Appendix A

DRC Comments on Selected Indicators: Year 3 (April 1, 2025-March 30, 2026)

(June 2026)

Remedy Requirement	COMMENT
1. Update as to status and work of the Roundtable.	The Province claims '*exact compliance'*: • The Remedy Roundtable has met a total of four times since the Remedy came into effect in June 2023—the most recent being in May 2026. • In Year 3, the November 2025 meeting appears to have simply been an 'Update Briefing' for Deputy Ministers while the May 2026 briefing appears to have been an introduction to Local Area Coordination. • It must be borne in mind that Bartnik and Stainton characterized the role of the Remedy Roundtable as "critical", requiring "active and ongoing collaboration". • Far from 'exact compliance', the Remedy Roundtable has faded from its initial expectations and promise and has, unfortunately, diminished to a vestige of what it was meant to be. • The DRC has devoted a full section of its narrative document to this subject where more in-depth commentary on the Roundtable can be found.

4. Recruitment and training of new Local Area Coordination and Intensive Planning and Supports Coordination staff as per fidelity criteria: a. Handover commences for new LACs and IPSCs. b. Full complement of 80 LACs and 80 IPSCs operational, i. Total FTE/Ratios to meet benchmarks 1:20 for IPSCs and 1:50 for LACs; Supervisors at 1:8, with c. Independent Review commences with a focus on the fidelity criteria.	The Province claims '*Compliance in Substance*': **Overview**: It is widely understood that having the Remedy-required number of IPSCs and LACs is the key to not only unblocking barriers to de-institutionalizations but making possible many supported living situations throughout the Province. Of the **80** IPSCs required to be recruited by this point in the Remedy, the Province has only hired **42** and, by the end of Year 3, and only *plans* on having **64** IPSCs on staff by the end of Year 5 which would be in breach of its obligations under the Remedy. Not surprisingly, planning on having fewer IPSCs than required by Remedy has negative consequences for a full range of persons with disabilities in Nova Scotia. In its Compliance Submissions on this requirement, the Province states: • "…the *equivalent* of 80 IPSCs and 80 LACs are in place… there are a total of **179** approved front-line positions in DSP distributed across IPSC, LAC, EFAC and Care Coordinators. Modelling confirms that this staffing complement is sufficient to meet the requirements of the Remedy." (emphasis added). • The Province *concludes* by claiming that it had *differently* met the requirements of this provision for the Remedy: "…[the Province will have] achieved the underlying purpose of the requirement (having sufficient human resources to achieve the requirements of the Remedy) using alternative measures (a different mix of front line positions) while meeting the requirement for at least 160 front line planning positions."[1] **However**, while the Province's claim is superficially compelling (i.e., 179 FTEs > than 80 + 80), once carefully examined, the underlying reality and its future plans are actually quite troubling with respect to Remedy compliance regarding IPSC/LAC recruiting requirements as well as the resulting impact on persons with disabilities.

[1] See Province's Compliance Report for Year 3, #4, page 7, fifth bullet

	• **First**, to be clear, the wording of the Year 3 requirement is for **80 LACs** and **80 IPSCs** to be hired and operational by March 31,2026;[2] *not* for there to be 160 "front line positions". In fact, there is nothing at all in the Remedy setting out a requirement for '160 front line positions'. • Despite the Province's reframing this remedy requirement to "front line", instead of LACs and IPSCs (i.e., 'having 160 front line positions'), it is self-evident that the purpose of this particular requirement, *per* the authors of the Remedy Technical Report, is to ensure that, given the total number of DSP participants at the time, the reformed DSP would have a specific number of specialized staff (IPSCs and LACs), with rigorous 'fidelity' being paid to strict caseload limits that staff could carry.[3] The Province has itself referenced sub-section c. of the present Year 3 requirement and the upcoming Fidelity Review. Accordingly, the Monitor's assessment regarding this particular Remedy requirement will be especially important in terms of providing updated guidance on IPSC and LAC recruitment for the Fidelity Review. • On reflection, it will be appreciated that the logical extension of the Province's position is that there needn't be *any* IPSCs or LACs at all; so long as at least '160 front line Care Coordinators' were available.

[2] It is noted that the Year 3 recruiting Requirements for LACs and IPSCs also completes the full Remedy recruiting obligations on the Province: "Full complement of 80 LACs and 80 IPSCs operational" [Year 3, #4(b)]

[3] At various points in Bartnik and Stainton's Report, the concept of 'fidelity' is elaborated in their Report: p. 42: "Ensure fidelity of design and implementation, especially in regard to ratios.", pp.. 42-43 (at 5.2-5.4). The importance of fidelity to the roles and case ratios per worker was also incorporated throughout the terms of the Remedy (see Feb-June 2023, s. 5(a), Year 1, ss. 4(c)-(d) & 5, including footnotes 1-3; Year 2, ss. 8-10; Year 3, s. 4(a-c); Year 4, ss. 3, 21 & 22; Year 5, ss. 4-5). The Province has itself referenced "the LAC and IPSC Practice Frameworks and Fidelity Assessment" that is currently underway.

