

**DRAFT**

# **Briefing on Facility Closure & Remedy Update**

*Remedy Government Roundtable*

**CONFIDENTIAL**

April 17<sup>th</sup>, 2024



# Agenda & Objective



## Agenda

1. Facility Closure Overview
  - Institutional Closure Requirements
  - ARC/RRC/ Current State
  - RCF Current State
  - Prior Experience (Harbourside)
    1. Targets, Approaches, and Timelines
    2. System Enablers & Considerations
2. Updated Remedy Timelines/Targets
3. Communications Schedule & Next Steps

## Objective

1. Share on update on Remedy timelines and next steps for facility closure activities.
2. Identify any actions required to support Government partners in coming weeks/months

# Background



# Background | Institutional Closure Requirements

The Human Rights Remedy requires the closure of **all DSP institutions larger than four beds by March 2028**. This includes Adult Residential Centers, Regional Rehabilitation Centers, Residential Care Facilities, Developmental Residences and Group Homes.

As a starting point, and based on the requirements of the Remedy, the **Provincial Closure Strategy for ARCs and RRCs** has been developed along with **the RCF Phase Out Strategy** which will be implemented by DSP Regional Closure Teams across the province.

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## What are ARCs, RRCs and RCFs:

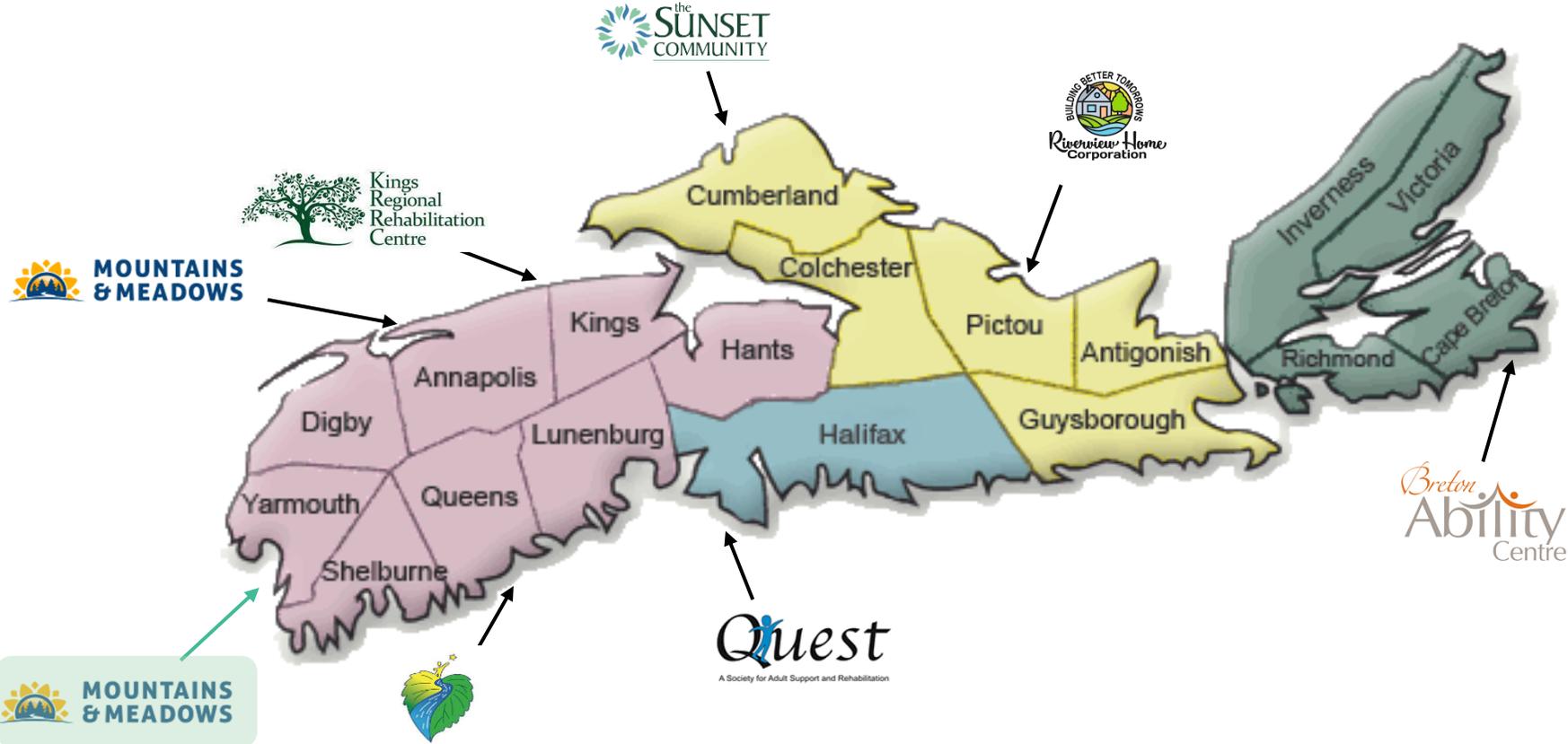
- **Adult Residential Centers (ARC)** – Provides long-term structured supports and services to individuals with disabilities and varying support needs to enhance their development of interpersonal, community-oriented skills, and activities of daily living.
- **Regional Rehabilitation Centers (RRC)** – Provides support to individuals with disabilities who require an intensive level of support and supervision related to complex behavioural challenges and skill development needs.
- **Residential Care Facility (RCF)** - Provides participants with residential living support, minimal support with their activities of daily living, routine home and community activities. Participants generally do not have major medical or behavioural support needs.

