



## Behavioural Support Units in Long-Term Care Project Funding Application Form 2022

Thank you for expressing interest in the Behavioural Support Units (BSU) in Long-Term Care funding opportunity.

Please review all information included within the **Behavioural Support Unit Funding Information Package**. Should you require additional space, please attach additional pages with section reference numbers.

Prior to submitting the application to Barbara Salkin via email [Barbara.salkin@healthassociation.ns.ca](mailto:Barbara.salkin@healthassociation.ns.ca), please ensure all sections and fields that pertain to your project have been filled in, including the **signature section** on page 15.

**\* scanned/handwritten applications will not be accepted**

### Important Notes:

**Application deadline is July 1, 2022.** Early submission is encouraged. Please note, we may contact you for supplemental information during the evaluation process. We encourage all applicants to put forth strong application packages with clear and concise answers. Applicants will be scored based on their alignment with the criteria set in the program description (**see BSU Funding Information Package**). Similar applications will be grouped and prioritized by total score and geography (Zone).

### Proposal Support:

Proposal development support will be provided by Bernadette Lake (HANS Member and Partner Engagement). This includes:

- Dedicated time to provide assistance (phone, email, virtual meetings)
- Support with navigating application process, progress, and evaluation report requirements
- Verifying applications are complete/ready for submission (e.g., proof reading)
- Guidance regarding effective proposal writing approach (e.g., aligning proposal details to application requirements)
- Guidance regarding information/research requirements
- Guidance with potential sourcing of materials required for proposals
- General inquiries

Contact Information: [bernadette.lake@healthassociation.ns.ca](mailto:bernadette.lake@healthassociation.ns.ca) P: 902-225-4852

## Section 1: Applicant Information

<b>Agency / Facility Name:</b>			
<b>Legal Civic Address and Signing Authority Names:</b>			
<b>Lead Applicant:</b>			
<b>Mailing Address (if different):</b>			
<b>Primary Contact Person:</b>		<b>Primary Title:</b>	
<b>Primary Email Address:</b>		<b>Primary Phone:</b>	
<b>Alternate Contact Person:</b>		<b>Alternate Title:</b>	
<b>Alternate Email Address:</b>		<b>Alternate Phone:</b>	

## Section 2: Behavioural Support Unit Proposal Summary/Synopsis

<b>BSU Location (Zone):</b>	
<b>BSU Title:</b>	
<b>Headline description (1-2 sentences)</b>	
<b>2.1 Project Summary (max 750 words):</b>	

**2.2 Summary of the specific deliverables and estimated completion date**

<b>Total project cost</b>	\$
<b>Costs requested for initial budget period (start up costs)</b>	\$
<b>Costs requested for proposed period of support (1 year)</b>	\$

### Section 3: Description of Proposed Behavioural Support Unit

Within each of the sections below, please provide a detailed description of the proposed Behavioural Support Unit. Within your proposal description you must include information that addresses how the proposed BSU will:

- Improve support for clients with responsive behaviours (e.g., placement into LTC, incident reporting)
- Improve support for staff to care for clients with responsive behaviours (e.g., staff training, staff satisfaction)
- Improve care-related outcomes for clients with responsive behaviours (e.g., care planning, care provision, client outcomes)
- Improved facility related outcomes (e.g., integration amongst clients, safety, collaboration with other stakeholders)
- Other. If there are additional objectives or anticipated outcomes that are not captured in the above categories.

**3.1 Please describe in detail the strategic approach behind your proposed behavioural support unit. Describe how this project is rooted in the needs of residents and will enhance their quality of life. This should include the philosophy/model of care, service delivery model, target population, collaboration/partnerships with community and key stakeholders etc. Please provide evidence to support and justify your approach (e.g., research, data, best practice information).**

(space continues on next page)

**3.2 Please outline the specific goals and objectives of the proposed Behavioural Support Unit.**

**3.3 Please describe the overall design of the proposed BSU. Please include information that outlines admission requirements and processes, training, programming, work processes, proposed staffing ratios/personnel, use of new technology and communication plans, etc.**

**3.4 Please outline the specific deliverables and respective milestones the proposed BSU will achieve. Include information about how these will be measured and reported. This information should be directly linked to the evaluation of the proposed BSU.**

**3.5 Outline any potential risks, barriers, or challenges that could jeopardize the implementation and success of the proposed BSU. Please include information on proposed mitigation strategies.**

**3.6 Have you engaged with current residents, families and or caregivers (if/when applicable) about the proposed BSU and how has their feedback impacted the design? If not, how will you ensure the proposed BSU will be relevant to those who may be admitted to the BSU now and in the future?**



## Section 4.0 BSU Budget/Required Costs

Please provide in detail the expected budget/costs required to support and sustain the proposed BSU. Provide a detailed overview of the costs for the proposed unit and demonstrate that the project plan can be completed within the budget available and within a one-year timeline.