	• The reality is that the technical experts recommended, and the parties agreed, that 80 specially qualified and trained IPSCs and 80 LACs, with carefully limited caseloads would be recruited and on the job to provide specialized, 'intensive' supports to persons with disabilities by the end of Year 3, "per the fidelity criteria". • Based on its own Appendix B data, by the end of Year 3, the Province had only recruited and had operational **42** IPSCs **and 55** LACs—**53%** and **69%** respectively of the Year 3 requirements for these specialized staff.[4] • **Second**, the Province references a number of Care Coordinators, EFACs, and 9 unspecified others 'in recruitment' but these are *not* the 'equivalent' of what the Remedy required by the end of year 3 for LACs and IPSCs; if for no other reason than those others positions are either fully engaged in *other* roles at this time or are still to be hired. Moreover, in terms of training, qualifications and, *importantly,* caseload limits, Care Coordinators and IPSCs are simply *not* 'equivalents'[5]. • **Third**, and what is very concerning, is that even by the end of Year 5, and even taking into account what it expects will be an additional 26 Care Coordinator role transitions to become IPSCs,[6] the Province is still planning on having only

[4] See Appendix B (data as of March 31, 2026), section 6, 'Staffing'
[5] In fact, EFACs , for example, are definitely not IPSCs. The Remedy makes very clear that the eligibility and assessment roles are to be kept scrupulously separate from IPSC roles. (see, for example, pp. 20, under Key Direction 1; point 5.3 on page 43, and 123
[6] See Province's Compliance Report for Year 3, #4, page 6, first bullet and confirmation received from the Province by email on June 19, 2026.

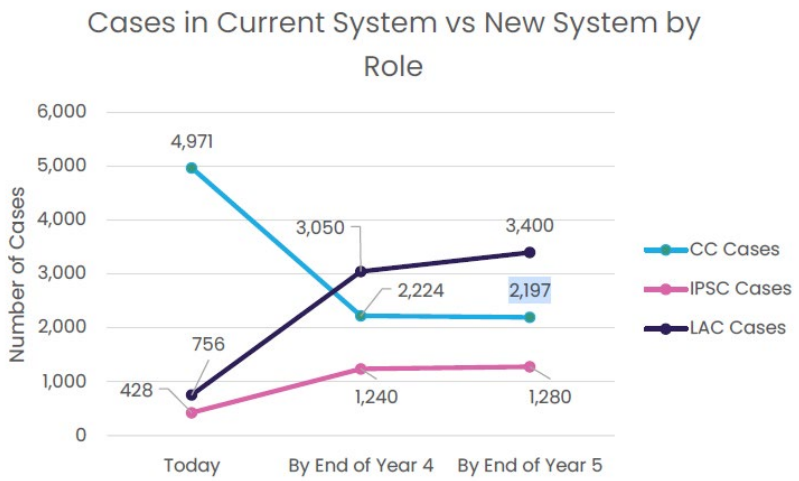
	64 IPSCs in the role—**16** fewer (20%) than the **80** legally required under this year's Remedy requirement #4.[7] • **Fourth**, and what is equally concerning to the DRC is that, instead of hiring the full complement of **80** IPSCs, the Province is, instead, planning on 27 Care Coordinators handling 2,197 adult DSP cases by Year 5. This represents **32%** of the projected DSP caseload.[8] • **Fifth**, not being bound by the Remedy-imposed caseload limits on IPSCs and LACs when using Care Coordinators, the Province is now planning on those 27 Care Coordinators carrying average caseloads of **81** cases,[9] which is what it was under the *old* and much-criticized system, prior to the Interim Consent Order.[10] Despite the explicit and much-repeated terms of the IPSC and LAC recruitment provisions in the Remedy, the Province is now seeking the Monitor to accept that the terms of the Interim Consent Order are met by simply having 160 'front line positions'—even if some 27 of them will have 'unacceptably high' average caseloads of over 80 persons—completely contrary to the IPSC and LAC caseload ratios in the Remedy.

[7] Document #282, pages 11-12. Rather than being merely hypothetical modeling scenarios, the document #282 states that the IPSC and LAC figures used in the report reflect "**planned staffing levels**" (emphasis in original) at page 9. The Province confirmed this by email on June 19, 2026.
[8] Document #282, pages 10-11
[9] This conclusion is drawn from information in the document that **2,197** DSP cases would be carried by **27** Care Coordinators (Doc. #282 at pp. 10-11).
[10] See Bartnik & Stainton Report at page 40 (3rd line from bottom). The Province itself has said that under the *old* system, Care Coordinators "face high caseloads that limit proactive planning, community inclusion, and crisis prevention." (Provincial doc. #244, p. 7), and, earlier this year, the Province described Care Coordinator caseloads as "already unacceptably high" (Province's Year 3 Interim Progress Compliance Report (January 2026) re requirement #4 (second bullet)

	• This is clearly *not* compliance in substance. **Conclusion**: For reasons that are not apparent and unexplained, the Province: • Has not recruited the full complement of **80** IPSCs which the Remedy legally requires by the end of Year 3. • In terms of ongoing IPSC recruitment, it is vitally important to appreciate that in its submissions, the Province is *not* taking the view that the Remedy requirement of recruiting **80** IPSCs/LACs is simply going to take longer.[11] Rather, the Province is no longer even *planning* on having 80 IPSCs in that role—even by Year 5.[12] The Province apparently feels that it has "flexibility" vis-a-vis actual LAC and IPSC hiring.[13] • Instead, and contrary to the intent of the Remedy and the Province's own stated intentions last year at this time,[14] the Province is actually planning on continuing through Year 5 with Care Coordinators, carrying heavy caseloads, to be handling many of the cases that the Remedy meant to be carried by IPSCs and LACs. • Entirely apart from the workers' excessive caseloads, from the perspective of persons with disabilities, this plan represents a clear diminution of the parties' agreement regarding the Remedy's intended protections and benefits in terms of

