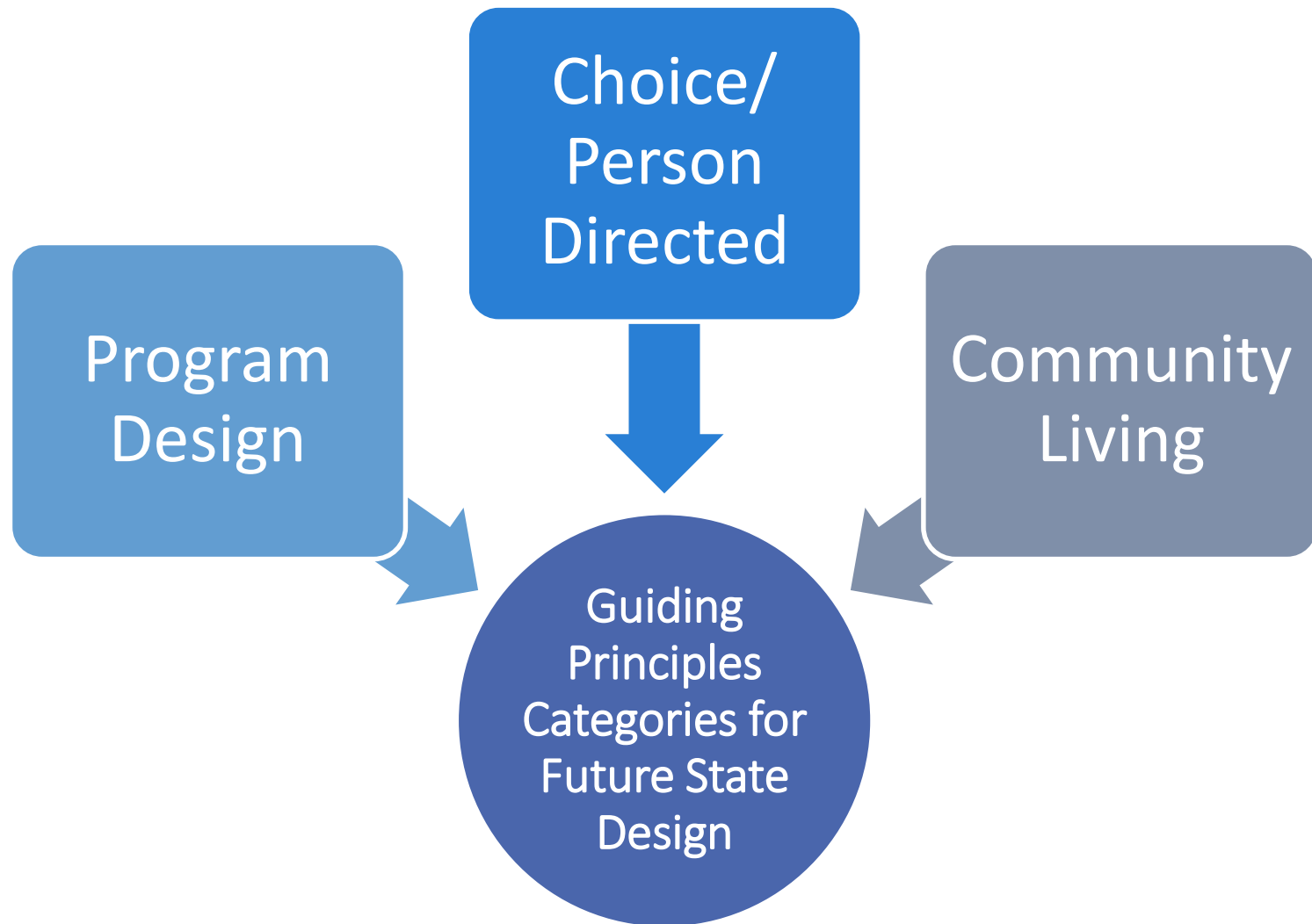


**ALL DESIGN CONTENT IS DRAFT AND SUBJECT TO APPROVAL**

# DSP First Voice Discussions

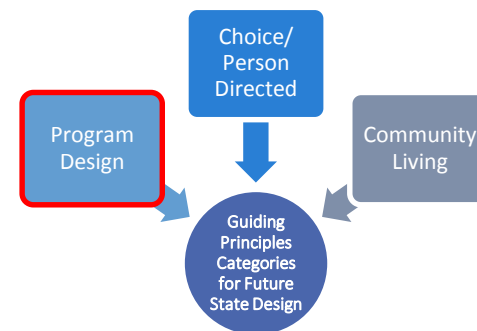


# Design Principles



# Program Design

## *Guiding Principles*



DSP programs will have measurable standards to ensure quality services.

We will invest in community based programming for young entrants to DSP adult programs.

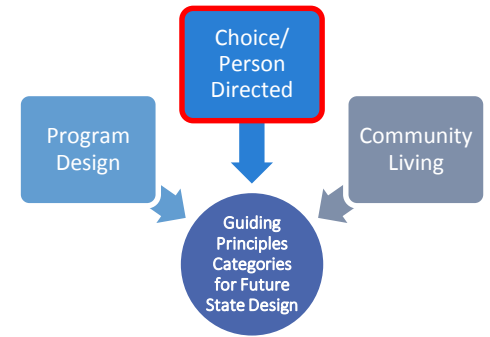
We will work with our partners to have health services accessed by non-disabled Nova Scotians available to Nova Scotians with disabilities.

Support allocations will be based on level of support needs.

We will invest in programming to support families who have loved ones living at home.

