DAVIS PIER

Residential Services Program Review

Final Report 2025

Prepared By:

DAVIS PIER

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Delivered electronically via e-mail: slcole@ihis.org

Dear Ms. Cole:

Please find enclosed our comprehensive report on the Residential Services Program Review, conducted from May 2024 to May 2025.

We are very grateful for the opportunity to support Islanders living with disabilities. Our sincere appreciation to you and your staff for your strong collaboration over the past year.

Please do not hesitate to reach out with any questions you may have – or any further support you may need.

Sincerely,

Devon Gillis

Partner
Davis Pier Consulting

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Executive Summary

The Residential Services Program (RSP) provides funding to service delivery partners who offer vital support to Islanders living with disabilities to receive high intensity supports to live their daily life and a place to call home. The array of residential services on Prince Edward Island is comprised primarily of group homes, small options homes, supported independent apartments, specialized residential services, and the Associate Families Program.

Prince Edward Island's residential services sector has demonstrated its commitment to supporting Islanders living with disabilities through extensive supports, diversity in living options, and a commitment to service improvement. Although the review identified challenges and opportunities for improvement, the strong partnership between the sector and the Government of Prince Edward Island means it is well positioned to adapt and strive to provide even better service to Islanders moving forward. This report provides a number of recommendations that will help both the sector and government deliver a modern, inclusive, and sustainable Residential Services Program.

The residential services sector would benefit from a clear and predictable **funding model** that accounts for expansions and contractions in service offerings. At present, service delivery partners make annual proposals for the costs of their service, but Social Development and Seniors (SDS) has few avenues through which to assess or validate proposals made by partners. As part of the review, the team developed an envelope-based funding model which segments expected costs and provides consistent and transparent funding across categories based on the supports being provided. The model is scalable number of clients served, and their needs, to ensure that funding can be calculated to meet the demand of Islanders seeking access to residential services.

A key challenge being faced by the residential services sector is the recruitment and retention of qualified staff. The sector has recognized this and is keen to help address these challenges. The review identified a number of recommendations related to **stabilizing and growing the disability services**

workforce. These include strengthening sector training and professional development opportunities, pursuing wage and benefits standardization, monitoring and adjusting wages regularly, and implementing a sector-wide approach to initiatives such as sharing resources, advocacy, and workforce planning through the Essential Disability Services Alliance (EDSA) – a sectoral organization stood up by key partners in the sector to support stronger collaboration.

A further challenge is the **lack of a consistent wait list approach** for residential services across the Island. Residential services are provided by service delivery partners, but there is little formalized or required consistency in determining which clients receive service and in which order, including when capacity becomes available. The review identified an opportunity to bring consistency to the system through a simple prioritization mechanism that assesses clients priority based on their current life circumstances and support needs. In addition, the project team suggests the introduction of a consistent wait list template, the introduction of wait list audits, and a future planning registry to support advanced planning for service demand.

At present, SDS does not conduct **formal monitoring of residential services settings** to safeguard clients. This approach is a deviation from other Canadian jurisdictions. The review recommends the introduction of a formal licensing and inspection system for both group homes and small options homes. In the short-term, the project team recommends attaching inspectors to an existing inspection body in the Government of Prince Edward Island to support skills development and mentorship. The team also recommends the development of service quality measures and a monitoring approach across all residential settings in the medium-term aimed at ensuring quality service and which will support the sector to keep up with the pace of change in disability services.

The **Associate Families Program** supports clients to live with members of the community, who provide daily living supports and a warm, enriching home environment. The review's recommendations aim to strengthen the structures supporting the program, including introducing a formal policy along with program guidelines. In addition, the review recommends enhancing supports

for hosts, including training and professional development. The review indicated the need to implement additional client safeguards, such as setting a minimum number of home visits per year. Finally, the review team recommends efforts to grow the program, including a marketing campaign and standardizing and enhancing host compensation.

Taken in sum, this suite of recommendations will help build on a strong record of success in supporting Islanders living in residential services. They will strengthen the sector, build on the strong partnership between SDS and service delivery partners, enhance safeguards, and provide more options for Islanders seeking residential services.

Introduction and Overview

The Residential Services Program presently provides funding to 17 different service delivery partners to deliver residential services and supports to approximately 260 clients located across Prince Edward Island. Clients typically receive AccessAbility Supports Program (AAS) before accessing residential services. Clients receiving residential services supports usually have a diagnosis of intellectual or developmental disability or autism spectrum disorder. Service providers on PEI generally offer five types of residential supports:

- Group homes, which provide staffed living supports to residents with varying needs;
- Small options homes, which provide more intensive staffed living supports to a smaller number of residents with higher needs;
- Specialized residential services, which are tailor-made settings based on unique client needs or which are developed in response to an urgent need which cannot be met by other existing settings;
- Supported independent apartments, which are semi-independent living arrangements where clients have their own apartment but can call on assistance if needed. The staffing or nature of assistance available varies based on the apartment and client;
- Associate Families, in which four service delivery partners match clients and hosts to live together in hosts' homes and in which hosts provide disability-related supports to clients.

These environments cover the diversity of client needs, ranging from minimal supports to extensive 24/7 staffing. At the time of project initiation, over 150 clients on PEI were awaiting access to a residential services placement. The current value of core funding contracts and specialized residential services contracts run just over $20M annually to support these service offerings as well as overhead funding for day programming service delivery.

In 2023, the Minister of Social Development and Seniors received a mandate from the Premier of Prince Edward Island to "conduct a review of the Access Ability Supports program to determine if it is supporting Islanders living with

disabilities to access the supports they need to reach their full potential". Given the inextricable links between the RSP and AAS, Social Development and Seniors (SDS) opted to conduct a joint review of both programs to ensure both are meeting the needs of Islanders living with disabilities.

In March 2024, Davis Pier Consulting – an Atlantic Canadian public sector consulting firm with specific expertise in disability supports – was engaged to conduct the joint review. Detail related to the AccessAbility Supports Program Review is contained in its companion report.

During project initiation, the Province identified a number of key challenges with the Residential Services Program. These included challenges related to a stagnating Associate Families Program which has experienced a sustained decline, waitlist pressures, a lack of oversight over funded settings, difficulty with workforce stability, and an inconsistent and unstandardized funding model for both residential services and day programming.

In order to address these challenges, the review was comprised of five distinct streams of work:

- Core Funding Model
- Sector Stability and Sustainability
- Wait Lists
- Inspections and Monitoring
- Associate Families

This report is structured with action in mind: it begins each section with an overview of the work and methodology, before proceeding into the recommendations. Each recommendation provides context and rationale. This section is followed by implementation considerations, with the proviso that additional planning and further scoping will be required during implementation. Direct implementation costs (e.g., staffing) are reported in this section, along with timeline estimates for completion. An exception is the residential funding model, given its focus on the development of a proposed funding approach.

This report should be read jointly with the AccessAbility Supports Program Review to obtain a fulsome view of the sector and potential recommendations. Finally, this report provides an overview of legislative and regulatory implications along with a crosswalk to relevant recommendations in the AccessAbility Support Program Review Report.

Broadly, the Residential Services Program is meeting the needs of hundreds of Islanders. However, there are opportunities to improve oversight, strengthen funding mechanisms, and bring structure to a system which has largely developed organically. With focused effort, SDS can strengthen residential service offerings for the benefit of staff, families, and most importantly – clients.

Summary of Recommendations

Core Funding Model

Recommendation 1.0: Implement the core funding model

- 1.1: Implement the core funding model to provide consistent and transparent core funding
    - 1.1.1: Create a separate capital fund process
- 1.2: Implement the core funding model to alleviate day programming pressures on AAS funding

Recommendation 2.0: Establish service standards for residential and day programming service delivery

Recommendation 3.0: Update service agreements in alignment with the core funding model and service standards

Supporting Sector Stability and Sustainability

Recommendation 1.0: Strengthen sector training and professional development

- 1.1: Develop a sector-wide training strategy in partnership with service delivery partners
- 1.2: Explore an earn-and-learn model
- 1.3: Standardize onboarding programs
- 1.4: Improve professional development opportunities

Recommendation 2.0: Strengthen sector compensation

- 2.1: Pursue wage and benefits standardization
- 2.2: Monitor and adjust wages regularly

Recommendation 3.0: Leverage sector collaboration to support stability and growth

- 3.1: Centralize approaches in addressing sector-wide sustainability challenges
- 3.2: Co-develop a long-term strategy to grow the sector

Wait Lists

Recommendation 1.0: Implement a shared wait list framework in partnership with service delivery organizations

Recommendation 2.0: Implement a notification process for key residential services settings

- 2.1: Establish timelines for placing clients within residential services

Recommendation 3.0: Develop a consistent wait list template for use across residential services

Recommendation 4.0: Explore establishing minimum eligibility criteria for residential services

Recommendation 5.0: Strengthen wait list accuracy

Recommendation 6.0: Establish a residential planning registry to support future system planning

Inspections and Monitoring

Recommendation 1.0: Establish a licensing system with a scheme of inspections for group homes and small options homes

- 1.1: Establish or amend legislation to provide legal authority for the licensing scheme

Recommendation 2.0: Focus the licensing and inspection system on health and safety

Recommendation 3.0: Resource the licensing and inspection system

- 3.1: Hire dedicated inspectors to assess compliance
- 3.2: Second dedicated inspection personnel to an existing inspection function or body in Prince Edward Island
    - 3.2.1: Re-evaluate after two years to determine the appropriate functional employer for inspectors, including the potential for a dedicated inspections organization

Recommendation 4.0: Co-develop service quality measures and approaches

Recommendation 5.0: Implement a quality service monitoring approach

Associate Families

Recommendation 1.0: Clarify the governance and operations of the Associate Families Program

- 1.1: Establish program policy and guidelines and clarify roles and responsibilities among program delivery partners
- 1.2: Encode audit rights within service delivery partner service agreements
- 1.3: Strengthen service delivery partners' role in compensation and respite coordination

Recommendation 2.0: Facilitate continuous quality improvement within the Associate Families Program

- 2.1: Require service delivery partners to establish formal feedback mechanisms and cycles for both hosts and clients
- 2.2: Establish a recurring forum for program discussions to support quality improvement
- 2.3: In partnership with service delivery partners, hosts, and clients, develop a handbook for the Associate Families Program

Recommendation 3.0: Enhance supports for Associate Families hosts

- 3.1: Develop a consistent role outline and training supports for Associate Families hosts
- 3.2: Establish a peer support group to better support Associate Families hosts
- 3.3: Ensure hosts receive the full respite entitlement, regardless of clients' funding ceiling
- 3.4: Explore an enhanced insurance approach for Associate Families hosts

Recommendation 4.0: Support consistency, advanced planning, and flexibility to meet client needs

- 4.1: Ensure service delivery partners conduct transition and case planning for all Associate Families clients
- 4.2: Explore establishing a live-in version of the Associate Families Program

Recommendation 5.0: Undertake collaborative efforts to grow the number of Associate Families hosts

- 5.1: Undertake a provincial advertising campaign to promote host recruitment
- 5.2: Engage hosts and clients in re-naming the Associate Families Program
- 5.3: Increase compensation for Associate Families hosts
- 5.4: Explore an adaptation to the Associate Families funding model that incentivizes service delivery partners to increase the number of clients living in community-based placements

Core Funding Model

Introduction

Residential services and day programming are two of the major disability supports offered in Prince Edward Island. Service delivery partners who deliver these services receive funding from two main sources: core funding grants and clients' AAS funding through the AccessAbility Supports program.

At present, core funding supports all aspects of both residential services and overhead costs for day programming (e.g., management and admin staff, mortgage, utilities, programming supplies, etc.). AAS funding from clients is used to cover direct day programming support staff costs, as well as a portion of supervision costs for day programming.

Based on engagement with both core-funded service delivery partners and SDS, there is a need for a revised funding model to support the department in addressing a number of current challenges:

1. **Lack of transparency in how core funding is utilized across organizations:** Core funding is often combined with other funding sources and used differently across organizations, making it challenging for both SDS and core-funded partners to determine how current core funding is being leveraged, when core funding may be insufficient, or when core-funded partners may require additional funding from one year to the next. In addition, the Office of the Auditor General has recommended that SDS compel greater clarity in the use of funds to deliver services at partner organizations.

   Objective: Develop a model that enables SDS to provide some parameters for how core-funded partners can utilize their funding, and a framework for core-funded partners to work within and report back to SDS.

2. **Lack of standardization across core-funded service delivery partners:** With 17 partners receiving core funding, there is little standardization of how core funding is distributed across organizations. SDS should clearly and consistently provide funding to organizations to deliver services. A

funding model can provide the framework to ensure equitable funding across core-funded partners to operate and support clients.

Objective: Develop a model that provides consistent, predictable and transparent funding to organizations delivering residential and/or day programming services.

3. **Lack of a framework to support sector growth:** When organizations decide - or are asked - to grow operations to meet demand for services, there is currently no model or framework to support SDS in determining the potential cost of the additional services or supports. A funding model can provide a baseline to estimate costs of the various components of residential and day programming services, in order to provide the Department with a framework for growth and provide clear and consistent responses to core-funded partners looking to expand.

   Objective: Develop a model that allows SDS to effectively and transparently provide funding to support the expansion of services.

Through engagements with SDS and the core-funded service delivery partners, along with the project team's knowledge of best practices for funding service providers, the review team determined that the following characteristics are key to the development of a successful funding model:

1. **Transparent and predictable:** Funding should be tied specifically to supports and services provided by core-funded partners to ensure all parties understand funding levels and how they may increase or decrease based on changes to service delivery.
2. **Aligned with best practices**: Disability support programs are moving away from systems that dictate, through policy or funding, the programs and providers that are available to individuals - and moving towards systems that enable a variety of options to support its clients, increasing client choice and empowerment.
3. **Balanced approach:** A funding model must balance the need to provide funding stability to existing core-funded partners while ensuring additional funding is available to support new and existing partners to

expand their services by either growing existing programs or adding new programs to better meet client needs.

4. **Applicable to a mix of residential services and day programming:** A funding model must account for the nuances with the existing mixed funding approach for core-funded partners who provide both residential and day programming services.

These characteristics are critical to ensuring the funding model will support the needs of SDS and the core-funded partners.

Among the 17 core-funded service delivery partners, eight organizations were within the purview of the Core Funding Model workstream based on the scope of their services and the size of their contracts. This includes partners who currently receive a core funding grant and deliver traditional residential services, day programming services, or both.

Overview and Methodology

This section outlines the detailed methodology which was used to develop the recommended funding model framework.

Funding Model Approach

A current state understanding of the funding process was developed through a series of document reviews and engagements with core-funded service delivery partner, including:

- Reviewing core-funded partners' financial statements and budget request templates.
- Facilitating a group engagement session with core-funded partners' leadership.
- Conducting individual interviews with core-funded partners' leadership and financial staff to review operational and financial details.

Based on these reviews and initial discussions with core-funded service delivery partners and SDS, this report proposes an approach using **funding envelopes** for similar groups of expenses and funding. This is a common approach used

across health and social services sectors to provide a balanced structure for funding – allowing for consistent envelopes for certain items and some flexibility where needed.

Some of the benefits of a funding model using funding envelopes include:

- Limiting the number of items to negotiate, update, or recalculate annually.
- Providing flexibility for core-funded partners to work within each funding envelope to make individual operational decisions, while maintaining overall consistency, fairness, and adherence to SDS' mandate and standards.
- Facilitating clearer reporting and accountability back to SDS for funds received.
- Reducing the need for the Department to respond to budget requests for individual expense items.
- Allowing the Department to apply targeted and applicable increases to certain funding envelopes (e.g., cost of living for variable consumables, wage pattern for staff, etc.).

Funding envelopes were created by grouping similar expenses into envelopes and iterating on how funding amounts should be calculated for each envelope. The review proposes the funding model be separated into six envelopes:

1. **Residential Support Staff:** Including staff who directly support residential services clients. This funding is directly tied to the needs of residential services clients and will fluctuate accordingly (i.e. funding will change as direct staffing needs change in response to client support needs).
2. **Management, Administration and Supervision**: Including management, admin and supervisor staff wages, as well as professional fees and professional development costs. These are costs that are tied to the size of the organization and cover expenses and wages that indirectly facilitate the work of direct support staff.

3. **Fixed Operations:** Including mortgages or rent, utilities, insurance, property tax, and repairs and maintenance. These are the overhead infrastructure costs necessary to operate.
4. **Consumables:** Including groceries, household consumables, office supplies, day programming supplies, and travel. These costs fluctuate based on the number of clients and staff.
5. **Associate Families:** Including staff required to support the Associate Families Program.
6. **Day Programming Support Staff:** Including staff who directly support day programming clients. This funding envelope will continue to be funded through clients' AAS funding.

The recommended funding envelope structure will use the core funding grants to fund a fixed supply of residential and day programing supports (e.g., 16 residential beds and 50 day programming placements for Provider X). This will help to ensure that a minimum supply is available to meet the forecasted needs of Islanders with disabilities.

The variable (i.e., direct staffing) costs of accessing day programming supports would continue to be funded through individual AAS budgets. Supporting the other costs of day programming (e.g., supervision, supplies, etc.) through core funding creates consistency with the cost of purchasing other direct support hours in the community that may be an alternative to standard day programming for some individuals. Additional details on this approach are provided in the Model Applications section.

Funding Envelope Details

1. Residential Support Staff

This funding envelope includes wages and other associated costs (e.g., benefits) related to direct residential support staff. The funding amount for residential support staff is based on the following parameters:

- Staffing hours required to operate the home
- Cost per hour of support staff time

In order to determine the staffing hours required to operate each residential home, weekly staff scheduling information was collected from core-funded service delivery partners. This data was paired with the average hourly wage from each organization and a standardized relief and benefits rate based on industry standards for benefits, sick days, vacation, training and statutory holidays to calculate this funding envelope for each organization.

2. Management, Administration and Supervision

This funding envelope includes the human resources funding necessary to oversee and manage core-funded service delivery partners' staff, as well as provide appropriate management and supervision to front-line staff. The grouping of these expenses into one envelope of funding provides core-funded partners with the operational flexibility to design their organizational structures to best suit the organization and its clients. This envelope includes positions and expenses such as:

- Management and administration (e.g., executive director, financial administrator, program manager, etc.)
- Supervisors
- Professional fees and professional development

The envelope is calculated as a percentage of the total expenses for residential and day programming support staff. Based on current expenses, the management, administration, and supervision percentage in 2024 ranged from 14% to 132%, although most organizations fell between 22% and 36%.

Two organizations were statistical outliers, and backed by contextual information, they were removed from the analysis.

After removing outliers, the average management, administration and supervision percentage was calculated to be **27%**, which was used in the model to calculate the approximate funding for this envelope. This percentage is intended to be used as a starting point for determining the funding for this envelope for each core-funded partner.

The average management, administration, and supervision ratio of 27% is intended to be a proxy for relating growth in direct support staffing needs to the

need for additional administrative supports. As direct support staffing needs increase, management, administration, and supervision needs increase linearly. This ratio may need to adjust based on funding for similar needs from other sources (e.g., other Government departments).

Tying this envelope to the costs associated with direct support staffing also helps with potential wage compression issues, where direct support staff wages increase but supervisor wages do not. This approach ensures there is funding available to support the necessary overhead staffing as each organization grows and provides incentives and pathways for staff who seek to advance in their career.

3. Fixed Operations

This funding envelope includes operational expenses that are fixed or expenses which service delivery partners have little to no control over. It includes expenses such as mortgages or rent, utilities, insurance, property tax, interest on long-term debt and bank charges, and repairs or maintenance. For new capacity, these historic actuals can also be used to set ranges for acceptable fixed operations costs in proposals.

To determine the funding amounts for this envelope in the model, expenses from 2024 financial statements were used for each component, except for repairs and maintenance.

Repairs and maintenance costs can vary depending on the age of the building, prior repairs or upgrades, unpredictable failures, and damage or degradation from use. To account for this, the model includes repair and maintenance funding of 2.5% of each organization's capital asset value of their buildings. The industry standard is 1-3% of an organization's capital asset value[1]. Given that residential services buildings often require higher maintenance compared to a typical dwelling due to accessibility modifications and intensive use, and the relative age of the buildings, the project team considers 2.5% a reasonable rate for anticipated repairs and maintenance costs.

[1] *Reliable Magazine*. How to Estimate Maintenance Costs Based on Asset Replacement Value. March 8, 2025.

Repairs and maintenance funding from core operating grants do not include funding for capital expenses like a roof repair, new deck, generator, or other similar expenses which would require a separate capital fund. Capital expenses should be dealt with on a one-time basis through a separate process.

Table 1 outlines an example for the fixed operations funding envelope one organization.

Table 1: Example - Fixed Operating Funding Envelope

Parameter	Amount
Mortgage/Rent	$218,109
Utilities	$164,658
Telephone and cable	$59,942
Insurance	$144,402
Interest and bank charges	$688
Interest on long-term debt	$70,449
Property tax	$116,063
Repairs and maintenance	$160,598
Total	**$757,907**

4. Consumables

This funding envelope includes consumable expenses to support service delivery, including groceries, day programming supplies, staff travel expenses, and office supplies. The grouping of these expenses into one envelope of funding provides core-funded service delivery partners with the operational flexibility to purchase consumables which best suit the organization and its programming.