[11] It will be recalled that this is the position adopted by the Province in both its Year One Report and its Year 2 Report.
[12] In terms of IPSC & LAC recruitment, the Province states that while it is ongoing, simply "to address natural turnover", it has no plans to recruit internationally as had been considered a year ago: "an international recruitment campaign is not needed at this time."
[13] For example, the authors of the Modelling document state that one of the assumptions they worked from in building the model is: "By the end of Year 5, there will be a total staffing compliment of 179 (informed by DSP Organizational Chart Data), allowing flexibility in IPSCs and LAC hiring." (Doc. 282, page 5) (emphasis added)
[14] In its Second Annual Progress Report (May 2025), the Province stated, "We remain strongly committed to sunsetting the existing care coordination system". (page 15, first line)

the amount of specialized support available to persons with disabilities in the new DSP. The LAC and IPSC recruiting requirements underpin the Remedy in changing the existing approach to providing services, a transformation that was meant to benefit persons with disabilities.



- Returning to the Province's contention, that having on hand '160 front line positions' amounts to 'compliance in substance',[15] this is quite clearly incorrect. Bearing in mind that the onus is on the Province to demonstrate 'compliance in substance',[16] the qualifications, training and limited caseload which the Remedy intends for IPSCs and LACs is simply *not* equalled by overworked, not similarly trained Care Coordinators handling "already unacceptably high" and potentially unlimited caseloads.

[15] The Interim Settlement Agreement [s. 6(b)] defines 'Compliance in Substance' as having:
"…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". (emphasis added)

[16] Interim Settlement Agreement, s. 15(c)(ii)

- From the perspective of a person with complex disability-related needs who requires ongoing assistance from a support worker, would they prefer someone who has, at most, 19 other cases, or someone who has 79 other cases?

What about LACs?

- The Province's modeling document makes clear that the Province had recruited only **55** of the Required **80** LACs by the end of Year 3, and it *plans*[17] to have only 64 by the end of Year 4 and 68 by the end of Year 5. (see Table from Province's Modeling document #282, p. 11):

Role	Staff Today	Staff by End of Year 4	Staff by End of Year 5
CCs	53	30	27
IPSCs	42	62	64
LACs	55	64	68
EFACs	19	20	20
Total	169	176	179

- Even by the end of Year 5, the Province's plan still falls 15% short of the agreed-to Remedy requirement for recruitment of 80 LACs.

- As with the situation discussed above regarding IPSCs, the Province is of the view that it has *flexibility* and is evidently planning on Care Coordinators (with unlimited caseloads) doing a good part of the work that, under the Remedy, is intended to be done by LACs who have carefully prescribed caseloads.

[17] See footnote 8 above.

	• This was not what the parties agreed to, nor what the Remedy orders. **Requested Recommendation**: The DRC respectfully asks the Monitor to strongly recommend to the Province that it fully implement the terms of the Remedy respecting LAC and IPSC recruitment, using the full capabilities available to it to achieve these recruitment requirements without further delay. Also, we ask for a recommendation that any limit on 'approved DSP full time employees'[18] be revisited and amended so that the terms of the Remedy—especially regarding the full and proper recruitment of LACs and IPSCs—can be fully implemented.
5. Continue implementation of new Provincial capability for technical and peer planning supports program.	The Province claims '*substantial progress'* in the achievement of this Year 3 requirement. However, • Once again, while this is a Year 3 obligation, the Province's own submissions make clear that it will not even begin to be available until several months into Year 4. • Substantively, the DRC notes that Peer Support has always been referenced as a unique and *additional* planning support to LAC/IPSC/Care Coordinator support. Thus, neither in the Bartnik and Stainton Technical Report nor the present Remedy Requirement is Peer Support referenced as an *alternative* to LAC or IPSC support.

[18] It will be recalled that in its compliance submissions, the Province makes reference to there being "a total of **179** approved front-line positions in DSP". Even more pointedly, in the modelling document (#282), the staffing outcomes were deliberately configured so that: "By the end of Year 5, there will be a total staffing compliment of **179** (informed by DSP Organizational Chart Data), allowing *flexibility* in IPSCs and LAC hiring."