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

# Choice/Person Directed *Guiding Principles*



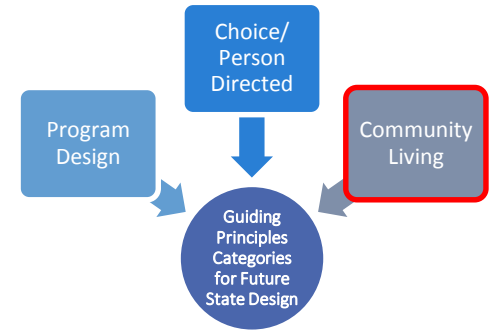
Planning will focus on (in-order) the supports that can be provided by:

One's self  
One's family  
One's community  
Technology  
Paid government supports

Participants will have choice regarding where they live and who they receive supports from.

The choice will be within the limits of a personal supports allocation that is individualized to participant's support needs and desired programming.

# Community Living *Guiding Principles*



**Every individual will have the right to their own bedroom.**

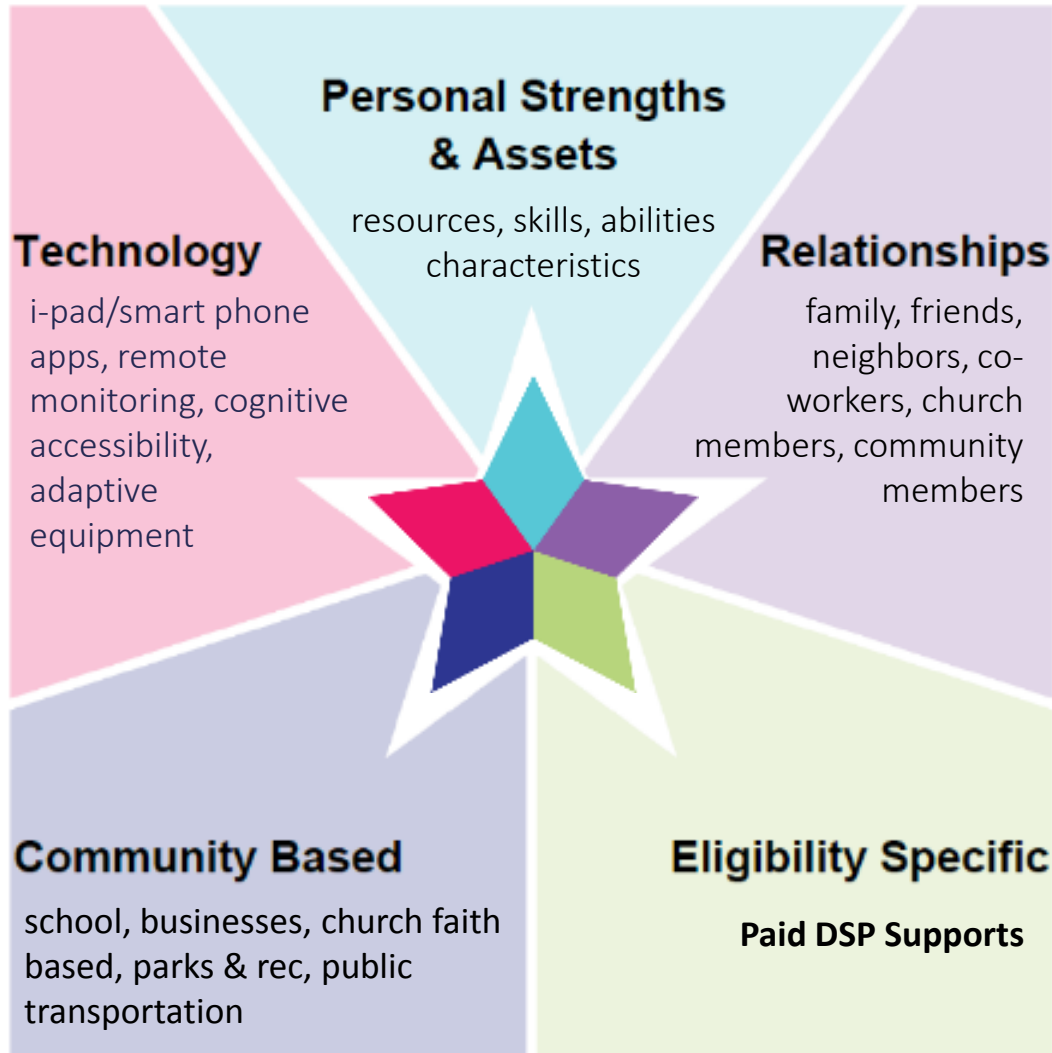
**New community homes will be built, for a maximum of four residents.**