ARCs, RRCs and RCFs are not medical facilities. Most participants access health related supports and care through community or hospital-based programming like all other residents of Nova Scotia.



# Background | ARC/RRC Current State

- DSP currently supports **7 active ARC/RRCs**, which provide residential support to approximately 395 participants with varying support needs. Over the past few years, DSP has been taking active steps to reduce occupancy across the sector
- Over the established Remedy timeline, DSP is required to close all ARC/RRC/RCFs and **transition participants to community-based residential supports.**

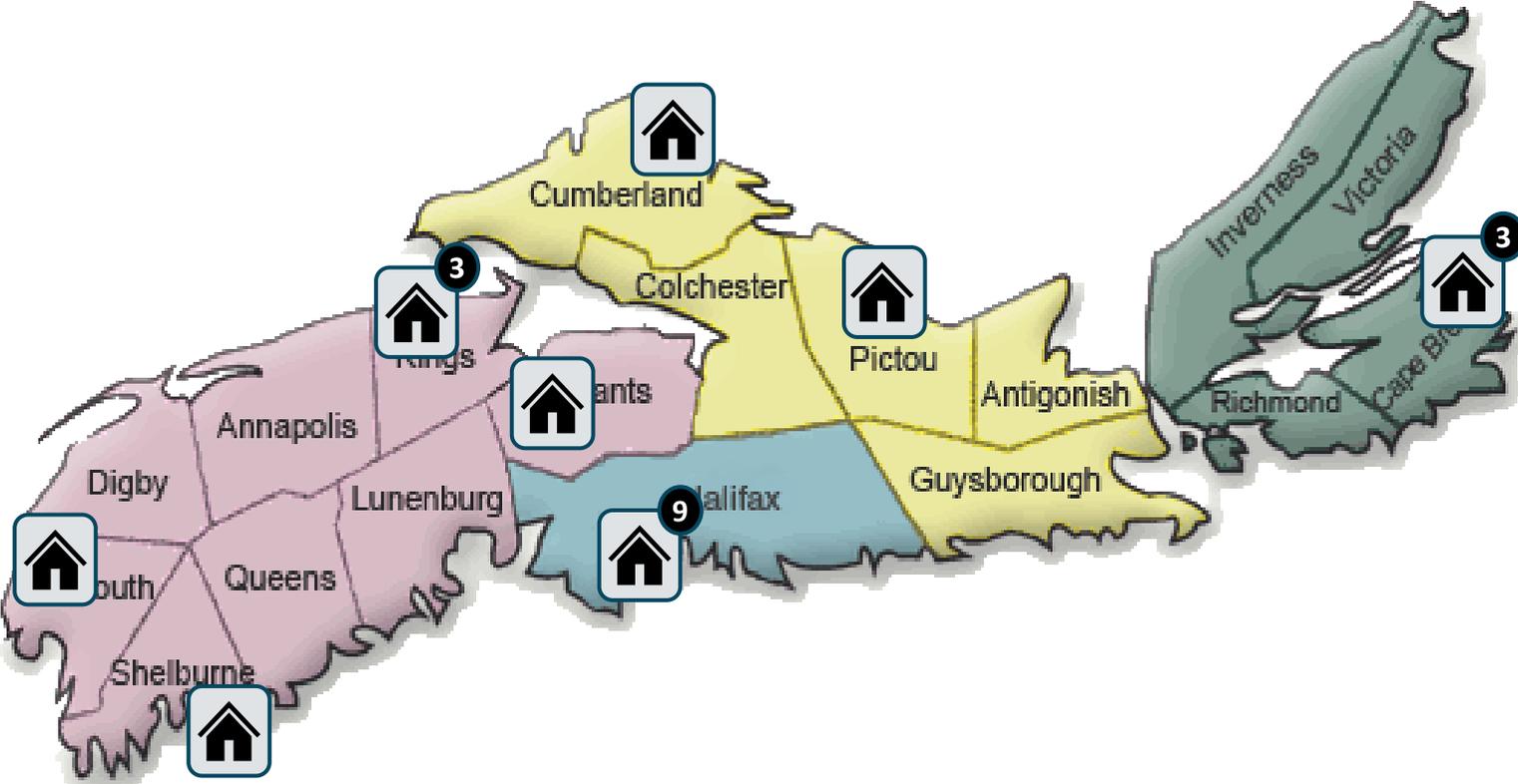


Facility	Occupancy
KRRC	148 residents
Sunset ARC	53 residents
REL ARC	43 residents
Riverview ARC	29 residents
BAC	70 residents
The Meadows ARC	31 residents
Quest RRC	21 residents
Harbourside ARC	Closed in 2023



# Background | RCF Current State

- Shared below is an overview of the **20 active DSP Residential Care Facilities** throughout Nova Scotia, providing support to participants with varying levels of support.
- There are approximately **337 DSP participants being supported in RCFs provincially** with **43%** of RCF participants located within the Central Region.



Region	# of RCFs	RCF Residents
Central	9	139
Eastern	3	58
Northern	2	31
Western	6	109

# Background | Prior Experience & Closing Harbourside

In Spring 2020, the Nova Scotia announced the closure of Harbourside Lodge – the first large-scale institutional facility to close in the province. By using a participant-focused approach, DSP was able to coordinate transition planning for Harbourside residents and establish new supports in community for them.

## Supporting continuity of medical supports:

- The closure of Harbourside has led to the transition of 40 DSP participants from institutions to community-based residential supports (22 from Harbourside).
- Service Providers worked with participants to understand the required support including medical and primary care needs.
- In some circumstances, participants were able to maintain their family doctor and in some, Service Providers worked to find new or alternative primary care supports (ex; Nurse Practitioners).
- Of the 40 transitions, only one has resulted in an individual returning to a facility because of a lack of a primary care provider, which occurred in rural Nova Scotia.



## Coordinating Closures:

- DSP coordinated the closure of Harbourside during the midst of the COVID-19 pandemic, which led to multiple challenges throughout the transition and moving process.
- Despite the challenges, Harbourside officially closed in July 2023 and all participants were able to be supported to transition to community-based supports.
- Harbourside staff were employed by NSH, and DSP worked closely with Labour teams from NSH and HANS to transition staff
- DSP commissioned a Transition Study of Harbourside to identify opportunities to improve the process closure process. This will be incorporated into the Remedy facility closure strategy.



