

## Expert Monitor Assessment on Year1: April 1, 2023 – March 31, 2024

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 April 1, 2023, to March 31, 2024.

REMEDY REQUIREMENT	ASSESSMENT
1. Update as to status and work of Government Roundtable.	<p style="text-align: center;"><b>EXACT COMPLIANCE</b></p> <ul style="list-style-type: none"> <li>• Remedy Roundtable first met in January 2024, with a presentation</li> </ul>

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	<ul style="list-style-type: none"> <li>• Chaired by Executive Deputy Minister for Communities and Social Impact</li> <li>• Planned schedule of quarterly meetings</li> </ul>
<p>2. Complete transfer of DCS <i>Social Assistance Act</i> DSP intake function and care Coordination staff to the Disability Supports Program.</p>	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Intake function reform underway with interim arrangements in place</li> <li>• Staff focus is only on applicants to DSP supports and services</li> <li>• Delayed transfer of Care Coordination staff into Year 2</li> </ul>
<p>3. Transfer of Disability Support Program (DSP) current model care coordination functions to Local Area Coordination (LAC) and Intensive Planning and [Support] Coordination (IPSC) by regions; handover planning coordination support from current model of Care Coordinators to LACs and IPSCs.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Regional Hub leadership expected in place by July 2024</li> <li>• Transfer of current care model delayed, scheduled for November 2024</li> <li>• Recruitment and training of leadership staff delayed due to decision to create new job descriptions and position classifications</li> </ul>
<p>4. Continue development and implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC):</p> <ol style="list-style-type: none"> <li>a. Regional lead positions developed and recruited</li> <li>b. Regional leads to lead recruitment of new Local Area Coordination (LAC) and Intensive Planning and Support Coordination (IPSC) staff</li> </ol>	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Recruitment of three additional director level positions</li> <li>• Future organizational structure design set</li> <li>• Delayed hiring of Regional lead positions</li> <li>• Province anticipates Regional Hub managers being in place July 2024</li> <li>• Training plan under development</li> </ul>

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<p>c. Policy and practice framework established, including fidelity criteria.</p> <p>d. Job specifications developed for Local Area Coordination (LAC), Individualised Planning and Support Coordination and Intensive Planning and Support Coordination.</p>	
<p>5. Benchmark staffing ratios to be met: Ratios set 1:20 for Intensive Planning and Coordination Staff (IPSC) and 1:50 for Local Area Coordination (LAC) with 1 Supervisor for each 8 staff.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Benchmark staffing ratios identifies in Fidelity Checklists for Intensive Planning and Coordination Staff (IPSC) and Local Area Coordination (LAC) positions</li> <li>• IPSC and LAC staff not yet recruited</li> <li>• Budget approvals for about 120 Full-time Equivalent positions obtained for fiscal year 2024-25</li> </ul>
<p>6. Recruit and train 25 new LACs and 40 new IPSCs (including 15 transferred from Care Coordinators).</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Rather than use existing job descriptions, new positions and job classifications created<sup>1</sup></li> <li>• Implementation timeline for recruitment and training extended into Year 2</li> <li>• Provinces says it expects to meet the ultimate 5 year timeframe of the Remedy</li> </ul>

<sup>1</sup> The Province explained, “Once the decision was made to create new positions from scratch, rather than rely on existing job descriptions, the Human Resources processes took longer than the timelines reflected in the Interim Order.” This decision has implications for requirements number 7, 8, 9, 10 and 11. In an appendix to the *Annual Progress Report*, the Province states it “anticipates the adjusted timelines will not impede the ultimate 5 year timeframe of the Remedy given the entire Regional Hub leadership is anticipated to [be] in place by early July [2024] focusing on training and undertaking recruitment of LAC and IPSC.”

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<p>7. New planning staff appointed, and Institutional Closure teams established.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Delays in appointing new planning staff (July 2024)</li> <li>• Delay in establishing regional closure specialists</li> <li>• Community Capacity Developer role renamed Community Living Facilitator with adjusted job description</li> </ul>
<p>8. “Regional Closure Strategy” developed with facility priority, timelines, capacity building and lifestyle enhancement including:</p> <ol style="list-style-type: none"> <li>a. Plan for Regional Closure Teams (n=42 staff) <i>with</i> regional process for prioritization of closures.</li> <li>b. Align closures with people moving from Long Term Care, psychiatric hospitals and forensic facilities (including data)</li> <li>c. Planning commences for next groups including capacity building and enhanced current lifestyle (n = 133).</li> </ol>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Communication materials on facility closures developed for various audiences: staff, participants, families, service providers, and care coordinators</li> <li>• Regional closure teams not yet operational</li> <li>• Transition timelines through Years 2 -5</li> <li>• Shared Services program work is to align with Long-Term Care, psychiatric hospitals, and forensic facilities</li> </ul>
<p>9. Recruitment and training of 4 Regional Closure Project Leads and 4 Regional Community Capacity Developers.<sup>2</sup></p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Recruitment and training of Regional Closure leads delayed into Year 2<sup>3</sup></li> </ul>