Items have been grouped within the envelope based on their cost driver (e.g., number of clients, number of staff, etc.). Separate calculations have been made for the following groupings:

- **Groceries** *(includes food, cleaning products, personal hygiene products, etc.):* Calculation is based on the food portion of the Basic Unit Rate used by Social Assistance for each residential client.
- **Office Supplies:** Calculation is based on the existing average amount per full-time equivalent staff.
- **Day Programming Supplies** *(excluding materials used for social enterprises)*: Calculation is based on the existing average amount per full-time equivalent day programming client.
- **Travel:** Calculation is based on the existing average amount per client, including residential and day programming clients.

Table 2 outlines the cost drivers (i.e., units) and the per unit costs used to calculate the consumables funding envelope:

Table 2: Consumables Funding Envelope Cost Drivers

Subgroup	Cost Driver (unit)	Per Unit Cost
Groceries	# of residential clients	$5,448/year
Office Supplies	# of staff FTEs	$529/year
Day Programming Supplies	# of full-time equivalent clients[2]	$643/year
Travel	# of total clients	$948/year

5. Associate Families

This funding envelope includes staffing costs related to coordinating and supporting the Associate Families program. The model assumes the same funding scheme that is currently used - $30,000 for between 1 and 15 clients

[2] Full-time equivalent clients are based on 30 weekly hours of day programming

living with an Associate Family, which scales linearly with the number of clients (e.g., $60,000 for between 15 and 30 clients). Currently, only four service delivery partners are designated to deliver the program; others are excluded.

6. Day Programming Support Staff

This funding envelope includes wages and other associated costs (e.g., benefits) related to direct day programming support staff.

The model assumes a consistent staff wage and number of staffing hours to support day programming services. Actual expenses from 2024 financial statements have been used for this funding envelope. These costs are funded through AAS files, and thus **not covered by grants in the proposed funding model,** but are required to calculate the management, administration, and supervision overhead that would be funded to support a minimum fixed supply of day programming.

7.0 Expense Exclusions

For certain funding envelopes, such as fixed operations and consumables, that are either equal to 2024 expenses or driven by 2024 expenses, some exclusions were made from the expenses shown in core-funded service delivery partners' financial statements to ensure that only expenses covered by the core funding grant were included.

For example, some organizations collect rent from clients to live in supported apartments. In these instances, the amount of rent revenue collected was deducted from the fixed operations funding envelope.

Model Outputs

This section provides a breakdown the outputs of the funding model based on the described methodology.

Model Outputs – Base Funding

Following the methodology described in the Funding Envelope Details section, initial funding calculations were made for each core-funded service delivery

partner and compared to their current core funding amount provided by SDS. Additional funding that core-funded partners received through specialized residential contracts was combined with the core funding grant amounts. This combined funding amount is referred to as the current SDS funding throughout the report. This was to account for core-funded partners' lack of differentiation between expenses covered by core funding and expenses covered by specialized residential funding. This allowed the review team to provide a more accurate comparison between the funding model outputs and the current funding received by core-funded service delivery partners.

Table 3 outlines the model outputs for one core-funded partner compared to their current SDS funding, where the delta is the difference between the model output and the current funding. The total delta across all organizations that were included in the review has also been included in the table

Table 3: Example - Funding Model Outputs

Core-Funded Service Delivery Partner	Model Total	Current SDS Funding	Delta	**Total Delta (all organizations)**
Example Organization	$7,702,987	$7,231,600	$471,387 (16%)	**$1,971,780 (10%)**

The model outputs suggest that across all providers, a 10% increase of current core funding amounts is required to align funding with the cost of delivering supports. Adjusting funding for each organization in alignment with the funding model outputs would ensure every organization's funding is consistently calculated across the sector.

Model Outputs – Support Staff Wage Analysis

Support staff funding is a large driver of core-funded costs, impacting the residential support staff funding envelope and the management, administration,

and supervision funding envelope. The wage analysis includes both residential staff wages and day programming staff wages.

To consider this impact, the project team outlined three different support staff wage approaches and the subsequent funding model outputs:

1. Funding based on current wages;
2. Funding based on the *lowest* unionized staff wage or the organization's current wage, whichever is higher; and,
3. Funding based on the *average* unionized staff wage or the organization's current wage, whichever is higher

To determine the lowest and average unionized wage, the average wage for each unionized core-funded partner was first calculated. The lowest unionized wage is $24.96 per hour and the average unionized wage is $25.70 per hour.

Table 4 outlines the total estimated funding for all core-funded partners across all funding envelopes based on the various support staff wage options. As shown, increasing funding for support staff based on the lowest or average unionized wage requires an additional 2.3 - 3% of funding from SDS.

Table 4: Support Staff Wage Option Impacts

	Option 1: Current wage	**Option 2:** At least lowest unionized wage	**Option 3:** At least average unionized wage
Model Total	$22,072,455	$22,530,892	$22,674,816
Current Total	$20,100,675	$20,100,675	$20,100,675
Delta	$1,971,780	$2,430,217 (+ $458,437 from Opt. 1)	$2,574,141 (+ $602,361 from Opt. 1)
Delta (%)	9.8%	12.1% (+2.3%)	12.8% (+3%)

Model Applications

This section outlines various applications of the funding envelope and funding model methodology, including an approach for day programming funding and an approach for increasing and decreasing core-funded service delivery partners' funding based on the services they are formally requested to provide by SDS.

Day Programming Funding

Day programming services are a critical support for many Islanders living with disabilities. Over time, more support options have become available that fill similar needs to day programming, but it remains the largest expense through the AAS program.

As client needs continue to evolve, and more alternative options and supports become available, it is important that SDS allocates funding for core-funded service delivery partners and clients in a way that is focused on providing clients with choice to use their funding on services that best suit their needs. This means incorporating elements of portability to any new funding invested in the system. Some of the current challenges with day programming include:

- **Difficulty in scaling operations:** One of the main challenges with the current funding approach is the difficulty core-funded partners face in scaling their operations. As core-funded partners add capacity and take on new clients, the only additional revenue to the organizations is through client AAS funding. There is no consistent additional funding for the increase in overhead expenses that comes with additional capacity (e.g. staff supervision, consumables, etc.).
- **Inequity in access for new clients:** Core-funded partners must either charge new clients a higher hourly rate to cover both the direct support costs and the associated overhead or take on the additional overhead costs without additional funding, creating unsustainable financial pressures for the organizations.

- **Alignment with funding ceilings:** Clients attending day programming are more than twice as likely to go over their AAS funding ceiling compared to clients who do not attend day programming.
- **Lack of service standards:** The Department lacks a mechanism to ensure day programming service providers meet a certain standard of service delivery for the funding they receive from SDS, which can also lead to cost or service inconsistencies.

Based on these current challenges and key considerations for day programming funding, it is important that a solution seeks to achieve the following goals.

- Ensure there is a minimum funded supply of available day program capacity. This represents the base funding for core-funded partners and will provide assurance that they will have guaranteed core funding.
- As a requirement for receiving base funding, core-funded partners must meet an SDS standard for service provision. This should be enforced through service agreements and could include standards around accessibility, staff and training, activity offerings, safety, and other measurable outcomes. This can be further supported through recommendations in the Inspections and Monitoring workstream. Delivery to the standard will be enabled by consistent and appropriate funding levels for the management, administration and supervision envelope.
- Ensure all individuals using AAS funding to pay for the variable costs of day programming have equitable access (i.e., additional clients do not pay more once the base funded capacity is exceeded). Preventing the need for clients to choose between day programming or other supports offered in the community because of cost allows them to prioritize supports that best suit their needs.
- Any variable funding received by core-funded partners (i.e., additional funding for providing service beyond their base capacity) should be tied to client hours to maintain portability of funding. If clients choose to reduce their hours or no longer attend day programming, any additional

variable funding associated with the services will also be reduced, providing more certainty for SDS and further supporting client choice.

To achieve these goals, the project team is proposing a day programming funding approach with two key components: 1) base funding and 2) variable funding.

Base funding will provide current core-funded service delivery partners with a minimum funding amount to support their current capacity (or a defined minimum capacity) of day programming services. This amount would be calculated using the core funding model and would cover all costs of delivering the stated minimum capacity, except for direct support costs which would be funded by each client's AAS files.

Variable funding would serve as a top up to the base core funding when core-funded partners add supports beyond their base funded capacity. It could also support new organizations looking to enter the sector who do not have base funding but demonstrate an ability to meet the SDS service standards. This amount would be determined on a per-client basis based on the direct support a client is purchasing with their AAS funding. This top-up would leverage similar funding envelopes used to determine the base funding:

- Management, Admin and Supervision: The variable funding top-up would use the same methodology as the core funding model, allocating 27% of the proposed direct support staffing expenses as a management, admin and supervision top-up.
- Consumables: The variable funding top-up would use the per client rates for day programming supplies and travel.

This top up would require net new funding to better support sector growth and allow the sector to scale to meet client demand.

Day Programming Example

For this hypothetical example, consider that an organization receives core funding for 60 full-time equivalent day programming clients, but expands to 75 clients due to demand.

Funding for the first 60 clients would be calculated using the core funding methodology, providing them with $684,801 (see Table 5).

Table 5: Day Programming Example - Base Funding

Funding Envelope	Funding Calculation	Funding Amount
Management, Administration and Supervision	27% x Direct Support Staff costs for 60 clients	$308,981
Fixed Operations	Last year's actuals plus repairs /maintenance funding	$283,627
Consumable	Blended rate based on client and staff counts	$92,193
Total Base Funding		**$684,801**
Day Programming Direct Support Staff	$19,072 per client per year	$1,144,320

For the additional 15 clients that the organization serves, clients would fund the direct support staff costs through AAS funding. To support the additional overheard costs associated with supporting the 15 clients, the organization would receive a variable funding top-up of $96,400 (see Table 6).

Table 6: Day Programming Example - Variable Funding

Funding Envelope	Funding Calculation	Funding Amount
Management, Administration and Supervision	$19,072/client x 27% x 15 clients = $77,245	$77,245
Consumable	$1,277/client x 15 clients = $19,154	$19,154
Total Variable Funding Top-Up		**$96,400**

Day Programming Direct Support Staff	$19,072 per client per year	$286,080

Funding Adjustments

The funding envelope approach provides the ability to transparently tie funding amounts to the supports being provided. This allows SDS to best allocate funding to areas of need and to ensure funding is being used for its intended purpose. This same approach can be used for the calculation of funding for short-term specialized residential support arrangements.

As the need for supports increases through the addition of homes or residents, or through additional support needs from residents within existing homes, funding can be increased using a consistent approach. Conversely, if service provision decreases due to a change in resident needs, funding can be decreased to reflect the change. These details will need to be communicated clearly with core-funded service delivery partners through their service agreements and as part of the implementation of the funding model to ensure all parties understand how funding is impacted by changes in program capacity. Other measures could accompany the calculations to support sustainable service delivery partner operations, including by providing a three-month notice period between when capacity decreases and funding is adjusted.

To demonstrate how a core-funded partner would be impacted as its funded capacity changes, three scenarios are outlined below.

In Scenario 1 (see Table 7 and Table 8), an existing core-funded partner is asked to add a new small options home. The new home will consist of:

- 3 residential clients
- 24/7 support from one residential support worker
- Residents will attend day programming at another location, but worker must remain at the home if any residents are unable to attend

Table 7: Scenario 1 - Inputs

Input Field	Inputs

Residential Clients	3
Weekly Residential Support Hours	168
Day Programming Support Hours	0
Day Programming Support Staff Costs	$0

Table 8: Scenario 1 - Funding Outputs

Funding Envelope	Total Funding
Residential Support Staff	$257,751
Management, Administration and Supervision	$69,598
Fixed Operations	$50,000
Consumables	$20,892
Associate Families	$0
Day Programming Support Staff	$0
Total Funding for New Capacity	**$398,239**

Based on this scenario and the parameters within the funding model, the organization would be provided $398,239 in core funding for this home.

In Scenario 2 (see Table 9 and Table 10), the home adds a fourth resident. This individual has higher needs that require the organization to increase the support staffing to the home. The home will now consist of:

- 4 residential clients
- 24/7 support from one residential support worker, with an additional worker for 8 hours per day during the week and 12 hours per day on the weekend
- Residents will attend day programming at another location

Table 9: Scenario 2 - Inputs

Input Field	Inputs

Residential Clients	4
Weekly Residential Support Hours	232
Day Programming Support Hours	0
Day Programming Support Staff Costs	$0

Table 10: Scenario 2 - Funding Outputs

Funding Envelope	Total Funding
Residential Support Staff	$355,942
Management, Administration and Supervision	$96,109
Fixed Operations	$50,000
Consumables	$26,974
Associate Families	$0
Day Programming Support Staff	$0
Total Funding for New Capacity	**$529,025**

Based on this scenario, the organization will be provided $529,025 in core funding for this home. This is an increase of $130,786.

In Scenario 3 (see Table 11 and Table 12), the higher-needs resident moves out and the vacancy is filled with another resident. This new resident's needs are not as high, so the organization does not require the same support staffing in the home. The home will now consist of:

- 4 residential clients
- 24/7 support from one residential support worker, with an additional worker for 8 hours per day on the weekend
- Residents will attend day programming at another location

Table 11: Scenario 3 - Inputs

Input Field	Inputs
Residential Clients	3
Weekly Residential Support Hours	184
Day Programming Support Hours	0
Day Programming Support Staff Costs	$0

Table 12: Scenario 3 - Funding Outputs

Funding Envelope	Total Funding
Residential Support Staff	$282,299
Management, Administration and Supervision	$76,224
Fixed Operations	$50,000
Consumables	$26,974
Associate Families	$0
Day Programming Support Staff	$0
Total Funding for New Capacity	**$435,497**

Based on this scenario, the organization will be provided $435,497 in core funding for this home. This is a decrease of $93,528 from the previous funding.

Recommendations

Based on the work outlined above, this workstream contains three recommendations, supported by a further three sub-recommendations. All recommendations can be completed in the short-term (1-3 years) unless otherwise noted.

Recommendation 1.0: Implement the core funding model

1.1: Implement the core funding model to provide consistent and transparent core funding

The Department should implement the core funding model to support improved consistency and transparency in how core funding is offered to service delivery partners. The core funding model will also provide parameters for how core-funded partners can utilize their funding, and a framework for core-funded partners to work within and report back to SDS. The revised core funding model should include efforts to move towards a general alignment of support staff wages across service providers and can also support more consistent approaches to applying for and reviewing applications for financial support, addressing recommendations from the Office of the Auditor General in their recent audit of SDS. The new core funding model will allow the department to effectively and transparently provide funding to support the expansion of services.

Implementation Considerations

The team estimates a timeline of ten to twelve months for initial implementation, inclusive of time to further define the model, conduct any additional organization-by-organization analysis, prepare any required Executive Council Memoranda and/or Treasury Board Submissions, conduct change management with core-funded service delivery partners, amend service agreements, and sign new service agreements. This timeline is also inclusive of developing a high-level capital funding request approach.

The timelines associated with implementation may be split across multiple years as needed to align with the availability of funding. Implementation timing should align with the start of a new fiscal year to align with revised service agreements.

The funding model identifies some service delivery partners as being underfunded at present, while other organizations are identified as being overfunded (per the current model calculations). When implementing the funding model, the project team recommends "red-circling" the service delivery partners who are identified as being overfunded. Funding should not be reduced for those partners, but they should not see their funding increased until

their projected funding from the model has caught up to their current funding (i.e., through annual CPI increases).

Depending on the availability of funding, bringing providers up to the total funding suggested by the model may require phased increases over several years. To support a phased implementation, the Province could consider a staggered implementation of the funding envelopes. For example, the Province could begin with the implementation of the management, administration and supervision envelope to standardize that component of funding, then implement additional envelopes in future years.

1.1.1: Create a separate capital fund process

The department should explore the option of developing a capital infrastructure fund to proactively address the anticipated resource demands in future years. This campaign could include the creation of a new envelope of funds within the SDS operational budget which would allow the department to strategically allocate funding to increase inventory based on geographic, demographic, and service category demand. Clear and transparent parameters and processes would be key to ensuring equitable access for interested community partners.

The project team recommends creating a clearly defined process to support capital fund requests outside of typical repairs and maintenance. The Department should create parameters for what actions or investment amounts should be covered by core funding through the repairs and maintenance component of the fixed operations funding envelope and what should follow the proposed capital fund process. This could also entail mandating that service delivery partners direct any surpluses from SDS funding towards a capital reserve fund that would become the first funding source for capital needs.

Implementation Considerations

This recommendation should be implemented alongside the fixed operations funding envelope implementation, in collaboration with service delivery partners to ensure the capital funding process is clear. The need for a capital reserve fund (if included), should be enforced through service agreements.

1.2: Implement the day programming top-up for when providers exceed base-funded capacity

The Department should implement the proposed core funding model as a first step to addressing a wide variety of day programming challenges. Through implementation, SDS should determine the minimum fixed capacity of day programming that each core-funded service delivery partner should be providing based on its current funding and supports. As part of this review, SDS should ensure that each organization's core funding sufficiently covers all overhead and administrative costs so that clients only pay for direct day programming support staffing costs with their AAS funding. As part of this, a budget envelope should be created for variable top-up funding once core-funded partners exceed their base funded capacity.

While day programming is a crucial support for many Islanders with disabilities, it is also a major expense as part of clients' AAS funding ceilings. Clients who attend day programming are more than twice as likely to go over their funding ceiling than clients who do not. There are several challenges with how to monitor day programming costs for clients and balance client needs within their funding ceilings.

The expenses included in AAS day programming cost proposals are not always consistent and while most core-funded partners only include direct staffing costs in their day programming costs, some organizations include supervisory costs and other administrative costs for newer clients.

Staff wages currently vary across core-funded partners, particularly between organizations with unionized employees and organizations with non-unionized employees. There is also a varying need for group or 1-on-1 supports which is unique for each client. More broadly, the need varies across organizations depending on the types of clients who are attending their programming.

Because of the challenges noted above, it is difficult for SDS staff to determine an appropriate cost for day programming clients to include in their AAS funding budget. This results in additional work for SDS staff to evaluate each request and determine a fair cost.

Taken in sum, these challenges often result in clients either reducing their day programming hours to fit within their funded ceiling or leaving themselves without room in their funded ceiling for other necessary supports.

Implementation Considerations

As part of implementation, SDS should conduct a one-time review of AAS client files for those in day programming to adjust the amount being paid for day programming. As part of the review, SDS should determine the minimum fixed capacity of day programming that each core-funded service delivery partner should be providing based on its current funding and supports. This minimum fixed capacity will be considered the base-funded capacity, and any additional capacity delivered by each service delivery partner should be eligible for variable top-up funding.

To support the base and variable funding structure for day programming service delivery partners, SDS will need to create a new internal budget envelope for the variable top-up funding, as this will be a new component of funding in addition to the current core funding. These efforts are required to align with the broader recommendation contained in this workstream that clients only pay for the costs of direct support associated with day programming.

Additional details related to this recommendation can be found in the AccessAbility Supports Program Review report.

Recommendation 2.0: Establish service standards for residential and day programming service delivery

The Department should work with core-funded service delivery partners to establish service standards to accompany the implementation of the core funding model. The two should complement each other, where the core funding model will ensure core-funded partners are receiving adequate overhead funding to support high-quality service delivery, and the Department should expect and enforce high-quality service delivery from its service delivery partners. The service standards could include standards around accessibility, staff and training, activity offerings, safety, and other measurable outcomes. Such an approach would also provide clarity around value-for-funds and specific

performance information, addressing recommendations from the Office of the Auditor General regarding SDS' oversight and management of third-party funding agreements.

The Inspections and Monitoring workstream provides additional detail on process and approach, with specific regard to residential services. The approach could be expanded to cover aspects of day programming service delivery.

Implementation Considerations

Service standards for residential and day programming service delivery should be developed in parallel with the implementation of the funding model and should be included in all updated service agreements with core-funded service delivery partners to ensure the provision of funding is tied to service delivery partners' ability to meet the standards.

Service standards could be made publicly available for transparency and to inform new providers of the standards required to be eligible for core funding. The service standards could also serve as a guide for organizations not receiving core funding but who want to hold themselves to a high quality of service delivery.

Any work related to the development of service standards can be conducted as part of the Inspections and Monitoring workstream.

Recommendation 3.0: Update service agreements in alignment with the core funding model and service standards

To accommodate both the implementation of the funding model and the addition of service standards, the Department should update its service agreements with core-funded service delivery partners. The contracts should include additional detail on the funding envelopes, how funding is allocated, and how it may be increased or decreased based on capacity and services provided. The contracts should also provide the department with the opportunity to measure and enforce the service standards that are established, in a manner that is not overly restrictive or burdensome for the core-funded partners or the Department.