	• However, the DRC is concerned that, on reviewing the Province's supporting document #276, it appears that the Province has designed the program so that Peer Support users will not simultaneously also be available for LAC or IPSC support.[19]
6. Complete External Evaluation team report on individual outcomes.	The Province claims '*substantial progress'* in the achievement of this Year 3 requirement. • The Province claims 'Substantial Progress' but the completion of a Report from the External Evaluation team is now not expected until February 2027; it is almost one full year behind schedule. • It cannot meaningfully be said that this is 'Substantial Progress' on this Year 3 requirement.
9. Update as to implementation of work with SLTC to ensure no admissions to LTC occur (for young people) due to DSP failure to provide appropriate community supports	The Province claims 'exact compliance', • The DRC was provided with a draft of the proposed SLTC Policy, but not until one month after Year 3 had ended (i.e., on April 29, 2026). • It is currently with the DRC Board for review and comment. [redacted]

[19] Doc. #276, at pp. 3, 4 and 5

	[redacted]
10. New individualized funding (IF) administrative/support system in place.	The Province claims '*substantial progress'* in the achievement of this Year 3 requirement. • The DRC notes that the requirement for the *full* IF system being in place was actually a requirement of Year 2 (requirement #4). This delay has resulted in many consequential or knock-on delays for a range of other Remedy requirements • Despite it being much delayed, the DRC is relieved that it will *finally* now be in place even though that will, evidently, not happen until January **2027**. • It is difficult to rate the Province's compliance with this obligation given the delay and that, objectively, in Year 3, it was clearly *not* in place.
11. Implement External Evaluation and revision of IF administrative system.	The Province claims '*substantial progress'* in the achievement of this Year 3 requirement.

[20] See Confidential Document #278.

	• While the Province claims 'Substantial Progress', the reality is that the External Evaluation of the IF administrative system has obviously yet to even begin—and won't until Years 4 or 5. As a result, there will not have been any 'implementation and revision of the IF system' based on External Evaluation. • The Province's achievement of this requirement can only be characterized as 'no progress' during Year 3; stating otherwise would deprive the rating of any meaning.
12. The Province will have carried out the following during the year: a. DSP institutions closure relocations 75% reduction in RCF/ARC/RRC (n= 652 of 870 total) by providing those individuals with meaningful access to accommodative assistance to meet their different needs to live in community	The Province claims '*substantial progress'* in the achievement of this Year 3 requirement. **Regarding RCF/ARC/RRC institutional relocations** • By the end of Year 3, the number of people eligible for DSP in these larger institutions had only been reduced by 311 persons.[21] This represented a 36% reduction from the baseline figure—and less than half of the Year 3 Remedy requirement which calls for three-quarters (¾) of people in the institutions to have been relocated by this point. • In its submissions, the Province seeks to bolster its results by combining the number of actual "relocations" (the term used in the requirement) *with* the number of people not-yet-relocated but having at least connected with an IPSC. • Realizing how essential having the required number of IPSCs available is to achieve the deinstitutionalization goal in a timely way, it is concerning for the

[21] While the Province states that there had been a reduction of 301 persons during Year 3, the data in Appendix B (section 1) indicates that the total of people still residing in these institutions has actually been reduced 311; a reduction of 36% from Baseline—which is only 48% of the Year 3 requirement.

	Province to state that it will have hired "sufficient" IPSCs[22] when, in fact, only about half of the required number have been hired.[23] • It is also very concerning that the Province would unilaterally come to this conclusion— that sufficient IPSCs have been hired—without the agreement of the DRC. • In addition, the fact that Allied Health Services have yet to be properly/fully rolled out raises questions as to whether this, too, has served to slow down the rate of de-institutionalizations. • In **Conclusion**, with respect, the requirement here is very specific in terms of what the parties agreed to and what became a legally binding Order. The Province has not achieved even half of the required relocations.[24] This represents a serious, ongoing human rights violation for the people who ought to have their right to live supported lives in community delayed. • This is not "substantial", let alone "sufficient" progress.
b. Planning for next RCF/ARC/RRC groups including capacity building and enhanced current lifestyle (estimate n = 217);	The Province claims '*substantial progress'* in the achievement of this Year 3 requirement. • Regarding this Year 3 requirement, the Province now states that this work will begin in the Spring of 2026—a full year later than required. • Moreover, the Province repeats its Remedy-violating position that "enough IPSCs have been hired" to result in the closure of all of the larger institutions by

[22] See DRC submissions re req't. 4(b) above.
[23] 42 of the required 80 IPSCs (see DRC comments re requirement #4 above)
[24] See the first Table of the DRC's Analysis of the Province's Compliance re ARC/RRC and RCF Relocations

	the end of Year 5. With respect, "enough" ISPC recruitment would be what the Remedy called for—80 IPSCs by the end of Year 3. • More broadly, from a human rights perspective, the Province's position on having too few IPSCs significantly dilutes and diminishes the rights protections that the Remedy intended: it results in more persons having to reside in institutions for longer periods—prolonging the violation of their right to live in community. • This is clearly not substantial progress on a Year 3 requirement.
c. Further new 200 ILS plus/Flex independent places allocated	The Province claims 'compliance in substance' in the achievement of this requirement. • This very specific Remedy requirement calls for a further 200 ILS+/Flex places in Year 3 for a total of **600** new places by this point in the Remedy. • The reality is that by the end of Year 3, a total of **159** persons were being supported, which is **27%** of the Remedy requirement. • The Province seeks to re-interpret the underlying intent of this part of the Remedy, arguing that it simply meant "to quickly provide additional Individualized Funding options and create flow in the system, both of which have been achieved."[25] • However, while stating that these programs are 'uncapped' and therefore open to all applicants, the reality is that many potential ILS+ candidates residing in institutions can only apply after having been assigned an IPSC which, unfortunately, is yet to happen because of staffing shortages.

