

## CONTINUING CARE BEHAVIOURAL HEALTH PROGRAM POLICY

**Originating  
Division:**

Continuing Care

**Approved By:**

A handwritten signature in black ink, appearing to read "JL Huntington".

**Original Approval Date** September 2013

Janet Lynn Huntington,  
Associate Deputy Minister  
Seniors and Long-Term Care

**Version:**

2

**Revision Date:**

January 9, 2025

### 1. POLICY STATEMENT

- 1.1. The Continuing Care Behavioural Health Program provides funding for Behaviour Resource Consultants (BRCs) to support those who care for primarily older adults experiencing cognitive impairment and associated responsive behaviours in a home care or nursing home setting.
- 1.2. The objective of this program is to enhance the support and care provided to older adults experiencing cognitive impairment in home care and nursing home settings by enhancing the capacity of health care providers to detect, assess and respond and address individuals' behavioural health care needs.

### 2. DEFINITIONS

- 2.1. Behaviour Resource Consultants – employed by Nova Scotia Health (NSH) Continuing Care to provide Health Care Providers with program support, education and capacity building, and navigation to better meet the behavioural health needs of individuals in home care and in nursing home settings.
- 2.2. Care Coordinator – employed by NSH Continuing Care to provide assessments, referrals, service planning, resource allocation and case management for continuing care clients.
- 2.3. Caregiver – For the purposes of this policy, an individual who is providing unpaid assistance to an individual who is experiencing responsive behaviours associated with cognitive impairment.
- 2.4. Health Care Provider – For the purposes of this policy, a health care professional employed by NSH or by a designated service provider who provides direct care and support services to individuals. Designated service providers may include

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Home Care Agencies, Victoria Order of Nurses (VON), Nursing Homes and NSH Continuing Care.

- 2.5. Home Care Agency – An agency funded and approved by the Department of Seniors and Long-Term Care to provide home care services.
- 2.6. Nursing Home – A facility that is licensed by the Department of Seniors and Long-Term Care under the Homes for Special Care Act
- 2.7. Responsive Behaviours– The Alzheimer Society of Canada uses the term responsive behaviours to generally describe actions, words or gestures presented by a person living with cognitive impairment as a way of responding to something negative, frustrating, or confusing in their social and physical environment.

### 3. APPLICATION OF THE POLICY

- 3.1. This policy applies to:
  - 3.1.1. Primarily older adults with cognitive impairment due to dementia or other neurological conditions, who may exhibit, or are at risk of exhibiting, responsive behaviours.
  - 3.1.2. Health Care Providers, and NSH Continuing Care Coordinators who support health care providers in providing care, support and services for individuals experiencing cognitive impairment and associated responsive behaviours.

### 4. ADMINISTRATION OF THE POLICY

- 4.1. The Continuing Care Behavioural Health Program shall be funded by Seniors and Long-Term Care (SLTC) and administered by Nova Scotia Health Continuing Care.

### 5. POLICY DIRECTIVES

- 5.1. Through the Continuing Care Behavioural Health Program, Behaviour Resource Consultants provide education, consultation and capacity building to health care providers to support them to effectively meet the needs of older adults expressing responsive behaviours as a result of cognitive impairment in a home care or long-term care setting.
- 5.2. The Department of Seniors and Long-Term Care shall:
  - 5.2.1. Provide oversight and funding of the Continuing Care Behavioural Health Program.

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- 5.2.2. Develop and implement program accountability measures, evaluation and reporting requirements in collaboration with NSH Continuing Care.
- 5.2.3. Establish the number of full-time equivalent Behaviour Resource Consultant positions that are required and funded across the province.
- 5.2.4. Work collaboratively with NSH Continuing Care to support the development and sustainability of the program across the province.
- 5.2.5. Review reporting, annually at minimum, to facilitate continuous quality improvement of the program.
- 5.2.6. Work collaboratively with NSH Continuing Care to promote the Continuing Care Behavioural Health Program within the continuing care sector and across the health system.

5.3. **Nova Scotia Health Continuing Care shall:**

*Education:*

- 5.3.1. In collaboration with the appropriate education organizations and SLTC, deliver set education curriculum, programs, and materials in accordance with program requirements through formal and informal education sessions,
- 5.3.2. Identify, in collaboration with health care providers, NSH Continuing Care and SLTC, the learning and development needs of health care providers related to behavioural health.
- 5.3.3. Participate in the evaluation of BRC led-education sessions and where possible, contribute to the ongoing review, evaluation and improvement of the curriculum.

*Capacity Building:*

- 5.3.4. Collaborate and facilitate opportunities for capacity building through connections with and between Health Care Providers and other health system partners to address individual client and system of care issues.
- 5.3.5. Increase awareness and promote behavioural health education and the Continuing Care Behavioural Health Program within the continuing care sector and across the health system.

*Consultation:*

- 5.3.6. Provide support to home care agencies, nursing homes, Health Care Providers, and caregivers to apply educational approaches and associated assessment tools to facilitate implementation of these approaches in client care plans.
- 5.3.7. Provide direct consultation to Health Care Providers employed with home care agencies, nursing homes, NSH Care Coordinators and caregivers in case-based consultations.
- 5.3.8. Participate in interdisciplinary complex client cases and/or system reviews to identify opportunities for system improvements, learning or development of the program.

5.4. Health Care Providers, Home Care Agencies and Nursing Homes shall:

- 5.4.1. Initiate client consultation or interdisciplinary complex client case reviews through the Continuing Care Behavioral Health Program.
- 5.4.2. Participate in consultation, education and capacity building opportunities provided through the Continuing Care Behavioural Health Program.to support the needs of individuals experiencing responsive behaviours associated with cognitive impairment.

5.5. Expansion of the Program

- 5.5.1. NSH Continuing Care can, when capacity permits, provide consultation, education and capacity building support through the Behavioral Health Program to Health Care Professionals caring for patients in a hospital setting or in a Residential Care Facility.

5.6. Prioritization of Service

- 5.6.1. NSH Continuing Care can develop and manage a waitlist for service if required. Prioritization will be given for those who support clients experiencing responsive behaviours associated with cognitive impairment in a home care or in nursing home environments.

## 6. REPORTING AND ACCOUNTABILITY

- 6.1. NSH Continuing Care will collaborate with SLTC in developing and implementing accountability measures and reporting requirements, including any changes to the Behavioural Health Program as requested by SLTC.
- 6.2. NSH Continuing Care will collect information and submit program reports, including accountability reporting, annually at minimum, and as required by SLTC.
- 6.3. Accountability for the administration of this policy is delegated to the Deputy Minister of Seniors and Long-Term Care.
- 6.4. The Senior Executive Director of the Continuing Care division of Seniors and Long-Term Care, or a designate, has responsibility for on-going monitoring and enforcement of this policy.

## 7. VERSION CONTROL

Version 2.0 - January 9, 2025  
Replaces all previous versions.