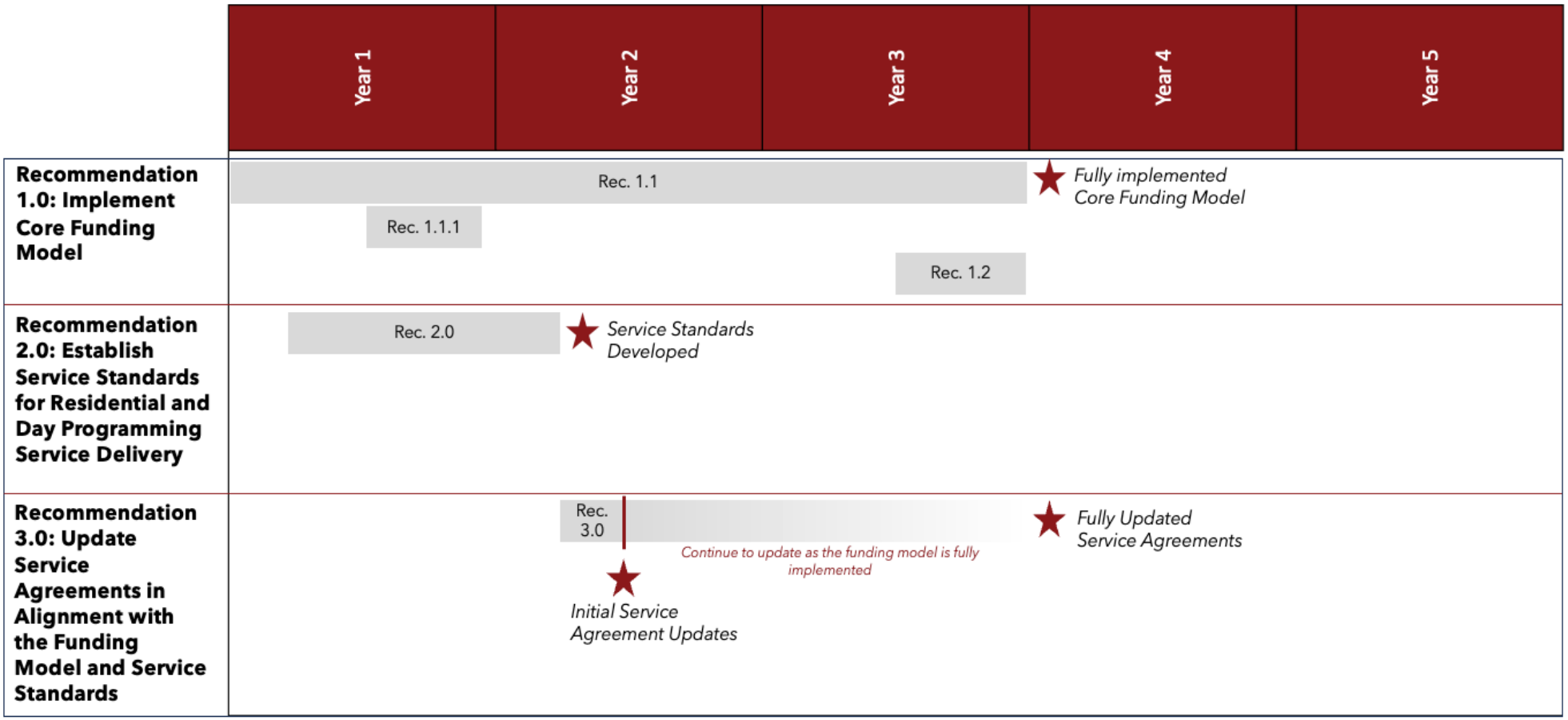
Finally, compelling performance reporting would assist SDS in responding to recommendations from the Office of the Auditor General regarding the management of grants to third-party organizations.

Implementation Considerations

Service agreements should be updated annually throughout implementation to reflect any progress in the implementation of the funding model and any developed service standards. SDS should consider including additional appendices for the presentation of financials to include a breakdown comparison of the budget and actual expenses across funding envelopes.

Implementation

Figure 1: Implementation Gantt - Core Funding Model



Implementation Assumptions

For planning purposes, it is assumed that the Province will dedicate approximately 0.75 – 1 FTEs, split across staff, to further develop and implement the revised Core Funding Model. The draw on internal resources can be reduced through professional services support.

The review team does not anticipate additional ongoing resources are required to manage the new core funding model.

Timelines may be impacted by (a) a lack of resources; (b) the ability to engage with service delivery partners; (c) resistance by service delivery partners; (d) a lack of funding.

Supporting Sector Stability and Sustainability

Introduction

At present, service delivery partners in the disability services sector across the Island face common challenges with respect to staffing, such as retention issues and difficulty recruiting new staff members. Two of the primary causes of these challenges are low number of human services graduates available to work in the sector, and wage competition from other employers of professionals with similar human services backgrounds.

Expanding access to residential services is not merely a question of building new physical settings; staffing is often the bottleneck for expanding residential services to meet clients' needs. As a result, it is critical to address workforce and staffing issues in order to ensure the sector can meet clients' needs and desires for residential services support.

Service delivery partners have taken the initiative collaborate as a sector through the creation of the Essential Disability Services Alliance (EDSA), a central organization and resource for many service delivery partners engaged in disability services in Prince Edward Island, created and led by key partners in the sector. The review finds that EDSA has an opportunity to play a key leadership role in collaborating with SDS to improve sector stability and sustainability.

Overview and Methodology

Through this review, SDS sought advice on a strategy to support the health of the sector to build capacity and work to meet a growing demand for residential services and disability supports on the Island.

The work to support this stream of work began with a detailed review of the MRSB Comprehensive Needs Assessment Report, and a review of the PEI ACL Law Foundation Sessions conducted to inform modifications to the AccessAbility Supports Program. The project team also reviewed approaches in similar sectors – such as the Early Childhood Development sector, which has developed a comprehensive model for wages, skills, and progression.

These reports and reviews of approaches were combined with a jurisdictional review, and inputs and insights from the public survey conducted to support both the AccessAbility Supports and Residential Services Program Reviews. The public survey aligned in general with findings from previous reports – namely, that wages, professional development, and benefits are key factors influencing recruitment and retention in the sector. 51 employees in the disability services sector responded to the public survey, of a total 270 responses across respondent categories.

The project team conducted two workshops to explore and socialize potential recommendations: one with Social Development and Seniors, and one with several core service delivery partner partners. The recommendations below were shared for validation and testing to ensure feasibility.

These recommendations require significant buy-in, partnership and efforts from SDS' partners in the sector. Many recommendations must be driven formally by the disability services sector. Recommendations are presented below, along with implementation considerations and a broader path towards sustainability for the sector.

Recommendations

Based on the work outlined above, the review team identified three recommendations and eight sub-recommendations. All are achievable in the short-term (1 – 3 years), unless otherwise noted.

Recommendation 1.0: Strengthen sector training and professional development

1.1: Develop a sector-wide training strategy in partnership with service delivery partners

Although wages are a key factor for staff recruitment and retention, continuing professional development was identified by staff respondents to the public survey as a top three factor for both recruiting more staff and retaining staff. A sense of growth and development is core to helping employees feel valued, while also increasing the breadth and depth of their skills to support clients.

The current approach to staff training could be more consistent, fostered through an organization such as EDSA. Given the similarity in services offered by service delivery partners, a more consistent training approach – potentially delivered centrally or in a blended virtual/in-person format – could be more cost-efficient as well as promote peer connections between staff at various organizations.

SDS and the service delivery partner community should collaboratively explore and develop a consistent and shared vision for training in the sector, with a view toward greater collaboration and resource-sharing – as well as a potential role for EDSA.

Implementation Considerations

This recommendation will take approximately 8 – 10 months to implement, inclusive of time for Recommendations 2.2 – 2.4, outlined below. A comprehensive strategy will need to be developed collaboratively and with adequate time for engagements, including both sector staff and those outside the sector such as educational institutions.

Specific costs should be determined and approval for funding sought alongside the strategy to ensure proposed items can be implemented quickly.

1.2: Explore an earn-and-learn model

SDS and service delivery partners should consider the development of an earn-and-learn model, which can support the disability services workforce in meeting client needs while also creating a pipeline of future talent within the sector. Considering that Holland College graduates just 17% of the sector's needs each year, the sector requires a more sufficient approach to meeting staffing needs. Exploring a model which permits staff to contribute to service delivery while getting an education could support an expansion to the Holland College program, as well as support stronger streaming directly into the disability services sector in contrast to other areas which employ human services graduates.

Implementation Considerations

This recommendation will take approximately 6 – 8 months to implement, inclusive of time to engage with educational institutions and/or partners, further explore earn-and-learn models elsewhere, and identify which elements of education can be delivered on-the-job and which elements require classroom time. In addition, it includes time for the sector to consider which job tasks are appropriate for trainees to complete dependent on where they are in their educational journey. Some consideration of how staff/trainees will be supervised is also required.

1.3: Standardize onboarding programs

Service delivery partners should consider standardizing onboarding programs to provide a consistent experience when joining their organizations. This could involve some measure of standardized training, which would benefit both service delivery partners and the clients. Sector-wide onboarding would translate to cost savings through a centralized source for onboarding material rather than standing up separate programs. The standardization would also benefit clients, who would receive support based on best practices that are vetted through a variety of sources rather than determined by one individual or organization leading the onboarding.

Engagements with the sector indicated that the high staff turnover also impacted service delivery partners ability to devote resources to onboarding new staff, which could be addressed through a standardized, sector-wide onboarding program. Lastly, a standard approach to onboarding could also create an opportunity to spread awareness of professional development pathways, which are further outlined in the recommendation below.

Implementation Considerations

This recommendation will take approximately 3 – 4 months to implement, inclusive of time to compare and contrast existing onboarding approaches and programs, identify common elements, determine whether a shared delivery mechanism is desirable, and identify the roles and responsibilities of various actors within the sector (e.g., service delivery partners vs. EDSA or alternative coordinating mechanism).

1.4: Improve professional development opportunities

Service delivery partners should consider collaboratively developing enhanced Continuing Professional Development (CPD) models, which could include suggested courses, financial support for CPD, and potentially sharing the costs of higher-cost trainings to support greater access to CPD within the sector. Given the pace of change in disability services, CPD is a critical element of ensuring staff have the skills needed to meet clients' needs in a respectful and person-centred manner. In addition, CPD was ranked highly as a retention measure for staff in the public survey conducted to support this review.

Implementation Considerations

This recommendation will take approximately 8 – 10 months to implement, inclusive of the time required to catalogue suggested courses with pricing, identify whether the CPD approach will be centrally managed (e.g., by EDSA) or by service delivery partners, and establish approvals pathways for staff as needed.

Recommendation 2.0: Strengthen sector compensation

2.1: Pursue wage and benefits standardization

During engagements and in reviewing work previously done to assess workforce stability, it was found that staff at service delivery partners can earn up to $7 less per hour than comparable public sector employees (i.e., Educational Assistants). This is compounded by disparities between service delivery partners, due in part to their status as either unionized or non-unionized employees. In the AAS/RSP public survey, disability sector staff indicated that lower rates of pay were a barrier to working in the sector and drew people away. Responses to the public survey also identified higher pay as the number one method for both growing the workforce and for retaining the workforce. Benefits were also identified as a key way to attract more staff and retain existing staff within the sector. A more consistent approach to funding service delivery partners would reduce the current $7/hour wage gap between the lowest-paying service delivery partner and the highest-paying service delivery partner.

The varied nature of employment relationships suggests that SDS will be best served by a proposal from the service delivery partner community (such as EDSA) to standardize wages and benefits. This will help to ensure that the approach can be implemented in a consistent manner. Each service delivery partner will have its own considerations to guide how it works, including the nature of its relationship with its union and unionized staff. Given limited SDS involvement in this relationship, service delivery partners should be empowered to consider how best to accomplish this.

Continued disparity between service delivery partners will frustrate the sector's staffing needs; presently, the sector requires between 210 and 350 new hires to maintain service levels, meaning that immediate action is needed to improve the attractiveness of working in the disability services sector. Continued disparity will perpetuate recruitment and retention challenges and potentially magnify them as comparable human services employers increase wage offerings.

Implementation Considerations

The project team anticipates a period of six months for the development of a comprehensive proposal for wage and benefits standardization, inclusive of time to engage with staff, unions, and with each other in the sector community. Key risks to this timeline include the potential for union resistance, but this risk to be limited given the shared and recognized need to increase wages within the disability services sector.

Service delivery partners will need to ensure that any proposed wage increases are able to comply with the terms of collective agreements, or that unions otherwise agree to modifications to the collective agreement to support wage standardization. Implementation for non-unionized work environments will be more administratively simple.

SDS should be prepared to make annual submissions to Treasury Board and Finance, as required, over the next several years to provide higher amounts of core funding to service delivery partners in order to align with the proposed wage and benefits standardization approach. Some consideration should be given to engagements or briefings with relevant officials to support process

efficiency and awareness on the part of Treasury Board and/or Finance analysts as to the rationale for these submissions.

2.2: Monitor and adjust wages regularly *(Timeline: 3 – 5 years)*

Following a sector proposal for wage and benefits standardization, service delivery partners, potentially through an organization like EDSA, will need to undertake consistent wage monitoring with a view to adjusting wages as required to maintain pace with other sectors (e.g., Education). Since other sectors will see wages increase over time, maintaining approximate wage parity will be an ongoing role that service delivery partners and SDS will need to play to avoid a repeat of the labour challenges currently being experienced.

Implementation Considerations

This recommendation will take approximately 3 – 6 months to implement, inclusive of time to develop the wage monitoring approach, identify who will be primarily responsible, to identify sources for market intelligence, and to include unions if desired.

SDS will need to consider the role that both wage and benefits standardization, and future increases in wages triggered by wage monitoring, will have on clients' purchasing power for things like day programming. As wages increase, the pricing of services will likely increase absent an equivalent offset in service delivery partners' grant funding. SDS will need to work with the sector to identify how these funding pressures will be addressed and who will be responsible for carrying them – as well as whether funding ceilings may need to be re-evaluated in light of higher wages.

Recommendation 3.0: Leverage sector collaboration to support stability and growth

3.1: Centralize approaches in addressing sector-wide sustainability challenges

While service delivery partners have made progress by establishing a centralized coordinating organization in the form of EDSA, greater opportunity for stabilizing and growing the sector remains. The challenges service delivery

partners are facing are not unique to their respective organizations but are applicable to the sector more broadly. This creates ample opportunities for service delivery partners to collaborate and solve mutual challenges more effectively and efficiently. Other sectors have benefited strongly from mutual collaboration between individual organizations. For instance, the PEI BioAlliance worked to stand up the Canadian Alliance for Skills and Training in Life Sciences (CASTL) to respond directly to workforce needs and provide accelerated training for entry-level positions. Elsewhere, the Early Childhood Development Association of Prince Edward Island has collaborated with the Governments of Canada and Prince Edward Island, as well as Holland College, to offer support for early childhood education and training. The ECDA has also managed a work-integrated learning pathway (Steps to Success) that graduates job-seekers with both credentials and relevant experience to work in the sector. These sorts of innovative approaches merit consideration in the disability services sector.

Moving forward, the review team suggests that the sector build EDSA up as a central coordinating body for workforce planning, funding advocacy, and leading sustainability initiatives within the sector. To achieve this, it will be integral for EDSA to create a governance structure with feedback loops with SDS to promote alignment and support for initiatives such as pooling sector-wide resources, recruitment initiatives, and undertaking ongoing training.

Given the population distribution of Prince Edward Island, there are opportunities to leverage EDSA for proposing support services and resources that are shared across service delivery partners, given individual organizations may not require all of an individual resource's time. For example, sharing the support of a full-time staff resource across one region could allow clients to receive more timely support, while allocating resources across the sector in a responsible and sustainable manner.

Implementation Considerations

This recommendation will take approximately 6 months to complete, inclusive of time to address required corporate/organizational requirements (e.g., by-Laws, Board of Director processes/policies, member dues if envisioned, etc.),

establish required committees, and establish feedback loops between EDSA and EDSA members and/or staff. Implementation will take place on an ongoing basis, as members generally transition direct interface with SDS to EDSA and as EDSA increasingly takes on sector-wide initiatives to support its members. SDS should consider securing funds to respond to staffing or resource proposals from EDSA, such as for an Executive Director.

3.2: Co-develop a long-term strategy to grow the sector

The work to support and foster growth within the sector is not a one-time activity; rather, it needs to continue in recognition that challenges will be constantly evolving. In the future, SDS and service delivery partners should collaboratively develop a long-term strategy that addresses present and future challenges related to recruitment, retention, and workforce planning.

Undertaking this work after initial implementation of other recommendations proposed within this report will ensure the sector has time to assess impacts and undertake some forward-planning. A broader approach will be needed to maintain and improve sector stability, which may include links to other organizations such as educational institutions. In addition, a longer-term strategy can also be used to discuss broader expansion in the sector, which may include additional day programming providers or locations, or additional residential settings through which to support clients seeking access to supportive living options.

Implementation Considerations

The time required to implement this recommendation is flexible and ongoing. For the development of the strategy in particular, the review team anticipates a timeline of eight months, inclusive of time to develop initial proposals, consult with service delivery partners, staff, clients, and partners in care, refine proposals, cost proposals, and generate buy-in from all stakeholders – including both Government and service delivery partners themselves.

Implementation

Implementation Assumptions

The draw on internal resources associated with these recommendations is limited, based on the nature of the recommendations and requiring proposals and/or advancement by non-government organization partners.

The timeline for implementation is more flexible than other workstreams, given that many recommendations require service delivery partners, rather than government, to take action. In addition, many recommendations can be taken independently of one another, limiting dependencies. An estimated timeline is provided for each recommendation for planning purposes.

Recognizing that these recommendations will be supported by collective action, SDS could consider encouraging the following steps to support the coordination and implementation of these recommendations:

1. Establish a governance structure and shared vision by solidifying internal alignment on a purpose, near and long-term priorities, decision-making structure, as well as roles and responsibilities

2. Form committees for each priority area, informed by the recommendation areas (e.g., Workforce Strategy, Training)

3. Develop terms of reference for each committee with elements such as a shared mandate that describes the committees' core function, membership and responsibilities, meeting frequency and format, decision-making, reporting and accountability structure, along with other common elements of Terms of Reference, as needed.

4. Collect recent data from sector organizations on the recommendation areas to create a baseline assessment within each priority area (e.g., training programs, recruitment practices)

5. Define a strategy for each priority area that is informed by recent sector data. This could include the following steps:

a. Set an objective for the committee/focus area (e.g., Ensure equitable, competitive compensation across EDSA member organizations by developing a multi-year wage and benefits standardization plan aligned with public sector benchmarks)

b. Support the objective with data (e.g., staff turnover exceeds 25% annually)

c. Break the objective down into key workstreams or tasks (e.g., draft proposed wage standardization framework, develop pooled benefits proposal)

6. Identify who needs to be involved and their roles (e.g., EDSA leads development and coordination, SDS is a funding partner and leads policy alignment).

7. Lay out the proposed implementation timeline and success metrics (e.g., 15% reduction in turnover by Year 2)

8. Estimate what's needed to implement the strategy based on the groups and roles identified in Step 6 (e.g., SDS staff liaison support on a weekly basis for coordination activities)

The implementation of these recommendations is contingent on the availability of provincial funding resources, where there are financial implications. There are minimal other constraints.

The review team estimates ongoing resource requirements at 0.2 FTEs, reflecting the need for coordination and supports to service providers. This responsibility could be embedded in one of the SDS Residential Services Team roles as part of a proposed new, ongoing 2 FTEs for program management across sector stability, wait lists, the Associate Families program, and the new service quality monitoring approach.

Given that implementation is dependent on the readiness of the sector, the report does not provide a Gantt chart to guide implementation timelines.

Wait Lists

Introduction

At present, seven residential services providers in Prince Edward Island provide residential living options for persons with disabilities. Service providers generally maintain their own wait list and intake processes, despite the small geography of Prince Edward Island and strong partnerships within the sector.

Service providers report to Social Development and Seniors quarterly on the status of their wait lists, but this reporting is variable in form, with different formats used for reporting.

The diversity in wait list approaches across Prince Edward Island may also see clients register with several different service delivery partners in some cases, artificially inflating the number of clients waiting to receive service across the Province. At present, although there is cooperation between SDS and service delivery partners, residential service delivery partners ultimately determine who they will onboard to their services and who will receive services from them, including when vacancies occur in group homes and small option homes.

A new approach for wait list management is required in Prince Edward Island; one that recognizes the geography of the Province and seeks to ensure wait lists are managed more efficiently and effectively for the benefit of clients. In addition, the Province requires an approach that ensures that clients at higher risk receive priority access to residential services.

Overview and Methodology

The scope of work for this aspect of the review sought advice on the development of a wait list strategy which includes potential processes and approaches for better tracking and managing wait list pressures provincially.

Work undertaken to meet these objectives used a facilitated co-design approach, supported by an examination of the approach and process in two Canadian provinces: British Columbia and Nova Scotia. Broadly, British Columbia uses a prioritization process which relies on a holistic assessment of a client's circumstances, while Nova Scotia uses a simpler categorization-based approach which prioritizes clients based on current status (e.g., hospitalized;

under Adult Protection Order, at home, etc.). In addition, the process within these two provinces was examined, including how each funder/department engaged with service delivery partners, and the respective roles and responsibilities.

The review team conducted two co-design workshops with SDS staff aimed at reviewing the approaches elsewhere and collectively developing a model that suits Prince Edward Island's unique geography and the level of collaboration and cooperation sought between service delivery partners and SDS. Finally, the approach was validated with a selection of service delivery partners to identify any obvious difficulties with the model.