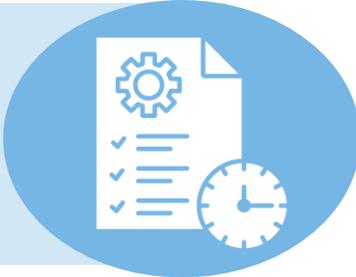


# Background | What We Learned From Harbourside

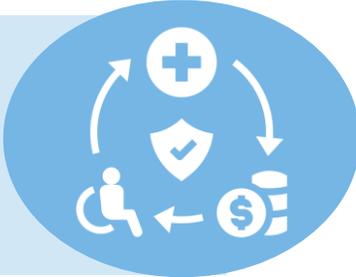
**Ability for ARC/RRC residents to successfully transition to community.** Though the closure of Harbourside Lodge took time and came with its unique challenges, DSP successfully supported 40 participants' transition into community-based supports from institutions with limited impacts to other partners in the health and social services sectors.



**Successful support planning takes time.** DSP has invested in new FTEs to support individualized planning, ensuring that comprehensive transition plans are established for participants as they move to community. These plans will clearly outline the personal, social, and medical needs required for an individual to be supported in moving to community.



**DSP participant's needs vary.** The majority of DSP participants don't require additional medical support to live a life in the community. They are able to live a healthy life while accessing community health supports that all members of society have access to. Through the newly established Allied Health Director Role, DSP will work with the sector to better understand and expand access to health-related supports for DSP participants.



**Accessing Primary Care.** As participants from Harbourside and other facilities have transitioned to community-based support, their Service Providers have worked to understand and support their medical needs. This has resulted in participants maintaining their current GPs, finding new ones as they move to new communities or being placed on the *Need A Family Practice Registry*.



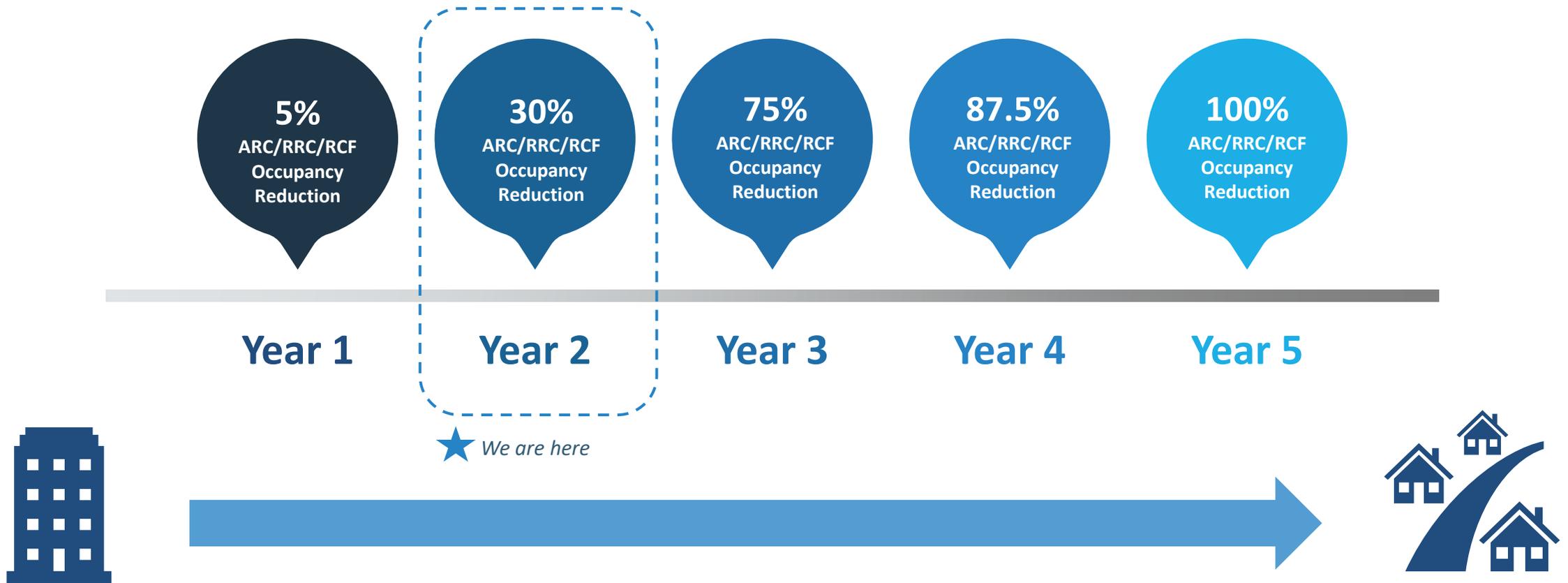
# Targets, Approaches, and Timelines

# Background | Community Transition Targets



Below are the required Remedy community transition and occupancy targets for ARC/RRC/RCF that DSP must meet to phase out institutional facilities over the observed timeline, as outlined in the **Remedy Key Direction #2: Closing Institutions**.