<sup>2</sup> This role is to focus on new and innovative support option development, including housing options. As noted in Requirement 7, this role was renamed to Community Living Facilitator and the job description adjusted.

<sup>3</sup> See note 1 for an explanation by the Province for this delay.

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	<ul style="list-style-type: none"> <li>Recruitment and training of Regional Community Living Facilitators (previously called Community Capacity Developers) delayed into Year 2<sup>4</sup></li> </ul>
10. Community Capacity Developers commence, initial training.	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>Recruitment and training delayed into Year 2<sup>5</sup></li> </ul>
11. Regional Closure Project Leads commence (possibly from existing Care Coordination).	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>Recruitment and training delayed into Year 2<sup>6</sup></li> </ul>
12. Institutional Closures Province-wide Closure single central point of leadership established.	<p style="text-align: center;"><b>EXACT COMPLIANCE</b></p> <ul style="list-style-type: none"> <li>Provincial Closure Lead in place<sup>7</sup></li> </ul>
13. Strengthen emergency response capacity.	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>Change in terminology and focus for this capacity from responding to emergencies, to removing barriers and strengthening crisis prevention</li> <li>Implementation targeted for November 2024, when Regional Hubs are operational</li> <li>Engagement undertaken with service providers</li> </ul>

<sup>4</sup> See note 1 for an explanation by the Province for this delay.

<sup>5</sup> See note 1 for an explanation by the Province for this delay.

<sup>6</sup> See note 1 for an explanation by the Province for this delay.

<sup>7</sup> Mr. Randy Acker, previously a director with Nova Scotia's Department of Community Services.

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<p>14. Approve and implement on a priority basis an emergency response strategy and Emergency Response Team:</p> <ol style="list-style-type: none"> <li>a. Provide enhanced resources necessary to implement the strategy;</li> <li>b. Emergency Response Team to be 50% operational.</li> </ol>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Change in terminology and focus for this capacity from responding to emergencies, to removing barriers and strengthening crisis prevention</li> <li>• Operational target of 50% not met for this reporting period</li> <li>• To align with the establishment of the Regional Hubs</li> </ul>
<p>15. Province to set dates for policy for firm prohibitions on any new admissions (“No new admission policy”) to the following DSP funded facilities: RRC, ARC, RCF, Group Homes and Developmental Residences.</p>	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Dates set by Province in May 2024, for no new admission policy for DSP funded facilities</li> <li>• January 2025 policy for RRC, ARC and RCF</li> <li>• January 2026 policy for Group Homes and Developmental Residences</li> <li>• To follow having Regional Hub teams in place</li> </ul>
<p>16. Province implements policy for firm prohibitions on any new admissions (“No new admission policy”) to the following DSP funded facilities: RRC, ARC, RCF, Group Homes and Developmental Residences.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• No implementation by end of Year 1</li> <li>• To align with crisis prevention and community response capacity being in place by end of 2024</li> <li>• January 2025 policy for RRC, ARC and RCF</li> <li>• January 2026 policy for Group Homes and Developmental Residences</li> </ul>

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	<ul style="list-style-type: none"> <li>• Brief rationale for the staggered application of the policy over two years</li> </ul>
<p>17. Work with SLTC and review and revise the policy on admissions to LTC (for young people) and ensure no admissions to LTC occur due to DSP failure to provide appropriate community supports.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Long-Term Care (LTC) policy on admissions not changed, rather DSP eligibility policy revised (which the Province characterizes as “compliance in substance” – the substitution of changing one policy in one department with revising another policy in another department)</li> <li>• More general approach to assessing eligibility is under development</li> <li>• Shared Services expansion minimal: case coordinators assigned to first 18 interested individuals, with six assessments completed</li> </ul>
<p>18. Coordinate with facilities to begin planning for staff redeployment.</p>	<p style="text-align: center;"><b>EXACT COMPLIANCE</b></p> <ul style="list-style-type: none"> <li>• Provinces has launched a series of tools and processes, including workforce survey and strategy</li> <li>• One-time funding to service providers, from the Service Development Transition Fund, to plan for staff redeployments due to facility closures</li> <li>• Bursary and tuition support for students and staff</li> </ul>
<p>19. Commence and complete new Individualised Funding (IF) policy development and administrative infrastructure</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Policy research and development draft work done</li> </ul>