The approach, described broadly as PEI's "wait list framework", prioritizes some autonomy for service delivery partners while establishing a prioritization process for clients at highest risk. In addition, the shared wait list framework involves a consistent wait list reporting approach and template, a wait list audit approach to ensure accuracy, and a process for filling vacancies in residential options.

Recommendations

Based on the work outlined above, the review proposes six recommendations, supported by one sub-recommendation. All recommendations are achievable in under one year; for implementation planning, a timeline of five months is suggested. The exception is Recommendation 4.0, which requires key recommendations from the AccessAbility Supports Program Review to be advanced prior to implementation.

Recommendation 1.0: Implement a shared wait list framework in partnership with service delivery organizations

PEI's current residential services approach delegates the selection and onboarding of residential services clients wholly to service delivery partners, with a limited role for SDS. While there are merits to this approach, given the community-based nature of service delivery partners, it also can lead to higher-risk clients waiting longer for service and requiring even more support to respond to a crisis situation. In a small jurisdiction like Prince Edward Island, there is significant room for a shared and collaborative approach that meets the needs of as many clients as possible.

It is recommended that SDS implement a shared wait list framework, which protects service delivery partner autonomy for most client placements while providing the Province with some authority to prioritize higher-risk clients, such as those judged by Adult Protection as requiring protection, those at high-risk, those transitioning from the care of the Director of Child Protection, and those who have lost placement due to hospitalization, among others.

This approach would ensure that, as the funder, SDS has the ability to ensure the most vulnerable clients are prioritized for residential services, while continuing to respect the work of service delivery partners in knowing and serving their local communities. SDS can require adherence to the wait list framework approach through enshrining it in policy, while requiring adherence to the policy as a condition of service agreements.

The prioritization rubric should be used across both Social Development and Seniors as well as among service delivery partners. Adapted from practice in Nova Scotia, the proposed rubric is a snapshot tool that can be used to ensure clients most in-need receive service first. The rubric relies on individual circumstances rather than clients' specific needs, making categorization simpler and more efficient.

This prioritization approach should apply to **group homes, small options homes, and specialized residential services,** which represent the three highest-cost residential services options in Prince Edward Island. The review team does not propose to extend prioritization to supported independent apartments or the Associate Families Program at this time, as:

- Supported independent apartments are generally well-suited for clients with a higher level of functioning and independence; it is not expected that clients well-suited to this residential option will frequently be prioritized under AP, Priority 1, or Priority 2 categories.
- Associate Families placements rely much more heavily on individual fit as well as enhanced program recruitment; urgent or emergency placements are also not appropriate for Home Share programs.

While it is not suggested to formally extend the prioritization approach over these two residential options, there may be circumstances in which the categories within the Prioritization Rubric (see next page) may be helpful for determining who receives service.

Clients at high-risk – namely those deemed Priority 1.1 – would include clients at high risk of homelessness, those whose caregivers are at extreme risk of burnout, those exited from service at an existing residential services placement, and those who require a complex, multi-disciplinary response to their needs which is best achieved in a staffed living arrangement. Further scoping to the types of scenarios which would lead to a client being designated Priority 1.1 should be conducted during implementation.

With their consent, clients designated as AP, Priority 1.1, or Priority 1.2 could be offered residential services anywhere in the Province. Clients placed outside the service delivery partner or region of their choice would retain a Priority 1.3 designation for transferring to their preferred location.

Designations of clients within AP, Priority 1, or Priority 2 categories would require the consent and sign-off of the SDS Residential Services Team. Please see Table 13 for the proposed priority rubric for residential services.

Table 13: Proposed Priority Rubric for Residential Services

	Priority Level	Description
Provincial Priority	**Adult Protection**	A client in need of immediate placement as a form of assistance from the Minister of Health and Wellness under s. 10(j), or a client for whom the Court has made a protective intervention order (s. 12) under the *Adult Protection Act*.
	Priority 1 – High Priority	(1.1) A client at high-risk requiring urgent placement. (1.2) A client transitioning out of the care of the Director of Child Protection. (1.3) A client in an emergency/transitional placement.
	Priority 2 – Hospitalization	(2.1) A client in hospital who lost placement due to hospitalization. (2.2) A client referred from hospital who meets eligibility requirements.
	Priority 3 – Change in Support Needs	(3.1) A client who is reassessed at a significantly higher level. (3.2) A client who is reassessed at a significantly lower level.
	Priority 4 – Transfers	(4) A client who requests a transfer.
	Priority 5 – Applicants	(5) A client awaiting services.
	Priority 6 – Out of Province	(6) Eligible clients from out of province.

Implementation Considerations

The development and implementation of a shared wait list framework will take approximately 5 months, inclusive of time for engagement with service delivery partners, refinement to the Priority Rubric, confirmation of which client categories constitute provincial priority, confirmation of approvals required to designate client priority, confirmation of the staff and partners involved in designating client priority, and the completion of other necessary recommendations.

It also includes time for consideration of any variations to the recommendation, such as (a) which settings should be covered; and (b) any variation from requiring service delivery partners to use the Priority Rubric in their own operations. The approach should be tested with residential service delivery partners to ensure it can be implemented effectively.

Finally, this time is inclusive of documenting the implementation and approach for the recommendation, as well as others in the workstream, within a specific Residential Services Policy. This Policy can be incorporated by reference into Service Providers' service agreements and be made a condition of funding in order to give life to the approach.

Recommendation 2.0: Implement a notification process for key residential services settings

In the present system, service delivery partners have autonomy to onboard clients for service in these environments when a vacancy becomes available, based on their own processes and procedures.

While the current approach prioritizes service delivery partners' local knowledge and familiarity with client needs, it does not provide SDS with sufficient sightline over residential operations relative to their significant funding role.

In the future, a notification process should be implemented for vacancies in these high-cost residential settings. This notification process should apply to group homes, small options homes, and specialized residential services. This notification process would flag the type of vacancy available, the types of needs

that can be met, and would identify a proposed client to fill the vacancy. Where SDS has no Provincial Priority clients awaiting service, the service delivery partner would be empowered to move ahead with their proposed client.

Where Provincial Priority clients are awaiting service, SDS would prepare high-level client profiles for up to three clients and share them with the service delivery partner. These profiles would be prioritized based on the rubric above and individual circumstances. Service delivery partners would review the proposed client(s) in order.[3] If able to take on a priority client, SDS would facilitate connection to the service delivery partner.

Service delivery partners would retain the ability to reject proposed clients in instances where fit with current residents would pose a serious issue – or where a proposed clients' needs could not be met by the service option. Disagreements on the client to receive service would merit a discussion between the service delivery partner and SDS, with next steps determined based on that conversation. The review team suggests that the Residential Services Social Worker would have a key role in this process, including potentially managing the process on behalf of SDS.

Implementation Considerations

This recommendation will require approximately 2 months to implement, inclusive of time for confirming the notification process and developing the notification form. It is also inclusive of communicating shifts in approach to service delivery partners. The notification for should be co-developed with service delivery partners to confirm workability and to generate buy-in, as well as to communicate the rationale for the process.

A sample form that can be used to begin these efforts is attached at Appendix A.

[3] Based on the work to scope and test recommendations, the project team does not anticipate many clients falling into these priority levels, but in the event client volumes do increase, the recommendation provides a process for the review of multiple clients.

2.1: Establish timelines for placing clients within residential services

In view of the process outlined in Recommendation 2.0, SDS should prescribe timelines for the proposed process. This ensures a decision can be taken in a reasonable timeframe and prevents valuable residential services placements from remaining vacant for too long. This approach will also support a rationale for service delivery partners to continue receiving funding for their stated number of residential beds, so long as vacancies are filled within proposed timelines.

Table 14 provides a breakdown of the proposed timelines.

Table 14: Proposed Timelines for Placing Clients Within Residential Services

Action	Responsible Party	Timeline
Notification to SDS of residential vacancy	Residential Services Provider	2 business days
SDS review Notice of Vacancy; confirms continued interest and prepares 3 client profiles for Residential Services Provider	SDS	5 business days
Residential Services Provider reviews 3 client profiles in order of Priority; confirms decision to SDS	Residential Services Provider	3 business days
Outreach to client and Transition Time	Residential Services Provider	Individualized, with a suggested transition start within 20 business days except in exceptional cases
Placement begins	Residential Services Provider; Client	Ongoing

In addition, SDS should limit those who may register on a wait list to those prepared to accept a residential placement within the next two years. This timeframe would prevent individuals from registering well in advance of service need, artificially inflating wait lists and frustrating potential planning activities.

Implementation Considerations

This recommendation will require approximately 1 month to implement and can be incorporated into the co-development process proposed in recommendation 2.0. Timelines should be established alongside the introduction of the notification process and form.

Recommendation 3.0: Develop a consistent wait list template for use across residential services

As part of providing consistency and introducing a shared wait list framework, all players in the residential services sector in Prince Edward Island could benefit from a consistent template for tracking wait lists.

A consistent template would enable easier cross-comparison across wait lists, allowing for detection of duplication (e.g., clients registered with multiple providers) and for the Province to have a clear sightline across all residential operations.

The review team heard that the lack of a consistent format for reporting wait lists means that there is likely client duplication across wait lists, artificially inflating the province-wide wait list number.

Minimum fields should include:

- Priority Level
- Name
- Date of Birth
- Consistent Identifier (if feasible, Provincial Health Number)
- Placement Rationale
- Current Living Situation

SDS may wish to include additional minimum fields in consultation with residential service delivery partners – for example, preferred living arrangement.

Implementation Considerations

This recommendation will require approximately 1 month to implement, inclusive of time to confirm the required fields with service delivery partners, develop a consistent Excel template for use by service delivery partners, and to port existing wait lists over to the revised template. It is also inclusive of time to consult with legal counsel on the use of Provincial Health Numbers (PHNs) as a consistent identifier within service delivery partner templates, and if necessary, to identify and consider alternative consistent identifiers.

Subject to service delivery partners' existing privacy, confidentiality, and cybersecurity practices, some additional time may be required to develop brief guidelines or standards on handling client PHNs, or to complete a Privacy Impact Assessment (PIA).

Recommendation 4.0: Explore establishing minimum eligibility criteria for residential services

Residential services are a vital, though expensive, support option for adults with disabilities requiring support with the Activities of Daily Living (ADL) and the Instrumental Activities of Daily Living (IADL). Many persons with disabilities can have their support needs met through informal, natural, and community-based support options that support them in living a life that is enriching.

In order to manage wait list pressures as well as costs, Social Development and Seniors should explore establishing minimum eligibility criteria for accessing residential services. This could involve establishing a minimum support score through the existing InterRAI tool, or it could involve using ADL or IADL composite scores. This process should be undertaken after considering recommendations contained within the AccessAbility Supports Program Review Report, which involve re-evaluating the manner in which support scores are calculated.

The Residential Services Program currently requires that clients be supported through the AccessAbility Supports Program. While there is not cause to believe that clients in Residential Services are being over-served, establishing formal minimum eligibility criteria will support overall program fidelity and help create a stronger framework around the Residential Services Program. Along with the Planning Registry (see Recommendation 6.0), pulling lists of AccessAbility Supports clients who may meet the minimum requirements can also assist with system planning and forecasting activities.

Implementation Considerations

While the timing for this recommendation is flexible, it will require approximately four months to implement. Following consideration of recommendations in the AccessAbility Supports Program Review Report related to assessment tools – and any work necessary to alter the assessment approach – this timeline is inclusive of consultations with the clinical services team to develop minimum eligibility criteria. It is also inclusive of time to review current client needs within residential services, establish any legacy approaches to ensure existing clients continue to receive services, and to update the Residential Services Policy to establish minimum eligibility criteria Change management activities will be critical for implementation, given that there are currently no eligibility criteria for accessing residential services.

Recommendation 5.0: Strengthen wait list accuracy

SDS should consider strengthening and requiring the use of wait list management techniques. For instance, wait list audits can be used to ensure the accuracy of wait lists by preventing the overestimation of the number of clients awaiting services. A wait list audit involves contacting waitlisted individuals on a consistent time interval (e.g., every year) to confirm they still require service. Auditing activities may be particularly useful in Prince Edward Island given that clients may register on several wait lists with different organizations; when a client is onboarded at one organization, others may not be aware.

In order to support wait list accuracy, wait lists should continue to be reported quarterly to SDS by Service Providers.

Implementation Considerations

This recommendation requires less than one month to implement, inclusive of time to signal a specific requirement for wait list audits, explain the requirement, and to include it within the Residential Services policy.

Recommendation 6.0: Establish a residential planning registry to support future system planning

SDS should establish a planning registry (or similarly named tool) to support future planning in residential services, echoing a similar practice in Nova Scotia. A planning registry would allow those not presently in need of service to identify the type of services and when they will need them to assist both SDS and service delivery partners in planning sector expansion.

The review team heard that parents and members of clients' support networks sometimes register clients well in advance of needing residential services, artificially inflating wait lists.

Whereas registering on a wait list would require near-term (<2 years) need and readiness to move, registering with the planning registry could happen any time after the age of 12. This could include school-age children, but also adults or families who may foresee a need for services in the future. The Planning Registry could also be linked to transition planning in Education and/or Child and Family Services.

It should be noted that the planning registry would **not** have relevance to registering on a wait list; clients would still need to register on applicable wait lists once they have reached an appropriate age and expect to require services within the next two years. The planning registry is proposed solely as a planning tool to allow budgeting and service forecasting for the sector.

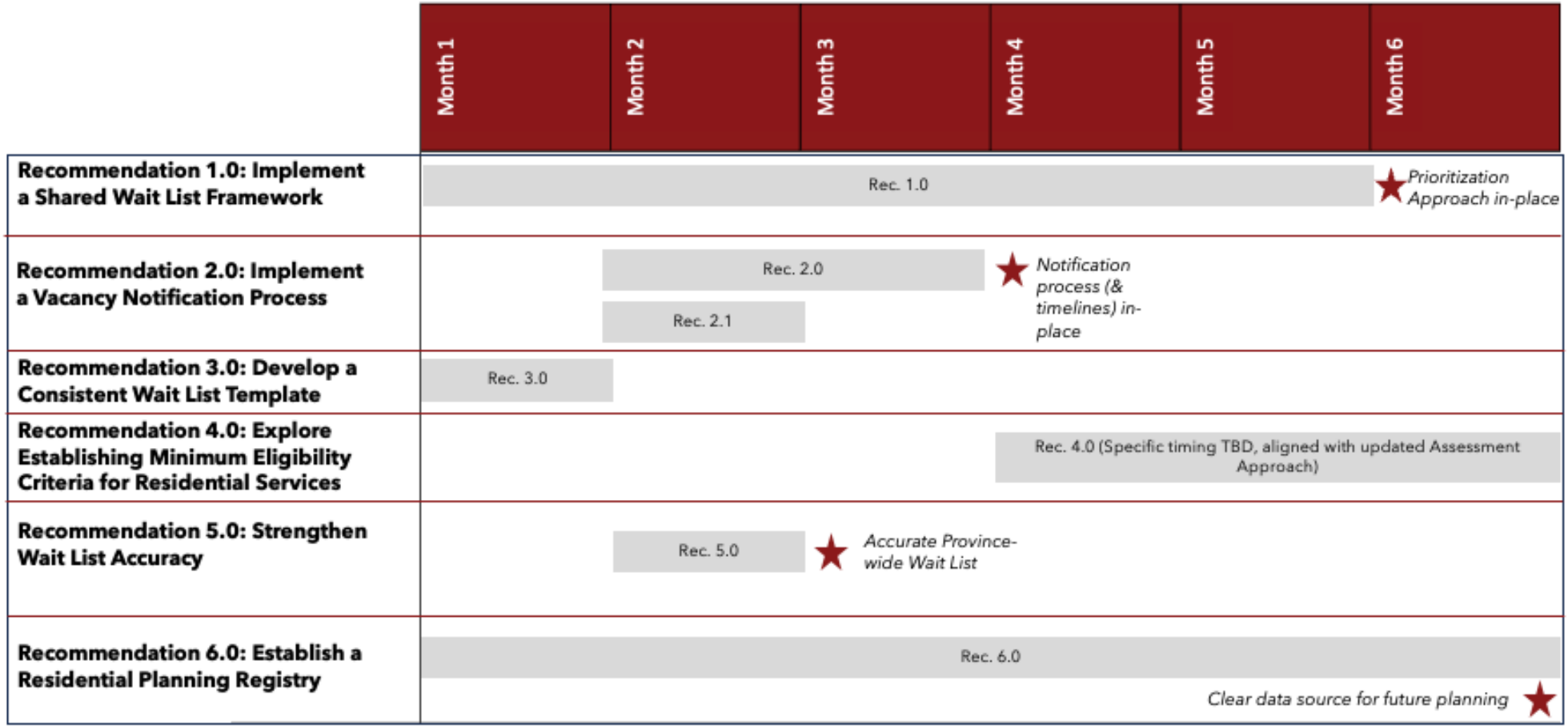
Implementation Considerations

This recommendation will require approximately 6 months to implement, inclusive of time to identify required data fields, develop the back-end

repository for the registry, develop the front-end tool for registering/inputting data (including a web portal), to clarify the purpose of the Registry (both internally and publicly), and to communicate the tool to system partners (e.g., Education, CFW), service delivery partners, and advocacy/community-based organizations

Implementation

Figure 2: Implementation Gantt - Wait Lists



Implementation Assumptions

For planning purposes, it is assumed that the Province will dedicate a part-time resource (estimated 0.5 FTE) to further developing and implementing the wait list framework in residential services. The draw on internal resources can be moderately reduced through professional services support.

Based on the low number of expected provincial priority clients, the review team estimates that managing the wait list approach will require 0.2 FTEs on an ongoing basis. This responsibility could be enshrined with a member of the SDS Residential Services Team as part of a proposed new, ongoing 2 FTEs for program management across sector stability, wait lists, the Associate Families program, and the new service quality monitoring approach.

The project team estimates 6 months to implement the proposed approach. Timelines may be impacted by (a) a lack of resources and (b) resistance by service delivery partners. Note that the six-month timeline includes any time required to further scope recommendations, inclusive of time to engage with service delivery partners.

Inspections and Monitoring

Introduction

The Prince Edward Island residential services sector currently provides an array of options for clients seeking supported living options. These include:

- Group homes, which provide a 24/7 staffed supportive living environment for multiple residents;
- Small options homes, which provide a 24/7 staffed supportive living environment with fewer residents and more intensive supports relative to a group home;
- Specialized residential services, which provide a 24/7 staffed supportive living environment for limited numbers of residents requiring highly specialized, professional supports;
- Supported independent apartments, which provide an independent to semi-independent living option with access to on-call supports, either on-site or in close proximity; and,
- Associate Families, which provide a natural home environment for residents, who live in the community with hosts who are not part of their natural family.

These residential services and living options are managed by non-governmental organizations across Prince Edward Island. The Department contributes to the costs of operating these residential settings through core funding agreements as well as, in some cases, contributions for specific clients (e.g., specialized residential services). While the Department of Social Development and Seniors does make informal visits to residential settings, the Government of Prince Edward Island currently has no legislative or regulatory authority to conduct independent inspections of these settings. In addition, service agreements do not presently provide the authority for non-arranged access to these residential settings.

Overview and Methodology

The mandate of this portion of the review sought the project team's "opinion on SDS (or government's) role to perform inspections and/or quality service monitoring in [residential services]".

The project team began the work with a review of approaches in other Provinces and Territories, identifying that models of inspection and oversight are common, with some Provinces and Territories also implementing monitoring for service quality (e.g., Community Living British Columbia). In some provinces and territories, service quality monitoring is integrated into systems of licensing and/or inspections (e.g., Ontario), whereas in others service quality is managed/monitored by funders (e.g., British Columbia), through accreditation requirements (e.g., BC, Alberta), or through non-profit associations (e.g., Manitoba). It was found that Prince Edward Island has many options for moving ahead with a monitoring and oversight approach, but that in general, congregate settings (e.g., group homes, small options homes) were generally inspected and/or licensed in all other provinces.

Alongside the jurisdictional scan, the review team engaged directly with 7 residential services providers, including Community Inclusions, Prince County Residential Services, Community Connections, The Real Us Complete Services Inc., Queens County Residential Services, Stars for Life, and Inclusions East. It should be noted that the review team did not meet with every residential services provider, but the insights gained allowed us to develop a general sense for the ecosystem. The goal in these engagements was to better understand providers' views on oversight and inspections, as well as to better understand their own service quality approaches and applicable policies and procedures.

The project team found that, in general, providers did not oppose a formal system of monitoring. There were some differences between providers in terms of preferred approaches. In addition, providers generally had their own health, safety, and service quality policies and procedures.

Targeted engagements were conducted with two provinces – Manitoba and British Columbia – as part of an integrated outreach approach across several streams of work. The review team also held a specific engagement with the Nova Scotia Department of Opportunities and Social Development's licensing function to obtain greater detail on how systems work in practice. These insights were used to further scope a recommended approach and to better understand approaches Prince Edward Island could leverage.

Finally, the results of the public survey launched as part of the broader review of the AccessAbility Supports Program and the Residential Services Program were reviewed. Respondents across all categories (persons with disabilities, support networks, and the general public) expressed a preference for oversight, with the majority indicating a preference for either the Province or an independent third-party (e.g., accreditation organization) to conduct inspections of residential services settings.

