

NS Human Rights Remedy: Annual Progress Report

May 31, 2024

Introduction

Following the October 2021 finding of systemic discrimination in Nova Scotia against persons with disabilities in the provision of social assistance, the Disability Rights Coalition (DRC) and the Province of Nova Scotia (the Province), initiated a review process to develop a Human Rights Remedy to end the discrimination and change the way supports are provided in Nova Scotia.

Between September 2022 and January 2023, through a series of consultations, systems reviews, and workshops, independent experts Eddie Bartnik (Australia) and Professor Tim Stainton (British Columbia) developed the technical report: [Human Rights Review and Remedy for the Findings of Systemic Discrimination Against Nova Scotians with Disabilities](#). The Technical Report outlines six Key Directions to address the four grounds of discrimination. Accepted by the Disability Rights Coalition and the Province in February 2023, it forms the basis for a legally binding Interim Consent Agreement that was submitted to and approved by the Nova Scotia Human Rights Commission. [The Interim Consent Agreement](#) was signed on June 28, 2023. It outlines what the Province is required to do in the next five years to implement the Remedy.

As part of those requirements, the Province must report annually on progress to the Parties and an Expert Monitor.

Dr. Michael J. Prince has been appointed as the Expert Monitor. As noted on the Nova Scotia Human Rights Commission site: *Dr. Prince is a Canadian expert in federal-provincial relations, disability issues, social discrimination, income security and poverty and housing related issues.* Dr. Prince, currently the Lansdowne Professor of Social Policy in the Faculty of Human & Social Development at the University of Victoria and Chair of Community Living British Columbia, brings decades of disability rights work to this role. The Nova Scotia Human Rights Commission also recognizes that: *Dr. Prince may utilize the services of Melina Buckley, as an expert legal advisor. Both the monitor and the legal advisor will remain entirely independent of the parties in their reporting roles.*

The Interim Settlement Agreement (s.6) sets out specific terms to use in assessing the Province's progress with respect to the targets in the Agreement:

- *“Exact compliance” means that the Province has complied in exact terms with an indicator, timeframe, target or outcome in Appendix A;*
- *“Compliance in substance” means that the Province has accomplished the underlying purpose of an indicator, timeframe, target or outcome in Appendix A, by using alternative measures which are equally or more efficacious than the original indicator, timeframe, target or outcome, without necessarily meeting the exact requirement set out;*

- *“Substantial progress” means that, from an overall perspective, the Province is making sufficient progress in complying with Appendix A that it is still anticipated that the discrimination will be remedied in the timeframe contemplated by Appendix A in accordance with Appendix D, irrespective of any specific indicator, timeframe, target of Appendix A.*

In addition to defining these terms, the Interim Settlement Agreement (s.5) sets out some important principles to refer back to in assessing the Province’s effort to remedy the discrimination:

The Parties also agree that:

- a. it is possible for the Province to remedy the discrimination without meeting each specific indicator, or target, or without perfectly complying with the associated timelines;*
- b. a substantial change in circumstances may be encountered which require alternative measures to any of the indicators, targets or timeframes, and such alternative measures are acceptable and even appropriate so long as the alternative measures are equally or more efficacious than the original indicators, targets or timeframes and there continues to be substantial progress towards remedying the discrimination within the timeframe and achieving compliance with the outcomes as contemplated by this Interim Settlement Agreement, and in particular as set out in Appendix D "Final Outcomes";*
- c. the ultimate outcome of this Interim Settlement Agreement is the remedying of the discrimination through the achievement of the outcomes, rather than the specific compliance with any particular indicator or target identified in Appendix A.”*

It is my honour to present the Province’s first Annual Progress Report on the Remedy. Advancing this work has been a monumental task of great importance. We know that at the core of this Remedy are the lives and wellbeing of people with disabilities. We take this responsibility seriously and appreciate that, for many, five years is a long time to wait for this much needed change to come to life. Yet, change cannot happen overnight. The Remedy is not a technical solution; it is a cultural revolution grounded in radically changing the way we support people with disabilities in Nova Scotia. The Province is invested and committed to getting this work right.

We are pleased to report the Province has met the standards of exact compliance, compliance in substance, or substantial progress on all recommendations for Year 1. Separate documents: i) *Appendix A: February to June 2023 Status and Compliance* and ii) *Appendix A: Year 1 Status and Compliance*, provide specifics on each reporting requirement and references to all documents referenced in this report.

This Annual Progress Report builds on the January 2024 [Interim Progress Report](#), and provides an overview of Year One, with detailed reporting on actions in each of the Key Directions in the Remedy.

Year One in review

The Remedy represents generational change for people with disabilities in Nova Scotia. In undertaking one of the largest transformation efforts in Nova Scotia, we have been intentional at every step to ensure we are laying the necessary foundations for the Remedy to thrive and sustain over time.

Successful implementation of the Remedy is not a programmatic change. It is a fundamental rethinking of what we do and how we do it. We are turning the system inside out - moving from a system that focused on proving disability and slotting people into a predetermined box of supports, to one that centres around an individual's strengths and interests. The new system is focused on supporting people to build a life of their choosing in their community of choice.

