

Crisis Prevention and Community Response Strategy

Disability Support Program

Crisis Prevention and Community Response Strategy: Disability Support Program

Section 1: Introduction

- 1.1: Introduction
- 1.2: Vision and Purpose
- 1.3: What Is a Crisis?
- 1.4: Strategy Outcome Areas | Overview

Section 2: Outcome Areas

- 2.1: Person Directed Individualized Planning
- 2.3: Training and Education
- 2.4: Partnerships and Community Capacity Building
- 2.5: Crisis Response Strategies
- 2.6: Monitoring and Continuous Improvement

Section 3: References

1.1: INTRODUCTION

On August 1, 2014, three individuals and the Disability Rights Coalition filed a complaint against the Province of Nova Scotia (NS) for the discriminatory failure to provide persons with disabilities the supports and services they need to live in the community. The complaint highlighted the failures as systemic discrimination - not just against the three complainants, but against all people with disabilities in Nova Scotia who had been denied their right to live in community, and as a violation of their fundamental human rights.

On October 6, 2021, the Nova Scotia Court of Appeal agreed. The Court of Appeal Decision found that there is systemic discrimination in Nova Scotia against persons with disabilities in the provision of social assistance. The four grounds of discrimination in the provision of social assistance found by the Court of Appeal are as follows:

1. Unnecessary Institutionalization (both in purpose-built institutions for persons with disabilities as well as other institutional settings such as psychiatric hospitals);
2. Right to assistance when in need denied to eligible persons with disabilities;
3. Community of choice: people often ‘placed’ in settings distant from their families/friends;
4. Frequent, indefinite, extended delays in the provision of assistance (waitlists) for qualified, eligible applicants and recipients despite statutory entitlement.

The Disability Rights Coalition (DRC) and the Department of Opportunities and Social Development (DOSD), through the Disability Supports Program (DSP), then initiated a Review process with independent experts to develop and recommend a Remedy that will end this discrimination and change the way that supports are provided in Nova Scotia. As a result of this process, 6 Key Directions and associated recommendations were identified as the means to stop the discrimination and change how Nova Scotia supports people with disabilities.

This strategy is part of the response to Key Direction #2: Closing Institutions, Key Direction #3: Building a broader system of community-based supports and services and Key Direction #4: Province wide multi-disciplinary program with Regional Hubs including other clinical supports and the specific recommendation to establish emergency response capability and multidisciplinary and clinical supports.

This strategy was developed by the Department of Opportunities and Social Development (formerly known as Department of Community Services) through a series of consultations with key Disability Support Program staff, Service Provider Organizations, and Government partners. Additionally, a review of best practices and a jurisdictional scan was undertaken as part of the process.

1.2: VISION & PURPOSE

The vision for the Crisis Prevention and Community Response Strategy is to ensure that persons with disabilities can live meaningfully in their community, with the assistance they need when they need it - In alignment with Nova Scotia's commitments under the *Human Rights and Remedy for the Findings of Systemic Discrimination Against Nova Scotians with Disabilities*. This strategy is designed to align with and complement, rather than duplicate, the responsibilities and mandates of other government departments.

The purpose of this Strategy is to:

- Describe how the DSP can enhance safeguarding measures through proactive planning, capacity building, training and education, and continuous improvement.
- Provide leadership and direction towards the establishment of necessary supports to reduce the risk and severity of crisis situations for persons with disabilities.
- Drive improved health and social outcomes for persons with disabilities.
- Prevent unnecessary admission of persons with disabilities to health care, correctional or other institutions in periods of crisis.
- Aid in building capacity within the disability sector and across other sectors to improve health and social care systems for persons with disabilities.