The collective insights generated across this research and these engagements led to five recommendations, supported by a further four sub-recommendations. In sum, the recommendations advocate for a formal system of licensing and inspections in congregate care and higher-risk settings – specifically, group homes and small options homes. The recommendations also advocate for exploring how supports for service quality monitoring and continuous improvement can be integrated into the Prince Edward Island residential services sector, with specific suggestions made for future development and implementation in partnership with residential services providers.

Recommendations

Based on the work outlined above, the review proposes five recommendations, supported by a further four sub-recommendations. Unless otherwise noted, all recommendations can be completed in the short-term (1 – 3 years).

Recommendation 1.0: Establish a licensing system with a scheme of inspections for group homes and small options homes

1.1: Establish or amend legislation to provide legal authority for the licensing scheme

Establishing a licensing scheme with a system of inspections for both group homes and small options homes will introduce a significant new safeguard for persons living with disabilities in residential services and align Prince Edward Island with practice in other provinces and territories. Among provinces reviewed for the purposes of this review, Ontario, New Brunswick, British Columbia, Manitoba, Nova Scotia, Alberta, Saskatchewan, and Newfoundland and Labrador all require licensing and/or inspections of congregate care settings for persons living with disabilities.

During community engagement sessions, participants were often surprised to learn about the lack of a formal oversight system at present.

Persons with disabilities living in group homes and small options homes are uniquely vulnerable given disabilities of an intellectual or development nature (or ASD), in addition to the fact that connections to natural family or support networks may be lower than in other residential settings (e.g., Associate Families, supported independent apartments). Clients are functionally in the care of private, although often not-for-profit, organizations. These organizations and their staff provide support for the activities of daily living and the instrumental activities of daily living, while also managing schedules and the manner in which clients engage with the community. In contrast to other settings, clients in group homes or small options homes may have reduced autonomy (although this is not necessarily the case, the nature of the setting can allow this to happen in practice if not carefully managed).

Prince Edward Island currently does not define either group homes or small options homes in legislation or in regulation. Legal clarity on what constitutes these settings will be required to give authority to any such licensing and inspections scheme. Based on a scan of several jurisdictions, there is a general minimum of 3 persons to trigger licensing requirements. Further scoping is required to identify appropriate definitions based on resident numbers for each setting. An important consideration is that homes should be classified and

regulated based on their rated capacity rather than the actual number of residents present in the home. This will ensure that partners are not incentivized to maintain open spaces to avoid licensing while receiving funding appropriate to the type of setting offered.

A licensing system will require consistent site visits and reviews, ensuring licensees are adhering to requirements and, importantly, are documenting adherence to requirements. Inspectors in licensing systems in other provinces are typically afforded powers of entry as well as authorities to compel or seize documents and other types of evidence to assist in both confirming compliance and formal investigations.

This approach will enhance safeguards for residential services clients while also moving Prince Edward Island toward best practice in the sector. Recent events in Prince Edward Island have highlighted the need for close oversight of settings for vulnerable persons; inspections of group homes and small options homes will add an additional layer of protection for clients, while also providing the Province with additional tools to address non-compliance which are appropriate to ensuring quality service.

Implementation Considerations

The establishment of a licensing system and a scheme of inspections for regulated settings will take approximately 18 months, inclusive of time to conduct engagements with service delivery partners, determine (and define) the settings to be included, identify an appropriate legislative tool, and pass legislation (see legislative & regulatory implications). This timeline also includes finalizing supplementary regulations (see Recommendation 2.0). The specific content of legislation and regulations is discussed in other regulations. The timeline for implementation of this recommendation is also dependent on other recommendations: namely, recommendation 3.0.

The Province should define regulated settings in legislation, along with inspector authorities and high-level licensing and inspection requirements. Additional details, contemplated in other recommendations, can be included in regulations or a similar instrument.

Some consideration of the treatment of specialized residential services (SRS) is also required during implementation. SRS options can take place within existing group homes or small options homes, or can take place in tailor-made settings. The oversight approach for SRS requires further scoping and discussion as part of introducing the new approach.

Given the novelty of a licensing or inspection approach in Prince Edward Island, a compliance promotion approach is recommended for the initial two years of implementation following legislative and regulatory implementation. A compliance promotion approach reserves penalties only for exceptional instances or severe breaches of license requirements, while working with licensees to bring their operations into compliance. It is an appropriate on-ramp for the sector into a new licensing approach that will promote and support readiness and compliance. Finally, the Province should also ensure to include authorities that would allow for the continued operation of residential settings even in instances of severe breaches of requirements (for instance, allowing the appointment of a provincial administrator) to limit disruptions in service for clients.

Recommendation 2.0: Focus the licensing and inspection system on health and safety

As part of implementing an overall system of licensing and inspections, the Province must develop criteria for licensing, with an orientation toward health and safety requirements inherent to group homes and small options homes.

These can be developed in collaboration with existing service delivery partners and by reference to regulatory regimes in other Provinces and Territories, as well as other comparable regulators within Prince Edward Island (e.g., Community Care and Nursing Facilities Licensing Board; Early Years and Child Care Board).

Taking lessons from other regulators, an initial licensing application may include information related to:

- Floor plans
- Sample schedules of activities and ordinary routines

- Staffing plans and care ratios
- Contingency and business continuity planning
- Emergency response plans
- Types of and number of clients served
- Water temperatures
- Abuse prevention policies and safeguards
- Verification of criminal record and vulnerable sector checks
- Safe storage of medication and other hazardous supplies
- Confirmation of fire inspection (as required)
- Confirmation of public health inspection (as required)
- Confirmation of elevator inspection (as required)
- Confirmation of compliance with municipal or provincial zoning requirements for the group home or small options home
- Market assessment confirming demand for services (if desired; see below)
- Attestation and confirmation of compliance with inspection requirements

SDS could require an attestation that demand exists for additional residential services placements in order to make a licensing application. For instance, the Nova Scotia Department of Opportunities and Social Development Licensing Services Unit requires that potential licensees proceed through a procurement/vendor selection process to confirm the need for services. SDS would need to establish a procurement or vendor selection process; this could focus on quality measures if desired or focus on a market assessment of supply versus demand of residential settings.

In addition, SDS should require the development of incident and critical incident tracking and reporting processes. Some consideration should be given to developing a Province-wide approach and requiring licensees to adhere to the approach, in order to promote consistency across service delivery partners. The approach could be emulated as a service quality requirement (see Rec. 4.0, Rec. 5.0) to ensure consistency across all residential services settings. Incident reports would be managed jointly by licensing staff and quality service monitoring staff, with licensing staff primarily responsible for receiving incident

reports and determining who is best placed to address and/or monitor the response to incidents.

Focusing the licensing system on health and safety will provide clear incentives and penalties for licensees to ensure compliance with requirements. It is important that penalties exist to provide licensees with an incentive to act and limit their flexibility to make exceptions on key safeguards – such as the requirement for clear criminal record and vulnerable sector checks.

Implementation Considerations

The development of health and safety criteria, including developing applications for licensure, will take approximately 8 months of focused work. The timing should be aligned to occur while the development of legislation is ongoing, as key decisions will need to be taken across both streams of work. This timeline is inclusive of detailed jurisdictional scans, engagement with service delivery partners, engagements with other regulators (e.g., Public Health, Fire Marshal), and the choice of instrument for codifying requirements (e.g., Guidelines document, Regulations, Ministerial Regulations). The timeline also provides for the development of more detailed operational guidance surrounding how to comply with specific requirements.

In developing the specific requirements of a licensing and inspections criteria, PEI can rely on approaches in other Provinces and Territories. For instance:

- Accommodation Standards – Supportive Living Accommodations (AB)
- Ontario Regulation 299/10 – Quality Assurance Measures (ON)
- Ontario Developmental Services Compliance Inspection Indicator List (ON)
- Residential Care Regulations (BC)
- Residential Care Facilities Licensing Regulations (MB)
- Homes for Special Care Regulations (NS)
- Licensing Checklist (NS)
- Family Services Act (NB)
- 83-77 Community Placement Residential Facilities Regulations (NB)

Recommendation 3.0: Resource the licensing and inspections system

3.1: Hire dedicated inspectors to assess compliance

3.2: Second dedicated inspection personnel to an existing inspection function or body in Prince Edward Island.

3.2.1: Re-evaluate after two years to determine the appropriate functional employer for dedicated inspectors, including the potential for a dedicated inspections organization (Timeline: 3-5 years)

Any oversight system is only as good as its ability to monitor and enforce compliance: as a result, dedicated inspection resources will be required to support the ongoing implementation of a licensing and inspections approach.

While there are many well-trained professionals who can confirm compliance with health and safety criteria, the review team recommends dedicated inspectors. The Province should seek candidates with a background in both human services as well as experience operating in a licensing or regulatory role. If recruitment proves difficult, a human services background is more important of the two; regulatory, licensing, and enforcement skills can be taught through both formal education and opportunities for professional development through organizations such as the National Association for Regulatory Administration, which offers a credential for regulatory professionals as well as a relevant suite of course offerings. Specific expertise and focus in human services and a person-centered approach are necessary given the sensitivity of these residential settings, as well as the substantial diversity in the client population. An inspector requires sensitivity and familiarity with the behaviours and needs of diverse clients and should be able to meet them where they are.

A health and safety-oriented approach would be a change from current approaches. In order to build capacity and inspection skills, the project team recommends seconding dedicated inspectors to an existing inspection function in Prince Edward Island. This could include options such as the Chief Public Health Office, the Community Care and Nursing Facilities Licensing Board, and the Early Years and Child Care Board. This approach will allow inspectors to build regulatory evaluation and enforcement skills while applying an approach appropriate to the settings under consideration. SDS will need to negotiate a

funding agreement and a potential Terms of Reference to guide the relationship, subject to how the relationship will function in practice (e.g., how inspectors will be paid, reporting relationships, dispute resolution).

Seconding inspectors to an agency outside SDS will avoid the potential for conflicts of interest – real or perceived – among registered social work staff employed at SDS to manage residential services. In addition, it avoids the potential for SDS to choose not to levy penalties against a licensed residential services setting owing to a concern about displacing clients in care (although this should be a factor considered when penalties are levied).

This approach aligns with practice in other provinces, where licensing functions either have different reporting relationships (e.g., Residential Care Licensing in the Manitoba Department of Families, Licensing Services in the Nova Scotia Department of Opportunities and Social Development) or are handled entirely separately from the funding agency (e.g., BC, where licensing is handled by regional health authorities). Given the small size of Social Development and Seniors, a separate unit within the same department may not be adequate to separate functions and keep funding and operational responsibilities (managed by the SDS Residential Services Team) from influencing judgment on licensing decisions.

In the medium term, the Province should consider establishing a dedicated licensing board and monitoring function for residential services in Prince Edward Island. This option carries greater weight should the Province choose to expand the types of residential settings covered in the future (e.g., supported independent apartments) or other types of disability services (e.g., day programming).

While the project team recommends co-locating inspectors initially within an existing inspection function, inspections of group homes, small options homes, and potentially other residential settings in the future should not be clinically-driven or clinical in nature. It is important that dedicated inspectors with expertise in human services – and who can develop a relationship with clients – be the drivers of a licensing and inspections scheme. As the residential services

sector grows and additional options for persons with disabilities present within PEI, a dedicated or modified organization may best suit the Island's needs.

Finally, a dedicated organization may be better equipped to monitor and conduct evaluations of service quality measures, such as those recommended for development under Recommendations 4 and 5. While licensing requirements and service quality measures are often monitored separately in other provinces, some consideration should be given to intertwining these requirements for both the benefit of clients and for potential labour and administrative efficiencies.

Other recommendations address potential health and safety criteria as well as how to move toward an approach that includes quality management.

Implementation Considerations

The review team estimates a timeline of 12 months in total to implement these recommendations, inclusive of the time needed to develop a job description, pursue classification through the Public Service Commission, advertise, and conduct a hiring process for the roles. In addition, this time includes working to identify and negotiate with an existing inspection function or body, as well as to develop a term of reference for seconding staff to the inspection function or body. This will include likely include a transfer of funds to the inspection function or body, both to incentivize the acceptance of the secondment and to cover the costs associated with line management, mentorship, and skills development for the dedicated inspectors. The amount required will be determined in negotiation between SDS and the identified inspection body.

As a planning assumption, the project team estimates the need for two full-time inspectors to cover approximately 45 regulated settings; this should be further scoped based on the expected number of inspections per year and level of administrative work/review associated with the system as legislation and regulation develops. Assuming a salary of $90,000 (Level 18 – 19 UPSE Classification) with a 30% overhead ratio (benefits, office space, materials), the cost of these resources is $234,000. The review team also assumes 1 FTE providing administrative support at an assumed $50,000 salary plus 30% overhead at an additional $65,000, for a total estimated cost of $299,000. Some

consideration will be needed for covering mileage and travel expenses, to be further scoped depending on inspection approach and frequency. Some cost savings may be achieved by sharing an administrative resource with the inspectors' seconded agency/function.

The Province will also need to consider back-office systems to support the licensing approach, such as an IT system which can track individual homes, store licensing checklists, manage documents, and have built-in prompts for follow-ups and task tracking. While this work could be done manually, the project team suggests a technical solution to support effective implementation and an ability to scale over time. Further scoping, along with examination of solution costs, is required during implementation.

The timeline for re-evaluating the approach is highly flexible and depends a great deal on whether the Province wishes to examine a dedicated inspection body for disability services at that time. This timeline also has dependencies with the degree to which the government wishes to integrate licensing and inspections with service quality measures, contemplated in Recommendations 4 and 5 of this workstream.

Recommendation 4.0: Co-develop service quality measures and approaches

Alongside the development and implementation of a health and safety-oriented licensing and inspections approach, the Province should begin work to develop service quality measures. Whereas health and safety approaches prioritize physical and mental safety (e.g., water temperature, abuse prevention), service quality focuses on items relevant to clients' well-being (e.g., social connections, enriching programming, access to hobbies, community inclusion). This work will allow the Province to go beyond ensuring client safety and toward ensuring clients have an enriching experience in their residential arrangement.

The review team heard a desire from service providers to co-develop service quality measures, in order to ensure feasibility and support change management in the sector.

The measurement and assessment of service quality will be a new aspect of managing residential services within Prince Edward Island. In engagements with partners, there was a recognition of value but an expressed desire for collaboration on developing measures for service quality.

Developing service quality measures collaboratively will be useful as a change management exercise and for developing buy-in on the part of partners. Some partners expressed concern about the Province engaging in this work on its own, given detachment from day-to-day realities associated with operating these residential settings. The concern is justified: the Province should involve current operators and prioritize taking best practices forward in terms of service quality measures. This will ensure a grounded approach to developing service quality measures that recognize best practice and facilitate work on the part of other partners to align with best practice.

Sample standards can help inform this work – for instance:

- CLBC Service Standards (BC)
- Abilities Manitoba's Leading Practice Guidelines (MB)

Implementation Considerations

The project team estimates a timeline of 13 months to collaboratively develop service quality measures for implementation across the residential services sector, inclusive of establishing a working group, conducting a comprehensive scan of similar measures elsewhere, developing initial requirements, scoping specific requirements to specific settings, developing approaches for measuring compliance, and validating the service quality measures with the broader sector.

To facilitate change management and test applicability, the Department and service delivery partners can conduct pilot testing of initial service quality measures in their own operations. This could involve a self-assessment of a selection of residential settings against an abbreviated list of core service quality measures. This pilot could also involve testing of multiple types of service quality measures: for instance, principles-based measures versus prescriptive measures. The pilot could also inform a potential vendor review/qualification

process for onboarding new core-funded residential services providers, if desired by SDS.

Recommendation 5.0: Implement a quality service monitoring approach

While SDS currently requires quarterly statistical reporting from residential services providers, as well as makes annual visits to residential services providers, a more formal approach is needed to ensure persons living with disabilities are receiving high-quality services. This approach should be delivered by SDS.

The review team recommends enshrining service quality measures and requirements within the service agreements SDS creates with residential services providers, including those who do not receive core funding. In the alternative, a potential new Licensing Board or organization could also monitor service quality measures and requirements (for example, the Early Years and Child Care Board has this function). Twinning these functions should be evaluated based on the regulatory body charged with managing residential services licensing in the medium-term; for instance, a clinically-oriented licensing body would not be appropriate or adept at evaluating service quality, whereas a more holistic licensing body may be. Functional expertise in residential services and familiarity with clients is critical to enabling appropriate evaluations of service quality based on the criteria and approaches developed.

Monitoring performance and service quality among residential services providers will also enable the Department to respond to recommendations from the Office of the Auditor General regarding the management of grants to third-party organizations. Monitoring service quality alongside the use of funds (see Core Funding Model) will provide SDS with strong sightline into the use of funds and help ensure public funds are generating value.

Enshrining service quality requirements within service agreements will allow them to be applied to other residential settings (e.g., Associate Family, supported independent apartments), whereas enshrining them within the licensing scheme would only apply to group homes or small options homes. With that said, there is flexibility for the scope of application based on the instruments used to enshrine the requirements.

Implementation Considerations

The review team estimates a timeline of approximately 8 months to implement this recommendation, inclusive of enshrining service quality measures within service agreements, identifying staff to implement monitoring, and conducting the initial set of monitoring as a pilot project. In addition, this timeline builds allowance for the potential integration of the monitoring approach within an existing or new dedicated disability services inspection organization if this direction is chosen.

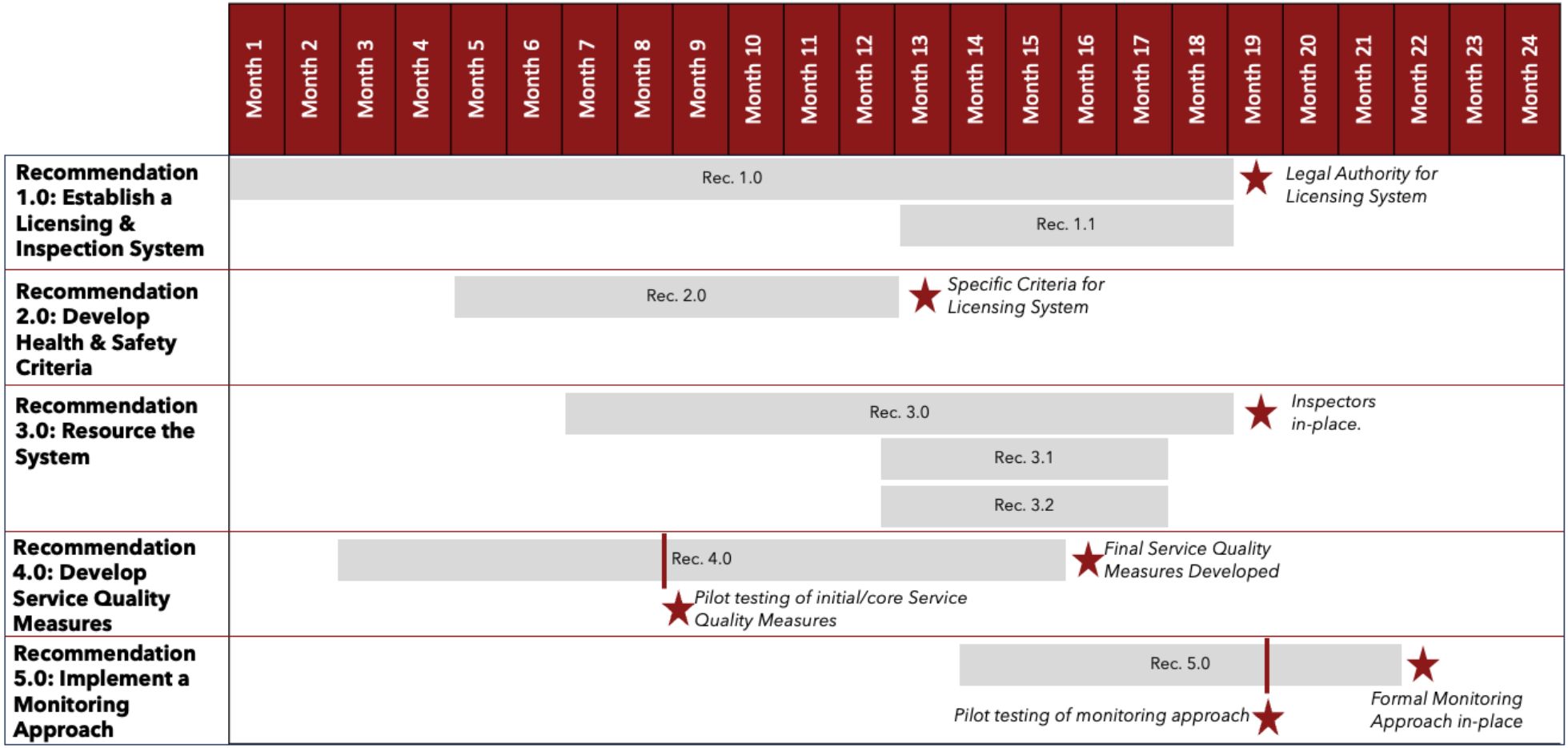
Subject to the method of implementing the approach, regulatory amendments may be required (see legislative & regulatory implications).