**Existing GH/DRs of 5+ beds will not be asked to down size in the short-term.**

**Every individual will have the opportunity to access meaningful day programming in the community.**

**If they so desire, participants will be supported to access day programming outside of their home.**

# Creating an Integrated, Person-Centered Plan



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

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

Source: <http://supportstofamilies.org/>

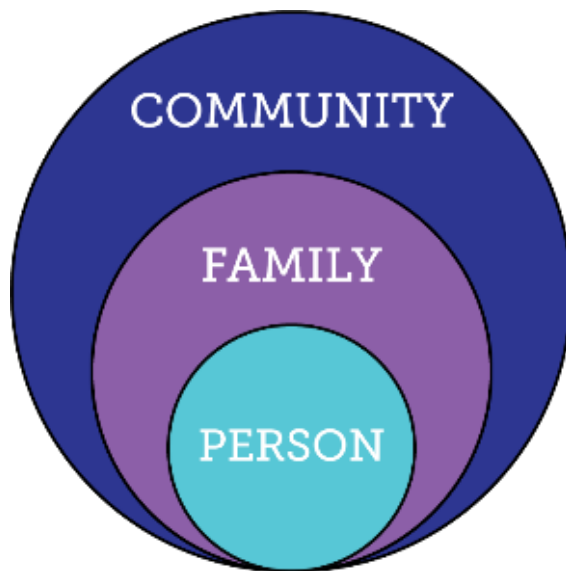


# Transforming our Services and Supports

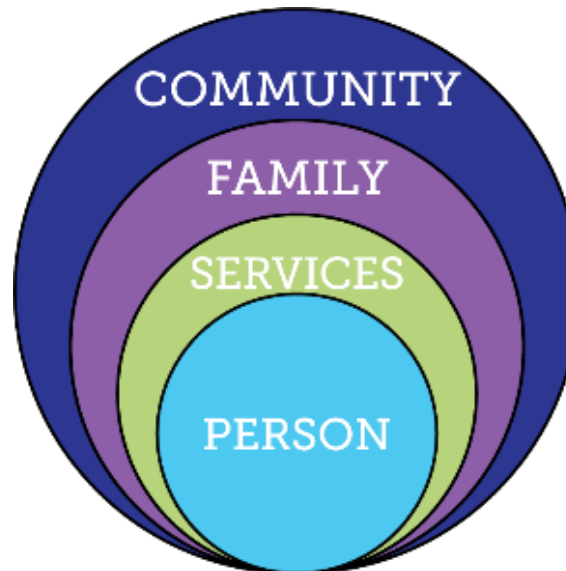
Current State



Transformed State



Everyone exists within the context of family and community



Traditional Disability Services



Integrated Services and Supports within context of person, family and community



# Current State and Proposed Changes of the Disability Support Program

# Current DSP Adult Service Array

## In-Home and Residential Supports

*Where you live*

### *In-Home Supports*

Flex

ILS

AFS

### *Residential Supports*

Group  
Homes and  
DR I/II/III

Small Option  
Homes

RCFs

ARC/RRCs

## Day Programming and Employment Supports

*What you do during the day*

### *Living Supports*

Rec. and  
Leisure

Complex  
Needs  
1:1

Retirement

### *Employment Supports*

Volunteerism

School to  
Work

Social Ent.  
and Pre-  
Employment

Employment

## Community Supports and Services

*What other supports you may need*

Special  
Needs

RRC  
Outreach  
Teams

Licensed  
Respite Beds

# Current State Overview – Where You Live

# Current State Analysis – In-Home Residential

## OUR MOST SIGNIFICANT ISSUES

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

### In-Home Supports (Flex, ILS, AFS)

- Flex is a younger population
- Majority of ILS participants are LOS 1 and 2

### Residential Supports

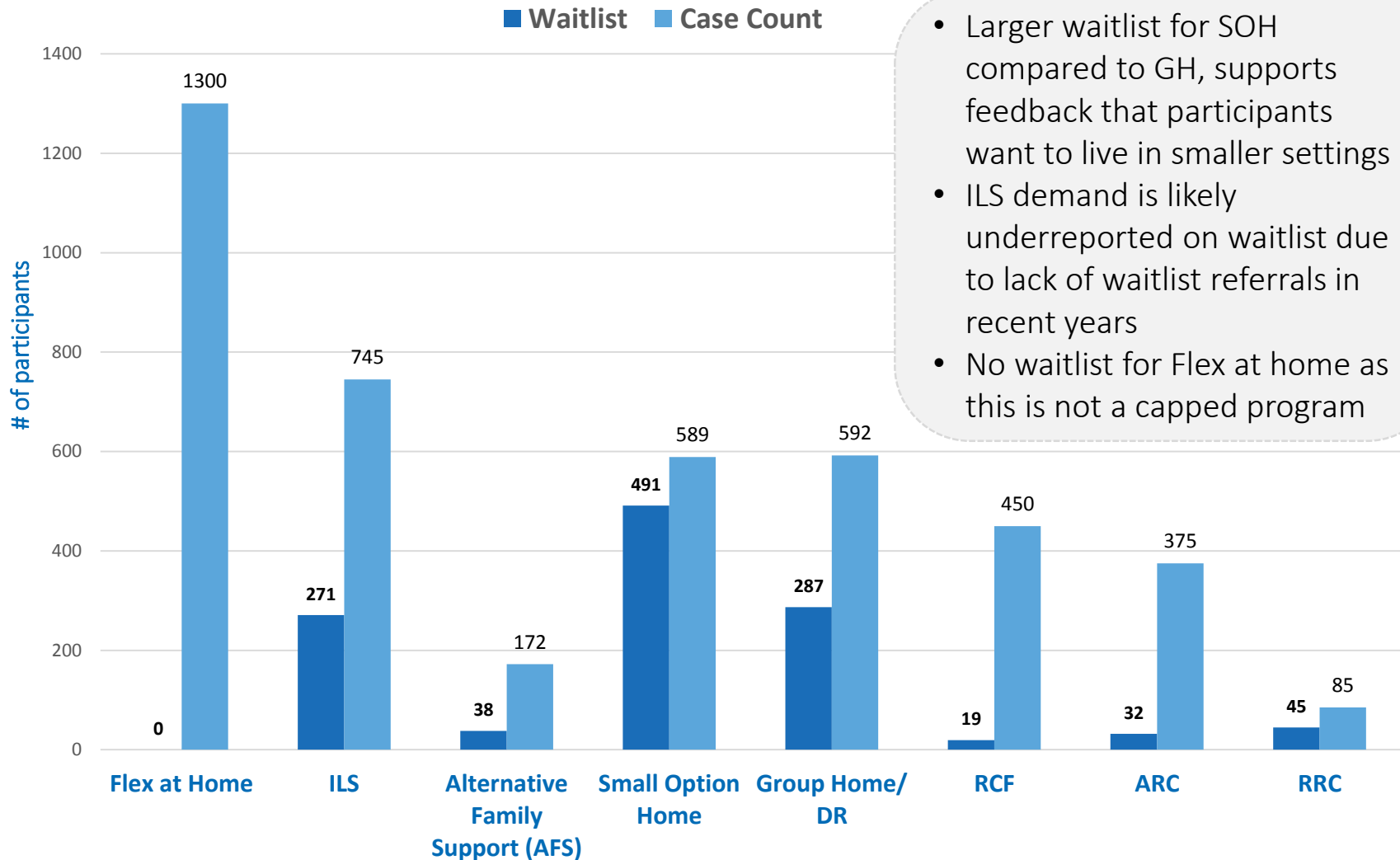
(Small Options, Group Homes, Developmental Residences I-III)