The Remedy is a multi-step, multi-factorial process with interdependent Key Directions. Success in any one area is contingent on success across all areas. This requires a measured, thoughtful approach to ensure that efforts are coherent across the Key Directions and build towards sustainable change.

In all efforts, we consulted with first voice experts and other experts to ensure the fidelity of the path. This approach is also a reflection of our commitment to co-production.

In November 2024, at the first annual conference, *Rebuilding Hope*, Premier Tim Houston delivered an historic apology to Nova Scotians with disabilities and their families:

I would like to offer an unreserved apology for the historic and systemic discrimination that persons with disabilities have experienced in Nova Scotia. For decades, people living with disabilities in our province have not been afforded the right to choose where they live, who they live with and how they are supported... their basic human rights have not been honoured or respected... what has happened is deeply shameful... and I am sorry... And we are accountable. Working together we will reshape what it means to have a good life in Nova Scotia for persons with disabilities and their families” (excerpts from video remarks; full apology can be found at: <https://www.youtube.com/watch?v=uq2OJNeHwBY>)

Year One marks a new beginning for how we support people with disabilities and their families in community.

In Year One we have:

- Reduced the Service Request List by 13.3%

- Partnered with People First Nova Scotia to co-develop and co-deliver a Remedy “Roadshow”- a series of information sessions held across the province.
- Hosted a province-wide conference, *Rebuilding HOPE*, in November 2023 that brought together over 1200 participants across 4 sites virtually and in-person.
- Introduced a \$300/month benefit for people with disabilities on Employment Support and Income Assistance (ESIA) not eligible for DSP.
 - 273 individuals on the Service Request List (SRL) not receiving support are now eligible for the [Disability Supplement payment](#) (\$300/month) as of April 1, 2024 from ESIA.
- Secured approval of Local Area Coordinator and Intensive Planning and Support Coordinator fidelity criteria and ratios.
- Completed an organization redesign to meet the needs of the Remedy.
- Secured over 120 new Full-time Equivalent (FTE) positions.
- Filled core leadership roles including the Executive Director DSP, Director of Allied Health Support, Director of Workforce Strategy, Director Regional Hubs, Director DSP Service Delivery and Provincial Closure Lead.
- Launched a Regional Closure Strategy to guide the closing of institutions.
- Reduced the institutional population by 144 individuals or 10.2% including 40 people who moved to community through the closure of Harbourside ARC.
- Finalized a *No New Admissions Policy*.
- Developed an enhanced interim Independent Living Support Plus (ILS+) measure that provides up to a maximum of 12 hours/day or 84 hours/week of support hours – up from 31 hour/week.
- Added 304 (70.2%) participants to the Independent Living Support Program (ILS)>

Our first year has been one of learning. In some ways, implementation efforts have gone beyond what was initially anticipated in the Remedy. Soon after implementation efforts began, it became clear that an extensive organization redesign was needed to better meet the needs of the Remedy.

The future organization structure includes additional leadership position - one Executive Director level (Executive Director DSP Service Delivery) and two Director level (Director of Regional Hubs, Director of Service Delivery) that are required for successful delivery of the Remedy but were not identified in the Remedy.

As we removed policies which historically operated as barriers to eligibility for DSP, it highlighted the need for a more collaborative approach to assessing eligibility for persons with complex medical needs. A new approach is being established to find alternative options if DSP is not the right fit for an individual and to support navigating to alternative programs. This added effort will help reduce the feeling we heard from individuals and families about being “bounced around” from one program to another.

The administrative effort in this reporting period has been extensive. Our commitment to fundamentally changing what we do and how we do it is reflected in the care and consideration that went into developing and securing over 120 new FTE positions, including the additional roles identified in the organization structure.

New job descriptions and classifications were needed to design entirely new roles built on the philosophy of the Remedy—positions which do not currently exist in the provincial government. Though designing entirely new positions required more time, this effort was crucial to ensuring new roles don't replicate existing structures and mindsets.

The creation of and recruitment for these positions is underway and will provide the staffing base for the Regional Hubs. We have filled core leadership positions – including the Director of Allied Health Support, Director of Regional Hubs and Director of Service Delivery -- and the postings are advertised for the Regional Hub Managers, LAC/IPSC/EFAC Team Leads and Regional Closure Specialists. Based on advice from experts with previous experience implementing the LAC practice framework, we are establishing a robust leadership structure that is fully trained in the LAC/IPSC fidelity criteria and practice framework before we recruit for these positions.

The Director of Allied Health is now in position. The priority focus of this position will be the establishment of Regional Hubs, Crisis Prevention and Community Response Strategy (formerly Emergency Response Teams), and Facility Closures.

A No New Admissions Policy, which will end all new admissions to large congregate facilities, has been approved and will be effective January 1, 2025 for ARC, RRC and RCF. We continue to prioritize all possible alternatives, including the introduction of Independent Living Support Plus (ILS+), to avoid institutional placements.

Detailed human resource modelling efforts have been undertaken to test the assumptions of the Remedy, and to ensure the system will have the capacity to support the Remedy beyond the initial five-year commitment, and, just as importantly, to ensure the stability of the current system during the transition period.