The review team estimates the staff requirement at 0.6 – 0.8 FTEs. Assuming a Level 18 – 19 UPSE classification and salary of $90,000, ongoing costs are in the range of $54,000 - $72,000 plus 30% overhead of between $16,200 - $21,600.

Specific implementation details will depend on the results of the work of Recommendation 4.0.

Implementation

Figure 3: Implementation Gantt - Inspections and Monitoring



Implementation Assumptions

For planning purposes, it is assumed that the Province will dedicate near-full time resources (estimated 1.75 FTEs) to developing the inspections and monitoring approach. The draw on internal resources can be reduced through professional services support.

The review team estimates required ongoing FTEs at 3.6 – 3.8. This includes 2 inspectors and one administrative support to conduct licensing services and inspections for approximately 45 regulated settings. This also includes 0.6 – 0.8 FTEs at SDS to monitor and measure service quality as part of the proposed 2 new, ongoing FTEs for program management across sector stability, wait lists, the Associate Families program, and this new service quality monitoring approach.

For planning purposes, it is assumed that there will be minimal roadblocks to accessing new funds to support the development of an inspections and monitoring approach.

Timelines may be impacted by (a) a lack of resources; (b) a lack of time on the legislative agenda; (c) resistance by service delivery partners; (d) difficulties with role classification with the Public Service Commission; and (e) a lack of willingness to take on seconded inspection personnel.

Associate Families

Introduction

The Associate Families Program is a residential option which sees clients live with Associate Families hosts – community members who provide room and board as well as supports to meet a client's disability-related needs. In contrast to traditional residential options such as group homes or small options homes, the Associate Families Program helps clients live with the Provider of their choice in the community of their choice.

The Associate Families Program is one of many similar programs across Canada, commonly referred to in broad terms as 'Home Share'. Home Share is a common model of support and is well-recognized as a strong alternative to traditional residential options. For instance, in British Columbia, Home Share is the single largest model of community living support. Several other provinces have substantial Home Share programs collectively serving thousands of Canadians and supporting them to live the life they wish to lead.

At project initiation, the Associate Families Program served 47 clients, supported to live in their communities by 31 dedicated Associate Families hosts. The program is administered by four service delivery partners with reach across Prince Edward Island:

- West Prince: Community Inclusions
- East Prince: Community Connections
- Queens County: Queens County Residential Services
- Kings County: Inclusions East

All four service delivery partners receive a grant to support Associate Families monitoring activities. Service delivery partners are responsible for recruiting hosts, matching hosts and clients, and monitoring the quality of the shared living arrangement both for quality as well as to safeguard the client. While hosts are accountable to service delivery partners, host compensation is provided directly by the Province. Hosts have a specific service agreement with their service delivery partner to govern their expectations and responsibilities.

Overview and Methodology

The mandate of the Associate Families Review involved a review of the program broadly, with specific attention to the service delivery partner administrative role (including considerations of problem solving, connections to respite, and expectations for monitoring). While the review mandate also included a request for advice on the current funding approach for service delivery partners, this specific item was addressed as part of the Residential Funding Models workstream; this was an intentional choice to treat the Associate Families Program as a core aspect of the broader residential services continuum in Prince Edward Island.

The review team began the work by conducting research on literature relevant to Home Share, as well as conducting a jurisdictional scan of programs in other Canadian provinces and territories. Most provinces and territories have equivalent programs – some with similar administrative models and others with different administrative models.

In general, three major administrative structures for home share models in Canada were found:

- The third-party model, as is found in Prince Edward Island, where service delivery and program administration is delegated to organizations separate from governments (e.g., Ontario, British Columbia);
- The 'direct contract' model, where Home Share Providers (Associate Families hosts in Prince Edward Island) are directly contracted by a provincial government department or agency to provide Home Share services (e.g., Nova Scotia); and
- Hybrid models, where both of the above models are in operation (e.g., Manitoba) or where provinces are exploring new approaches to Home Share through pilot programs with third-party organizations.

Following the review of practice in other jurisdictions, including in-depth document reviews, the team conducted direct engagement with the four service delivery partners administering the Associate Families Program. Engagements lasted up to 90 minutes and were guided by a consistent question set oriented

at better understanding both the current service delivery partner administrative role as well as the potential for future improvements to the program.

In addition to engagement with service delivery partners, the project team engaged with two current Associate Families hosts and two current Associate Families clients. The insights gained helped to better understand the expectations that program participants have of service delivery partners as well as the Province.

Davis Pier also conducted direct and detailed engagement with two Canadian provinces managing large-scale home share programs to better understand their approaches and the potential for new approaches in Prince Edward Island.

The collective insights generated across this research and these engagements led to five recommendations, supported by a further 16 sub-recommendations. In sum, the recommendations support a strengthened service delivery partner administrative role, with partners providing higher levels of service and support to both Associate Families hosts and clients. In addition, the team identified a number of supports partners require of the Province to help grow the program.

Recommendations

Based on the work outlined above, the review proposes five recommendations, supported by a further 16 sub-recommendations. Unless otherwise noted, each recommendation is slated for completion in the short term (less than 12 months from the start of implementation).

Recommendation 1.0: Clarify the governance and operations of the Associate Families Program

1.1: Establish program policy and guidelines and clarify roles and responsibilities among program delivery partners

Social Development and Seniors currently lacks a cohesive policy suite outlining the Associate Families Program, the structure of the program, and roles and responsibilities between SDS and service delivery partners. This lack of a 'source of truth' about the program has facilitated different understandings of program purpose, expectations, and inconsistency in service delivery and offerings

between service delivery partners. In addition, there is no stated 'goal' of the program, making it difficult to evaluate efficacy or impact within the program.

Establishing a policy would provide a vehicle for defining program purpose, the structure of the program, and roles and responsibilities between SDS and service delivery partners. For instance, SDS could implement many of the recommendations contained in this report by incorporating them as requirements within a cohesive and approved Associate Families policy. Terms of the policy can also be incorporated by reference into Service Agreements with service delivery partners, enabling a consistent evaluation of partners against requirements.

During engagements, partners indicated that the lack of structure and clarity within the program (e.g., compensation) frustrates recruitment efforts.

From an operational point of view, the policy can also clarify which partner is responsible for various types of situation which inevitably arise in residential services – such as emergency placements or interventions.

Alongside the policy development process, SDS may wish to evaluate service delivery partners' commitment to the program and receive confirmation of willingness to continue serving as service delivery partners for the program. These conversations can be facilitated through a clearer understanding of expected roles and responsibilities as outlined in a draft policy.

The policy can be used to achieve a number of aims.

For instance, the policy could be used to establish and enforce minimum standards for Associate Families monitoring and oversight. Service delivery partners do not currently require the same number of home visits for the purposes of the Associate Families Program. This creates inconsistency in experience and service between service delivery partners. In addition, engagements indicated that self-imposed minimum numbers of home visits are

not being completed consistently owing to placement stability and demands on staff time.

Home sharing programs are high-quality programs to support community living and choice on the part of clients, but they can also pose unique concerns for the vulnerability of clients in home share arrangements because these arrangements are managed in private homes by private individuals. In fact, there have been deaths in home share circumstances, such as the tragic 2018 death of Florence Girard in British Columbia. While the review did not identify specific information to justify a concern for safety in Prince Edward Island, the fact remains that the Associate Families Program would benefit from a consistent minimum standard – that is followed – for the number of home visits to be conducted each year.

Intervals for home visits vary across the country. For instance, Ontario requires home visits every 60 days, while Yukon requires two visits annually. British Columbia requires quarterly home visits. Some service delivery partners in Manitoba and Saskatchewan require home visits monthly or bi-monthly. Four home visits per year, quarterly, is an appropriate median option that balances the home-like feel of an Associate Families placement while aligning with British Columbia, where home sharing is the single largest residential support for persons with disabilities. As part of these four visits, service delivery partners should ensure private time with the client three times (minimum) over the course of the year.

Consistent and timely home visits are a critical element of home share safeguards, and implementing this recommendation will ensure a key safeguard is in place. In addition, establishing this requirement in policy will provide SDS with the authority needed to ensure the safeguards are being implemented in practice. SDS should ensure that home visits by service delivery partners are conducted in a consistent and timely manner, and compliance checks could be included as part of partner audits (see Rec. 1.2). These home visits should include private time for a client to share any concerns they may have with their host or the living arrangement.

The policy can also be used to clarify Associate Family host eligibility. During the review, it became clear that in some cases, the Associate Families Program was being used to provide financial support in situations resembling a natural family scenario. Based on a review of similar programs in several provinces, SDS should consider clarifying that immediate natural family members are not eligible to serve as Associate Families hosts for their own immediate family members. While British Columbia does permit siblings to serve as Home Share Providers, they do not permit parents or spouses (including common-law). In Newfoundland and Labrador, Ontario, and Manitoba, care by immediate family is not permitted. While siblings may be permissible, there are inherent difficulties for the service delivery partner operating the program when conducting monitoring visits designed to safeguard the client (e.g., a son or daughter) in their living arrangement with an Associate Families host who would otherwise be subject to no oversight (e.g., a mother or father). This prohibition should not apply to foster situations which are transitioning to caring for a client as an adult; the Associate Families Program is well-positioned to continue support in these cases.

As a core aspect of the residential services continuum, the purpose of the Associate Families Program is not to provide financial support for a natural family arrangement; this can be better achieved through other avenues, such as a tailor-made approach to supporting clients' families, if needed.

The policy can also be used to prohibit Associate Families arrangements from being used for emergency or crisis placements. Home sharing and shared living arrangements, such as the Associate Families Program, require trust and familiarity to proceed. In other jurisdictions and programs, it is common for transitional visits and activities (e.g., lunch, dinner, overnights) to take place prior to confirming a match between host and client.

The requirement for trust and familiarity is fundamentally opposite the nature of an emergency or crisis placement. During engagements, service delivery partners recounted stories of rushed emergency placements which quickly turned into failed placements. This is a draw on resources without a view to long-term placement stability and does not align with the nature of home share programs.

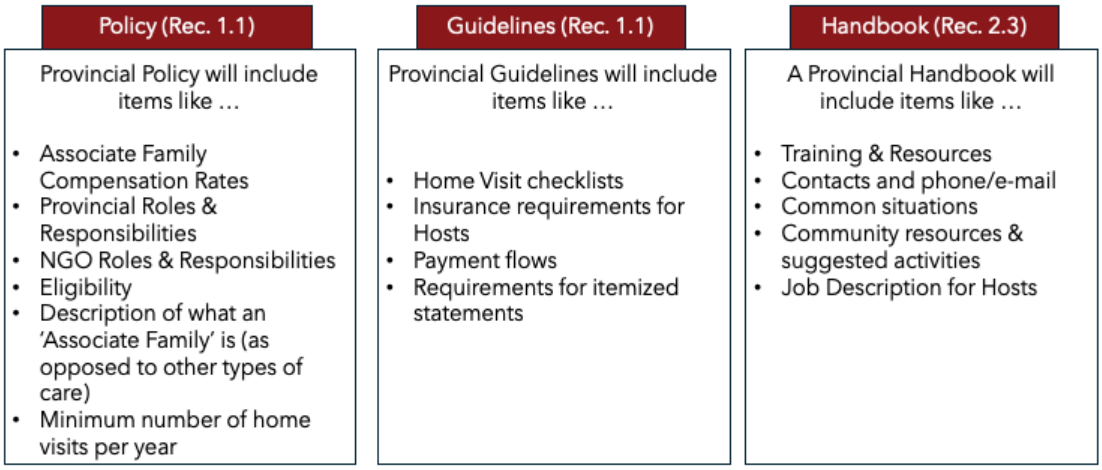
Except in limited circumstances where a pre-existing, positive, and strong relationship exists, the use of Associate Families hosts for emergency placements should not be permitted.

The policy can also be used to establish a limit on the number of clients in a single Associate Families placement. During research conducted in the course of this review, the project team identified a trend toward limiting the number of clients in individual placement towards 1 to 2. For instance, BC requires no more than 2 clients, Host Family Saskatchewan only allows one, and Ontario prescribes a maximum of 2 clients in a single placement. In addition, engagements indicated that some clients in PEI may not get out as much as they like due to the number of clients or others receiving care in the home.

Limiting the number of clients in an Associate Families placement will prevent the establishment of quasi-small options homes, for which a specific oversight approach is contemplated elsewhere in this review. Limiting the number of clients will also mitigate the potential for host burnout and the potential for reduced quality of care for each client. Absent a formal limit, Associate Families hosts could take on as many clients as they like, reducing the intended home-like feel of an Associate Families arrangement.

Alongside a new policy for the program, SDS should also develop guidelines or a guidance document to support the program and clarify roles and responsibilities. SDS and service delivery partners currently lack a written authority outlining operational expectations for the delivery of the Associate Families Program. In contrast to the policy, guidelines or a guidance document can be used to outline how the program should function in practice. For instance, whereas the proposed policy would outline the minimum number of home visits, guidelines or a guidance document would outline the items to be covered or checked during a home visit.

Figure 4: Differentiation in Proposed Program Documents



They would also outline requirements that are more flexible or may change over time; for instance, insurance requirements on the part of service delivery partners as well as hosts. Guidelines or a guidance document can also outline practice expectations such as processes to be followed when restrictive practices are used or the types of training that the Province expects service delivery partners to provide to Associate Families hosts.

In essence, guidelines or a guidance document will give SDS the authority to prescribe and vary expectations for operational delivery of the program. Guidelines or a guidance document should be incorporated by reference into service agreements (or incorporated by reference into an annex).

Implementation Considerations

In order to create new program policy, SDS should adapt a combination of its existing policy structure as well as documents in other provinces, such as CLBC's Standards for the Coordination of Home Share and the Ontario Ministry of Children, Community, and Social Services' Policy directives for service agencies regarding the Host Family Program. To support the development of a new set of program guidelines, additional resources from other provinces and territories could include Ontario's Operational guidelines for the Host Family Program and CLBC's Standards for Home Sharing.

The project team estimates a working timeline of 8 months for the development and approval of a policy and program guidelines, inclusive of a research phase, cross-comparison with existing practice, engagement with service delivery partners, and policy development and approval. SDS should consider co-developing program guidelines with service delivery partners and consider a method for input from Associate Families clients and hosts.

The 8 month timeline is also inclusive of establishing minimum standards for oversight, clarifying host eligibility, prohibiting emergency or crisis placements in the Associate Families program, and establishing a limit on the number of Associate Families clients in individual placements. In some instances, SDS will need to consider a legacy approach for existing placements or arrangements to avoid breaking up what have become enriching homes for clients.

SDS will need to consider how to formalize a prohibition on emergency and crisis placements in the program. This could include a communication to key partners (e.g., Health PEI) about the new policy and approach.

Finally, implementation timelines include time to conduct knowledge transfer between employees and to designate a specific member of the SDS Residential Services team as the lead for the Associate Families program. This person should lead or coordinate efforts to craft new policies and guidelines to support the program and should be identified early in the process.

1.2: Encode audit rights within service delivery partner service agreements

SDS service agreements with Associate Family service delivery partners do not presently contain any provisions related to SDS' ability to audit service partners for items like the quality of their services. This means that SDS does not have the authorities required to independently verify compliance with expectations and, in the future state, policy and guidelines. While this is not likely to be an issue with cooperative partners, it is a safeguard which would enable the Province to independently confirm good practice and practice aligned with expectations. Finally, a future state without independent confirmation of service delivery partners fulfilling their obligations may promote a lack of compliance or a laissez-faire approach to monitoring.

In addition, as part of the overall AAS/RSP review, a formal oversight approach is recommended for group homes and small options homes, along with and the development of service quality measures for other settings. Implementing service quality requirements in the future state will require either cooperative partners or audit rights. While nothing in this review has indicated that service delivery partners are anything less than cooperative, it cannot be guaranteed that approach will continue across all service delivery partners in perpetuity. As a result, SDS should give itself the rights to audit Associate Family service delivery partners as a safeguard. The approach described here should align with proposed approaches under the Inspections and Monitoring workstream.

Alongside establishing clear authority for the department to conduct program audits, SDS should establish clear audit guidelines to support partner clarity, awareness, and compliance. Audits can be broad or narrow – looking at an entire program or looking specifically at home studies, for example. SDS would be well-served to establish audit guidelines to provide a measure of consistency to Associate Families service delivery partners. These audit guidelines would ensure audits are conducted consistently to ensure a comparable picture across partners where needed.

In addition, SDS could establish several types of audits, with varying criteria and checklists for each audit type. For instance, SDS may wish to review a sample of (or all) home studies conducted in a year to confirm required elements have been addressed. In other instances, SDS may wish to review records of home visits or of client case plans. A more all-encompassing review could include a broad audit. Establishing types of audits, with their own criteria, can assist with communication with service delivery partners and the types of information and activities that each type of audit will involve.

These audit guidelines may also assist in the development of approaches for reviewing compliance with broader service quality measures as contemplated in the Inspections and Monitoring workstream conducted as part of the Residential Services Program Review. Alternatively, the proposed approach described here may be replaced by a broader service quality monitoring approach as proposed in the Inspections and Monitoring workstream.

Finally, during engagements service delivery partners indicated their desire for a resource person within SDS who could provide guidance on complex cases or issues, could provide support on home visits, and provide more specific supports and guidance for the program and its operations.

While the SDS Residential Services team is small, the review team recommends consolidating responsibility to support greater depth of expertise in the home sharing model within SDS.

Implementation Considerations

This recommendation requires 2 months of implementation time. With respect to including audit rights, SDS legal counsel can draft revised language affording service quality audit rights for inclusion within the next service agreements with Associate Families service delivery partners. Audit rights should include the right to access documents, the right to observe activities, and the right to evaluate service delivery partners against the terms of their service agreement (which should include reference to both policy and guidelines/guidance).

The bulk of implementation time is to develop and establish audit guidelines. This timeline is inclusive of reviewing policy and guidelines/guidance requirements, connecting with evaluation staff, drafting audit guidelines, and engaging with service delivery partners.

The review recommends meaningful engagement with service delivery partners to generate understanding and buy-in on their part to potential audits. Inclusion in the process should help address concerns and clarify that this is not a punitive measure: rather, it is simply the Department ensuring value for public funds as well as confirming quality care is being delivered.

In the future (see Inspections and Monitoring), audit guidelines can be incorporated within the broader service quality measures/monitoring approach contemplated elsewhere in this review.

1.3: Strengthen service delivery partners' role in compensation and respite coordination

Although service delivery partners are responsible for operating the Associate Families program, engagements indicated a feeling that partners felt detached

from the operations of the Associate Families program, often confining themselves to the role of screening, matching, and monitoring.

Service delivery partners expressed some frustration at not understanding the Associate Families host compensation approach, while also highlighting it as a significant barrier to recruiting new Associate Families hosts.

In some other jurisdictions (e.g., ON, MB), payment for host services is disbursed by the service delivery partner overseeing the home share arrangement. This approach should be echoed in Prince Edward Island to clarify service delivery partner ownership and responsibility for the program. This approach will also strengthen Associate Families hosts' feelings of responsibility and accountability toward service delivery partners, which was highlighted as a concern during engagements.

As part of flowing compensation through service delivery partners, SDS should require that hosts be provided with an itemized statement reflecting their compensation and its components. Engagements during this review demonstrated a lack of clarity around the categories of payments that, together, make up a hosts' compensation. This included both service delivery partners and hosts. The lack of clarity on the various elements that together comprise compensation can lead to confusion regarding why expected amounts (e.g., respite) may be lower. In addition, the lack of clarity means that hosts may not appropriately budget for certain expenses, even where intended (e.g., home maintenance and repair).

As part of flowing compensation through service delivery partners, SDS should also establish a role for coordinating respite and paying respite providers among service delivery partners. In some jurisdictions (e.g., Host Family Saskatchewan, some BC service providers), non-government service providers are responsible for paying out respite, while some providers in PEI assist with respite navigation and finding respite providers.

The purpose of respite is to provide a break to and prevent burnout among Associate Families hosts. As a result, it should not be viewed as part of core compensation for the role, but rather in the perspective of total compensation. Associate Families hosts expressed difficulty identifying appropriate respite

providers, with some relying on family members. Service delivery partners have a much better vantage point from which to identify respite resources within the community. In addition, this approach would empower service delivery partners to establish standards for respite care as well as allow them to more closely monitor host utilization respite as an early-warning sign for burnout among hosts.

To that end, it is recommended that service delivery partners be required to take on a coordinating and supporting role for finding respite for Associate Families hosts. In addition, partners should be responsible for paying respite providers (and then claiming the amounts back from the Department, as appropriate). Please note that hosts would still be able to identify their own respite providers; in these cases, the only difference is that payment would come from the service delivery partner as opposed to directly from the host. In addition, this approach prevents the host from carrying the burden of the respite expense from the time of payment to the time of reimbursement by SDS.

Implementation Considerations

This review recommends planning for approximately 4 months to implement this recommendation. This timeline includes isolating Associate Families clients within SDS financial systems and re-routing amounts intended to cover the costs of their Associate Families arrangement from their hosts to service delivery partners, who should all have an existing vendor or payee code. Any amounts intended to flow directly to clients should not be affected by this change. This timeline is also inclusive of developing a standard form itemized statement.