This Strategy is built upon the shared values developed by the Disability Support Program Advisory Committee to guide the implementation of the Remedy. These shared values are as follows:

Open to New Ideas	Choice	Valuing Diversity	Inclusion	Hope
<ul style="list-style-type: none">• Creativity• Open-mindedness• Imagine better• Flexibility• Innovation	<ul style="list-style-type: none">• Self-determination• Empowerment• Person-directed• Co-design• Personal ownership• Control over• First voice• You decide who supports you and how and who you live with• Respecting choice even if you don't agree with it, allowing dignity of risk	<ul style="list-style-type: none">• Celebrating differences• Intersectionality• Respecting and acknowledge others' uniqueness• Recognize and own your biases (prejudices)	<ul style="list-style-type: none">• Citizenship• Contribution• Belonging• Social responsibility• Same as everybody else• Promoting and supporting accessibility and inclusion of existing programs, not segregation or separate programs	<ul style="list-style-type: none">• Optimistic• Positive• Kindness• Continued success

1.3: WHAT IS A CRISIS?

A crisis can be described as a significant disruption that impacts a person's well-being or ability to function effectively. Crises can be caused by physical health or mental health conditions, environmental factors and/or other circumstances uniquely personal to the individual. Crises can amplify existing vulnerabilities for individuals with disabilities, making it essential to proactively address and mitigate these risks. Crisis and urgent situations can take many forms including but not limited to:

Personal: Individual events like the death of a loved one or instances of neglect or abuse.

Mental/Emotional: Situations where emotions, thoughts, or behaviors pose a risk of harm.

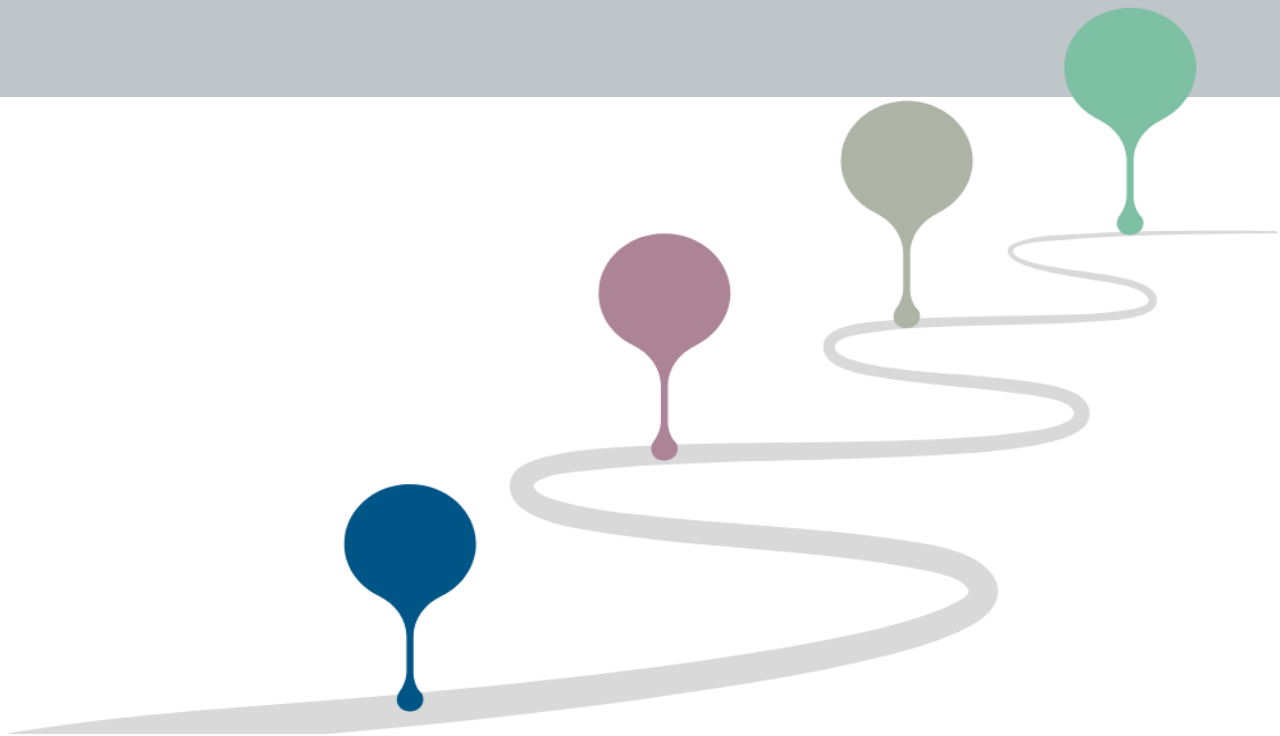
Physical: Exacerbation of a chronic health condition, acute illness, or a health crisis such as a pandemic.