- 38% of SOH and 50% of GH/DR participants are LOS 1 and 2. These participants are likely over served.

### Facility Based Supports (ARCs, RRCs, RCFs)

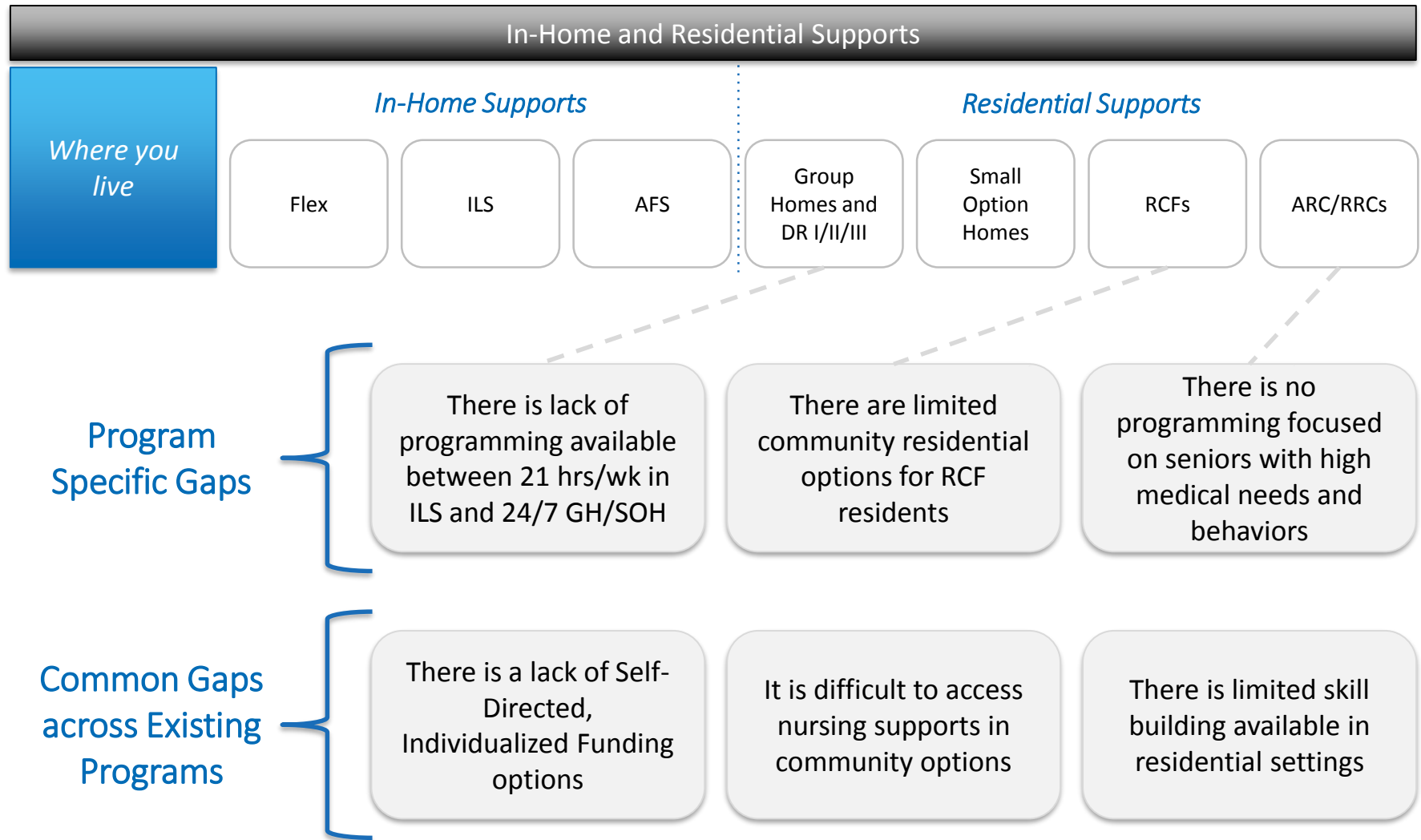
- The RCF population is aging and staffing levels do not support high levels of personal care
- Most ARC/RRC placements have evolved to a Long Term Care model of physical/nursing care
- RRCs have youngest age groups

# Summary of Current Program Utilization



# Gaps and Proposed Changes – Where You Live

# The following programming gaps were identified and are addressed in the new system design



# Future State In-Home and Residential Array

## Where you live

### Future Array

TBD

#### *In-Home Supports*

Flex Living  
with Family

ILS

AFS

Flex  
Independent

#### *Residential Supports*

Shared Living  
Supports

Community  
Homes

Specialized  
Long Term  
Care Centres

Recognized as a  
programming need.  
Program design and  
delivery options  
analysis is  
underway with  
Health Alignment  
Working Group

