

Expert Monitor Assessment on Year 1: February – June 2023

As noted in the main text of this Monitoring Report, I found it less than straightforward to evaluate the term “substantial progress” to the status of changes and results regarding various requirements for Year One as set out in the progress reports. In my analysis of these reports, the Province designates much of its progress to be “substantial” despite a wide range in the advancements on specific requirements relative to the terms of the Interim Settlement Agreement.

In practical terms, the results described in the Province’s *Annual Progress Report* are varying degrees and kinds of progress. Given that the Parties and I are bound by the terms of the agreement, I have decided to apply the term “substantial progress” in a way that recognizes gradations. In other words, substantial progress encapsulates a spectrum of activities and results on the way toward compliance. We need terms that tell the differences.

I propose to apply in the assessment of “substantial progress” as encompassing three standards, as follows:

- **Significant progress** refers to the Province making tangible improvements and advancements towards the intended outcomes, obtained to a **considerable degree** and with influential consequence.
- **Sufficient progress** refers to the Province making tangible improvements and advancements towards intended outcomes, realized to an **adequate degree** and effectiveness.
- **Slight progress** refers to the Province making modest tangible improvements and limited advancements towards intended outcomes, to a **minimal degree** and marginal in result. Things are more “in progress” than having “made progress.”

For the two periods of this assessment, I apply these standards, in addition to the terms “exact compliance” and “compliance in substance” to the requirements set out. This Annex covers the reporting period February to June 2023.

REMEDY REQUIREMENT	ASSESSMENT
<p>1. Review Report recommendations regarding the establishment of the <i>Social Assistance Act</i> (Disability Supports Program – DSP) fit for purpose governance functions, including regional leadership, first voice consultation and co-production.</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Remedy Project Portfolio established as a strategic approach to planning and implementation of projects, programs and other initiatives associated with the Remedy

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	<ul style="list-style-type: none"> • Project Portfolio to support overall reporting and monitoring • Disability Supports Program Advisory Committee in place with eight members, with a mandate to provide a voice for people who are living in DSP funded facilities, people who do not currently receive DSP supports, and for families and other community members
<p>2. Update DSP client projection model using baseline numbers and provide assumptions, and outputs of the model.</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Projection model about the current Disability Supports Program population and future participants updated, with assumptions and scenarios identified, to identify and prepare for DSP growth in the province
<p>3. Commence efforts (including communication and change management plan) to transfer DCS <i>Social Assistance Act</i> DSP intake function and Care Coordination staff to the Disability Supports Program.</p>	<p style="text-align: center;">SIGNIFICANT PROGRESS</p> <ul style="list-style-type: none"> • Interim intake function introduced • Transfer to be completed April 2024 • Care coordination staff transfer to be completed by August 2024
<p>4. Establish a Remedy Secretariat including a Project management and Implementation Team:</p> <ol style="list-style-type: none"> a. DCS/DSP to align current Transformation Work Plan and budget to the agreed Remedy. b. Progressively design and build a new Remedy Secretariat/Project management and Implementation Team to progress urgent tasks such as 	<p style="text-align: center;">SIGNIFICANT PROGRESS</p> <ul style="list-style-type: none"> • Disability Supports Program 2024-25 Budget approval received for financial and human resources to implement Remedy projects • Internal change management approach in place • External communications plan in development

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<p>Communications Plan and a Change Management Plan. c. Progress any new staff recruitments as a priority.</p>	<ul style="list-style-type: none"> • Five project managers recruited
<p>5. Approve and implement intensive technical support and program design: a. Identify early potential external technical resources that will be required for leadership development, cultural change, development of new programs (including fidelity requirements for new Local Area Coordination and Intensive Planning and Support Coordination staff) and more detailed Project Implementation Plans. b. Hold intensive technical support/program design session in May 2023.</p>	<p style="text-align: center;">SUFFICIENT PROGRESS</p> <ul style="list-style-type: none"> • Seven experts engaged to support leadership development and other activities related to the Remedy • Supporting documentation does not confirm if the program design has been approved and implemented • Workshop session held in May 2023
<p>6. Approve and implement a government wide data collection mechanism to track and update baseline data as required in a timely and consistent manner as required and to provide data updates twice yearly.</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Disability Supports Program Remedy Dashboard operational for semi-annual reporting
<p>7. Develop written policy and process to ensure no new congregate or institutional facilities are established for persons with disabilities.</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Written policy statement: “As of 29 June 2023, the Department of Community Services will not approve the development of new residential support options that exceed 4 placement beds for DSP participants. This includes, but is not limited to, the development of new Adult Residential Centres, Regional Rehabilitation