Another critical lever in the Remedy implementation has been the establishment of the Inter-Governmental Roundtable to ensure understanding and commitment across the provincial government for the Remedy. Membership includes Deputy Minister, Associate Deputy Ministers and/or Executive Director level representation from the departments of: Health and Wellness (DHW), Community Services (DCS), Seniors and Long Term Care (SLTC), Communities Cultures Tourism and Heritage (CCTH), Education and Early Childhood Development (EECD), Municipal Affairs and Housing (MAH), Justice, Labour Skills and Immigration (LSI), and the Office of Addictions and Mental Health (OAMH), and Nova Scotia Health (NSH). The Roundtable is chaired by the Executive Deputy Minister for

Communities and Social Impact and has been meeting regularly to oversee the progress of the Remedy.

Key Directions

The following section uses the six Key Directions in the Remedy to demonstrate progress made in each area.

The Remedy consists of six interconnected Key Directions:

1. A new system of **individualized planning and support coordination** to drive more person directed and local community-based supports and services.
2. Closing institutions.
3. Building a broader system of **community-based supports and services** – a home and life in the local community.
4. Province wide **multidisciplinary support** program **with regional hubs** including other clinical supports to support local options.
5. **Individualized Funding** as the basis of the transformed system with “backbone” support functions.
6. Strengthening whole **Disability System capacity** to enable transformation to a human rights approach.

Key Direction 1: Individual Planning and Support Coordination

From the Technical Report:

“Individual planning and coordination are critical elements in addressing all four areas of discrimination. A system with robust individual planning and coordination can ensure that persons with disabilities live meaningfully in their community of choice (ground 1 and 2), with the assistance they need (grounds 3), in a timely manner (grounds 4).”

The purpose of Key Direction 1 is establishing “A more personalized system of individualized planning, coordination and support to enable people with disabilities to live a full and inclusive “good life” in their local communities, with support and services built around their individual needs and support via a system of individualized planning and funding.”

Key Direction 1 has a focus on building local community supports through a process known as Local Area Coordination and significant deinstitutionalization.

Key Direction 1 identifies Local Area Coordinators as the main source of individual planning and support coordination. Additionally, it has Intensive Planning and Support Coordination (IPSC) teams to support those transitioning from institutional care and/or complex cases.

Fidelity of design and implementation requires improved support ratios, independence between LACs, IPSCs and assessment/eligibility and funding decisions (EFACs). Local Area Coordination must be supported by a policy and practice framework that includes fidelity criteria.

Key Direction 1 is essential in building the future state of supporting people with disabilities in Nova Scotia. As noted in the Year One in review section, extensive administrative efforts have been required to lay the foundation for the Regional Hubs. These efforts are driving a complete overhaul of the system. We are intentionally forging a new path to ensure we do not repeat or replicate efforts and mistakes of the past.

In this reporting period we have:

- ***Designed a new organization structure to create a suitable future state for how we work.***
- ***Created new positions not initially conceived of in the Remedy.***
 - New levels were included in the redesigned organization structure to provide the necessary leadership and management of the Remedy. A new Executive Director of Service Delivery has been established; two new Director level roles – Director of Regional Hubs and Director of Service Delivery – have been secured.
 - In addition to the FTEs dedicated to DSP, we have also secured enabling roles outside DSP – ie finance, IT, evaluation – to create the conditions for success.
- ***Completed new job classifications and job descriptions.***
 - New job classifications and descriptions were needed as these new roles do not currently exist in the province.
 - The descriptions and classifications are more than administrative tasks, they inform and shape these roles. To meet the needs of the Remedy, they are completely different than what has previously been used. Careful thought and consideration were needed to convey the essence of the philosophical shift being driven by the Remedy.
 - We have shifted terminology from “Community Capacity Developer”, as used in the Technical Report, to “Community Living Facilitator”. It was felt this better reflects the intention of the role and was needed to avoid confusion with “community developer” roles currently in other departments. The shift reflects the need for a more appropriate term in the Nova Scotia context.
 - Classifications and job descriptions have been approved by the Public Service Commission.
 - Extensive consultations with other government departments, including Community Culture Tourism and Heritage (CCTH), (Municipal Affairs and Housing (MAH), and the Accessibility Directorate, have been ongoing regarding the Community Living Facilitator function, its location, and the most appropriate service delivery framework.

- **Recruitment.**
 - Establishing a robust leadership team has been a priority and we have filled core leadership roles including the Executive Director DSP, Director of Allied Health Support, Director of Workforce Strategy, Director Regional Hubs, Director DSP Service Delivery and Provincial Closure Lead.
 - Other positions currently being recruited include: Regional Closure Specialists, Regional Hub Managers and LAC, IPSC and EFAC Team Leads. These positions are currently posted and we expect to have competitions completed by early July 2024.
 - An intensive training plan is under development for new staff and will be delivered summer 2024.