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<p>planning (including IT and data capability for new IF system).</p>	<ul style="list-style-type: none"> <li>• IT infrastructure project not completed</li> <li>• Target date November 2024, a one-year delay</li> </ul>
<p>20. Complete and implement new assessment model and resource allocation tool.</p>	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Vision is a client-centred, digitally enabled, multi-channel approach to individualized planning and funding</li> <li>• Collaborative Case Management (CCM) system work is underway though not yet completed</li> <li>• Province offers rationale<sup>8</sup></li> <li>• Implementation will be iterative with adjustments and refinements</li> </ul>
<p>21. Develop needs assessment that includes supported decision-making.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Training on supported decision-making “in development”</li> <li>• Relevant documents are drafts</li> <li>• Accompanying documentation makes no mention that supported decision-making is included in the needs assessment tool<sup>9</sup></li> </ul>
<p>22. Begin individualization of current funding programs.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Individualization refers to the direct allocation of funds to eligible individuals with disabilities (or, when</li> </ul>

<sup>8</sup> “The timeline to finalize implementation is longer than contemplated in the Technical Report give[n] the significant nature of operationalizing a new case management system. There is substantial risk in undermining the success of the Remedy if this foundational work is rushed.”

<sup>9</sup> DRC Submission, June 28, 2024, “DRC Comments on Selected Indicators: Year 1 (April 1, 2023 – March 30, 2024), p. 7.



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	<p>appropriate, to families) for their purchase of a combination of services, supports and other community-inclusion services</p> <ul style="list-style-type: none"> <li>• Individualized Funding policy under development on matters of funding disbursement and accountability systems</li> <li>• Effective implementation will depend on IF Backbone roles of Local Area Coordinators and/or Intensive Planning and Support Coordinators</li> <li>• Individualization for new placements to begin November 2024</li> </ul>
<p>23. Initiate process for establishment of an accessible, user facing system for personal budget management and administration.</p>	<p style="text-align: center;"><b>EXACT COMPLIANCE</b></p> <ul style="list-style-type: none"> <li>• Initiate process, which is a modest criterion, is underway</li> <li>• Request for proposals on individualized funding administrative service and IT application in process, developed by Department of Community Services and the Department of Seniors and Long-Term Care</li> <li>• Vision is to support IF Participants with service navigation, coaching, budgets, and financial accountability</li> </ul>
<p>24. Establish Eligibility and Assessment coordinators.</p>	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Job descriptions for Eligibility, Funding and Assessment Coordinator established</li> <li>• Practice framework in progress</li> <li>• New roles commence November 2024</li> </ul>

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	<ul style="list-style-type: none"> <li>• Will enable access to DSP funding for eligible individuals with disabilities and their families</li> </ul>
25. Develop job description/contract specification for IF coaches <sup>10</sup> and staff.	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Province decided to define Individualized Funding coaching and support through IF Backbone project, through a procurement process in Year 2</li> <li>• Request for Proposal timetable not specified in documentation</li> </ul>
26. Commence recruitment of IF coaches (n = 4) and staff recruitment/support capacity (n = 4 FTE) or Tender for new single entity.	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Request for Proposal developed jointly Departments of Community Services and of Seniors and Long-Term Care</li> <li>• Delayed into Year 2. See requirement 25</li> </ul>
27. Develop system for emergency employee cover (likely contracted out) for IF users.	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Community respite services with staffing to respond to individuals whose regular staff are unable to work on a short notice due to illness or other reasons</li> <li>• Development work in progress with anticipated completion by December 2024</li> </ul>
	<b>SUFFICIENT PROGRESS</b>

<sup>10</sup> Individualized Funding (IF) coaches are to assist with administration and management system onboarding and technical assistance or troubleshooting.