The bulk of implementation time is budgeted to provide service delivery partners time to develop lists of community respite providers and to establish their own processes for hosts wishing to access support to find respite providers. It also allows time for SDS and partners to develop any mechanisms required for reimbursement for payments made by partners to respite providers, if needed.

Recommendation 2.0: Facilitate continuous quality improvement within the Associate Families Program

2.1: Require service delivery partners to establish formal feedback mechanisms and cycles for both hosts and clients

During engagements, it became clear that there was a desire from both hosts and clients to focus more on continuous improvement based on feedback.

Formal feedback mechanisms are a critical element of any program that wishes to adapt to meet the needs of persons served. During engagements, some service delivery partners also expressed interest in and endorsed the idea of formalizing feedback mechanisms for the program. There is not presently any formal feedback mechanism enshrined within the program for either SDS or service delivery partners.

Establishing formal feedback mechanisms and cycles will support program evolution over time in a continuous manner. This feedback is critical to supporting program development and overall quality assurance and quality improvement activities. SDS should consider requiring annual reporting on feedback reported by hosts and clients to monitor the types and frequency of feedback to inform its own work to support the program.

Implementation Considerations

This recommendation will require an estimated one to two months for implementation, inclusive of time for engaging with service delivery partners and identifying the appropriate instrument in which to enshrine feedback requirements (e.g., policy, service agreements, guidelines). This time is also inclusive of SDS determining whether and how it will require partners to provide annual roll-ups of feedback and efforts at obtaining feedback. Finally, SDS should consider whether it wishes to prescribe specific actions (e.g., requirement of partners to establish a Feedback and Continuous Improvement Policy) or whether it is sufficient to require that feedback be gathered and rolled up for SDS annually, with specifics left to service delivery partners.

Some consideration should be given to enshrining the requirement to solicit and address feedback in the service agreement and to apply the approach across all an organizations' residential settings.

2.2: Establish a recurring forum for program discussions to support quality improvement

During engagements, it became clear that service delivery partners delivering the program saw strong value in collaborating with one another. For instance, partners collaborated on a standard application process and a standard agreement with hosts. Establishing recurring meetings among all relevant partners – all service delivery partners and SDS – would provide a venue at which to discuss issues in the program, complex cases, new or amended placements, and would also serve as an ongoing engagement forum for changes to program policy or guidelines/guidance documents. In addition, this forum could provide a venue for information sharing between partners, supporting stronger collaboration among service delivery partners.

The level of enthusiasm to engage on the Associate Families Program is an indicator of the need for ongoing and focused conversations to support program growth.

Implementation Considerations

This recommendation requires an estimated two months for implementation. This is inclusive of SDS calling an initial meeting, the development of a terms of reference, and preparation of agendas. An ideal first meeting would involve a review of recommendations from this report as well as other items service delivery partners may wish to raise. This recurring forum could also be used as a vehicle through which to collaborate on the implementation of recommendations stemming from this report.

2.3: In partnership with service delivery partners, hosts, and clients, develop a handbook for the Associate Families Program

As indicated in Recommendation 1.1 (program policy and guidelines), the Associate Families Program requires consistency in program operation and the development of a policy suite to govern how the program functions. Alongside policy (which outlines SDS expectations for service delivery partners and the function of the program) and guidelines/guidance (which outline SDS expectations for operational service delivery), a handbook for the Associate Families Program will provide guidance to hosts and clients about the experience they can expect.

The handbook can provide listings of key contacts, recommended insurance providers, options for training and skills enhancement, and guidance on common situations observed in Associate Families placements. The handbook can also outline host and client-level processes (e.g., exiting, transitions, onboarding). In essence, the handbook provides consistent guidance to hosts and clients on how they can expect the program to function and how to make the best of it.

Implementation Considerations

The development of an Associate Families Handbook will take an estimated 2.5 months. This work should begin once program guidelines/guidance are well-advanced to ensure alignment across the document suite. The review team suggests engagement with Associate Families hosts and clients to identify things they wish they'd known as well as what would make a Handbook useful. This engagement should also include service delivery partners, who can contribute their own processes and approaches to the Handbook for consistency. The development of the Handbook can be a project for the program forum referenced in Recommendation 2.2.

The basic structure of the Handbook can be developed by using resources from other jurisdictions, such as Handbooks developed by NGOs in British Columbia.

Some consideration should be given to having a standard handbook which is then slightly customized by each service delivery partners (e.g., contacts, processes, etc.) to ensure relevance to each host and client.

Recommendation 3.0: Enhance supports for Associate Families hosts

3.1: Develop a consistent role outline and training supports for Associate Families hosts

Engagements conducted as part of this review indicated that Associate Families hosts had little role clarity with respect to expectations and responsibilities. hosts reported finding this frustrating, although they eventually came to better understand the role.

Hosts would benefit from role clarity both before taking on the role (e.g., recruitment, screening process) as well as once in the role (e.g., daily expectations, reporting requirements, etc.). A role outline can be used by both hosts and service delivery partners to hold one another accountable for expectations, while also supporting more concerted recruitment efforts.

Although hosts are often people with relevant experience, this is not always the case. Providing support to persons living with disabilities can be rewarding – yet challenging. Engagements indicated that there is currently no specific training or orientation approach among partners, meaning that hosts are left to piece together appropriate approaches based on their own knowledge and skills. This does not promote consistency of care across hosts.

Establishing a common training or orientation approach, co-developed by both service delivery partners and SDS, will promote more consistent service delivery across partners and individual hosts. Hosts will also be better supported to understand their role, supports available to them, and roles throughout the system. A training or orientation opportunity can also promote the development of core skills for hosts (e.g., medication management, de-escalation) that will allow them to address issues without support from other partners – reducing strain on the system.

During this review, research and practice indicated that Home Share programs can support clients across a broad spectrum of needs. In order to make that a reality, the Associate Families Program should provide support to hosts seeking to enhance their skills through continuing professional development. For example, an experienced host with a desire to support clients with higher needs

could be supported to seek training on trauma-informed care, Mandt training, or tube feeding/diabetes management, as required by client needs.

In addition, given their attachment to existing service delivery partners with professional staff, there are opportunities to leverage partners' existing training opportunities to support growth among Associate Families hosts.

Implementation Considerations

This recommendation requires an implementation timeline of six months, inclusive of developing an initial draft and engaging with service delivery partners to confirm where roles and responsibilities belong. This timeline also includes engagement with Associate Families hosts to confirm any other outstanding items to be catalogued within the role outline. The bulk of this timeline is to develop a consistent training approach across service delivery partners, including research of other approaches, review of materials, engagement with partners and hosts, and to formally develop the training approach.

The role outline can be included within the Associate Families Handbook (Recommendation 2.3) and provided to hosts as part of onboarding activities/ orientation.

In addition, this timeline includes reaching a decision on whether training or orientation should be delivered separately (by each service delivery partner) or jointly (across the Province). The training approach should be informed by the role outline as well as the Associate Families Policy and Guidelines (Recommendation 1.1).

Any potential cost implications are highly sensitive to the orientation and training approach and nature of implementation and should be further scoped as part of training development.

As part of developing the training approach, SDS and service delivery partners should collaborate to develop an approach to supporting continuing professional development (CPD). The six month timeline is inclusive of time to identify funding needs and establish a funding source, review client needs and opportunities to align potential training with client needs, and to work with

service delivery partners to establish criteria and mechanisms for identifying and approving CPD opportunities for the hosts they support.

As part of developing the approach, some consideration should be given the including Associate Families hosts in service delivery partners' own CPD opportunities, such as Mandt training and re-certification for first aid.

For the initial year of CPD support, the Province can establish a funding pool of approximately $31,000, reflecting estimated expenses of $1000 per Associate Families host (31 at the time of project initiation). This amount can be adjusted in the future following a review of typical annual expenditures/requests.

3.2: Establish a peer support group to better support Associate Families hosts

Associate Families hosts perform a sensitive role that requires respect for privacy and confidentiality obligations. While the role is inevitably a large part of the hosts' life, they have limited opportunities to share stories or seek counsel from their own natural support network. The lack of a support group, where privacy obligations can be relaxed, is a missed opportunity to give Associate Families hosts the opportunity to share challenges, seek advice, and develop natural connections with others in similar roles.

The review team expects that a support group could be used to provide some measure of continuing professional development and training, while also facilitating new friendships and the development of support networks, including for respite opportunities.

Implementation Considerations

This recommendation requires an estimated 1.5 months for implementation. This is inclusive of the time required to develop an appropriate schedule, structure initial sessions, and determine the delivery method (e.g., virtual, province-wide; by groups of service delivery partners; in-person, province-wide). Some consideration should be given to supporting respite to enable attendance, or seeking alternative approaches to ensuring hosts can attend without incurring personal cost while meeting their ongoing care obligations (e.g., virtual).

Some minor funds can be set aside to cover the costs of space rentals and food, estimating $3,000 for 6 room rentals with snacks, coffee, and tea. This is dependent on the delivery method (province-wide or by groups of service delivery partners). Further costs for respite should be determined during implementation, as the approach and delivery mechanism will help determine any respite requirements. For instance, SDS could partner with service delivery partners to offer an 'evening program' (like a day program) at partner sites, where both clients and hosts could attend and split off into their respective activities. Depending on the number of clients/hosts who would need respite, this may be a more cost-efficient approach.

Assuming respite is offered in lieu of an 'evening program', total estimated expenses are $10,000 - $20,000 (assuming 2 hours of respite is provided per session) for a year of Support Groups.

3.3: Ensure hosts receive the full respite entitlement, regardless of clients' funding ceiling

During engagements, it became clear that not every host received the expected monthly amount of respite ($430). On examination, this appears to stem from clients' support needs displacing available funding for respite. This ultimately disadvantages the host, who cannot access the same respite that many other hosts or natural families can access.

This situation makes Associate Families hosts one of few roles where leave is discretionary and subject to factors outside individual hosts' control. The situation should be remedied by ensuring that Associate Families hosts can access the full respite entitlement, in order to prevent host burnout or to avoid disincentivizing clients from accessing as many supports as they need under their funding ceiling.

Implementation Considerations

This recommendation requires an estimated two months for implementation, inclusive of any required changes to policy, communication to existing hosts, and administrative changes to tracking and payments systems.

A line-by-line analysis of a portion of Associate Families hosts' payments showed that some hosts access little respite, others access some respite, and still others access more respite than is typically available. With respect to those accessing little respite, it is not always clear if this is due to a lack of available funding or a personal preference not to take respite. As a result, the review team reports the overall costs of ensuring $430 in respite is available for each Associate Families client/host in recommendation 5.3 at $242,000. SDS should conduct a more sensitive line-by-line analysis in detailed costing activities, with an expectation that true net costs will be significantly lower than estimated. For short-term planning purposes, SDS can assume net cost of $20,000 - $30,000.

3.4: Explore an enhanced insurance approach for Associate Families hosts *(Timeline: 3 – 5 years)*

Although the Province's work to review the compensation model for Associate Families hosts included some concern about payment for wear and tear on homes, the review did not uncover any specific concern about larger-scale property damage.

In reviewing Home Share programs in other provinces, several (e.g., British Columbia, Saskatchewan) offer or administer property insurance riders or endorsements that offer fall-back coverage should a home insurance provider deny a hosts' claim. For instance, CLBC pays for a rider which provides coverage for denied home insurance claims over $25,000, while also offering a Minor Damages Program which provides reimbursement for damages under $25,000. In Saskatchewan, the association serving Approved Private Service Home providers (APSH – an adaptation to Home Share which supports up to 5 individuals to live with a shared care provider) administers an endorsement on hosts' home insurance policies which functions similarly.

In British Columbia, service providers also generally require that Home Share Providers obtain WorkSafe BC Personal Optional Protection to insure their earnings in the event of an injury while providing care.

While these recommendations are not urgent, they should be reviewed in the medium-term as the pool of hosts and clients engaged in the Associate Families Program grows. At present, the risk level for large-scale property damage is low

given the limited number of clients and hosts in the program. As the program expands, the risk level may increase, warranting a focused examination of enhancing insurance requirements.

As part of exploring these enhanced requirements, the Province should also consider the merits of either recommending or requiring that Associate Families hosts obtain personal coverage under the *Workers Compensation Act*. If desired, such a requirement could be implemented earlier via inclusion in hosts' service agreements with service delivery partners, or via reference in either the Policy or Guidelines (Rec. 1.1).

Implementation Considerations

This recommendation requires an estimated six months for implementation, inclusive of engaging with other jurisdictions, discussions with insurance providers, costing, and any required amendments to contracts. The Province may wish to secure its own policy, or may wish to endorse or add a rider to Associate Families hosts' own home insurance policies. SDS may also wish to conduct a historical analysis of records to identify previous instances of property damage, their cost, and the frequency of issues in order to inform both the cost and the need for such an approach.

This time is also inclusive of work with the Worker's Compensation Board of Prince Edward Island to investigate personal protection for contractors, and to consider SDS' role in requiring and/or paying for coverage.

Recommendation 4.0: Support consistency, advanced planning, and flexibility to meet client needs

4.1: Ensure service delivery partners conduct transition and case planning for Associate Families clients

The review uncovered concern about the demographics of Associate Families hosts, with several caregivers in very advanced age and continuing to provide care and supports to clients. During one engagement, a host expressed some concern about when they could retire, given the lack of alternative options for clients. The aging of hosts necessitates advanced transition planning, given that

sudden or unplanned transitions can be distressing for some persons who live with disabilities.

While there is an inherent bond between host and client, the lack of advanced planning also poses mechanical difficulties for the program: for instance, where a client will live in the event of hosts' death. While respecting clients' preferences, service delivery partners should engage in foresight planning to ensure options and availability when a client must transition out of their current hosts' home.

In addition, during engagements it was not always clear that Associate Families clients received the same case/support planning supports as other residential or day programming clients. This can be tied back to a feeling of a lack of service delivery partner 'ownership' over the program.

There is a limited rationale for the lack of case/support planning for Associate Families clients. In fact, encouraging clients to plan and think about the life they lead can help hosts identify opportunities for enrichment, as well as to identify the types of activities they may enjoy. Finally, case/support planning can act as a safeguard by requiring hosts to report on progress regarding clients' case/support plan, which may include goals, preferred activities, and skills development opportunities or progress.

Above all, Associate Families clients should not be treated differently from service delivery partners' other clients – Associate Families is a core option on the residential continuum of service, and although partners delegate daily service delivery, they remain responsible for providing holistic supports to clients. Case/support planning services should form part of the Associate Families service offering.

Implementation Considerations

This recommendation requires a minimal implementation timeline: requirements can be enshrined in either the Associate Families Policy or Guidelines/Guidance. Implementation will ultimately fall on service delivery partners, who will need to establish triggers and processes for undertaking advanced transition planning, as well as extending their case planning approach. A key dependency for implementing transition planning will include

a renewed focus on recruitment – additional hosts will be required to provide the program with the stability needed to allow clients to transition hosts as well as to afford clients real choice in their care provider.

4.2: Explore establishing a live-in version of the Associate Families Program

As part of the review, the project team became familiar of SDS' facilitation of an ongoing pilot approach under the Associate Families Program, where a client and their family pay for two supportive roommates to provide supports in a home leased by the client and their family.

Establishing a live-in option under the Associate Families Program would introduce additional flexibility in how clients can experience the program and access the support they need in the manner they wish. It is an example of prioritizing client choice and autonomy, while potentially expanding the number of clients and hosts who may wish to engage with the Associate Families Program. Similar models are in use elsewhere (e.g., BC, Alberta), although they are rare compared to traditional home share approaches.

Implementation Considerations

This recommendation requires an estimated four months to further scope and implement. This is inclusive of engagement with comparator jurisdictions (e.g., BC), policy work to identify which approaches or processes may need to change or become more flexible, and to identify administrative changes (e.g., tracking and payments systems) that may be needed to accommodate the model.

The implementation timeline also includes time for engagement with service delivery partners, who will be critical to administering and monitoring such a model.

The project team offers the caution that live-in supports models are relatively rare in Canadian home share models, with fewer than 1% of Community Living British Columbia Shared Living clients accessing live-in supports. This model can also be achieved and introduced to PEI on a case-by-case basis, but a specific policy approach will support the recruitment and rostering of potential Associate Families 'Supportive Roommates'/'Care Partners', which may entice more clients to look closely at the program. In addition, a number of items such

as insurance and payment flows must be worked out during the implementation timeline if SDS chooses to formally add a Live-In service option.

Recommendation 5.0: Undertake collaborative efforts to grow the number of Associate Families hosts

5.1: Undertake a provincial advertising campaign to promote host recruitment

As a provincial but partner-administered program, the Associate Families Program requires equal support from service delivery partners as well as SDS. A key role the Department can play would involve managing a province-wide advertising campaign to promote the program and opportunities for prospective Associate Families hosts.

Service delivery partners would have difficulty mounting a campaign of similar reach and quality, given limitations to funding as well as a more operational focus. SDS also has communications staff who can support the development and deployment of a marketing campaign, whereas service delivery partners would have fewer resources in this area.

Provincial advertising efforts (air game) and best combined with local and regional on-the-ground efforts (ground game) for a cohesive marketing and advertising push to support revitalizing the program.

Although highly sensitive to campaign scope, targets, and anticipated reach, an estimated $30,000 - $50,000 spend should allow the execution of a high-quality marketing campaign.

Implementation Considerations

This recommendation will require an estimated three months for implementation, inclusive of the time to design the key elements of the campaign, methods of advertising, develop campaign material, and to deploy the campaign into the field. This time also includes work with service delivery partners to develop supplementary advertising efforts focusing on individual regions serviced by each partner. This timeline will likely expand if the Province contracts with an external firm for campaign development and the media buy.

This recommendation should be implemented only after the program has sufficient structure (e.g., Associate Families Policy, Guidelines/Guidance, host role outlines, and renewed host compensation approach) to maximize impact and avoid introducing new hosts to a program very much in-flux. An estimated spend of $30,000 - $50,000 is needed to execute a high-quality marketing campaign appropriate to the scope of the Associate Families Program.

5.2: Engage hosts and clients in re-naming the Associate Families Program

As part of project launch, SDS indicated a desire to re-name the program to be more inclusive of multiple types of Associate Families arrangements that can exist (e.g., nuclear family; supportive roommate; aging together). The current name is suggestive of a specific nuclear family-type arrangement that is not aligned with the diversity in living arrangement types that the program can support.

Although the review team considered how best to arrive at a new name, this review recommends that SDS engages hosts and clients directly in re-naming the Associate Families Program. This can serve the purpose of signalling overall program renewal and will leverage the creativity of the approximately 80 persons involved in the program.

Implementation Considerations

This recommendation will require an estimated two months for implementation, inclusive of time to design communications materials for hosts and clients, identify any necessary incentives for participation, to receive suggestions, and to confirm a new program name. Engagement with hosts and clients should specify that the program is being re-named and revitalized in line with the recommendations contained herein; this outreach presents an opportunity for SDS to express its commitment to this community living option and to signal an improved program experience in the future state.

5.3: Increase compensation for Associate Families hosts

As part of the Associate Families Review, the project team reviewed previous work conducted by the Province to evaluate the program. This included a review

of concerns from Associate Families on comparatively low rates of pay for the supports provided to clients.

In addition, the current Associate Families compensation approach is highly variable and client-specific, which limits service delivery partners' abilities to attract and retain dedicated and qualified Associate Families hosts. For instance, while there are standard and prescribed rates for Associate Families care, these prescribed rates are not consistently observed across the Associate Families host population.

Standardization and predictability in Associate Families compensation is critical to supporting a renewed recruitment and retention effort for hosts.

In the current approach, Associate Families hosts are compensated for specific care provided to clients, with some receiving the prescribed rates and others not. Hosts are compensated for specific services provided to clients from the client's AAS file. Examples of common types of payments include:

- Daily Living Support
- Personal Care
- Specialized Transportation
- Supports Coordination
- Behavioural Support

The highly-variable and client-specific nature of these payments mean that Associate Families hosts may not know what they will be paid until matched with a client. This may also mean that clients with lower-needs may not be attractive for Associate Families hosts seeking higher levels of payment. In contrast, some Associate Families hosts are receiving very high amounts of compensation based on very high client needs. In some cases, the costs for the support of these high-needs clients are comparable to that of a small options home or specialized residential services.

In order to support consistency of pay across Associate Families hosts, a consistent and logical compensation model is required. This compensation

model must be anchored in clients' support level in order to recognize higher care needs among clients who have lower functional ability.

Proposed Approach

As part of this work stream and in order to achieve the objectives outlined, an adaptation to previous Provincial work was created. The proposed approach has several elements including:

- Clients' Shelter Rate
- A portion of clients' Basic Unit Rate
- A Complex Care Top-Up for clients with higher and complex needs
- A scalable, consistent Associate Families Care Expense, which forms the bulk of the proposed compensation model.

Per recommendation 1.3, respite funds should no longer be viewed as part of Associate Families hosts' core compensation. Respite will continue to be viewed as part of hosts' total compensation.

In practice, and across levels, the proposed compensation model follows in Table 15.