- **Completed detailed human resource modelling**
 - Modelling was undertaken to test the assumptions of the Remedy and to ensure the future state of the system will have the capacity to support the Remedy beyond the initial five-year commitment, and, importantly, to ensure the stability of the current system during the transition period.

- **LAC and IPSC fidelity criteria and ratios have been approved.**

- **LAC and IPSC practice frameworks have been drafted.**

- **The “intake” function has been moved under DSP.**
 - The traditional function of “intake” for new applicants has been shifted from a centralized model that included applicants for Employment Support and Income Assistance (ESIA) to a function solely for applicants to DSP. This ensures that applicants are speaking with someone who is knowledgeable about DSP early on in their application. Further, it ensures they are receiving appropriate support and information.
 - This is an interim step until the new roles (LAC, IPSC, EFACs) are in place.

Key Direction 2: Closing Institutions

From the Technical Report:

“Closing institutions is central to respecting the right of persons with disabilities to live in community and is central to addressing the findings of systemic discrimination in NS.”

“A phased and prioritized sequencing of closures is needed to keep the process on track and within the timeframe of 3-5 years. It was discussed that this timeframe may not seem

fast enough - especially for someone who wants to move out of an institution “today”. However, even at 5 years to full closure, the process will feel like a “sprint”.

The closure plan also demonstrates the need for inter-connected strategies to be happening in parallel. Having the other elements of a community-based system in place - including access to necessary supports and services - is critical.”

“To effectively implement the no admissions policy an emergency response team will be required to avoid crisis led institutionalization or other unwanted outcomes.”

The Remedy secures the right to live and be included in community and affirms that institutions are an outdated model that do not best serve people with disabilities. All Adult Residential Centres (ARCs), Regional Rehabilitation Centres (RRCs), and Regional Care Facilities (RCFs), will close over the next five-years. The Province is unequivocal that our longstanding reliance on institutional care is ending. A Regional Closure Strategy has been established and closure guides are being developed.

The closure of these facilities represents new beginnings and a new way of supporting people to live meaningful lives of their choosing in community. It also means change. Change can be exciting, and it can also be scary. There is fear in the unknown and a lack of trust in a system that has often disappointed people with disabilities and their families. Families have frequently been told that institutions are the best option for keeping their family member safe. The reality is, and decades of research confirms people are safest when they live in their community and have authentic and reciprocal relationships. It’s our connection to community that keep us safe.

We are supporting families, individuals, and facility staff with this transition process. We have the benefit of learning from other jurisdictions so that we don’t repeat mistakes of other deinstitutionalization processes. And, we are learning as we go. We have successfully completed the closure of Harbourside Lodge, an Adult Residential Centre. Many valuable lessons have been learned that will help inform our facility closure process.

The strength of the Remedy lies in the interconnected nature of the Key Directions that focuses on building community capacity not just closing doors. We cannot do one without the other. While the Regional Hubs, LAC and Individualized Funding capacity is being built, we have identified system enablers, such as ILS+, that can be used immediately for those currently in institutions that have a plan to move to community that can be supported. Additional enablers like the occupancy funding model, providing Service Providers with financial predictability and flexibility to redeploy staff to new roles, and enhanced emergency response, will strengthen the capacity of the system to act quickly.

In this reporting period we have:

- **Reduced the institutional population by 144 individuals or 10.2% from the baseline, including 40 people who moved to community through the closure of Harbourside ARC.**
- **Successfully closed Harbourside Lodge.**
 - Many of the people who moved out of Harbourside took part in a study regarding the transition and their input has been invaluable in developing the closure strategy and transition guide.
 - The 22 individuals residing at Harbourside ARC moved to community of their choosing.
 - 18 participants from other ARC/RRCs also transitioned to community living in 10 new small option homes.
 - Note: in only one case was the initial move to community living unsuccessful, with the individual temporarily returned to a facility because of a lack of a primary care provider. This experience will help inform transition planning efforts going forward.
- **Developed a Regional Closure Strategy.**
 - Strategy approved October 31, 2023, and communicated externally in April 2024.
 - Established Facility closure dates and timeframes.
 - The Regional Closure Strategy was developed in consultation with the DSP Advisory Committee, Remedy experts, DSP staff and Diverse Abilities NS. The strategy is designed to:
 - Prioritize **individual determination** and **participant agency** in the community transition process.
 - **Promote equity across institutions** by starting all closures simultaneously allowing for provincial coordination across regional teams.
 - **Set ARC/RRC transition timelines around the institution's** size/number of occupants through years two to five.
 - Allow for a **substantial number of community transitions in year two**, enabling extended community transitions to occur in years 3-5, if needed, while ensuring time for adjustments and planning.
 - **Allow for resource distribution** in regions to optimize service delivery capacity.
 - DSP is developing a transition guidebook to provide direction on how to close a facility.
- **Secured a Provincial Closure Lead.**

- **Recruitment is underway for Regional Closure Teams**
 - Four Regional Closure Specialists (positions posted May 16) and four Community Living Facilitators will be recruited to the Regional Closure Teams.
 - Regional Closure Teams will build on our learnings from the closure of Harbourside, best practices from other jurisdictions and advice from the experts, including first voice.
 - The Regional Closure Teams will model/align and ultimately merge with new planning and coordination teams to be established in each region of the province.