[25] Province's Submission re requirement 12(c), page 13, last bullet.

d. 100 new Homeshare options added for a total of 340.	The Province claims '*substantial progress'* in the achievement of this Year 3 requirement. • Through Year 3, **zero** Homeshare spaces had been created. • The Province explains that it rated its implementation of this requirement as "Substantial Progress" because: "…we made sufficient progress (launching HomeShare) to anticipate it will contribute to remedying the discrimination in the required timeframe by providing a new community based living option." • With respect, the above is not what this requirement asks of the Province. • Despite the Province's description of its Home share activities, it is understood that, even at this point in Year 4, only a very small number of Service Agreements have been signed by HomeShare service providers with the Province. • This is clearly not substantial progress on a Year 3 requirement based on the Province's information.
e. Young persons in LTC—Shared Services 100% complete with 200 total	The Province claims '*substantial progress'* in the achievement of this Year 3 requirement. • For context, at Baseline, there were **424** persons under age 65 in Long Term Care settings (Nursing Homes).[26] At the end of Year 3, there were actually **440** persons in this group.[27]

[26] See Appendix B (data as of March 31, 2026), section 4 (right hand column)
[27] See Appendix B (data as of March 31, 2026), section 4

	• To be clear, the requirement for Year 3 is for an *additional* 90 persons aged under 65 who have been living in Nursing Homes/Long Term Care Homes to relocate to community—for a cumulative total of **200**. These **200** relocations from LTCs would complete the Province's obligation under the Remedy. • The Province indicates that, after three years of the Remedy, the Province had supported a total of **10** Shared Service spaces[28]: a mere 5**%** of the total requirement by end of Year 3. Of these, it appears that only 3 persons under age 65 moved out of LTC in Year 3 of the Remedy.[29] • Bearing in mind that there were already 4 'younger persons' from LTC living in community under the Shared Services program prior to the start of the Remedy,[30] this means that *only an additional **6** persons* have moved out of LTCs in the three years of the Remedy. • In its Compliance Report, the Province notes, encouragingly, that 'an additional 18 persons are engaged with Shared Services planning with an IPSC'. However, looking back at previous information submitted to the Monitor, and in light of the fact that after more than three years, a total of only 10 persons have actually relocated to community, one is left questioning the Province's earlier optimistic estimates regarding the number of relocation applications 'in process'.[31]

[28] Province's Year 3 Compliance Report re #11(e), page 16, third bullet
[29] See Appendix B (data as of March 31, 2026), section 3
[30] Bartnik & Stainton made several references to the existence of the Shared Services 'pilot project' with 4 persons in the project at: pp. 31, 32, 36 & 120 of their Report.
[31] Document #48 (September **2023**), refers to: "**15 participants** who would like to move into community as soon as possible." Doc. #50 (February **2024**) indicates that 18 Care Coordinators had been assigned for the first **18 younger persons** in LTCs, 6 assessments were already complete, and "**12** additional assessments will be completed in the coming weeks". (page 9) In May **2025**, the Province reported in its Year 2 Compliance Report re Req't. 3(f): "**Eight individuals** are being supported in this program. An **additional five** individuals are in the process of being assessed for the program and six people are in the process of being matched with a service provider."

	• The Province also points to what it calls, "Privacy, consent, and access to information issues between departments and service providers created barriers to uptake of Shared Services support in the past."[32] The DRC makes two observations in reply: 1) There appeared to be no such 'privacy' concerns when, in its Year 1 reporting, the Province informed the Monitor that it was reaching out directly to 'younger persons' in LTCs' by way of letter or actual contact from their existing Care Coordinator.[33] 2) The apparent inter-departmental siloing problems interfering with the Province's achievement of its obligations under requirement 12(e) are a perfect illustration of the Remedy Roundtable *not* functioning as it should. • The Province also references "IPSC caseload capacity" as being one barrier limiting achievement of this requirement…. "as IPSCs are assigned to support individuals through the planning process" uptake for this group "can be anticipated to increase". • However, two points must be borne in mind: 1. The Province elsewhere states in its Year 3 submissions and materials that it has already hired 'sufficient' IPSCs to achieve the Remedy's requirements,[34] (even though *only* about half of the number required by the Remedy have been recruited), and

[32] This is explained in more detail in the Province's Interim Report (January 2026) re requirement 11(e)
[33] See February-June 2023 Compliance Report (May 2024) re requirement 11; Year 1 Compliance Reporting re Year 1, #38 (May 2024). and Docs. # 48 (pages 9 and **13-14**), 49 and 50 (page 6)
[34] See the Province's reference to current IPSC recruitment being 'sufficient': i) Province's submissions re Year 3, req't. 12(a): "sufficient IPSCs have been hired….", ii) "Modelling confirms that this staffing complement is sufficient to meet the requirements of the Remedy"

	2. In fact, there are only 14 IPSCs currently assigned to persons in the over 90[35] LTC homes in Nova Scotia.[36] • This creates the clear sense that inadequate resources have been diverted to support 'younger' persons in LTC to move out and into community. This is confirmed by the fact that in Document #282, it appears that the Province itself doesn't even include 'younger' persons in LTCs as part of what it currently classifies as "Remedy Priority Cases".[37] • The emergent point being that the Province has inadequate IPSC staff available to ensure that the 440 people actually have and can enjoy a "human rights compliant client pathway that ensures timely access to accommodative assistance."—which is, after all, the overriding obligation under the Remedy. • Also, the Province needs to work more with the DRC to develop more effective strategies to work with younger persons in LTCs to overcome the natural fear people there express about leaving the supports they currently have so that they can enjoy a supportive living situation in community.
f. Reduction in psychiatric hospitals n= 36 of 48 total *and* forensic hospital n=21 of 28 total. Year 3 target 20% = further 16 people moved out and provided planning/ capacity building/enhanced current lifestyle.	The Province claims '*substantial progress'* in the achievement of this Year 3 requirement. • Apart from Appendix B, the Province has failed to provide any documentation to substantiate its claims. That is, the numbers cited by the Province[38], are nowhere to be found in its documentation (or Appendix B), thus preventing meaningful human rights accountability by the DRC.

