



Access & Flow Panel Presentation
NSHA Spring Forums

**Adult Residential / Regional
Rehabilitation Centres Sector**

June 2018

Prepared with input from the ARC/RRC
Association

Who We Serve

- Individuals ranging in age from 19 to 80+ years with:
 - Moderate to severe intellectual and/or physical disabilities
 - Chronic mental illness
 - Addictions
 - Acquired brain injuries





Common Myths & Realities

Myth

We only support individuals with intellectual disabilities

Reality

We serve individuals with complex behaviour challenges associated with their diagnosis



Common Myths & Realities

Myth

We work under a medical model as opposed to a social model

Reality

We follow a person-centred model (creates a customized plan for each resident based on their needs and abilities)



Common Myths & Realities

Myth

- Access to intensive nursing & specialty services are universally available
- Psychology, psychiatry, occupational therapy, physiotherapy, hearing & speech, intensive nursing, recreational therapy, pharmacy

Reality

- Access to specialty services is not universally available across sector
- Residents must be medically stable as we have insufficient nursing staff to provide medical care



Common Myths & Realities

Myth

We do not have a wide range of expertise or services to offer our residents or other sectors

Reality

- We have specialized expertise in supporting people with complex challenging behaviours.
- We provide a continuum of progressive services & supports to empower people with diverse abilities to make their own choices, participate in decision-making, and to be contributors to and participate in their local community
 - Independent living services
 - Social enterprise
 - Access to employment opportunities
 - Access to a range of residential services
 - Vocational training & skills development
 - Health-related & other specialty services





Common Myths & Realities


Myth

Clients do not make decisions regarding their medical treatment

Reality

We believe in supportive decision making & choice

(If an individual is deemed competent, they are empowered to make their own decision about accepting or declining treatment.)



Largest Challenges to Seamless Transition Along Continuum

- Our expertise is not widely recognized
- Misinformation or missed information from other institutions
 - Medical history
 - Behavioural history
- Lack of relationships with the health sector
- Misperceptions about our residents/lack of understanding of resident needs (social stigmas)
- Need for greater support from the police & hospitals





Facilitators in Transitioning Along Continuum

- Accurate & up-to-date resident information
- Good relationships with other service providers & regional offices
 - DCS & DHW
- Better understanding of who we can & cannot effectively & safely support



What We Need From Other Program Areas

- Support in meeting the needs of individuals with complex, challenging behaviours & mental health issues

Support from:

- Hospitals
- Home care nursing (e.g. IV antibiotics)
- Mental health & addictions





What We Can Offer Other Program Areas

- Have expertise in supporting individuals with disabilities, in a social, person-centred model of care, & in responsive behaviour management
 - Behaviour intervention
 - Positive behaviour support
 - Program development
- Willing to share our expertise & array of speciality services



Top Priority for Collaboration & Change

- Need to gain a mutual respect for other sectors
- Need to realize that together we are a system & can accomplish more
- Need to better understand the roles & responsibilities of the other sectors





Thank You!

Questions?
Comments?