Environmental: Changes in the physical environment, such as natural disasters, extreme weather, or power outages.

1.4: OUTCOME AREAS | OVERVIEW

The **Outcome Areas** in this Strategy represent the areas where action must be undertaken to achieve the Strategy's vision and purpose. The Outcome Areas are as follows:

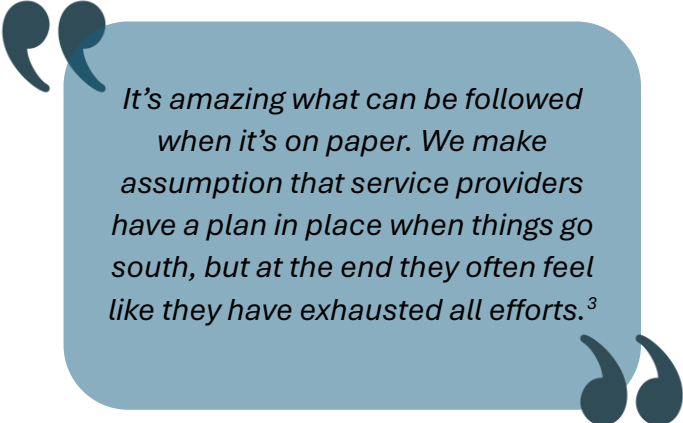
1. Person Directed Individualized Planning
2. Training and Education
3. Partnerships and Community Capacity Building
4. Crisis Response Strategies
5. Monitoring and Continuous Improvement



2.1: PERSON DIRECTED INDIVIDUALIZED PLANNING

PERSON DIRECTED INDIVIDUALIZED PLANNING

Having a positive, well-articulated plan for an individual with a disability is a critical step. Part of this process is identifying, formulating and supporting an individual's needs, preferences and goals. This process also includes incorporating safeguards into individualized planning to minimize the risk of crisis situations and empower individuals to live their best lives.^{1,2}



It's amazing what can be followed when it's on paper. We make assumption that service providers have a plan in place when things go south, but at the end they often feel like they have exhausted all efforts.³

Outcomes

- Safeguard planning should be person-directed, consistent, proactive, and regularly updated, embedded within the process of individualized planning.
- Individuals with a disability will be active participants in the development of their plan, with their chosen circle of support actively involved in creating the safeguarding plan.
- Safeguarding plans will include contacts, supports and strategies individuals need to reduce risk, problem solve and overcome challenges/crisis.
- Safeguarding plans can include linkages to other services including but not limited to Mental Health and Addictions, Emergency Health Services, Education, etc.

Actions

- 1 Create a collaborative, person-directed process for developing a safeguard plan, led by the individual (or substitute decision maker, if applicable), with their individualized goals at the forefront.
- 2 Ensure that all people (i.e. professionals and/or personal support networks) identified as part of the safeguard plan understand their role in the plan.
- 3 Clearly define the essential role of Intensive Planning and Support Coordinators, Local Area Coordinators, and others in supporting participants to plan for unexpected and challenging life events.
- 4 Establish a process for the regular updating of safeguarding plan as part of individualized planning, both through pre-scheduled reviews and following a crisis.
- 5 Develop pathways to ensure critical risk and safety information is shared by the individual with those who need it to effectively support them, all within confidentiality limits.

2.2: TRAINING & EDUCATION

TRAINING AND EDUCATION

Establishing training, education, and supervision for DSP staff, service providers, and others involved in delivering safeguarding supports is crucial to ensuring services are provided in a trauma-informed manner and align with evidence-based practices.^{10,11}

We need a training strategy to educate people on working with individuals with a disability. This may be even more needed in the rural areas.³

Outcomes

- Safeguarding supports and strategies for persons with a disability are grounded in a human rights and trauma informed approach.
- All DSP-approved providers responsible for safeguarding against harm, exploitation, and crises share a collective responsibility to ensure that supports and services are delivered by individuals with the necessary understanding, education, training, and skills.