- **Begun development of training, tools and processes to support staff redeployment including:**
 - The Service Development Transition Fund will provide one-time funding to support DSP service providers to realize changes in culture and capability.
 - The Occupancy Funding Model will provide Service Providers with financial predictability and stability as admissions cease and occupancy decreases and flexibility to redeploy staff to new roles.
 - A Facility Closure Guidebook will identify requirements, processes, roles and responsibilities.
 - Workforce Strategy initiatives (more detail in section on Key Direction 6) including:
 - Bursaries for Behaviour Interventionist Program and Disability Certificate Programs
 - Micro credential (targeted to those currently working in institutions): i) Intro to a Human Rights Based approach ii) Applying a Human Rights based approach in Community.
 - Trauma Informed Care
 - Psychological Safety Pilot

- **Held briefings with Unions regarding the Remedy and Regional Closure Strategy.**

- **Developed a No New Admissions Policy, effective date is January 1, 2025, for ARC, RRC, RCF and January 1, 2026 for Group Homes and Developmental Residences.**
 - The Remedy recognized that a No New Admission Policy was contingent on establishing emergency response capacity to avoid crisis led institutionalization or other unwanted outcomes. The January 1st, 2025, effective date reflects the timeline required to establish this capacity.

- **Initiated the development of Emergency Response Teams (now Crisis Prevention and Community Response Strategy).**
 - This effort has been renamed “Crisis Prevention and Community Response Strategy” to clarify the intention is not to replicate existing emergency response

- services but rather focus on removing barriers in accessing those existing services and strengthening strategies to prevent crisis.
- The Crisis Prevention and Community Response Strategy will help people develop plans for when a crisis may happen and support our community emergency response services to provide effective service to persons with disabilities.
- ***Initiated support for individuals best suited for DSP to leave Long-Term Care (LTC) Facilities.***
 - The shared services program has been expanding its capacity to transition individuals from LTC into their community of choice through a combination of supports from DSP, SLTC, and DSP Service Providers.
 - Over 100 individuals identified as eligible for Shared Services were sent letters about moving to community. As of May 8, 2024, 45 responses had been received:
 - 15 interested in moving during the first (current) phase.
 - 11 interested in moving during the second or third phase.
 - 10 not interested in moving.
 - 9 withdrew their consideration for a variety of reasons including a change in living circumstances, reluctance to change, and positive adjustment to the LTC living arrangement.
 - The support needs of the 15 individuals interested in moving during this phase are currently being jointly assessed by Nova Scotia Health (NSH) and DSP Care Coordinators. After they're assessed, the next step will be connecting eligible participants with Service Providers who can meet their needs. Participants will then begin the transition into their community with the support of their Care Coordinators and their chosen Service Provider.
 - ***Taken immediate steps to initiate transitions to community for people in other services such as acute care and psychiatric hospital settings.***
 - Two representatives from DCS (DSP and ESIA) are members of the C3 committee (Care Coordination Centre) located at the Halifax Infirmary. The C3 committee was created to cross reference, confirm and update information, identify barriers and explore solutions for every individual in hospital in the Central Region who had been identified as requiring DSP support to facilitate a move to community.
 - A Central Region DSP Specialist is the link between the C3 team and DSP Service Delivery. A DSP specialist is also involved in the C4 Committee (Continuum of Care Complex Case Review) where more complex scenarios are reviewed with collaborative solutions identified to facilitate a discharge from hospital.

- Ongoing efforts to facilitate a discharge from hospital include:
 - DSP Specialist will approve the Service Request List (SRL) priority rating from 2.1 to 1.1 for DSP applicants/participants in hospital >28 days.
 - Requests for special need items i.e., medical equipment needed to facilitate a discharge from hospital will be approved as a priority.
 - DSP Care Coordinators can approve an extension to DSP Program Policy 12.1- Hospitalization/Rehabilitation/Occasional Absences beyond 30 days to facilitate a return to a participant’s placement when ready for discharge.
 - Service Providers will be offered additional resources (staffing, equipment, travel, etc.) to facilitate a discharge from hospital.
 - Individuals requesting Flex or ILS programs will receive immediate approval with a temporary increase in support if required. Service Providers will be offered additional resources (staffing, equipment, travel, etc.) to facilitate a discharge from hospital.
- **Established: Let’s Get You Home (Discharge Hubs)**
 - A new initiative that is a collaboration between NSH, DHW, SLTC, and DCS.
 - Intended to explore the creation/amendment of clear pathways and supports that will help patients return to the place they call home as efficiently as possible.

Key Direction 3: Community-based supports and services

From the Technical Report

“Ensuring persons with disabilities have a home and good life in the community are at the heart of the Remedy. A robust and suitable array of personalized and local community-based supports and services is a critical element in addressing all four areas of discrimination. This can ensure that persons with disabilities live meaningfully in their community of choice (ground 1 and 2), with the assistance they need (grounds 3), in a timely manner (grounds 4).”