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<p>28. Commence work with SLTC to ensure consistency in IF work.</p>	<ul style="list-style-type: none"> <li>• Request for proposal process for Individualized Funding underway</li> <li>• The Individualized Funding backbone is to help participants manage their funding, managing support staff and service providers, and uploading receipts and spending reports</li> <li>• Work will follow with a launch the latter part of Year 2</li> </ul>
<p>29. Review of current contracts and design for new Province-wide PDP Peer and Technical support program.</p>	<p style="text-align: center;"><b>EXACT COMPLIANCE</b></p> <ul style="list-style-type: none"> <li>• Service providers informed of winding down of Peer Directed Planning (PDP) program, over the period April to December 2024</li> <li>• Engaged with family leadership: “Partnered with Inclusion NS to connect with families across the province to strengthen their knowledge of the Remedy and how to best support their family member to build an inclusive life in community.”<sup>11</sup></li> </ul>
<p>30. Commence early focus on Supported Decision-Making practice enhancement.</p>	<p style="text-align: center;"><b>EXACT COMPLIANCE</b></p> <ul style="list-style-type: none"> <li>• Draft practice frameworks created for Local Area Coordinators, Intensive Planning and Support Coordinators, and Regional Hub personnel</li> <li>• Supported decision-making included</li> <li>• Training materials describe supported decision-making as one of the “DSP North Stars” and joined with</li> </ul>

<sup>11</sup> Annual Progress Report, May 31, 2024, “Appendix A: Year 1: April 1, 2023 – March 30, 2024,” p. 13.

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	principles of natural authority of individuals and families, and choice and control
31. Implementation commences including new ILS plus <sup>12</sup> and Flex Independent expanded programs.	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Independent Living Support (ILS) plus aims to provide enhanced funding of support services to enable people with disabilities to live independently in community</li> <li>• Program design work in development</li> <li>• ILS plus policy at proposal stage rather than at implementation stage<sup>13</sup></li> </ul>
32. Commence new policy development for Homeshare expansion, new ILS plus, Flex, IF strategy, new TSA/Innovations, School leavers and Waitlist (no current service) Support.	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Policy development on home sharing models in Nova Scotia at initial stages of design scoping</li> <li>• Workshop series underway for DSP leadership to support development of policy and governance options</li> <li>• For “school leavers” – youth with disabilities preparing to leave the school system and planning for valued roles</li> </ul>

<sup>12</sup> ILS plus bridges the funding gap between Independent Living Support (ILS), Flex Independent and Small Options Homes, where people can get an individual funding allocation for a share of Small Options Home costing and incentives/support to find a local more personalized solution.

<sup>13</sup> The *proposed* language for policy section 6.1.5 is “Enhanced monthly funding may be provided for a participant who has support needs that expand beyond the equivalent 31 hour per week to live independently in their own home due to their need for any of the following:

- a) significant support needs that requires expanded structure to maintain or enhance their skills, safety, health, and wellness.
- b) expanded daytime activity support.
- c) overnight support for health and safety concerns, that allows for onsite support and response in the event of an emergency.
- d) current service option is not adequately addressing the needs of the individual. This enhanced support must:
  - be within Appendix A - ILS + Funding Maximums and Approval Levels (ILS+ Funding Maximum of 84 hours per week),
  - provide an alternative to a more expensive DSP option (limit Exceptional Circumstances).” Public document 68, pp. 2-23.

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	<p>in community – policy development is at program design stages of research, engagement with partners, options analysis, and service requirements</p>
<p>33. Allocate 200 new ILS plus/Flex Independent places.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• 304 new participants in <i>existing</i> ILS program</li> <li>• No participants in Flex program</li> <li>• No participants in the Independent Living Support (ILS) plus program, the intended outcomes for this requirement</li> </ul>
<p>34. Harbourside closure relocations: 22 of the individuals at Harbourside ARC identified their community of choice and determined the locations of the 10 Small Option Homes.</p>	<p style="text-align: center;"><b>SIGNIFICANT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• 21 of 22 individuals placed in community of choice</li> <li>• 1 participant returned a facility due to lack of a primary care giver</li> <li>• No plan presented on how and when to place this individual in community of choice</li> </ul>
<p>35. Expanded ILS program as alternative to Small Options Homes.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• A high-level implementation roadmap with no timeline specified</li> <li>• 304 new participants in Independent Living Support (ILS) program, a defined program</li> <li>• Number of DSP participants in Small Option Homes program increased by 7 per cent from the baseline<sup>14</sup></li> </ul>

<sup>14</sup> Annual Progress Report, “Appendix B: Remedy Metrics Report,” p. 1.