This work will require DSP to support approximately **800 individuals** (*Current ARC/RRC Residents: 395~ Current RCF Residents: 341~*) to move into new community housing opportunities over the coming years.

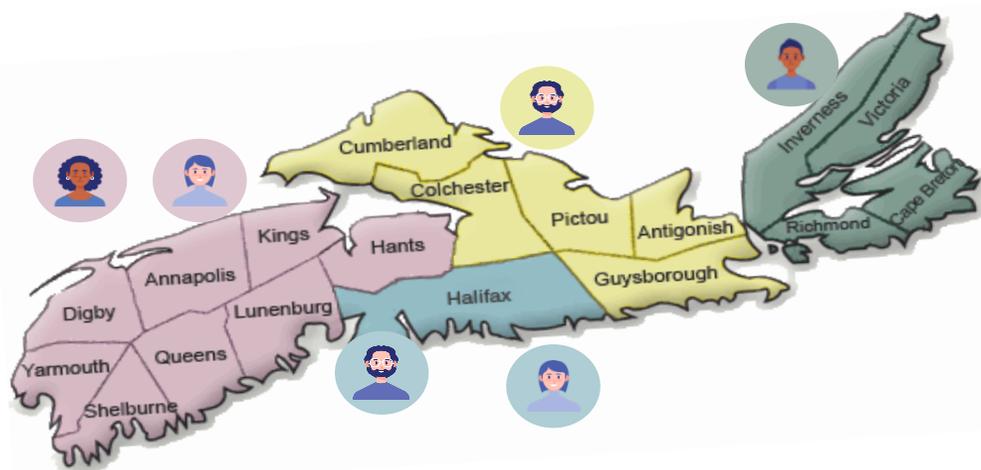




# ARC/RRC/RCF Closure Strategy | Approach

The **ARC/RRC Provincial Closure Strategy** establishes clear transition timelines based on facility occupancy size, while the **RCF Phase Out Strategy** establishes transition timelines for RCFs based on regional occupancy.

- ✓ Prioritize **individual determination** and **participant agency** in the community transition process.
- ✓ **Promote equity across institutions** by starting all closures simultaneously allowing for provincial coordination across regional teams
- ✓ **Sets ARC/RRC transition timelines around the institution's** size/number of occupants through years two to five
- ✓ Allow for a **substantial number of community transitions in year two**, enabling extended community transitions to occur in years 3-5, if needed, while ensuring time for adjustments and planning
- ✓ **Allows for resource distribution** in regions to optimize service delivery capacity.





# ARC/RRC Closure Strategy | Closure Timeline

- **Provincial Closure Strategy for ARCs and RRCs** will be implemented by DSP Regional Closure Teams across the province to meet required Remedy transition targets.
- The timelines for transitions and facility closures will **initiate in November 2024**, once the Regional Hubs are established and IPSCs begin transition planning with DSP participants. Target timeframes outline when transition planning and support is expected.
- Extended Transition timeframes account for some outliers that may occur due to support complexity or community housing constraints.



	12-Month Transition Timeline	24-Month Transition Timeline	36-Month Transition Timeline	Extended Transition Timelines
<b>Harbourside</b> 22 Residents <span style="background-color: #c0c0c0; padding: 2px;">Closed July 2023</span>				
<b>Quest</b> 21 Residents	Target Timeframe	Extended Transitions		
<b>Sunset</b> 53 Residents	Target Timeframe		Extended Transitions	
<b>Meadows</b> 31 Residents	Target Timeframe		Extended Transitions	
<b>REL</b> 43 Residents	Target Timeframe		Extended Transitions	
<b>Riverview</b> 29 Residents	Target Timeframe		Extended Transitions	
<b>BAC</b> 70 Residents	Target Timeframe			Extended Transitions
<b>KRRC</b> 148 Residents	Target Timeframe			Extended Transitions
<b>Expected Community Transitions:</b>	184 Community Transitions	211 Community Transitions	61 Community Transitions	Outstanding Transitions