### Key Changes

Closing the gap between our current limit of 21 hrs/wk in ILS and 24/7 residential homes by increasing ILS supports and implementing a Shared Living Supports program

Streamlining and individualizing our Small Option Homes, Group Homes and Developmental Residences into a single Community Homes Program

Discontinuing the use of residential facilities (except in cases where LTC is required)



# Summary of In-Home and Residential Program Changes

1. **Continue** the **Flex in Home** and Flex Independent Programs without change
2. **Expand** the existing **AFS program** to allow family members to provide supports for participants. Conduct further program analysis and/or evaluation to address first voice feedback
3. **Expand** the number of support hours available to participants in the **ILS program**
4. **Consolidate** the Small Option, Group Home and Developmental Residence Programs into the **Community Homes Program**
5. **Implement** a new **Shared Living Supports Program**
6. **Implement** a new **program** to **support aging DSP participants** with **high medical needs** and **high behaviors issues**
7. Discontinue the ARC and RRC Programs
8. Discontinue the RCF Program

# Current State Overview – What You Do During the Day

# Current Day Programming and Employment Supports

Living Supports <i>(also forms of respite)</i>		Employment Supports				
Recreation & Leisure	Complex Needs	Volunteerism	School to Work Transition	Social Enterprise and Pre-Employment	Employment	Retirement
Crafts, games, swimming, skating, etc.	Individualized rec. or leisure at home and in community	Volunteer positions in community – food banks, churches, nursing homes, etc.	Periodic visit to Adult Service Centre to learn skills in Social Enterprise setting	Learning to load dishwasher, do laundry, prepare small meals, etc.	Providing job site coaching in partnership with businesses	Day activities such as games, music, crafts, etc.

Current state service array was developed in consultation with the DIRECTIONS Council

Includes day programming supports offered by residential providers and ARC/RRCs

# Key Themes from Current State Consults

1

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

2

There are significant gaps in day programming options geographically

3

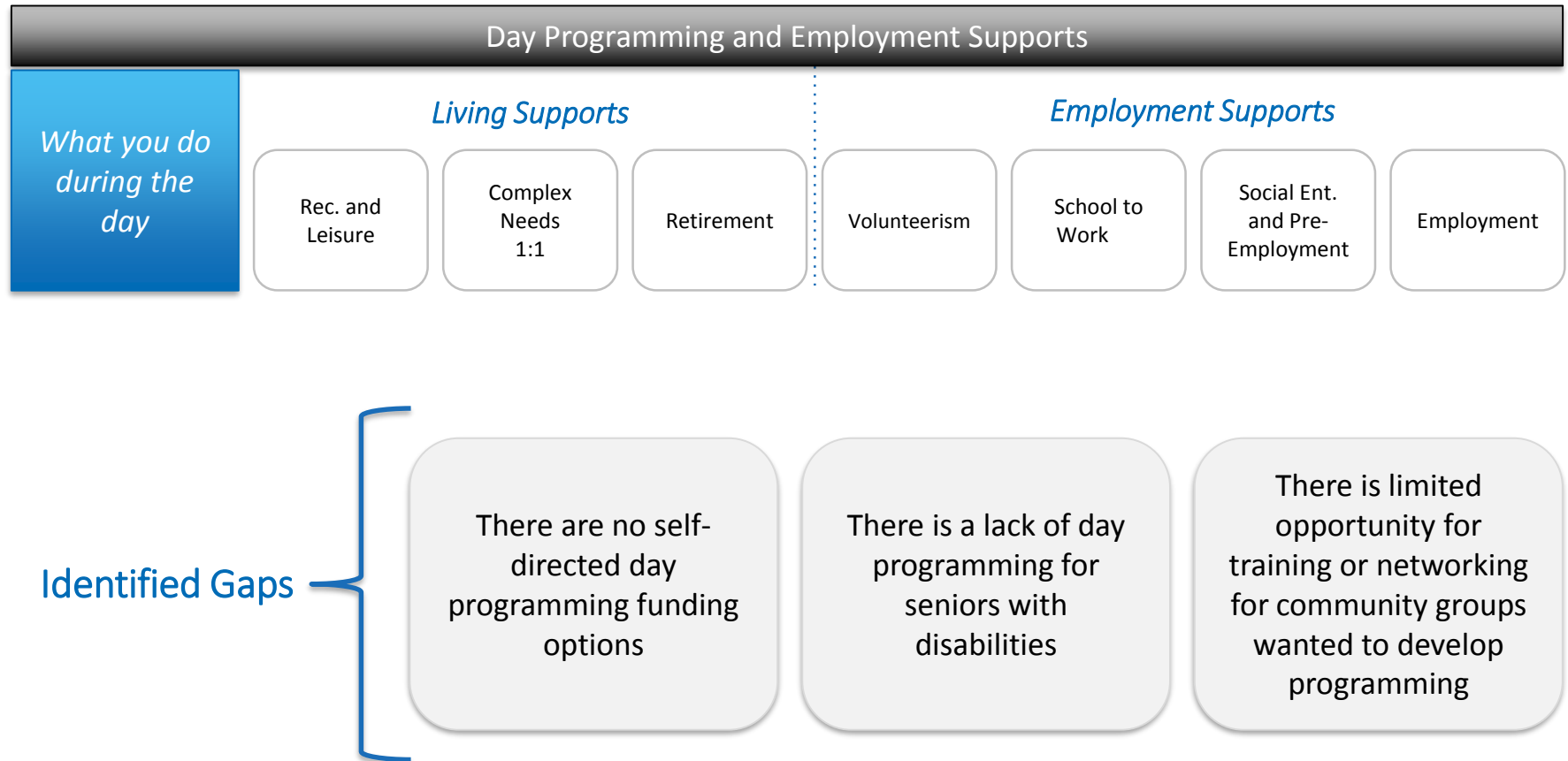
Participants are less concerned about where they access day programming (e.g., at ASCs) and more concerned with having choice