[35] See: Nursing Homes and Residential Care Facilities Directory (NS, June 2026)
[36] Province's Year 3, #4 submissions (on page 6, last line)
[37] Document #282, page 7.
[38] In the first bullet of its submissions re 12(f) on page 16 of the Year 3 Compliance Report.

	• This requirement can be most clearly understood by breaking it down into its two sub-obligations: • Re **Psychiatric Hospitals**: the Province indicates that there are 21 persons in Psychiatric Hospitals who have been assigned an ISPC or Care Coordinator. However, there is a real absence of data provided to substantiate these claims, let alone be able situate them in the broader context of how many people are in psychiatric units across Nova Scotia and how many people have been assigned IPSCs and how long they have been awaiting moves back to community (see below re Forensic hospital). • Re **Forensic Hospital**: The Province says that only '8 DSP participants' are currently residing at the East Coast Forensic Hospital. • However, the Remedy requirement is focused, not on the number of DSP eligible people who are at the Forensic Hospital but, rather, the number who have 'moved out' and calls for an increasing "reduction" in the number of DSP eligible persons residing in the Forensic Hospital each year. • The Province points solely to Appendix B to substantiate its position re 12(f). However, the one row of data regarding the Forensic Hospital in Appendix B (section 3) shows: 1. **Zero** DSP eligible people moved out of the Forensic Hospital in **Year 3** of the Remedy; and 2. **Two** DSP eligible persons moved out in Year 2. This cannot fairly be called 'substantial compliance' of the obligation imposed by this requirement.

	• While the number of patients in the Forensic Hospital is not static and will change over time, the DRC suggests that it would be more useful for purposes of monitoring this requirement and, to get a better grasp on the core question underlying this aspect of the systemic discrimination Remedy (i.e., whether people are languishing at the Forensic Hospital while awaiting DSP supports to move to community),[39] for the Province to provide data, showing: the number of patients in the Forensic Hospital, the number who have applied for DSP, the number of DSP applicants who have been assigned an IPSC and the median times DSP eligible persons have been waiting to move to community once their DSP application has been found eligible.
g. Reduce Waitlist (SRL) "no support group" (baseline of 589) by further 300 to zero through an IF option; i. Planning commenced for new applicants (need estimate from Client Projection model)	The Province claims '*substantial progress'* in the achievement of this Year 3 requirement. However, • The DRC acknowledges that some 75 of the 231 people who are still in this group (eligible for DSP but not receiving support') have LAC support. Having said that, the question is why haven't all of those in this group been offered planning support while awaiting further DSP engagement? • The Province purports to provide a breakdown of the 231 persons on the Waitlist but not receiving support. However, what makes it difficult for the DRC to comment is that the Province has provided no information i.e., documentation/evidence in support of these claims—even though this is a fundamental requirement of Remedy reporting which the Monitor has previously commented.[40]

[39] The link above is to a summary of the evidence provided by two expert witnesses at the Human Rights Board of Inquiry in this case in 2018. Their testimony concerned the experience of persons at the Forensic Psychiatric Hospital who were awaiting DSP supports in community and who were otherwise eligible to leave hospital.
[40] See, for example, First Annual Report (pp. 5, 10, 35 & 37 and Recommendation #3)

	• In the absence of more detailed documentary information, one of the questions which the DRC has about the Province's claim is that there is no basis for determining whether, for example, in a family situation, the person who has been accepted into the DSP has had their preferences ascertained through a supported decision-making process, as distinct from, whether a family member may have 'decided for them'/substitute decision-making. • Even in situations where full DSP funding may have been declined, questions arise whether the rest of the group concerned has been offered LAC/IPSC support, FLEX funding or other DSP supports e.g., 'respite' funding. • In the absence of at least some documentary support, all these questions are left standing.
h. 100 new school leavers funded and commence new supports	The Province claims '*exact compliance'* in the achievement of this Year 3 requirement. • The DRC agrees that the Province has met the required number of school leavers being supported. *School Leavers & the Role of LACs* • However, an integral part of the program is the LACs' role in their work with 'school leavers'. As indicated in relation to requirement #4 above, for the Province to be planning on having 15% less than the Remedy required number of LACs, will necessarily impact this program. • Moreover, in terms of qualitative contribution added by LACs to the school leavers program, the DRC raises concerns as to the real benefit so far experienced by young people. The Province itself references review(s) that are already underway potentially leading to "program refinement".

