

DSP Service Delivery FAQ - Allied Health Supports Program *This FAQ will be updated regularly as new information becomes available.*

Allied Health Supports Program

What is the Allied Health Supports Program, and why was it created?

In response to Key Direction #4 in the Human Rights Remedy, which highlights the need for community-based allied health resources that actively support individuals with disabilities in living with dignity and independence, the department has taken the intentional step of creating the Allied Health Supports Program, dedicated to advancing this work. As part of its commitment, the Disability Support Program has also established key leadership roles, including the Director and Manager of Allied Health Supports. This reflects a strategic investment in improving access to allied health and related services (i.e. nursing supports and services, crisis prevention and community response) across the system.

Allied health is a new area of support within DSP that requires significant collaboration with health system partners (DHW, SLTC, NSH, IWK, OAMH). Over the coming months, more information will be shared about the types of supports available to DSP participants with a specific focus on ensuring that individuals transitioning from institutional settings have the supports they require to live successfully in community settings.

What work is the Allied Health Supports Program currently advancing?

Various projects under the Allied Health Supports Program portfolio are actively underway to move this work forward, inclusive of:

- **Development of the Disability Support Outreach Service:** Development of a disability support outreach service that will build participant and support network capacity, foster greater independence in daily activities and increase participation in community life.
- **Crisis Prevention & Community Response Strategy Development:** Development of a strategy that articulates the role of DSP in crisis prevention and community response for DSP participants.

- **Development of Rapid Access Funding:** Creation of a funding mechanism for LACs and IPSCs to ensure flexible and timely implementation of safeguard measures and to prevent or mitigate crisis situations for DSP participants.
- **Nursing Support and Services Plan:** Detailed exploration of the current nursing related needs of DSP participants living in facility settings and identification of potential opportunities to address future community-based nursing requirements.
- **PHC Pathways:** Development of a non-urgent primary health care access pathway, in partnership with NSH PHC, for DSP participants transitioning from facilities to community

Crisis Prevention and Community Response

What is the purpose of this work?

The purpose of the DSP Crisis Prevention and Community Response Strategy is to outline how DSP can prevent and mitigate crisis for people with disabilities by: enhancing safeguarding measure, providing leadership and direction towards the establishment of necessary supports to reduce the risk and severity of crisis situations, driving improved health and social outcomes, preventing unnecessary admission to health care, correctional or other institutions and aiding in building capacity within the disability sector and across other sectors to improve health and social care systems.

Built on shared values developed by the DSP Advisory Committee, the strategy is intended to complement, not duplicate, the mandates of other government departments, and promote collaboration across sectors to strengthen systems of care for persons with disabilities.

How does this work relate to the Remedy?

The Crisis Prevention and Community Response 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 as well as the specific recommendation to establish emergency response capability and multidisciplinary and clinical supports.

What informed the Crisis Prevention and Community Response Strategy?

The strategy was developed by the Department of Opportunities and Social Development 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.

Rapid Access Funding

What is the Purpose of Rapid Access Funding?

Rapid Access funding serves as an important lever to support efficient and timely implementation of safeguard measures to prevent or mitigate crisis situations for DSP participants. It is to be used as a line of last resort, where it has been identified that the urgent need of the individual or their family cannot be met through existing DSP supports, local supports, or government services. This is a lever in a non-recurring, 'one-off' safeguarding scenario where a crisis is imminent/likely or occurring, acting as a bridge to longer-term strategies.

How does this work relate to the Remedy?

The Remedy states that “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.”

What type of expenses would Rapid Access Funding cover?

Though using Rapid Access Funding for temporary accommodation is not a primary feature, it may be used to cover the cost of temporary lodging for a participant who must leave their current living arrangement due to a crisis, as a bridge until other funding sources are secured. Additionally, it may be used for:

- Purchasing a specific item that would provide comfort or reduce anxiety for a participant during a destabilizing event (e.g., weighted blankets, sensory tools, essential clothing).
- Supporting families or service providers who can offer emergency respite but need assistance with basic needs (e.g., groceries, transportation) to do so.

- Procuring supplies that ensure a participant's safety and comfort during severe weather events (e.g., heaters, warm bedding, flashlights, batteries).