4

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

## Gaps and Proposed Changes – Employment and Day Programming

# The following programming gaps were identified and are addressed in the new system design



# Future State Day Programming/Employment Array

## What you do during the day

### Future Array

#### Living Supports

Community Day Activities

**Examples:**

*Volunteerism  
Recreation/Leisure  
Community Inclusion  
Complex Needs  
Retirement  
Skill Building*

#### Employment Supports

Social  
Enterprise

Employment

**Examples:**

*Job Preparation  
Job Development  
Job Coaching  
Job Follow-Up*

### Key Changes

Every support and funding plan will include budget allocations for day programming/employment supports

We will fund the following types of day programming:

- Community based day activities
- Social Enterprise
- Employment supports

Participants can choose to access day programming through ASCs or other agencies/community groups

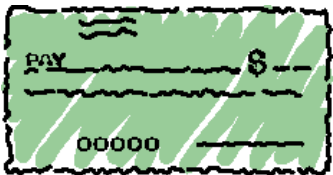


# Summary of Recommendations

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



## Current State Overview – Other Supports in the Community

# What We Offer and What We Heard

Current Supports	Special Needs Funding	RRC Outreach Teams	Residential Respite Beds
	<div data-bbox="255 275 589 448">  </div> <ul style="list-style-type: none"> <li>Funding up to limits designated in Special Needs policy</li> </ul>	<div data-bbox="852 275 1041 434">  </div> <ul style="list-style-type: none"> <li>Multi-disciplinary outreach teams are funded at KRRC, BAC and Quest</li> <li>Teams support community participants and ARC/RRC residents</li> </ul>	<div data-bbox="1302 262 1624 444">  </div> <ul style="list-style-type: none"> <li>Respite beds are funded in ARC/RRC facilities and SOH/GH/DRs</li> <li>Participants can access up to 60 nights/year of residential respite</li> </ul>
Key Takeaways	<ul style="list-style-type: none"> <li>DSP's current service array focuses primarily on residential and day programming supports</li> <li>We need additional supports to compliment these core services, to enable:                             <ul style="list-style-type: none"> <li>More support for families so that participants can stay in the family home if that is where they want to live</li> <li>An integrated support plan that leverages non-paid supports that are naturally available in the community and promote social inclusion</li> <li>Periodically accessed supports that ensure participants can live successfully in community</li> </ul> </li> </ul>		

## Gaps and Proposed Changes – Community Supports

# The following programming gaps were identified and are addressed in the new system design

## Community Supports and Services

*What other supports you may need*

Special Needs

RRC Outreach Teams

Licensed Respite Beds

Identified Gaps

Ability to access respite supports

Transition planning to support students leaving high school

Access to community outreach teams with specialization in disability field

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

Assessment and planning for use of assistive technology

# Future State Community Supports Array

## Other supports you may need

### Proposed Future Array

Special  
Needs\*

Community  
Networker

High School to  
Community  
Transition

Respite  
Coordination  
Agencies

Community  
Outreach  
Teams

Respite Beds

On-Call Respite  
Beds

### Key Changes

We will invest in programs that help people live inclusive and health lives in the community:

- Community Networker
- Respite Coordination Agencies
- High School to Community Transition Planning
- Multi-Disciplinary Community Outreach Teams

We will ensure that funding for special needs items like transportation does not create any barriers for participants in the community

\* Special Needs are in the process of being reviewed and future recommendations therefore not included in this presentation

# Summary of Community Supports Recommendations

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

# Proposed Changes – Eligibility, Assessment and Supports Budgets

# A Profile of the Clients We Serve

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



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

Level 1 Support:  
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**Intensive**



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





# Changing Our Funding Approach

## Future Funding Approach

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

# Program changes alone are not enough to transform the DSP system

To achieve the goals of the roadmap and truly implement a modern, sustainable, community-focused, and person-directed system, significant DSP changes are needed in:

- How we assess participants to determine their need for supports
- How we allocate the supports to participants
- How we fund the system