	• In terms of disclosure of relevant documentation regarding Remedy implementation, the DRC asks that it be provided with a copy of any and all internal reviews of the School Leavers Program, including LAC involvement, which may have been or will be created so that the DRC may be in a position to provide more meaningful Comments on the 'supports' aspect of this requirement next year.
i. 20 new Existing (Temporary Service Arrangements (TSA's) converted (n=40 of 83) and 20 new Innovation places.	The Province claims '*substantial progress'* in the achievement of this Year 3 requirement. • For context, there were **83** Temporary Shelter Arrangements (TSAs) at Baseline in 2023.[41] The Year 3 requirement was for a further 20 TSA conversions for a Year 3 cumulative total of **40** conversions. • In fact, at the end of Year 3, the TSA total stood at **170**, an *increase* of **87** TSAs or **105%** over baseline.[42] • The Province bases its claim of 'substantial progress' on: i) the number of TSAs has stabilized, and ii) "at least half of participants in TSAs are now engaged in individualized planning with IPSCs". • With respect to the remedy requirement, the fact that there was only one *additional* TSA in the first quarter of 2026, is not progress—certainly not substantial progress. It cannot meaningfully even be described as slight progress. • Similarly, while the fact that 85 of the persons in 170 TSA have an IPSC is, obviously, for the better, it is irrelevant to this Remedy requirement which is focused on the number of *reduced TSAs*.

[41] See Appendix B (data as of March 2026), section 2
[42] See Appendix B (data as of March 31, 2026), page 1, section 1

	• Had the Province hired the number of IPSCs required by the Remedy, there quite reasonably could have been considerably more progress to achieving this remedy requirement.
13. Update as to work to remove waitlist for eligible applicants by establishing a human rights compliant client pathway that ensures timely access to accommodative assistance.	The Province claims '*exact compliance'* in the achievement of this Year 3 requirement. However, • While the Province states that new applicants are no longer being placed on the DSP waitlist/Service Request List: "Instead, through the DSP Connector, they are offered support from an LAC or IPSC, as appropriate." • One year ago, the DRC clearly noted its position that simply being connected to a Connector, an LAC or IPSC did not amount to "timely access to accommodative assistance" which is what this provision requires. • In its 2025 Report, the Monitor agreed, stating, "I have concerns about the Province's decision to stop adding DSP applicants to the Service Request List because being referred to a DSP Connector and being offered services does not appear to be equivalent to receiving accommodative social assistance." • Despite the Monitor's expressed concerns, the Province has pursued this approach, which serves to obscure the number of people who may have an LAC or IPSC but who are actually awaiting funded services. • Shortly after Year 3 of the Remedy ended, the DRC received a proposal from the Province regarding a measure to monitor DSP applicants' progress through the process. It is being reviewed by the DRC and we expect to have comments on the proposal to the Province before long.

14. Update as to development and implementation of new program policies including arrangements for triage and "immediate assistance" once found eligible.	The Province claims '*exact compliance'* in the achievement of this Year 3 requirement. However, • The DRC received draft DSP *eligibility* policies on May 15, 2026, for our review.[43] Unfortunately, the delays in getting the Draft policies to the DRC is emblematic of too much of the Province's Remedy implementation. • The Draft eligibility policies do not purport to address questions of either 'triage', the immediate availability of assistance once found eligible nor the right to accommodative assistance. • The DRC is in the process of reviewing these substantive policies and expects to have substantive feedback for the Province. [redacted]

[43] See Confidential Document #300
[44] DRC Submissions (June 2024) at paras. 54-70; DRC Submissions (June 2025) at paras. 108-136
[45] Monitor's Report (July 2024) at page 50 (first full para.) and Monitor's Report (July 2025) commentary in footnote 6 on page 8 of February-June 2023 Monitor's Assessment where the Monitor commented on the required reforms to DSP eligibility Policy: "Human rights-based reforms to Disability Support Program Policy require, as the DRC notes, comprehensive eligibility without categorical/diagnostic ineligibility".
[46] Confidential Doc. #300

	[redacted]
16. Remove waitlist for eligible applicants by implementing planning and support/ Discretionary Funding for	The Province claims '*substantial progress'* in the achievement of this Year 3 requirement.

[47] See current DSP Policy Manual at Policy 4.1: "To be eligible for DSP a person with a disability must meet the DSP eligibility criteria, and have a diagnosis that confirms one or more of the following disabilities…" (i.e., 'Intellectual Disability, Long Term Mental Illness, Physical Disability and Acquired Brain Injury'). Review/reform of DSP eligibility policies were the subject of lengthy submissions by the DRC last year at this time. The Remedy

[48] It will be recalled that the Remedy imposes an obligation on the Province to reform its DSP eligibility Policies, including with respect to compliance with the *Social Assistance Act*, Year 1, #**44**. In his First Report, the Monitor stated (page 50): "On Disability Support Program eligibility policy, I will be looking for the Province to provide public documentation in subsequent progress reports, which demonstrates the DSP policy, application process, operational procedures, and related screening tool(s) are in accordance with the *Social Assistance Act*."