**Legend:**

- Central Region Facility
- Western Region Facility
- Northern Region Facility
- Eastern Region Facility



# RCF Phase Out Strategy | Transition Timelines

- Shared below is the **Provincial RCF Phase Out Approach** that has been developed, which will be implemented by DSP Regional Closure Teams across the province to meet required Remedy closure and transition targets.
- The timelines for transitions and facility closures will **initiate in November 2024**, once the regional hubs are established and IPSCs begin transition planning with DSP participants.
- Extended Transition timeframes account for some outliers that may occur due to support complexity or community housing constraints.

	Initiating Transition Planning	24-Month Transition Timeline	36-Month Transition Timeline	Extended Transition Timelines
<b>Northern Region</b> 31 RCF Participants	Target Timeframe		Extended Transitions	
<b>Central Region</b> 139 RCF Participants	Target Timeframe			Extended Transitions
<b>Eastern Region</b> 58 RCF Participants	Target Timeframe			Extended Transitions
<b>Western Region</b> 109 RCF Participants	Target Timeframe			Extended Transitions
<b>RCF Expected Community Transitions</b>	140 Community Transitions	131 Community Transitions	70 Community Transitions	Outstanding Transitions

## Legend:

Central Region Facilities

Western Region Facilities

Northern Region Facilities

Eastern Region Facilities

# System Enablers & Considerations





# Facility Closure Strategy | System Enablers

These enablers will create the capacity and supports to ensure the transition to a community model is sustainable and does not have an undue impact on other components of provincial health and social services systems.



**Regional Hub Intensive Planning Teams** - Teams include Intensive Planning and Support Coordinators, Regional Closure Leads and Community Living Facilitators. Nobody will be transitioning without fully developed individual transition plans that recognize the required support and medical needs of each participant.



**No New Admissions Policy** – Policy restricting new admissions for DSP facilities larger than 4 beds. **Effective 01 January 2025** for ARC/RRC/RCFs. Will go into effect for Group Homes and Developmental Residences in 2026.



**Individualized Funding Policy** - The new DSP individualized funding policy will be implemented in parallel with the Regional Hubs in November 2024. It will tie funding to assessed need (using interRAI) and include top-ups for behavioural and medical support needs



**New Allied Health Director Role** - Will work with teams in health and service provider sectors to support participants in accessing the supports required to live in community.



**New DSP Regional Multidisciplinary Teams and Provincial Mental Health Supports** - DSP is working collaboratively with government partners in the mental health and health sectors to have ensure appropriate supports are available, beginning with an OAMH-led gap analysis this quarter.



**Proactive Crisis Planning** - Designing and implementing crisis prevention and community response procedures to proactively prevent crises from occurring and to provide clear actions, expectations and roles if a response is required.



**Service Development Transition Fund** -Designing and launching a Service Development Transition Fund to provide one-time funding to support DSP service providers to manage the required changes in culture, capability and infrastructure

# Updated Remedy Timelines & Targets

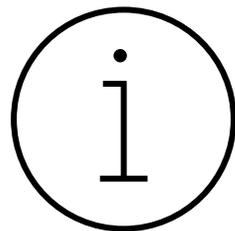
# Updated Remedy Timelines & Targets

Per the Remedy agreement, the Province is responsible to submit the following to an **Independent Reviewer** and the **Disability Rights Coalition** each year:

- Interim Progress Report (submitted on January 15)
- Annual Progress Report (by May 31)

Some of the 69 targets **will not be met within the reporting period**. Government must provide justification for these instances to the Independent Reviewer. Targets at risk of incomplete compliance include:

- Recruiting and filling positions
- Offering new residential supports/funding to individuals using individualized funding
- Commencing Regional Hub Allied Health Teams



**Future annual and interim reports will require other Provincial Departments to demonstrate progress on targets that fall within their respective mandates.**

