



# Disability Support Program Human Rights Remedy Solutions

Project Charters

2023/24



# Multi-Disciplinary and Clinical Supports

PROJECT 4 – Emergency Response Teams



## Remedy Review | *Emergency Response Teams*



What does the Remedy say about the ‘Emergency Response Teams’?

References in the Remedy	Page(s)
Creating a special Emergency Response Team to makes sure people don't get sent back to an institution	15
Emergency Response Teams will be developed to increase capacity and prevent re-institutionalization	20
To effectively implement the no admission policy an emergency response team will be required to avoid crisis leading to institutionalize or unwanted outcomes.	48
In the revised system, an experience IPSC should be identified as the emergency response coordinator, bring relevant parties as required include relevant services from the clinical hub.	48
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	48
Each region should contract in advance with community providers for both emergency staffing and temporary emergency residential provisions if required.	48



## Project Overview | Project Objectives

1. Develop a strategy to ensure the necessary measures are embedded in individualized planning and support to prevent and mitigate emergency/urgent situations for DSP eligible participants and individuals transitioning to living in community (aligning with the No New Admission Policy).
2. Design and establish protocols and pathways for LACs, IPSCs or other regional teams to respond to identified situations that may require urgent/emergency action. For example, this might include LACs providing information, resources and referrals to the appropriate resources.
3. Formalize and establish a 'Rapid Access Fund' in policy to empower DSP staff (*who TBD*) to support families and participants with the resource they need, when they need it.
4. Develop an understanding of how this strategy compliments existing resources and other remedy priorities (e.g., COAST Team, Emergency Respite Provision, etc.).
5. Contribute to a reduction in Temporary Shelter Arrangements when there is a placement breakdown, finding appropriate short-term and longer-term solutions for individuals and reducing instances when TSAs would be required.



# Project Overview | Project Scope

## In Scope

- Design of a strategy and plan aimed at building capacity to support the prevention of and response to emergency/urgent situations for DSP eligible participants (*population to be presented as decision point to leadership*).
- Design processes and pathways to the emergency response strategy protocols so that teams in regional hubs, service providers, and other partners have a shared understanding of roles, responsibilities, capacities, and resources.
- Consultation and engagement with key parties (e.g., internal DSP stakeholders, community partners, health related government partners such as DHW, Addictions and Mental Health, NSH, Seniors and Long-Term Care, Mobile Crisis Supports, COAST etc.) to understand current capacity within the system and identify opportunities for collaboration and/or partnership as flexible response strategies are developed.
- Identify key resources that may need to be in place to enable the function of an emergency response strategy, ensuring that it can be resourced/actioned appropriately.
- Identify successful and evidence-based emergency/urgent response strategies through a literature and jurisdictional review.
- Engage and collaborate with other Remedy initiatives occurring in parallel to ensure alignment, integration, and synergies amongst emergency / crisis prevention strategies. (E.g., No New Admission Policy, On-Call Respite Services, Facility Closure Strategy, Support Planning and Coordination Role Design).
- Enable policy for a Rapid Access Fund to empower DSP staff (*who TBD*) to support families and participants with the resources they need, when they need it (*through a standalone policy or sections of IF/Special Needs Policy*).
- Develop an Implementation and Evaluation Plan to be leveraged as process(es) / strategies are actioned.

## Out of Scope

- Design and implement a 24/7 DSP Emergency Response Team or create additional resources to respond in emergency/urgent situations
- Design and implementation of allied health supports – (Covered by Multidisciplinary and Clinical supports Portfolio)
- Developing an evaluation framework and conducting ongoing evaluation (Covered by DCS Evaluation Team and an external evaluation of Remedy)
- Development / identification of a Distinct Coordinator role
- Development of an alternative to the TSA model, such as the Innovations model proposed in the Remedy (Covered by Community Based Program Design)
- Enacting Implementation and Evaluation Activities outlined in the implementation & evaluation plan



# Approach

## Project Approach

### 1. Project Kickoff

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- Meet with Project Team to discuss and review project approach
- Establish and confirm responsibilities and accountabilities
- Complete Project Charter and seek approval from DSP Management team
- Engage Remedy experts to confirm project approach parameters
- Frame and establish project title and target population