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<p>36. Implement discretionary Funding for DSP Waitlist (SRL) Baseline of 598 “eligible but not receiving support” n=208 (needs slight deduction for TSA).</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Delayed implementation: Independent Living Support (ILS) plus with enhanced monthly funding to be available June 2024</li> </ul>
<p>37. Baseline versus: Planning/capacity building/enhanced current lifestyle for those in other systems – estimate numbers (Shared services and psychiatric hospital/forensic)</p>	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Draft modelling report (confidential) May 27, 2024, with estimates of participants in caseload services and workload staffing</li> </ul>
<p>38. Young persons in LTC: Shared services program: increase of 25 new Shared Services spaces in community of choice by March 2024 for a total of 29 Shared Services spaces.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• No new participants in Shared services spaces by March 2024</li> <li>• Province explained, “Identifying candidates for Shared Services was less straightforward and took longer than anticipated.”<sup>15</sup></li> </ul>
<p>39. New Homeshare options (n=50) in community of choice</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• No new Home Sharing participants in Year 1</li> </ul>

<sup>15</sup> Annual Progress Report, Appendix A - Year 1,” p. 15.

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	<ul style="list-style-type: none"> <li>• Design work in progress</li> </ul>
40. Commence planning for School Leavers (n=100).	<p style="text-align: center;"><b>EXACT COMPLIANCE</b></p> <ul style="list-style-type: none"> <li>• Design project on school leavers launched</li> </ul>
41. Continue work to remove waitlist for eligible applicants and participants by establishing a human rights compliant client pathway that ensures timely access to accommodative assistance.	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Decrease in Service Request List from baseline, though a slight increase in the first three months of 2024</li> <li>• ILS plus policy delayed into Year 2 (June 2024)</li> <li>• Changes to DSP intake function are in an interim stage</li> </ul>
42. Develop and implement new program policies including arrangements for triage and “immediate assistance” once found eligible.	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Delays in adoption and implementation of Individualized Funding</li> <li>• Delays in adoption and implementation of Independent Living Support (ILS) plus policies</li> <li>• Further progress contingent on completion and launch of the Individualized Funding Policy and the support service to participants to be delivered through the IF Backbone</li> </ul>
43. Regional review of “eligible but not receiving support” group to examine demographics and determine priorities.	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p>

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	<ul style="list-style-type: none"> <li>• Demographic study done on individuals eligible yet on Service Request List (by age, gender, primary and secondary diagnoses, preferences for a placement and a region)</li> <li>• Review work in development</li> </ul>
<p>44. Complete review and update of DSP eligibility policy in accordance with the Social Assistance Act, including rescinding Eligibility policy sections 9.3 and 9.4.</p> <p>a. Review and address situation of individuals previously denied (n=8).</p>	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Policy sections 9.3 and 9.4 rescinded</li> <li>• Plan to address individuals previously denied in progress</li> <li>• No documentation on review and updating of DSP eligibility policy in alignment with human rights approach</li> </ul>
<p>45. Develop new policy, operational policies and procedures including:</p> <ol style="list-style-type: none"> <li>1. triage and “immediate assistance” once found eligible</li> <li>2. local area coordination (LAC) and individual planning and coordination support</li> <li>3. intensive planning and coordination support (IPSC)</li> <li>4. emergency response team and referrals</li> </ol>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Policy development work underway</li> <li>• Implementation into Year 2 (November 2024) when new positions commence</li> </ul>
<p>46. New DSP program policies developed and implemented for planning and coordination functions, including specific principles and requirements regarding support in community of choice.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Practice framework in draft form for case management platform</li> <li>• Implementation into Year 2 (November 2024) when new roles start</li> </ul>



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<p>47. Operational procedures and data to reflect updated DSP policy whereby all non-financial eligibility decisions are documented and reviewable.</p>	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Technology platform and new case management system implementation into Year 2 (November 2024)</li> <li>• Disability Support Program to be first in the Department of Community Services to fully migrate to the Collaborative Case Management (CCM) System</li> </ul>
<p>48. Provincially approved new governance structures in place, including design of Regional Hubs.<sup>16</sup></p>	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Staffing and funding approvals received in 2024-25 budget<sup>17</sup></li> <li>• New organizational structure approved</li> <li>• Regional leadership recruitment and training delayed into summer and fall 2024</li> </ul>
<p>49. Province to continue its review of Report and recommendations including regional leadership, first voice consultation and co-production.</p>	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Various consultation events</li> <li>• Attention to “first voice” involvement</li> <li>• Regional leadership in progress</li> </ul>
<p>50. Ongoing Government Disability Roundtable with TOR and Ministerial/Cabinet reporting and embedded in Remedy and ideally legislation.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Basic information is given about the Roundtable</li> </ul>

<sup>16</sup> Regional Hubs are to have local responsiveness but connect to a provincial framework and processes (i.e. provincial advisory panel, budgetary control).