# Is our Assessment Tool (IASP) Valid?

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

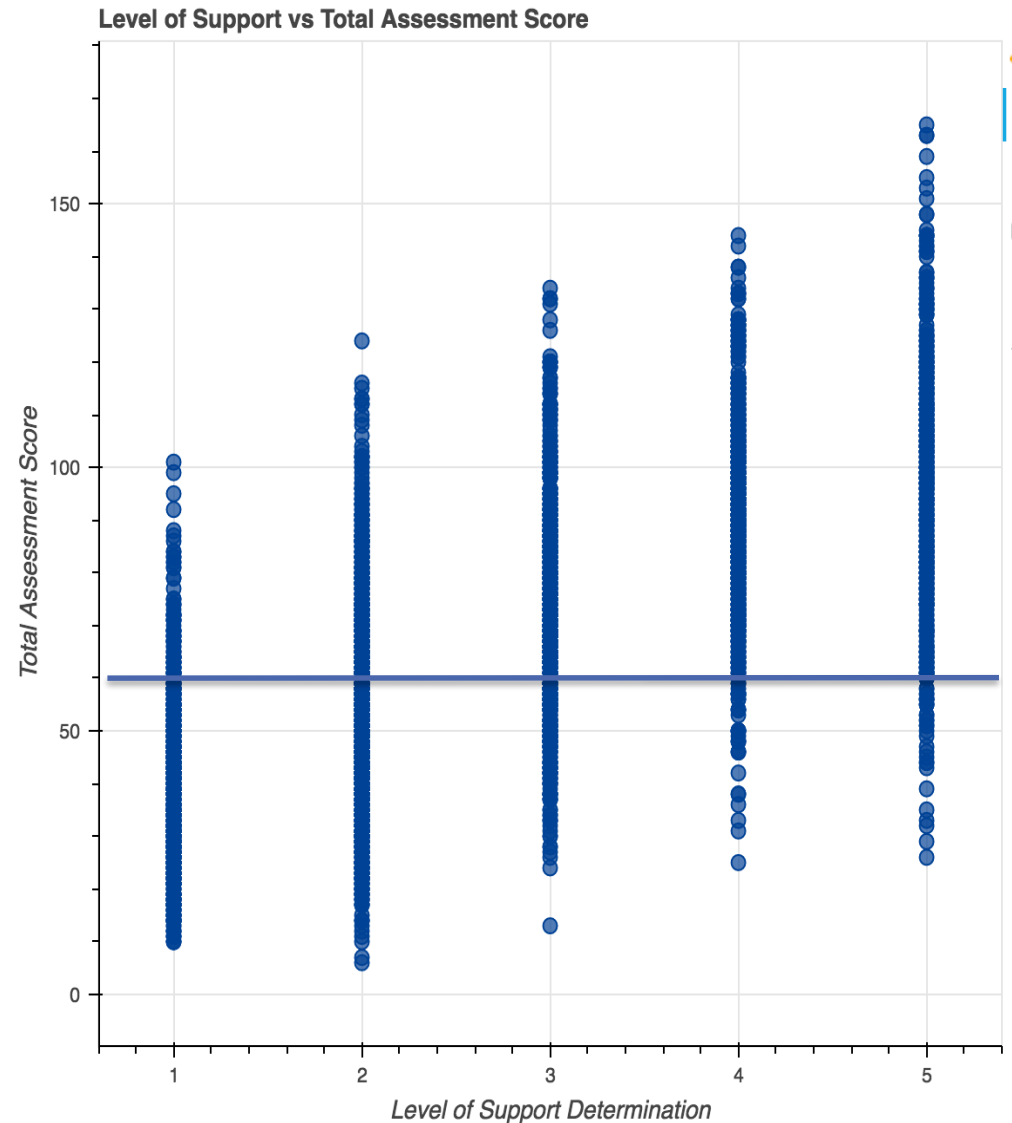


FOR EXAMPLE

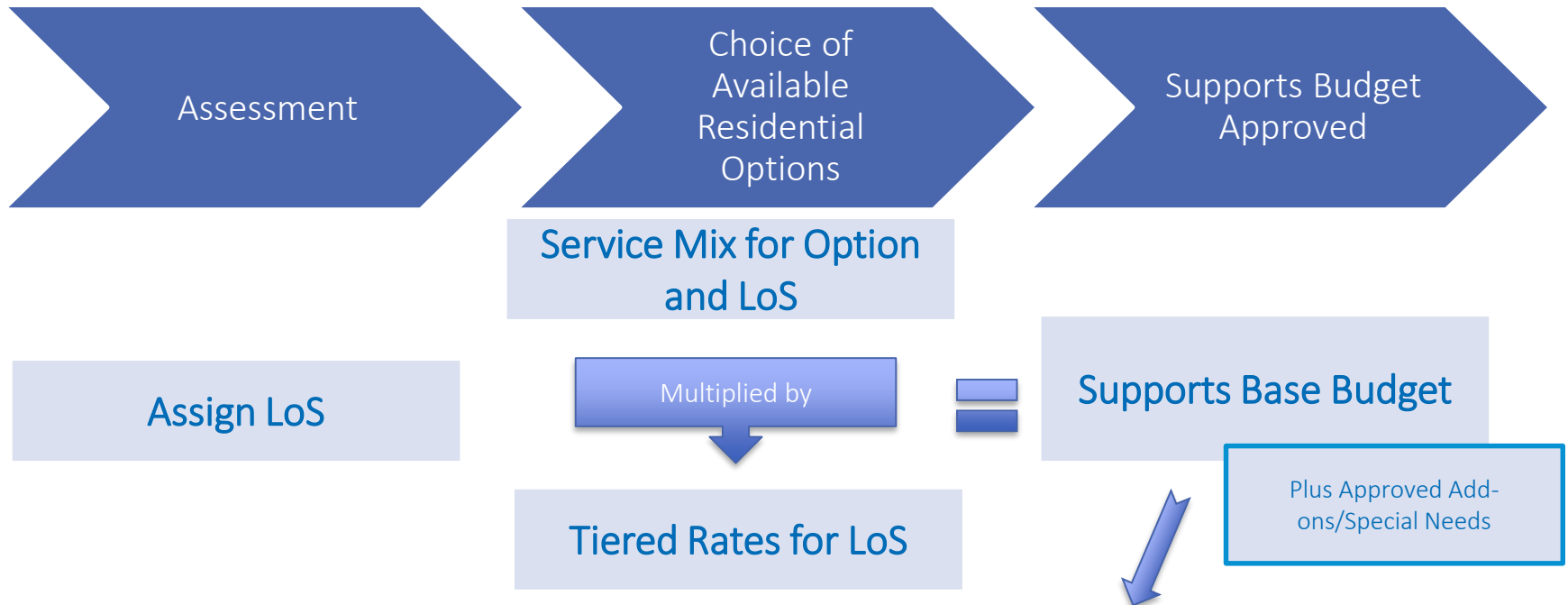
A total assessment score of 60 has led to LOS determinations between 1 and 5

CONCLUSION

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



# Future benefit of a valid and reliable Assessment



Budgets vary according to levels that group people from least to highest support needs.