Key Direction 3 moves the system away from the current predetermined menu of services to a person focused approach that, with adequate funding, enables people to have choice and control in their lives. Key Direction 3 is about supporting individualized solutions. In addition to creating new pathways to inclusive lives in communities, Key Direction 3 also targets school leavers to disrupt the path to segregated lives. Lastly, it looks at those on the Service Request List not receiving any support from DSP.

In the future state, DSP will no longer have defined programs such as ILS, Flex, Small Option homes, etc. Instead, program participants will have Individualized Funding they can use that to purchase supports and services that make sense to them. They can choose a

self-directed pathway (hiring support staff themselves), use a contracted agency, or use a combination of both. All these new options will form the basis of “program pathways” or ways people can utilize their Individualized Funding to create a good life in community as they define it.

In this reporting period we have:

- ***Initiated the development of a new Homeshare program.***
 - Program design is underway through the Program Design Project

- ***Developed an enhanced interim ILS+ program***
 - ILS+ provides up to a maximum of 12 hours/day or 84 hours/week of support hours as a priority to:
 - Participants currently residing in an ARC/RRC/RCF to facilitate a transition to community,
 - Participants currently residing in a TSA, or to avoid the creation of a TSA,
 - Participants in hospital to facilitate a transition to community,
 - Create flow to allow a participant currently residing in an ARC/RRC/RCF, TSA or hospital to transition to a Small Option home (i.e. support a participant currently residing in a Small Option Home to move to community supported through ILS+ thereby creating a vacancy in the home for a participant residing in an ARC/RRC/RCF, TSA or hospital)
 - Increased the number of participants in ILS by 70.2% (304) over baseline.

- ***Collaborating with partners on School leavers***
 - Department of Education and Early Childhood Development collaborating on this initiative.
 - Planning is underway.

- ***Addressed support needs for those on the Service Request List who are currently eligible for DSP but not receiving support.***
 - 273 individuals on the Service Request List (SRL) not receiving support are now eligible for the Disability Supplement payment (\$300/month) as of April 1, 2024, from ESIA.

Key Direction 4: Multidisciplinary and Clinical Supports

From the Technical Report:

“Multidisciplinary and clinical supports are essential to the framework to ensure persons with disabilities can successfully live in their local communities. Lack of capacity to access suitable clinical and multidisciplinary support in your local region/community is a major contributor to Grounds for discrimination 1 “Unnecessary institutionalization” and 3 “Community of choice.” Further, as the finding of systemic discrimination applies to the Province of Nova Scotia as a whole, services provided by other government departments are also considered as part of this Remedy.”

Key Direction 4 has particular emphasis on the need for a collaborative approach with our colleagues in health and associated fields. The focus is on ensuring people with disabilities have access to and benefit from the full breadth of mainstream allied health services. Key Direction 4 recognizes the need for intentional efforts to create the conditions of collaboration and developing a common purpose among health systems and a framework of practice for inter-professional allied health supports. The emphasis is on facilitating, connecting and working across the system to bring about the new approach outlined in the Remedy.

This work also aligns with the collaborative approach needed to establish the four new Regional Hubs required by the Remedy.

In this reporting period, we have:

- **Reframed language to Allied Health Support.**
 - Key Direction 4 focuses on “Multidisciplinary and Clinical Supports” and the key role in this framework was identified as “DSP Clinical Lead”. Following consultation with colleagues and in discussion with the Remedy experts, the language has shifted to Director of Allied Health Support. Allied Health Support better reflects the professions involved and the needed interconnections within the health systems.

- **Secured a DSP Clinical lead (now Director, Allied Health Support).**
 - Initially referred to as DSP Clinical lead, the role is now Director of Allied Health Support. The Director is responsible for:
 - Developing a common purpose among health systems and a framework of practice for inter-professional allied health supports.
 - Designing and planning for Regional Teams.
 - A priority focus is on establishing the Regional Hubs, Crisis Prevention and Community Response Strategy, and Facility Closures.

- **Developed a workplan for the Director of Allied Health Support documenting the critical path forward.**
- **Issued tenders for new programs.**
 - Joint procurement process underway with DHW/OAMH for Gap Analysis of existing mental health and primary health care supports for persons with disabilities. Submission evaluation underway.
- **Designed new governance structures and Regional Hubs.**
 - The new governance structures and overall remedy recommendations were approved, and the financial and human resources required to implement are included in the 2024/2025 provincial budget.
- **Planning work underway to commence integration into Regional Teams.**

Key Direction 5: Individualized Funding

From the Technical Report

“An individualized funding (IF) model directed by individual choice and supported by an administrative infrastructure impacts all four areas of discrimination. It offers persons with disabilities autonomy to envision and create a meaningful life in their community of choice (ground 1 and 3). IF puts persons with disabilities in control of the resources with the assistance they need to develop a plan in a timely manner (grounds 2 and 4).”

Individualized Funding (IF) has consistently been identified as the most effective model to ensure individuals are able to build a plan of their own to live meaningful lives in community. A challenge in IF has been the administrative strain it can place on individuals or their families. Through the Remedy, the Province has committed to establishing a “backbone” function to help with administrative duties like payroll, hiring, employee management, accounting elements etc. Currently in Nova Scotia, there is a mix of IF type funding options. Where needed, these efforts need to be aligned and expanded. Within DSP, current individualized models (ie ILS, Flex Independent etc) will be replaced by a newly developed IF program.