Actions

- 1 Require that all DSP regional service delivery staff and all DSP-approved service provider support staff will complete DSP approved training in trauma-informed care, human-rights based approach and dignity of risk approaches.
- 2 Require that all DSP regional service delivery staff and all DSP-approved service provider support staff will complete DSP approved training, as appropriate to their role, that provides competencies in safeguarding and crisis response.
- 3 Establish formal opportunities for learning and for ongoing development and support related to safeguard planning.

2.3: PARTNERSHIP AND CAPACITY BUILDING

Partnership and Capacity Building

Continue to build and maintain partnerships and open communication with partners, as appropriate, to be involved in safeguarding planning, supports, and services. Clear communication and ongoing education and training can help build trust and understanding, ultimately fostering a community where individuals with disabilities feel safe, supported, and fully integrated in their chosen community.^{7,9,3}

We want to make friends with the health system. It's my responsibility to get them out of the ER and to maintain relationships. Investing in your partners are helpful to them.

Outcomes

- Supporting individuals with safeguarding resources and strategies is a shared responsibility between DSP and various sector partners, including government, non-government, and non-profit organisations
- DSP engages in knowledge transfer and capacity building with their sector partners to enhance community resilience and collaboration.
- DSP encourages practices among partners to build community response and resilience, ensuring an inclusive and appropriate response to crises faced by individuals with disabilities.

Actions

1

Educate relevant partners on DSP's safeguarding planning and their potential involvement in the plans, as led and directed by individuals.

2

Encourage and create opportunities for DSP staff and service providers to offer education, training, and consultation to other sector partners, including government, non-government and non-profit.

2.4: CRISIS RESPONSE STRATEGIES

Crisis Response Strategies

The individual's safeguarding plan should outline the resources, supports, services, tools, and connects that may be used to effectively respond to individual needs in times of crisis.

*"The regions will each have a rapid access fund which can be drawn on as required to both prevent crises from arising and to respond in a timely and effective manner"⁶
(Human Rights Remedy, p.20)*

Outcomes

- Crisis Prevention and community response strategies for persons with disabilities include proactive planning through a person-directed safeguarding plan, and the identification and use of tools such as rapid access funding, urgent staffing support, short-term temporary relocation, complex case coordinator and multidisciplinary allied health supports

Actions

1

Ensure that LACs and IPSCs understand how to access DSP specific safeguarding resources and services including, but not limited to: Rapid Access Funding, Urgent Staffing Supports, Short Term Temporary Relocation, and Disability Support Outreach services.

2.5: MONITORING AND CONTINUOUS IMPROVEMENT

Monitoring and Continuous Improvement

Establish a formal process for proactive monitoring and continuous improvement that includes a set timeframe for reviewing safeguarding plans after a crisis occurs. Ensure that crisis prevention and community response plans stay relevant and effective by regularly assessing and adjusting goals, strategies, and supports as necessary.

There currently isn't a good process for debriefing after an incident. We need more fulsome incident reports to help us identify patterns and prevent future crises.

OUTCOMES

- Safeguarding services for persons with disability have a clear process and standards related to documentation and sharing of information related to crisis events.
- An established process for post-crisis follow up that is grounded in human rights, trauma informed and dignity of risk approaches.

Actions

1 Establish a clear and formal process for staff to document and debrief near-miss situations and crises, with follow-up on any necessary quality improvement actions.⁵

2 Establish clear reporting processes on crisis incidents for all staff involved in their support network (E.g., DSP staff, health care providers, first responders).

2.5: MONITORING AND CONTINUOUS IMPROVEMENT

The success of this strategy will be determined by the impact on the lives of people with disabilities, the disability support sector and the community as a whole.

To measure the success of this strategy, several select indicators have been chosen including:

- % of participants with individualized plans that includes safeguard measures
- % of participants with individualized plans who believe they have the supports they need to mitigate risk and live a good life in the community
- % of participants who experience moderate -severe crisis in a six-month period
- % of Participants accessing Rapid Access Funding

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