### 4.1 Overall Project Budget

Expense Category	Expense Details/Description	Category Total (\$)
<b>Personnel (salary/wages)</b>		
<b>In-kind contributions*</b>		
<b>Professional fees (technical, contracting)</b>		
<b>Equipment (e.g., programming supplies /software subscriptions etc.)</b>		
<b>Permits/permissions/approvals</b>		
<b>Communications/marketing/IT</b>		

<b>HST</b>		
<b>Other (please specify in detail)</b>		
<b>Project Total</b>	<b>\$</b>	

Please ensure all the required cells are filled in correctly. Be as accurate as possible. Applications with incomplete or insufficient budget information will have points subtracted from their final score.

**\* Do you intend to apply to other funding programs to support the proposed BSU or future stages of your project? Please be specific and list the program name and organization, any funding deadlines, and briefly how your project aligns.**

## 4.2 Project Timeline and Expenditures

Please indicate the significant stages or phases of the proposed BSU over the course of the 1-year timeline and the expected completion dates (please insert additional lines if you require more than 4 stages). Describe the main deliverable that indicates the completion of this phase. *Note that funds must be spent within 12 months of receipt.*

Project Phases		
<b>Name of Phase 1:</b>	<b>Expected Completion Date:</b>	<b>Expected Costs</b>
<b>Deliverable:</b>		
<b>Name of Phase 2:</b>	<b>Expected Completion Date:</b>	<b>Expected Costs</b>
<b>Deliverable:</b>		
<b>Name of Phase 3:</b>	<b>Expected Completion Date:</b>	<b>Expected Costs</b>
<b>Deliverable:</b>		
<b>Name of Phase 4:</b>	<b>Expected Completion Date:</b>	<b>Expected Costs</b>
<b>Deliverable:</b>		

## Section 5.0 Performance Measurement and Evaluation

As part of the pilot initiatives the Department of Seniors and Long-Term Care will be conducting an evaluation to tell the collective impact story across each site. You are expected to identify, capture and report key performance measurements over the course of the project. It is expected that reporting of these measurements will take place at regular intervals (e.g., monthly, quarterly as appropriate).

The Performance Measurement table on the next page must be completed to the best of your ability to demonstrate how you expect to measure the overall success of the pilot. Please complete the table below to the best of your ability. Please enter the following in the appropriate category or categories below:

- Specific Outcome(s). What is your pilot trying to achieve? There could be multiple outcomes in a single category.
- Indicator. What will be measured to determine the extent you are achieving each outcome.
- Proposed Collection Method. How you will measure each indicator.
- Timing of Collection. When and how often you will measure each indicator.

Performance Measurement Table

Outcome Category	Specific Outcome(s)	Indicator(s)	Proposed Collection Method(s)	Timing of Collection
Improved support for Residents with responsive behaviours				
Improved support for staff to care for residents with responsive behaviours				
Improve care-related outcomes for residents with responsive behaviours				
Improved facility related outcomes				
Other (please list any outcomes that do not fit above)				

*If your project is approved, you will be expected to work with the Department to finalize the approach to measurement of key success indicators.*

## 6.0 Sustainability

Proposed activities and budget will enable long-term viability, based on projected costs/efficiencies/savings. An evaluation that can measure success and sustainability will be key.

**6.1 How will this proposed BSU remain relevant to future residents, families, and caregivers? Please provide details on how you will define and demonstrate sustainability.**

**6.2 Please outline the mechanisms that will be used to ensure sustainability of the proposed BSU (e.g., procedures, structures, tools, etc.).**

**6.3 How will you measure/track progress toward sustainability?**

## Signature Page

<b>Certification by Applicant</b>	
<p><b>I hereby certify:</b></p> <ul style="list-style-type: none"> <li>• <b>All the information provided in this application form is true and complete to the best of my knowledge and belief.</b></li> <li>• <b>I have read and understood the Funding Terms and Conditions.</b></li> <li>• <b>By signing below, I agree and commit to the Funding Terms and Conditions</b></li> <li>• <b>The applicant has the full legal power and authority to enter into this agreement and comply with the Continuing Care Innovation Pilot Funding Terms and Conditions.</b></li> </ul>	
<p><b>By signing electronically below, I hereby agree to complete the innovation pilot as described in this Application Form</b></p>	
<b>Company/Agency Name(s):</b>	
<b>Title of Proposed BSU</b>	
<b>Signature (s):</b>	
<b>Name (s) (Print):</b>	
<b>Title(s) (position):</b>	

Thank you for your contribution to innovation in Nova Scotia.

Please contact [Bernadette.lake@healthassociation.ns.ca](mailto:Bernadette.lake@healthassociation.ns.ca) should you have any questions.