<sup>17</sup> Public document 84.

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	<ul style="list-style-type: none"> <li>• No documents on Ministerial/Cabinet reporting in support of a whole of government approach to ensure barriers that cause systemic discrimination are removed from legislation, regulations, and service systems</li> <li>• No information given on consideration of legislative and/or regulatory options for embedding the Remedy</li> </ul>
<p>51. Appoint DSP Clinical Lead to commence design and planning for Regional Teams, building on existing DSP capacity.</p>	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Appointment of Director of Allied Health Support, May 21, 2024</li> <li>• Work design on planning for May to December 2024 period</li> </ul>
<p>52. Liaise with Health, IWK Hospital, Mental Health and Corrections regarding current mapping and new proposals, utilizing Government Disability Roundtable process.</p>	<p style="text-align: center;"><b>EXACT COMPLIANCE</b></p> <ul style="list-style-type: none"> <li>• Basic criterion of consulting, communicating, and interacting</li> <li>• Cross-departmental composition of Remedy Roundtable</li> <li>• A “work gap analysis” is in development on identifying what needs to be in place across the health system to support the deinstitutionalization process, with particular focus on addictions, mental health and primary care supports.<sup>18</sup></li> </ul>

<sup>18</sup> As Public document 77 on p. 3, explains: “The analysis should specifically identify what needs to be in place across the health system to support the deinstitutionalization process, with particular focus on addictions, mental health and primary care supports. DSP participants include people with a primary mental health related psychosocial disability as well as people with a wide range of other disabilities who also have a secondary mental health condition. Information gathering should include health services available in, and provided to, African Nova Scotian and First Nations communities, specifically around exploring what opportunities exist for creating on-reserve supports.”

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<p>53. Tender process commences for DSP program multidisciplinary teams.</p>	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• In progress with work plan in place May 2024, following the appointment of the new Director of Allied Health Support</li> </ul>
<p>54. New mental Health proposals out for tender or funded through Mental Health and Addictions.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Delayed procurement process for reasons given by the Province<sup>19</sup></li> </ul>
<p>55. Tenders awarded for new programs delivery commencing April 2024.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Tenders delayed</li> <li>• Awaiting results from “work gap analysis” (see Requirement 52)</li> <li>• Request For Proposals release date June 2024</li> </ul>
<p>56. DSP commence integration of institutional teams into new Regional Outreach teams.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Delayed recruitment of Regional Closure specialists into summer 2024, awaiting the appointment of the Director of Allied Health Support, which took place in May 2024</li> </ul>

<sup>19</sup> “Before a tender for new mental health supports can be undertaken, a gap analysis [of existing mental health and primary care health care supports] was required to understand what new supports are required specific to the population served by DSP.” This led to a joint procurement process between DSP, Health and Wellness, and the Office for Addictions and Mental Health. *Annual Progress Report*, Appendix A, p. 19. See also note 18 above.

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<p>57. Decide best method for embedding HR principles and enhancing Supported Decision-Making practice, including build into planning and needs assessment re relational support.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Draft practice framework developed for Local Area Coordinators</li> <li>• Draft practice framework developed for Intensive Planning and Support Coordinators</li> <li>• Regional Hub training sessions scheduled for Summer/Fall 2024</li> </ul>
<p>58. Policy engagement in current review of ACDMA Act Review.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• From documentation provided, review concluded in 2022</li> <li>• No documentation on any subsequent work by the Disability Support Program or other sections of the Department of Community Services to address recommendations in this reporting period</li> </ul>
<p>59. Tenders awarded for and establishment of External Evaluation Team.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Tendering process delayed</li> <li>• External Evaluation Team not yet hired</li> </ul>
<p>60. Tender/appointment Leadership and Capability Panel and other key services/infrastructure</p>	<p style="text-align: center;"><b>COMPLIANCE IN SUBSTANCE</b></p> <ul style="list-style-type: none"> <li>• Province decided not to establish a Leadership and capability panel, accessing expertise in other ways</li> </ul>