# Communications Schedule & Next Steps

# ARC/RRC Closure Strategy Communications | Schedule

- **April 17<sup>th</sup>**: Brief DSP Service Delivery & DCS Labour Relations
- **April 18<sup>th</sup>**: Brief ARC/RRC CEOs and Board Chairs
- **April 18<sup>th</sup>**: Brief RCF EDs
- **April 22<sup>nd</sup>**: News Release announcing Facility Closure Strategy, indicating it will not be shared until after in person session with participants, families and staff are completed (after May 6<sup>th</sup>)
- **April 23<sup>rd</sup> – May 6<sup>th</sup>**: In-Person sessions at each ARC/RRC to communicate with:
  - Persons with Disabilities Living at Facility (& Families/Support Networks)
  - Facility Leadership
  - Frontline Service Provider Staff
- **After May 6<sup>th</sup>**: In-Person session at each RCF to communicate with:
  - Persons with Disabilities Living at Facility (& Families/Support Networks)
  - Facility Leadership
  - Frontline Service Provider Staff

# SWOT Summary

# SWOT Summary

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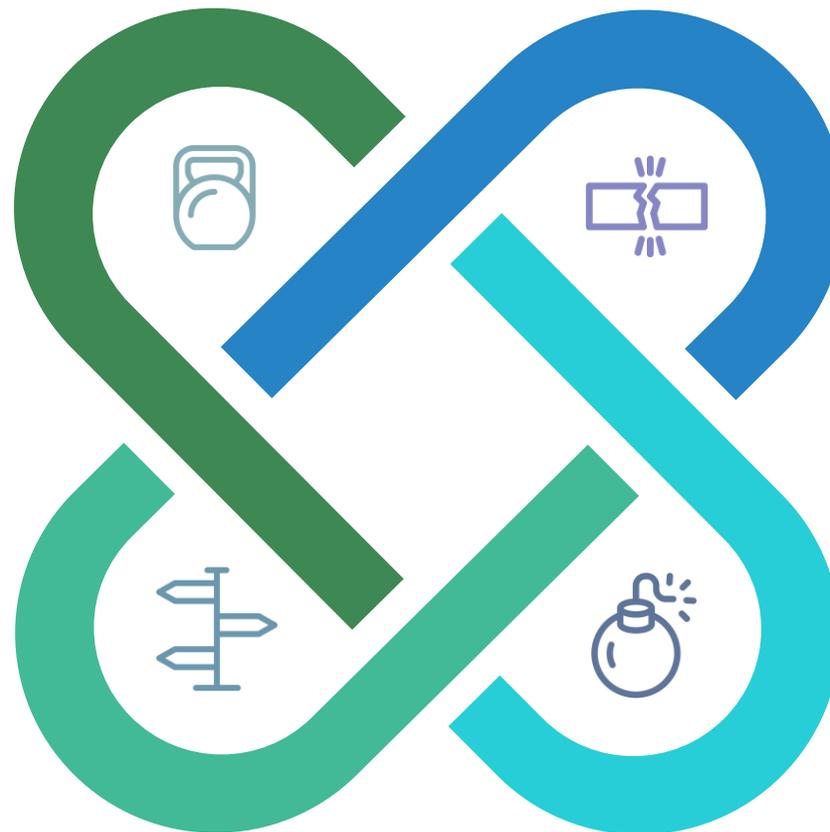
## STRENGTHS

- Existing programs offered for persons with disabilities across CCTH, DMAH, OAMH, NSH/IWK, DOJ
- Accessibility legislation and 2030 standards will create a more inclusive and accessible project
- Existing teams in community (CCTH, Libraries, EECD, NSH, etc.) to work with LACs and IPSCs in Hubs
- Ability and willingness to collaborate (SLTC on Share Services and IF, DHW on gap analysis, DMAH on housing programs)
- Updated Special Education Policy to include transition planning with DSP

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## OPPORTUNITIES

- Ability to create more welcoming communities
- Giving more power to first voice
- Individualized funding can lead to more innovation, creativity and possibilities
- Using IF for private MH and allied health supports where there are capacity gaps
- Aligning marketing and PR efforts with Access Includes Everyone campaign
- Using closed RCFs and institutions as infrastructure to solve other social challenges in NS (LTC beds, affordable housing, etc.)
- Learning from other jurisdictions who are leaders in inclusion and accessibility
- Ability to document and share learnings about community assets across depts.