This Key Direction has substantial linkages to Key Direction 1 and Regional Hubs. Additionally, a core component of IF is securing the right of people to make their own decisions. The right to legal capacity is foundational to supporting an individual to build a life of their choosing.

In this reporting period, we have:

- **Developed an Individualized Funding Policy**

- The policy, currently in draft format, covers core components like the purpose, vision and values, eligibility, allowable usage, and appeals.
- It represents a new approach to funding in Nova Scotia.
- Jurisdictional research, workshops, first voice and family consultations have all informed the development.
- Planning for a November 2024 rollout.

- **Undertaken procurement for IF “backbone” service**
 - A Notice of Public Procurement was issued in March 2024
 - An information session with potential proponents was held on the 10th of April.
 - Request for Proposals will be issued in June 2024.
 - SLTC is co-sponsoring the IF Backbone Service. They are partners in the design and procurement of this service.

- **Developed Supports Framework linked to assessment.**
 - DSP has developed a Supports Framework that will link scores from the InterRAI assessment to funding bands for Individualized Funding.
 - This has been an extensive undertaking of gathering data from 800 mock assessments, analysis of that data, comparisons of other jurisdictions, and development of the funding bands.
 - This will be implemented when the EFACs are hired in the fall of 2024.

- **Defined planning and support roles – linked to Key Direction 1 – ie job coaches, and Eligibility, Funding and Assessment Coordinators (EFACs).**
 - A fidelity check list for EFACs has been completed and a practice framework is under development.
 - Training materials for the EFACs are in progress.

- **Commenced Supported Decision-Making practice enhancements.**
 - The practice framework for LACs and IPSCs includes information on supported decision making.
 - Training for staff, service providers and community partners on supported decision making is in development.

- **Emergency Respite Service.**
 - An emergency respite service project has been established.
 - DSP is engaging with existing service providers to explore how DSP can address this requirement.

Key Direction 6: Disability System Capacity

From the Technical Report

“Essential to the success of the Human Rights Remedy will be strengthening system capacity and identifying “enablers” or “disruptors” that will alter the status quo quickly and effectively in ways that are coherent, aligned with broader systems change and sustainable over the long term.”

For successful implementation of the Remedy, transformative systems change is needed. We have undertaken a substantive change management process. As the Government leaders and experts on the Remedy, DSP has provided leadership to our partner departments to ensure a whole of government response to the Remedy. The Disability System Capacity needs to be built, strengthened, and reinforced across government. Successful Implementation of the Remedy requires change across all systems—not just within DSP.

Additionally, Key Direction 6 focuses heavily on the need for building capability. Training and a culture shift are central to these efforts. We recognize that without changing the culture of how persons with disabilities are viewed, deinstitutionalization cannot truly happen. Culture change requires all of us to examine how our past efforts have been influenced by bias and assumptions. It should challenge us and make us uncomfortable.

In this reporting period, we have:

- **Strengthened Governance structures and collaboration.**
 - Developed a new organization structure at DSP to better align with and meet the needs of the Remedy.
 - Established a Government Roundtable.
 - Membership includes Deputy Minister, Associate Deputy Ministers and/or Executive Director level representation from the departments of: Health and Wellness (DHW), Community Services (DCS), Seniors and Long Term Care (SLTC), Communities Cultures Tourism and Heritage (CCTH), Education and Early Childhood Development (EECD), Municipal Affairs and Housing (MAH), Justice, Labour Skills and Immigration (LSI), and the Office of Mental Health and Addictions (OMHA), and the Nova Scotia Health (NSH).
 - The Roundtable is chaired by Executive Deputy Minister for Communities and Social Impact and has been meeting regularly overseeing progress of the Remedy.
 - Mandate to ensure awareness, understanding and collaboration across the provincial government to realize the Remedy.
 - Collaborated across Departments to support the Remedy

- Municipal Affairs and Housing engaged in exploring expanding eligibility of existing programs to support persons with disabilities
 - Joint planning with OMAH, DHW, IWK and NSH to support Remedy recommendations.
 - Joint procurement process with DHW/OAMH for Gap Analysis of existing mental health and primary health care supports for persons with disabilities.
 - Working group for Clinical Director job (now Allied Health) description included OAMH/NSH participation.
 - DSP participating in collaborative committees with DHW, SLTC, NSH, OAMH to facilitate and problem solve transition out of hospital for DSP participants.
 - SLTC partnering with DSP to procure IF admin backbone service and alignment of IF programs and delivery of Shared Services Program.
- ***Initiated a Monitoring and Evaluation Plan***
 - Expert Monitor, Dr. Michael J. Prince, confirmed.
 - DCS's evaluation division has begun work with Procurement to source an external evaluation team.
- ***Built Leadership and Capacity***
 - Established a Cultural and Philosophical Change project. This project is developing an action plan that will enhance understanding of supported decision making.
 - Developed a Regional Hub Training Plan. Leadership training to be delivered in the Summer of 2024, and front-line training in fall 2024. The plan reflects input from a variety of disability experts. The training plan includes significant involvement of first voice in the delivery of the training.
 - Intentionally sought out best practices and lessons learned in other jurisdictions as well as lived experience. A broad range of experts in the disability field continue to be consulted to aid in the implementation of the remedy recommendations.
 - 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.
- ***Supported the continued review of the Remedy and recommendations with regional leadership, first voice consultations and a lens for co-production.***
 - Hosted *Rebuilding HOPE* conference in November 2023
 - Provided opportunities for persons with disabilities to input on the direction of the remedy recommendations.