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	Centres, Residential Care Facilities, Group Homes, and Developmental Residences.” ¹
<p>8. Take immediate actions to address any staff ceilings or other barriers to early recruitment of necessary staff – for example to do the early policy and program work required.</p>	<p style="text-align: center;">SUFFICIENT PROGRESS</p> <ul style="list-style-type: none"> • Job descriptions and classifications approved for Regional Hubs Managers, Local Area Coordination and Intensive Planning and Support Coordination Team Leads • Delays in recruitment of staff • Future organizational structure creates additional positions that will assist in recruitment, expand career progression opportunities, and aid in staff retention
<p>9. Develop and plan implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC).</p>	<p style="text-align: center;">SUFFICIENT PROGRESS</p> <ul style="list-style-type: none"> • Policy and practice framework in draft form for Local Area Coordination • Policy and practice framework in draft form Intensive Planning and Support Coordination
<p>10. Commence priority new services such as the Emergency Response team to avoid new institutional admissions and support persons with disabilities in their community of choice.</p> <p>a. In particular, the Emergency Response team is required to enable a set date for firm prohibition on admission to institutions and LTC facilities.</p>	<p style="text-align: center;">SLIGHT PROGRESS</p> <ul style="list-style-type: none"> • No priority services commenced • Strategy development in progress

¹ Public document 95, p. 2.

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	<ul style="list-style-type: none"> • Workshops held in November 2023² • No supporting documentation identified or statement of assurance that this requirement will be on track
<p>11. DCS/DSP to continue with urgent new services that are aligned with the Remedy such as:</p> <ol style="list-style-type: none"> a. Institutional closure b. Development of urgent new services that are aligned with the Remedy such as Shared Services, and new ILS places. 	<p style="text-align: center;">SLIGHT PROGRESS</p> <ul style="list-style-type: none"> • Major increase in Independent Living Support placements • Independent Support Living Plus not operational • Presentation on shared services expansion September 2023 • Current phase of developing urgent new services taking longer than planned³
<p>12. Appoint a Clinical Lead to lead the planning and development of the Multi-disciplinary Allied Health teams and inter agency development work.</p>	<p style="text-align: center;">SLIGHT PROGRESS</p> <ul style="list-style-type: none"> • Late appointment of Director of Allied Health Support (began May 21, 2024) • Delayed development of multi-disciplinary teams
<p>13. Establish “no new admissions” policy once Emergency response capability in place.</p>	<p style="text-align: center;">SLIGHT PROGRESS</p>

² From these workshops, the Province reports came “a shift in approach and messaging moving away from “emergency response” which suggests replicating the existing emergency response service that already exist in the community, and instead focus on removing barriers to program participants accessing those existing services and strengthening strategies to prevent crisis.” Appendix A- Year 1: February 2023 – June 2023,” pp. 3-4.

³ In their June 28, 2024 submission, the Disability Rights Coalition states, “The DRC is extremely concerned as to whether a meaningful supported decision-making approach has been relied on in the outreach to LTC/nursing home residents under age 65.” The submission adds, “There is no indication in the status report that *any* of the approximately 25 or so persons in LTC institutions who have expressed interest in community-based living have, in fact, been offered living situations.” DRC Comments on Selected Indicators: February-June 2023, p. 3.

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	<ul style="list-style-type: none"> • Emergency response capability not in place due to delayed hiring of Director of Allied Health • Policy established a year later with these effective dates: 1 January 2025 for Adult Residential Centres, Regional Rehabilitation Centres, Residential Care Facilities 1 January 2026 for Group Homes and Developmental Residences⁴
<p>14. Harbourside closure completed and relocation of all those people who resided at Harbourside to their community of choice.</p>	<p style="text-align: center;">SIGNIFICANT PROGRESS</p> <ul style="list-style-type: none"> • 21 of 22 residents successfully relocated to a community of their choice • One resident, in a rural area, returned to a facility because of the lack of primary care provider in their community
<p>15. Commence work to remove waitlist for eligible applicants by establishing a human rights compliant pathway that ensures timely access to accommodative assistance. For the purposes of this Interim Settlement Agreement, “accommodative assistance” means social assistance, including supports and services, that meet the different needs of persons with disabilities.</p>	<p style="text-align: center;">SUFFICIENT PROGRESS</p> <ul style="list-style-type: none"> • Disability Supports Program Intake function in transition • Province cited a 10.2 per cent decrease in Service Request List over baseline for DSP participants