When will Rapid Access Funding be available for use?

The details of Rapid Access Funding are currently being finalized. More information will be shared soon, along with training to support implementation. This will include guidance on approval processes, examples of when and how Rapid Access Funding may be activated, and the associated policies and procedures to ensure consistent and effective use.

Disability Support Outreach Service

What is the Disability Support Outreach Service?

The mandate of the Disability Support Outreach Service is to provide essential allied health supports to people with disabilities so they can live successfully in their local community. This will be accomplished through provision of disability specific direct, targeted support to individuals and consultative support to families, support staff, health care providers and others within an individual's personal support network.

The Disability Support Outreach Program is designed to complement, rather than duplicate or replace, existing universal service obligations that are the responsibility of, and/or offered by the Department of Health and Wellness, Nova Scotia Health, IWK Health, the Office of Mental Health and Addictions, and other government departments that support people with disabilities.

Why are we doing this work?

The development of the Disability Support Outreach Service is in direct response to Key Direction #4 in the Human Rights Remedy, which highlights the need for community-based allied health resources that actively support individuals with disabilities in living with dignity and independence.

Who will provide the Disability Support Outreach Services?

The Disability Support Outreach Service will be delivered regionally through a hybrid service model, delivered in collaboration with DSP, Service Providers, and other community-based partners.

What services will Disability Support Outreach Teams deliver?

The services provided by the Disability Support Outreach Teams may be targeted direct support or consultative in nature, based on the individual's needs and goals.

- Targeted Direct Support involves working with individuals to achieve their unique goals. This may involve intensive-time limited support, intermittent, or one- time supports to empower independence and community participation. Examples include a physiotherapy assessment and plan to support an individual to improve their mobility and independence, or an occupational therapy assessment to make strategy recommendations to support independence with personal care.
- Consultative support involves working with families, personal support networks, health care providers, and others in building capacity and expertise in supporting individuals living with disabilities. Examples include providing a family member or support team with education regarding safe vehicle transfer techniques to support an individual's community access.

The Disability Support Outreach Service is not an emergency response service and will not provide 24/7support, nor will the teams be providing direct daily support with activities of daily living (ADLs), personal care, or similar tasks, as these supports would be delivered by RRWs or other service providers.

How does the Disability Support Outreach Service differ from existing community-based health services, such as those offered through Nova Scotia Health?

The Disability Support Outreach Service is meant to work alongside, not replace or duplicate, the existing services provided by the Department of Health and Wellness, Nova Scotia Health, IWK Health, the Office of Mental Health and Addictions, and other government departments that support people with disabilities. While the health system provides universal access to core services, the Outreach Teams will offer specialized, person-directed allied health supports that are integrated with disability services and focused on promoting independence, inclusion, and community living.

Last Updated: July 28, 2025

The Outreach Teams will also work closely with support networks (families, caregivers) and service providers (support staff), offering education and capacity-building that extends beyond what is typically available through standard healthcare services.

What professionals are included in the Disability Support Outreach Service and Teams?

Various disciplines may be included in the Disability Support Outreach Service and regional Teams, inclusive of occupational therapists and assistants, physiotherapists and assistants, dieticians, board certified behavioural analysts, behavioural interventionists, psychologists, social workers, and speech language pathologists. The disciplines, and number of team members may vary by region, depending on local needs.

Is nursing included in the Disability Support Outreach Service?

The composition of the Disability Support Outreach Team is based on the distinction between allied health and primary care, and as such, does not include primary care providers such as physicians and nurses. Given the typical scope and mandate of community-nursing services, it was determined that it would be more appropriate to address the unique nursing needs of DSP participants through a separate avenue.

Will all DSP participants have access to the Disability Support Outreach Teams?

The DSO service is intended to be a service available to all DSP participants. In the short term, those transitioning from institutional settings will be prioritized to ensure they have the supports necessary to move successfully to their chosen community.

When will the Disability Support Outreach Teams be operational?

The process of confirming regional Service Providers is still ongoing. Timeline updates will be shared with Service Delivery as soon as they're available. An interim process (while the DSO teams are being developed) for accessing necessary allied health support services is being

Last Updated: July 28, 2025

developed and more information about this will be shared in future webinars or regional meetings.