- Up to 1200 people were part of the first province-wide disability conference in person at four locations, online and through gatherings at service provider locations.
 - Brought together audiences from across the disability support sector including persons with disabilities, their families and support networks, advocacy organizations, service providers, government, and academia.
 - The conference will be held annually with the next one slated for November 2024.
- DSP's Advisory Committee, which is made up of 50% first voice, continues to advise on Remedy implementation.
- Extensive engagements with first voice including consultations on Individualized Funding, Workforce needs and a transition study of Harbourside closure with significant input from former residents of Harbourside and other facilities First voice representative was part of the recruitment and assessment process for the new Director of Allied Health position.
- ***Strengthened Policy and legislation.***
 - Completed review and update of DSP eligibility policy in accordance with the Social Assistance Act, including rescinding Eligibility policy sections 9.3 and 9.4
 - Begun designing a collaborative approach to assessing eligibility for persons with complex support needs. This is a new approach to find options and support navigating to alternative programs.
 - Identified methods for embedding human rights principles and supported decision making:
 - Practice frameworks and fidelity criteria have been developed and training materials are in progress for these roles.
 - Provided input to Adult Capacity and Decision-Making Act review process; completed as per January report.
 - Completed a review of the Homes for Special Care Act as it pertains to licensing requirements considering the guidance of the Remedy. At the same time, a review of existing standards and design of a new safeguarding framework including new standards, has been included in the scope of the "Community-Based Supports and Services" Project to be completed in summer 2024. While licensing may not be required for some services in the future, we want to ensure people continue to be safe and free from abuse.
 - Addressing Building codes issues identified in the Remedy:
 - Engaged with DMAH as part of the National Building Code Review.
 - DSP has recommended changes to DMAH existing programs to remove barriers to access those services for persons with disabilities.

- Additional work identified includes an analysis of the potential applicability of Building Codes to homes that are not licensed.
- ***Commenced implementation of priority workforce training and recruitment strategies***
 - DSP undertook extensive engagements on the disability sector workforce over the winter including base modeling completed via a workforce survey. A comprehensive strategy is being developed and will be ready this summer.
 - While the strategy is being developed, significant investments have been made to address priority training and recruitment requirements:
 - Bursaries for Behavior Interventionist Program and Disability Certificate Programs.
 - ❖ Up to 100 students enrolling in a disability support services diploma at NSCC or one of the two eligible private career colleges (Island Career Academy and CBBC) will be eligible for an education bursary. 15 staff from the sector will be supported to enrol in the NSCC Behaviour Intervention Program being offered on a part-time basis in September 2024. An additional 10 students new to the sector will be supported to enroll in the full-time program.
 - ❖ Up to 20 people currently working in the sector will be supported to participate in two new micro credentials created by NSCC to support the sector i) Intro to a Human Rights Based approach ii) Applying a Human Rights based approach in Community.
 - Up to 20 newcomers will participate in ISANS Bridge to Employment Program for newcomers to prepare them for employment in Disability Support sector.
 - A training program has been created by the Nova Scotia Career Development Association for career development advisors and practitioners on disability support sector workforce.
 - ❖ In fall 2024 Nova Scotia Works Career Development Practitioners and Nova Scotia Works School Facilitators as well as other career development professionals (e.g., school counsellors) will have access to an online training module to learn about working in the disability support sector.
 - 110 frontline staff participated in Trauma Informed Care workshops held in February and March by the provincial lead in Trauma Informed Care.
- ***Continued decrease of the Service Request List for eligible applicants and participants***
 - 13.3% decrease in Service Request List over baseline

- Initiatives underway to support pathway to timely access to accommodative assistance include:
 - Introduction of Interim Intake process to clear DSP Intake backlog
 - Establishment of ESIA Disability supplement
 - Implementation of ILS+
 - 13.5 additional Care Coordinator FTEs to address backlog
- To ensure local relevancy, Regional priorities will be identified by Regional Hubs.

Conclusion

Overall, significant progress has been made in Year One of the Remedy. We have created the necessary cornerstones for the Remedy to build from and have been intentional in our efforts to ensure the cornerstones are solid and that we move away (philosophically and practically) from existing approaches. We are committed to the Remedy and will continue to demonstrate that commitment through action.

I look forward to our continued journey and achieving the full implementation of the Remedy.

Respectfully submitted,
Maria Medioli, CPA, RSW
Executive Director Disability Support Program