### 2. Research & Resource Gathering

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- Identify a clear problem statement to guide the project activities
  - What problem are we solving? What is defined as an urgent and emergency situation? Who are we serving? What is the ideal outcome?
- Conduct desktop research, including a review of existing literature and/or established programs on emergency/urgent response strategies/recommendations/initiatives to support individuals in the disability community
- Conduct a Jurisdictional Scan of urgent/emergency response strategies that accompanied previous closure of institutions for individuals living with disabilities.
- Current state of emergency and/or urgent response strategies through engagements & review of related DSP documentation/policies
- Explore and identify the key points of contact for individuals living with disabilities and DSP participants (inclusive of current and future remedy state)
- Focus groups / engagement sessions with DSP Care Coordinators to understand the current state of emergency responses and to identify potential needs.
- Work with partners (e.g., NSH, DHW, OAMH) to understand current capacity within the system and identify opportunities for collaboration and/or partnership as flexible response strategies are developed.
- Identify opportunities to engage individuals living with disability or their support networks where appropriate to contribute to the strategy development



# Approach

## Project Approach

### 3. Strategy Development

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- Design of a draft strategy aimed at establishing capacity to support the prevention and response of emergency/urgent situations
- Identify and map existing and future resources that could be leveraged within the strategy to support the prevention and response of an urgent and/or emergency situations
- Draft the strategy, incorporating rounds of feedback for key actors and collaborators as needed
- Finalize "Strategy"

### 4. Implementation and Evaluation Plans

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- Work with key partners to develop a phased implementation plan for the strategy
- Develop implementation and change management approaches to embed in the strategy
- Develop an evaluation plan to monitor impact of project initiatives



# Approach

Deliverable/Milestone	Date
Project Kickoff	January
Engagement Plan	February
Jurisdiction & Literature Review	February
Engagements & Current State Review	March
Draft "Strategy" Document	April
Collect & Integrate Rounds of Feedback	April
Communicate Interim Emergency Response Strategies	April
Finalize "Strategy"	May
Implementation & Evaluation Plan	May

Remedy Timeline	Date
Strengthen Emergency Response Capacity	July 2023
Emergency Response Team Operational at 50%	Nov. 2023
Provide wide Critical Response Team/capacity fully established	June 2024



# Resources

## Roles & Responsibilities



### **Maria Medioli, Executive Sponsor**

- Provide final approval and determinations for deliverables and direction
- Support presentation of recommendations to Executive decision makers



### **TBD, Project Manager**

- Provide project direction and oversight
- Maintain understanding of how the project interrelated with other piece of work (within DSP and across DCS)
- Review and approve project deliverables
- Conduct risks escalation, if needed



### **Corrinne Coughlin & Adam Fraser, DSP Project Team**

- Provide subject-matter expertise
- Participate in project team meetings
- Provide input to project deliverables



### **Sydney Breneol, Davis Pier Project Lead Katrina Sokolowski, Davis Pier Business Analyst**

- Lead and support the development of project deliverables
- Provide project management support
- Support with research and engagements

## Interested Parties and Impacted Groups

Internal

- Disability Support Program
- TBD Director of Allied Health Supports
- DSP Specialists
- DSP Care Coordinators

External

- Office of Addictions and Mental Health
- Nova Scotia Health (NSH)
- Department of Health and Wellness (DHW)
- Service Providers
- Eddie Bartnik, Sue Peden, Angus Buchanan



## Risks and Potential Mitigations | Assumptions

**Risk:** Key Collaborators (e.g., DHW, OAMH, NSH) may have distinct priorities, mandates and policies. Coordinating their efforts and aligning their objects can be challenging and may create potential project delays.

Probability of Occurrence: **High**

**Mitigation Plan:** Work with key partners to identify existing resources; ensure internal alignment on DSP priorities prior to external collaboration.

Potential Impact to Project: **Low**

**Assumptions:** Following approval from DSP leadership, project charter will also be reviewed by Eddie Bartnik, Remedy Expert, to ensure alignment with remedy principles and receive written approval of the deviation from the remedy's outlined approach to an 'Emergency Response Team'.