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	<ul style="list-style-type: none"> <li>Utilization of experts in Regional Hub staff training programs, summer 2024</li> </ul>
61. Commence development of leadership, innovation and training panel and plan.	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>Development work underway</li> <li>First training for Regional Hub leadership team to be summer 2024, with experts providing “panel like support”</li> </ul>
62. Design and trial Leadership training courses and deliver initial training.	<p style="text-align: center;"><b>SUFFICIENT PROGRESS</b></p> <ul style="list-style-type: none"> <li>Training material developed</li> <li>Delivery delayed into Year 2 (Summer 2024), when Regional Hub leaders are in place</li> </ul>
63. Complete base modelling for the Disability Sector Workforce Plan and commence implementation. <sup>20</sup> a. Priority workforce training and recruitment strategies identified for immediate action.	<p style="text-align: center;"><b>EXACT COMPLIANCE</b></p> <ul style="list-style-type: none"> <li>One of the more complete set of notes given in the <i>Annual Progress Report</i> by the Province on the steps undertaken<sup>21</sup></li> </ul>
64. Commence review of Licensing and standards of DSP funded programs and services.	<p style="text-align: center;"><b>SIGNIFICANT PROGRESS</b></p> <ul style="list-style-type: none"> <li>Review of <i>Homes for Special Care Act</i> done</li> </ul>

<sup>20</sup> A comprehensive Disability Sector Workforce Plan includes relevant compensation issues, building on the existing workforce plan and including the new elements to meet the Remedy.

<sup>21</sup> *Annual Progress Report*, “Appendix A: Year 1,” pp. 21-22.

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	<ul style="list-style-type: none"> <li>• Review of existing standards and new safeguards to be completed in summer 2024</li> </ul>
65. Commence review of how National Building Code requirements apply to DSP programs.	<p style="text-align: center;"><b>EXACT COMPLIANCE</b></p> <ul style="list-style-type: none"> <li>• Department of Community Services feedback with two concerns raised and two request made to ensure that Disability Support Program participants will not continue to face barriers to accessing housing.<sup>22</sup></li> </ul>
66. Commence work on new standards for smaller community-based settings.	<p style="text-align: center;"><b>EXACT COMPLIANCE</b></p> <ul style="list-style-type: none"> <li>• Program design project underway for Individualized Funding pathways of self-managed support and agency-supported services</li> <li>• And for Home Sharing services</li> </ul>
67. Commence review of rental costs assistance policy as a key lever to increase housing supply.	<p style="text-align: center;"><b>EXACT COMPLIANCE</b></p> <ul style="list-style-type: none"> <li>• Excess shelter allowances proposed for new Individualized Funding policy</li> <li>• A top up to the Standard Household Rate<sup>23</sup></li> <li>• Disability Supports Program officials working with Housing Nova Scotia officials on program changes</li> </ul>

<sup>22</sup> Public document 80.

<sup>23</sup> In their June 28, 2024, submission, the DRC says they support these initiatives “on the understanding that DSP Policies must provide shelter allowances sufficient to meet market rent – as required. Ultimately, assistance must be accommodative in that it ‘meets the different needs of person with disabilities.’” DRC Comments on Selected Indicators: Year 1 (April 1, 2023 – March 30, 2024), p. 17.

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<p>68. Design work commences on Discretionary funding/Innovations and Transition funds.</p>	<p style="text-align: center;"><b>COMPLIANCE IN SUBSTANCE</b></p> <ul style="list-style-type: none"> <li>• Work undertaken as part of Individualized Funding policy and Service Development Transition Fund project</li> <li>• No statement of assurance that this is an equally or more effective approach than the original requirement</li> </ul>
<p>69. Innovations/transition design work complete. Implementation planning commences.</p>	<p style="text-align: center;"><b>SLIGHT PROGRESS</b></p> <ul style="list-style-type: none"> <li>• Project design work on community supports and services in progress</li> <li>• Informed by draft policy document on Individualized Funding<sup>24</sup></li> </ul>

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<sup>24</sup> One of the opaquest statements in the *Annual Progress Report* is on this requirement: “There is a dependency requiring design of the new IF pathways through Program Design project that will enable innovations/transitions design work.” Appendix A, p. 23.