## WEAKNESSES

- Workforce challenges faced by all sectors
- Lack of health capacity to support any increase in crisis situations
- Access to primary care and psychiatric supports in community
- Availability of appropriate housing as individuals transition to community
- Inclusion of team members from other departments in projects focused on facility closure and DSP allied health teams
- Mechanism for ongoing evaluation and continuous improvement

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## THREATS

- Amount of change required within the 5 years of the Remedy timeline
- Lack of broader community understanding of inclusion and accessibility. Stigma and stereotypes are still prevalent.
- Interest and ability for services providers to adapt and expand
- Competition for labour across Canada and internationally
- Extended lead times to increase housing supply in province

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# Actions to Address Weaknesses and Threats

## WEAKNESSES

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Identified Weakness	Potential Mitigation
<ul style="list-style-type: none"> <li>Workforce challenges faced by all sectors</li> </ul>	<ul style="list-style-type: none"> <li>Creating Workforce Strategy and Plan for Summer 2024 release</li> <li>Opportunities to work with OHPR?</li> </ul>
<ul style="list-style-type: none"> <li>Lack of health capacity to support any increase in crisis situations</li> </ul>	<ul style="list-style-type: none"> <li>Developing crisis prevention and community response protocol to prevent crisis situations and have proactive responses in place that will mitigate need to access emergency services</li> </ul>
<ul style="list-style-type: none"> <li>Access to primary care and psychiatric supports in community</li> </ul>	<ul style="list-style-type: none"> <li>Working with local teams to address capacity gaps and develop individualized solutions</li> <li>Conduct fit/gap on community supports with DHW/OAMH</li> </ul>
<ul style="list-style-type: none"> <li>Availability of appropriate housing as individuals transition to community</li> </ul>	<ul style="list-style-type: none"> <li>Working with DMAH to determine how to adapt housing programs to DSP sector and support innovative solutions</li> </ul>
<ul style="list-style-type: none"> <li>Inclusion of team members from other departments in projects focused on facility closure and DSP allied health teams</li> </ul>	<ul style="list-style-type: none"> <li>Hiring Regional Closure Specialists who will work with local leads in health, education, justice and other sectors</li> <li>New DSP Director of Allied Health will work closely with health sector partners once in place</li> </ul>
<ul style="list-style-type: none"> <li>Mechanism for ongoing evaluation and continuous improvement</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation team being contracted to begin work in 2024</li> </ul>

## THREATS

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Identified Threat	Potential Mitigation
<ul style="list-style-type: none"> <li>Amount of change required within the 5 years of the Remedy timeline</li> </ul>	<ul style="list-style-type: none"> <li>DCS has increased its project and DSP team resourcing to expedite efforts to reach key milestones</li> </ul>
<ul style="list-style-type: none"> <li>Lack of broader community understanding of inclusion and accessibility. Stigma and stereotypes are still prevalent.</li> </ul>	<ul style="list-style-type: none"> <li>Developing a marketing and communication strategy with external firm. Additional opportunity to align with work of Accessibility Directorate</li> </ul>
<ul style="list-style-type: none"> <li>Interest and ability for services providers to adapt and expand</li> </ul>	<ul style="list-style-type: none"> <li>Keeping providers on-side and informed through a strategic change management program.</li> <li>Launching a Service Provider Transition Fund this year to support organizations to expand and adapt to Remedy.</li> <li>IF will create more market-based conditions where innovative providers will grow.</li> </ul>
<ul style="list-style-type: none"> <li>Competition for labour across Canada and internationally</li> </ul>	<ul style="list-style-type: none"> <li>Creating Workforce Strategy and Plan for Summer 2024 release</li> </ul>
<ul style="list-style-type: none"> <li>Extended lead times to increase housing supply in province</li> </ul>	<ul style="list-style-type: none"> <li>Working with DMAH to determine how to adapt housing programs to DSP sector and support innovative solutions</li> </ul>