Each level represents a certain amount of money for base services (e.g. in-home/residential and day programming/employment).

In some instances other services can be added on to get a higher personal budget allocation (e.g. transportation, infrequently accessed programs, other special needs).

Processes are implemented to address exceptional needs.

## Some Progress Highlights

# DSP received new investment for 16/17 to support continued transformation progress

- DSP received additional funds for 16/17 to support the participants and families we serve. **\$3M** specifically for the Roadmap implementation:
  - \$2.1M to support the transition of (at least 25) people from larger facilities to community based options
  - \$110,000 to support five (5) participants to live independently while managing their own funds in a new program
  - \$790,000 to increase the capacity of Adult Service Centres. These funds will be focused on increasing employment supports and increasing social enterprise capacity
- DSP also received base funding of **\$9.9M** to address existing cost pressures of delivering its programs

**The \$3M investment will be utilized, evaluated and reported on to demonstrate participant outcomes and impact on the system.**

# Moratorium on Permanent Placements in ARC/RRCs

The Moratorium on permanent placements in ARC/RRCs became effective July 1<sup>st</sup>, 2016.

## **It has been rolled out in phases:**

1. July 1, 2016 to June 30, 2019 a participant must have a transition plan ready within 6 months of the admission and the length of stay is 36 months.

# Improvements to waitlist and placement

- All wait list information is entered into the Integrated Case Management (ICM) to:
  - Reduce workload for Care Coordinators and Wait List Designates
  - Increase data validity
  - Provide current information
  - Increase reporting accuracy
  - Increase measurement tracking (i.e. refusals/placement)
- The Coordinator of Wait List, Placement, Complex Case position was filled July 2016 to:
  - develop a Placement Policy to establish a consistent, transparent approach to providing appropriate support for applicants and participants of the DSP program;
  - develop a streamlined interim process for wait list and placement processes;
  - regularly connect with regions to discuss wait list and placement issues;
  - manage waitlist, placement, and service provider data.
- We continue to place a priority on waitlist reduction where possible



# Ongoing Communications and What's Next

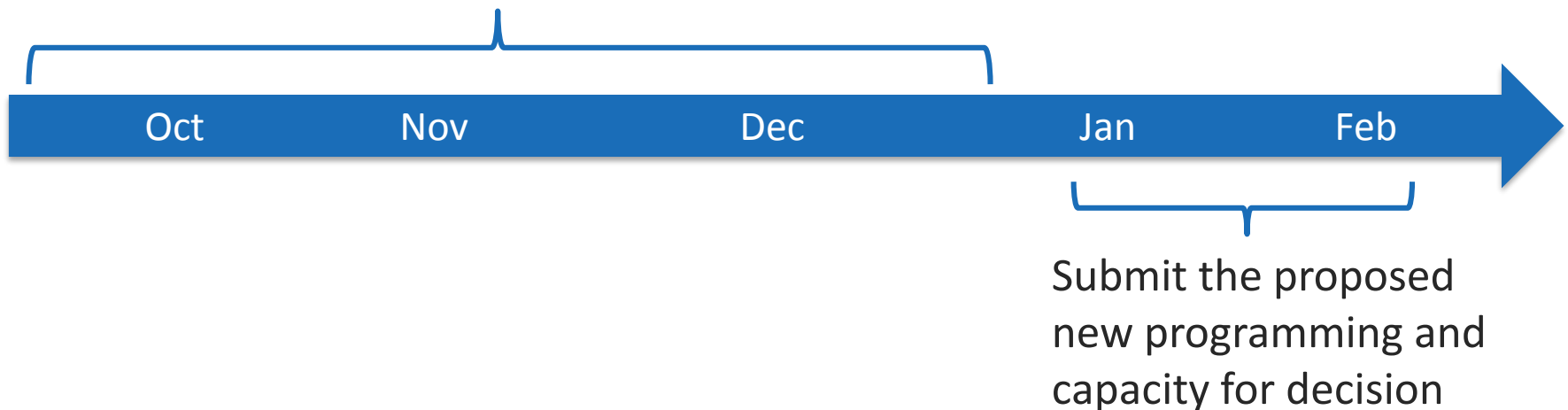
# How can you continue to stay in the loop?

- We will continue to release a quarterly newsletter (The DSP Connection) that will include updates on where we are in the process
  - Issue #3 will be released in the Winter 2016/2017
  - All newsletters can be found at the following website:  
<http://novascotia.ca/coms/transformation/dspconnection.asp>
- If you have any questions about what you have heard today, you can also:
  - Send an email to [DSP@novascotia.ca](mailto:DSP@novascotia.ca)
  - Ask a Care Coordinator who can help to get your question answered
  - Submit questions or requests for additional clarification you'd like to see in upcoming newsletters

# What's coming next?

Complete planning for the new DSP design to include:

- Recommendations for enhancements to existing programs and new programming for participants
- Determining capacity that we need in the system and the related costs (e.g., more small option homes, additional day programming options)



**We will share the details with you as soon as we know more.**



Thank You for  
Coming Today!

Questions?