Table 15: Proposed Monthly Compensation Amounts for Associate Families Hosts

Clients' Assessed Funding Level	AF Care Expense (1)	Shelter Rate (2)	Basic Unit Rate (3)	Complex Care Top-Up (4)	Total Host Payment (5)
$400 - $800	$1,000	$525	$454		$1,979
$1,200 - $1,600	$1,250	$525	$454		$2,229
$2,000 - $2,400	$1,500	$525	$454		$2,479
$2,800 - $3,200	$1,750	$525	$454	$500	$3,229
$3,600 - $4,000	$2,000	$525	$454	$500	$3,479

Explanatory Notes:

(1) The AF Care Expense represents a block payment for all disability-related supports provided to Associate Families clients. While client needs will vary, hosts require consistency in pay; in addition, service delivery partners require clarity in the rates of pay to facilitate host recruitment. The AF Care Expense should be paid from a client's AAS file, given that it relates directly to disability-related supports. This poses an obvious difficulty for clients receiving lower levels of funding. However, clients receiving residential services already routinely exceed available funding through AAS. SDS will need to continue to approve exceptions for funding requirements over and above clients' funding bands for the Associate Families Program. Moving forward, increases to Associate Families host compensation can be operationalized by modifying the AF Care Expense amount.

(2) The shelter rate will vary based on the type of living arrangement; here, the room rental rate is used for the purposes of modelling and costing.

(3) $454 represents the portion of a client's Basic Unit Rate (BUR) that is meant to cover the costs of food and groceries. Since an Associate Families host is generally responsible for household shopping and in many cases, meal preparation, this portion should flow to the host.

(4) The Complex Care Top-Up is proposed as a method to compensate Associate Families hosts serving clients with high support needs, medical needs, and/or serious behavioural needs. It is not formally proposed for all clients in the top two support levels, but rather should be authorized by SDS for clients who have either lower functional abilities or who present with exceptional needs such as those identified above. SDS should consider the use of a standardized clinical tool, such as an InterRAI subscale, to determine clients for whom a Complex Care To-Up will be paid. Alternatively, SDS could consider building the Complex Care Top-Up into the funding model for these clients, given that a client receiving over $2,800 in monthly funding has a minimum composite ADL score of 4, and may have additional IADL needs – indicating a significant commitment on the part of the Associate Families host.

(5) Per Note 4, not all clients in the two top funding levels may not automatically receive the Complex Care Top-Up, but it is depicted here for the purposes of demonstrating the overall model. This is subject to SDS decision on the roll-out and criteria for the Complex Care Top-Up.

Where clients are not in receipt of Assured Income, the Province should suggest a client contribution equivalent to the Shelter Rate and the host portion of the Basic Unit Rate, as identified above. This $979 client contribution is meant to ensure consistency in payment for Associate Families hosts, regardless of whether they are supporting a client on Assured Income or a client not on Assured Income. This suggested contribution can be incorporated into program guidelines or a guidance document, as recommended in Recommendation 1.1.

Cost Implications

In order to facilitate costing, SDS provided an aggregated dataset for all Associate Families hosts. The total amount of payments which flowed to Associate Families hosts in FY 2023-2024 was $1,252,952.28. This total amount is inclusive of (1) Supports-related payments, (2) Assured Income-related payments, and (3) respite payments. The average payment per host in the current model amounted to $2,221.55.

The aggregated dataset was used to determine specific compensation amounts for each Associate Families host under the new, proposed model. When considering only financial compensation (total compensation, less respite), the average payment to Associate Families hosts under the proposed model would be $2,649.21.[4] When including respite amounts, the average monthly compensation for Associate Families hosts would be $3,079.21.

The dataset provided was cross-referenced with a separate dataset containing line-by-line breakdowns of client payments, which enabled the project team to determine the number of clients in receipt of AI as well as those not in receipt of AI. In order to ensure compatibility between current state costs and projected costs, it is assumed that the Province will bear the costs of all client contribution-related payments; however, footnote 7 details an adjustment to the current state costs to account for clients not in receipt of AI (who will make their own contributions to their Associate Families hosts). The costs associated with the new model are detailed in **Table 16**.

[4] For the purposes of costing, it is assumed that clients receiving greater than $2,800 per month in AAS funding would receive the Complex Care Top-Up.

Table 16: Cost Estimates – New Associate Families Compensation Model

Portion of Compensation	Amount
Supports-related Payments (AF Care Expense)	$942,000
Client Contribution-related Payments (Shelter; Basic Unit Rate)[5]	$552,156
Respite Payments	$242,520
Net Cost – New Model	**$483,723**
Total Cost – New Model	**$1,736,676**

The total cost of the new model ($1.736M) compares to a current cost of $1,252,952.28, for a **net cost of $483,723.72**. As noted above, the team considers the cost estimate for the new model to be generous; in reality, the Province will not bear all these costs (e.g., client contributions for clients not on Assured Income – see footnote 3).

While the cost is substantial, it must be put into perspective. Modelling conducted to support the broader Residential Services Review indicated that the cost of an average group home/small options home placement in Prince Edward Island is $67,383.48 annually. In contrast to the proposed cost for the new compensation model of $1.736M, housing all current Associate Families clients in traditional residential options would cost $3.167M.[6] Table 22 provides a comparison of per-client average costs under the current and proposed model, along with traditional residential costs.

[5] For costing and forecasting purposes, it is assumed that all client contributions will be borne by the Province through AI. However, 12 Associate Families clients do not receive AI, due to either age or eligibility. Accounting solely for these clients, the cost of this portion of the model is reduced by $140,976 (twelve client contributions of $979 per month, over twelve months).

[6] This estimate is based on average cost, while acknowledging that some clients would associate with lower-cost residential settings and others would associate with higher-cost residential settings.

Table 17: Associate Families Client Costs

Average AF Client Cost – Current	Average AF Client Cost – Proposed	Average Client Cost – Traditional Residential
$26,658.56	$36,950.55	$67,383.48

The average net increase in host compensation under the new model amounts to $427.67 per month, or a 19% increase in financial compensation.[7] When including respite, the average net increase in total compensation for hosts amounts to $857.67 per month, or a 38% increase in total compensation.

In terms of future program growth and expected costs, the team performed analyses of expected costs for 5% growth (rounded) and 10% growth (rounded) year-over-year scenarios.[8] Detail is available in

Table 18 and **Table 19**.

[7] It should be noted that the average amount paid to Hosts at present would include respite, meaning that the actual increase in financial compensation would be higher in practice.
[8] In general, the team modelled client growth in the $2,000 - $2,400 and $2,800 - $3,200 funding levels, representing the bulk (35 of 47 clients in current state) of Associate Families clients' required levels of support.

Table 18: 5% Annual Client Growth – Cost Projection Model

Year	Clients	Cost	Net Incremental Cost[9]
Year 1 (Steady State)	47	$1,736,676	N/A
Year 2	49	$1,815,492	$11,432
Year 3	51	$1,894,304	$11,432
Year 4	54	$2,008,032	$46,340[10]
Year 5	57	$2,121,756	$46,340[11]
Year 6	60	$2,235,480	($21,042)[12]

[9] Net Incremental Cost represents the cost increase of onboarding new clients to the program assuming that 50% of new clients would have moved into a group home or small options home (at a cost of $67,383.48 per placement) if the Associate Families Program had not been available.

[10] Despite growth of 3 clients, the review team assumes that only one client would have gone to traditional residential options in lieu of the Associate Families Program.

[11] See Note 12.

[12] To illustrate the potential for cost savings, the team assumed 2 of 3 new clients would have gone to traditional residential options in lieu of the Associate Families Program.

Table 19: 10% Annual Client Growth – Cost Projection Model

Year	Clients	Cost	Net Incremental Cost[13]
Year 1 (Steady State)	47	$1,736,676	N/A
Year 2	52	$1,929,216	$57,773[14]
Year 3	57	$2,121,756	($9,610)[15]
Year 4	63	$2,358,204	$34,297[16]
Year 5	69	$2,575,440	$34,297[17]
Year 6	76	$2,840,760	$43,957[18]

Implementation Considerations

Implementing this recommended new compensation structure will take an estimated five months. This time is inclusive of key steps including:

- Discussion and approval of revised funding model
- Engagements and testing with hosts, if desired

[13] Net Incremental Cost represents the cost increase of onboarding new clients to the program assuming that 50% of new clients would have moved into a group home or small options home (at a cost of $67,383.48 per placement) if the Associate Families Program had not been available.
[14] Assuming 2 clients would have gone into a GH/SOH instead of AF.
[15] Assuming 3 clients would have gone into GH/SOH instead of AF.
[16] Assuming 3 clients would have gone into GH/SOH instead of AF.
[17] Assuming 3 clients would have gone into GH/SOH instead of AF.
[18] Assuming 3 clients would have gone into GH/SOH instead of AF.

- Incorporation into a Budget Proposal
- Communication with both hosts and clients on revised funding structure and approach – emphasizing the increase in funding to hosts.
    - Identifying and connecting with any hosts subject to a legacy approach.
- Establish expectations around spending for client funds/client contributions.
- Implementing the revised payment structure and approach over a period of two months, with one of the months booked for monitoring, evaluation, and confirmation that expected amounts were disbursed.

In some cases, clients in lower assessed funding levels would see that the costs for the AF Care Expense exceed their available funding. In these instances, as is practice currently, the review team suggests approving excess funding for these clients to enable them to live in Associate Families placements. As indicated in the Wait List Framework workstream, these clients' ability to enrol in residential services (including Associate Families) may be addressed in the future, limiting the need for these funding exceptions.

A limited number of Associate Families hosts will experience a drop in financial compensation in the new compensation model, since respite amounts will no longer be paid to hosts directly. However, the vast majority of these hosts will see total compensation increase (ie., when respite is factored in). It is also important to keep in mind that although respite reflects in financial payments to hosts, this is not funding they keep; it is paid out to respite providers.

Based on an analysis of total compensation, two current Associate Families hosts would earn lower income in the revised compensation model due to current high payments for support, which are comparable to a traditional residential placement. These hosts should be contacted and informed, with two options proposed: convert to a specialized residential services contract or accept a legacy approach with no compensation increases until such time as the Associate Families compensation model reaches their current level of compensation.

SDS should consider obtaining a tax determination from the Canada Revenue Agency (CRA) to confirm the non-taxable nature of home sharing payments. The CRA has taken the position in the past that monies provided for the purposes of social assistance to a recipient are not taxable, even if flowed to a person other than the recipient. There is a specific exemption within the Income Tax Act (Canada) for these purposes.[19] With that said, is it worth confirming this and its application to Prince Edward Island. This is particularly true as hosts, if audited or reviewed by the CRA, will expect support from the Province. The CRA's tax determination letter will be instrumental in supporting hosts in dealing with any potential audits. Preserving the tax-free status of this compensation is key to ensuring a competitive and attractive compensation structure.

As indicated in the Recommendations section, the total cost of the revised compensation model is $1.736M, with a net cost of $483,723. Note that this specific cost assumes the Province will bear all client contribution-related costs; in addition, it assumes a respite rate of $430 per month.

5.4: Explore an adaptation to the Associate Families funding model that incentivizes service delivery partners to increase the number of clients living in community-based placements *(Timeline: 3 – 5 years)*

During engagements, service delivery partners generally indicated that current funding amounts allocated for the Associate Families Program are sufficient. While this report does not presently recommend an increase in Associate Families funding, it should be acknowledged that if the report's recommendations are implemented, responsibilities for service delivery partners will increase.

Pending successful implementation of recommendations and an expansion in service delivery partners' responsibilities, SDS should consider exploring an adaptation to the Associate Families funding model that provides a per-client subsidy on top of base funding. This would incentivize service delivery partners to increase the number of clients served through the Associate Families Program and living in the community and with the host of their choice.

[19] *Income Tax Act* (Canada) s. 81(h).

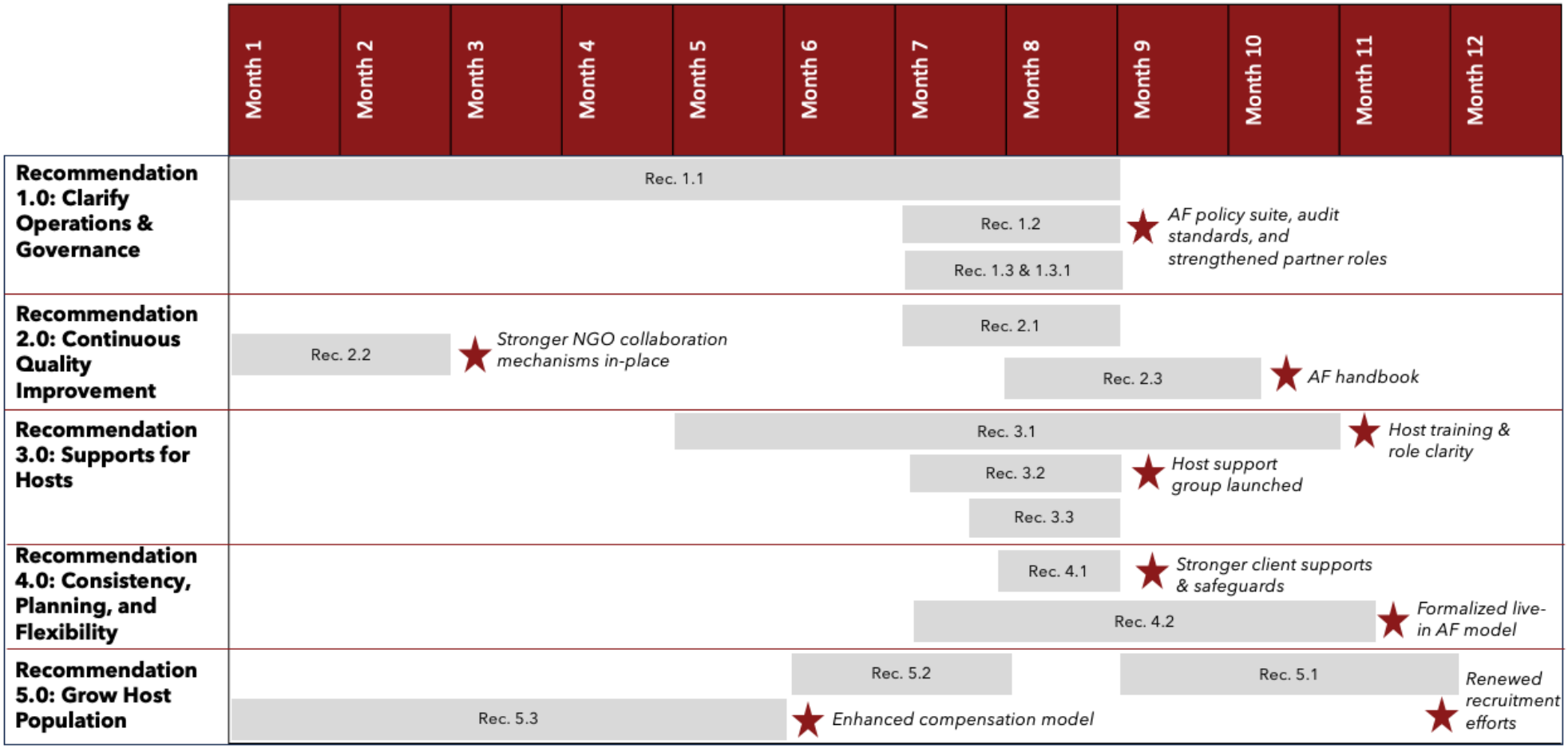
This adaptation should scale with client need, so as not to incentivize partners onboarding large numbers of lower-needs clients.

Implementation Considerations

This recommendation will require an estimated four months for implementation, inclusive of time to identify incentive approaches in other jurisdictions (including outside Canada), develop an incentive for Island service delivery partners, and conduct engagement to confirm amounts. In addition, it includes time for financial approvals, including the development of any Executive Council Memoranda or Treasury Board Submissions.

Implementation

Figure 5: Implementation Gantt - Associate Families



Implementation Assumptions

For planning purposes, it is assumed that the Province will dedicate near-full time resources (estimated 1 - 1.5 FTEs) to revitalizing the program. The resource draw on internal resources can be reduced through professional services support.

The review team estimates ongoing resource requirements at 0.4 FTEs, reflecting the need for enhanced supports and a refocusing of both the department and service delivery partners on the program. This responsibility could be enshrined with a member of the SDS Residential Services Team as part of a proposed new, ongoing 2 FTEs for program management across sector stability, wait lists, the Associate Families program, and the new service quality monitoring approach.

For planning purposes, it is assumed that there will be minimal roadblocks to accessing new funds to support overhauling the program, including funds for new AF host compensation, funds for training, and funds for a new marketing campaign.

Timelines may be impacted by (a) a lack of funding; (b) a lack of resources; or (c) a desire to modify directions. Note that time has been built for further scoping for most recommendations, the risk of modified directions impacting overall timelines.

Legislative and Regulatory Implications

Table 20 below indicates any legislative (*Support for Persons with Disabilities Act*) and regulatory (*Support for Persons with Disabilities Act General Regulations*) implications stemming from the recommendations contained in this report.

Table 20: Legislative and Regulatory Implications

Recommendation	Legislative Implications	Regulatory Implications	Comments
Inspections and Monitoring 1.0: Establish a licensing system with a scheme of inspections for group homes and small options homes. 1.1: Establish or amend legislation to provide legal authority for the licensing scheme.	Yes	Yes	A system of licensing will require formal legislative and regulatory authority in order to defend against the potential for legal challenge. Given the specific purpose of a licensing scheme, a new piece of legislation may be best suited to meet the needs of the Province. In general, the legislation should outline the overall framework, inspector authorities, high-level requirements, and penalties. Regulations can build on the legislation by outlining requirements and processes in greater detail.

			Process-oriented requirements at the level of an Inspector may be addressed in policy.
Inspections and Monitoring 5.0: Implement a quality service monitoring approach.	No	Potential	Subject to how the service quality monitoring approach is developed and enforced, the Province may wish to develop regulations to specify the requirements and any potential penalties or corrective measures. This approach can be enforced via guidelines incorporated into service agreements, Regulations, or Ministerial Regulations authorized under legislation promulgated to support Recommendation 1.1.

Crosswalk: Links to the AccessAbility Supports Program Review

The Residential Services Program Review Report and AccessAbility Supports Program Review Report are interrelated, given that both programs serve the same clients. Table 21 identifies recommendations from this report that have links to recommendations in the AccessAbility Supports Program Review Report.

Table 21: Report Crosswalk Table

Residential Services Program Review – Recommendation/Implication	AccessAbility Supports Program Review – Recommendation/Implication	Commentary / Discussion
Supporting Sector Stability and Sustainability 2.0: Pursue wage and benefits standardization	AAS Funding and Category Structure 1.1: Implement a revised Core Funding Model to alleviate day programming pressures on AAS funding	Expected wage increases within the broader disability sector will impact the direct support costs that clients are expected to pay for day programming off their AAS file funding.
Associate Families 3.3: Ensure hosts receive the full respite entitlement, regardless of clients' funding ceiling	AAS Funding and Category Structure 1.1.2: Review and assess funding ceilings 2.3: Increase the respite funding cap	Ensuring hosts receive a full respite entitlement will have impacts on clients' funding ceilings, but it is recommended that SDS approve an exception where needed so that respite for hosts is not crowded out by other AAS eligible expenses.

Appendix

Appendix A - Sample Notice of Vacancy

This form is used by residential service delivery partners to advise the Department of Social Development and Seniors of vacancies in their residential service offerings. This form is to be used for ***group homes, small options homes, and specialized residential services****.*

1. Vacancy Details

Service Provider:	**Type of Residential Service: Specialized Residential Service**
Contact Name:	**Phone:**
Residential Service Address:	**Municipality:**
Home Name (if applicable):	**Postal Code:**

2. Residential Service Details

Level of Support Available

Describe the staffing ratio for the home:

Accessible Placement

☐ Yes ☐ No

☐ Partial – provide details:

Type of Staff Support

☐ 24/7 On-site ☐ 24/7 Support on-call ☐ Intermittent

☐ Support for Daytime Activities ☐ Close Proximity

Night Support

☐ Night Awake ☐ Night Asleep ☐ None

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3. **Provide Additional Vacancy Details (e.g., Living dynamic[20], other Clients' diagnoses, skills among staff to support specific needs, etc.)**

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4. **Proposed Client for Placement**

Name: **Health Number:**

Date of Birth (dd/mm/yyyy): **Phone Number:**

Diagnosis: **Level of Need/Support:**

Priority Level:

[20] Living dynamic answers questions like: Is the home quiet or loud? Do Clients socialize a lot or keep to themselves? What is the pace of schedule activities in the home? And others as required.

Current Address/Living Arrangement:

Reason for Placement:

5. **Sign and Date**

Name: **Signature:**

Phone: **E-mail:**

This form is returned to the Residential Services Team at the Department of Social Development and Seniors, who will review the Provincial Priority Wait List for Priority Clients in need of urgent placement. Social Development and Seniors will follow-up with you to confirm next steps.

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6. **Acknowledgement – Social Development and Seniors**

Name: **Title:**

Phone: **E-mail:**

Date received (dd/mm/yyyy):

☐ SDS has no Provincial Priority Client(s) in need of Residential Services. Proceed with proposed Client for placement.

☐ SDS has Provincial Priority Client(s) in need of Residential Services. SDS will follow up for further discussion.

Date returned (dd/mm/yyyy):

Next Steps: ☐ SDS will follow up ☐ No next steps required by SDS