⁴ In their June 28, 2024 submission, the Disability Rights Coalition makes the following comment about the ‘no new admissions’ for Group Homes and Developmental Residences. “The Province’s almost two-year delay in the implementation of a ‘no new admissions’ policy for Group Homes and Developmental Residences is i) an unauthorized unilateral change to the Order and, ii) is simply asserted with no reasons, let alone any attempt made to demonstrate how this will achieve compliance within five years.” DRC Comments on Selected Indicators: February-June 2023, p. 5.

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<p>a. This to include such elements as alignment with an enhanced DSP Intake and triage function, referrals to LAC/IPSC/Care Coordination/Emergency Response Team/other services and supports such as health and housing.</p> <p>b. The pathway to also identify where additional supports may be provided to streamline DSP eligibility determination.</p>	<ul style="list-style-type: none"> • Further documentation required to demonstrate progress on establishing a human rights compliant pathway for clients
<p>16. Approve and implement eligibility and key DSP policy review and update, including rescinding Eligibility policy sections 9.3 and 9.4.</p> <p>a. Scope review of Licensing and standards.</p> <p>b. Review and address situation of individuals previously denied.</p>	<p style="text-align: center;">SUFFICIENT PROGRESS</p> <ul style="list-style-type: none"> • Policy sections 9.3 and 9.4 removed • Review of existing policies, standards and guidelines (also known as program descriptions) in progress • Design of new safeguarding framework delayed to summer 2024 • Situation of individuals previously denied not addressed in this reporting period
<p>17. Support Adult Capacity and Decision-making Act (ACDMA) review process by linking DSP to the review. Focus should be on using the presumptive capacity in NS law and on the practices of Supported Decision making.</p>	<p style="text-align: center;">SLIGHT PROGRESS</p> <ul style="list-style-type: none"> • Disability Supports Program officials participated in this review process, which concluded and reported in February 2022 • No documentation on any subsequent work on the recommendations made in the review report or other outcomes

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<p>18. Province to conduct early research into Individualised Funding (IF) backbone systems and connections to possible technical support.</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • The IF Backbone system is to allow participants to independently manage, schedule, coordinate and select services, and budget on their own. • Early research included consulting with key informants and completing a jurisdictional scan report on Individualized Funding (looked at programs and tools in British Columbia, Newfoundland and Labrador, Ontario, New Zealand, and the United Kingdom)
<p>19. Coordinate Seniors and Long Term Care (SLTC) and DSP to work collaboratively on the development of consistent structures for Individualised Funding (IF) programs.</p>	<p style="text-align: center;">SUFFICIENT PROGRESS</p> <ul style="list-style-type: none"> • Interdepartmental collaboration a work in progress • A draft Request for Proposals for design of evaluation and stakeholder facilitation • Illustrates a requirement that is not specifically measurable
<p>20. Review and align current DSP work on developing enhanced supports for children. New efforts should be consistent and complementary to efforts outlined in this report. Respite options could focus on Homeshare approach that fosters relationships and networks as the child grows.</p>	<p style="text-align: center;">SLIGHT PROGRESS</p> <ul style="list-style-type: none"> • While the Province claims, “work completed” and exact compliance, no supporting documentation is given on enhanced supports for children, respite options or other “new efforts”
<p>21. Establish a working group (DSP, IWK, Office of Addictions and Mental Health, Nova Scotia Health – NSH) to develop shared purpose and language on mandates, connection to the current process of</p>	<p style="text-align: center;">SUFFICIENT PROGRESS</p>

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<p>development of a universal mental health and addictions system, partnering in case coordination between DSP and NSH for Complex cases, and address outstanding eligibility issues.</p>	<ul style="list-style-type: none">• Remedy Roundtable re-established with membership from various provincial government departments and offices• Will be procuring external services to undertake a work gap analysis of mental health and primary health care supports for people with disabilities In Nova Scotia• Disability Supports Program working with other government entities on transitions out of hospitals for DSP participants
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