[49] *Social Assistance Act*, ss. 4(d) and 9(1)

Waitlist "no service" group. Baseline of 589 versus: Waitlist/no support group reduced by further 300 to zero; planning commenced for new applicants (need estimate from Projection model).	However, • The Province has provided no substantive submission on this requirement. It directs reader to its submission re 12(g) above (re complete elimination of the waitlist for those who are eligible but not receiving support). • This requirement imposes an obligation on the Province to substantiate (via documentation) what it has achieved in terms of "implementing planning and support/ Discretionary Funding". • There is simply no attempt to demonstrate how, if at all, this has been achieved.
17. Continue implementation and support of Regional Advisory mechanisms.	The Province claims '*exact compliance'* in the achievement of this Year 3 requirement. • However, based on the materials relied on in support of its position, the DRC has concerns that the governance related documentation to which the Province refers may not include adequate safeguards to ensure that all Council members *and* activities are fully committed to principles of equality and inclusion/non-segregation which underly the Remedy. • Similarly, the governance documentation must be explicit that supported activities must actually contribute to building capacities for individuals, families and communities to community-based and inclusive activities. • Lastly, the DRC wishes to acknowledges the important support provided to the Regional Advisory Councils from the Draft inclusive language manuals provide by the Province.[50]

[50] Documents #s 280, 281 and 285.

18. Continue implementation of: a. Innovations and Transition funding and allocations through Regional Advisory mechanism and b. Services Transition Development Fund	• The DRC reiterates the points made in the first two bullet points in #17 above with respect recipients of funding under #18(a) and (b). Actors involved in the Remedy must agree to share and promote the human rights values underlying the
19. Update DSP client projection model using baseline numbers and provide assumptions, and outputs of the model	The Province claims '*exact compliance'* in the achievement of this Year 3 requirement. However, • **Overview**: As will be elaborated below, it is unsettling that an ostensibly objective modelling exercise of DSP staffing requirements and caseload projections is not transparent about having ignored the Remedy's requirements for the need to recruit and have operational 80 IPSCs and 80 LACs through to the end of Year 5. As a result, the Province plans for its shortfalls in IPSC and LAC recruitment to be made up by relying on Care Coordinators who will carry one-third of the DSP caseload by the end of Year 5 and will be carrying huge caseloads averaging over 80 cases. • Parts of the DRC comment on the updated client projection model can be found in our submissions regarding IPSC and LAC requirement # 4 above. For the sake of brevity, presented here, in summary form, are our comments on Modelling document #282.[51] • Re "**Context**": Page 3 of doc. #282 references the feasibility of transitioning staff and caseloads into the new system "while continuing to meet Remedy

[51] It should be mentioned that neither of the Models (Docs. #261 nor #282) contain any Baseline numbers as required.

	Targets", there is no explanation or clarification as to which Remedy targets are under consideration—or how they were chosen—despite the fact that this appears as a crucial factor in the development of the analysis that follows. • Re "**What we are trying to confirm":** The modelling seems to concern itself with the question of *how* all "Remedy Priority Cases" (again, there is no indication provided as to how these cases were chosen as 'Priority' cases)—can be assigned an IPSC within an 'approved' staffing complement of **179**. • Re "**Modelling Goal**" (page 5): Again, the modelling seemed to have concerned itself with whether "all Remedy Priority" cases can be assigned to an IPSC by the end of year 5. **NOTE**: While the model does reference the Remedy imposed caseload limits for LACs and IPSCs, there is, unfortunately, no reference anywhere in the document to the Remedy requirement that there were to be **80** IPSCs and **80** LACs on the job by the end of Year 3. • Re "**Assumptions"** While some of the assumptions are non-controversial (e.g., LAC and IPSC caseloads) others are questionable: 1) Re "**Sufficient CCs ['Care Coordinators'**] will remain in the current system after Year 5 to support…non-Remedy cases at a sustainable level." a) There is no attempt made to explain what is meant by 'non-Remedy cases"; b) This is the first time that the DRC is learning that there will be a continuing role for Care Coordinators for adult DSP cases after year 5 of the Remedy; c) what is meant by "sustainable levels: is nowhere defined or explained. 2) Re The document defines "**Remedy Priority Cases**" as those where persons are in ARC/RRCs, RCFs, and GH/DRs and are to be assigned IPSCs first. 1) The DRC is very surprised to read that such cases are considered by the Province to be 'Remedy Priority cases'

	over other cases and has not previously been informed of this by the Province. 2) Moreover, there is no explanation as to the criteria developed by the Province to decide why *these* are 'priority' cases, let alone who decided that they have priority. Interestingly, however, in last year's Annual Progress Report to the Monitor, the Province similarly stated that by Year 5, there would be sufficient IPSC capacity to support not only what it is now labelling *Remedy Priority Cases* but, in addition, it *also* included: "….under 65 and living in long-term care; supported through a temporary shelter arrangement; in psychiatric and forensic hospitals; and on the service request list not receiving support."[52] In the space of one year, the Province has now narrowed/reduced the size/scope of the group which, it says, it has sufficient IPSC capacity to support. 3) Re **Total Staffing** compliment of **179**: This number appears to be at the core of the modelling. In its main Compliance submission regarding recruiting of LACs and IPSC (Year 3, #4), the Province refers to "a total of 179 approved front-line positions in DSP". In short, the modellers appear to have understood their task to be: 'how could the Remedy Priority Cases[53] each have an IPSC by Year 5 without the staffing complement exceeding 179'.

[52] See Province's 2nd Annual Progress Report (May 2025) at page 13. See also Confidential Doc. #34 (May 2024) at pages 3-4 where it is stated:

> "Service Request List (SRL) High Priority: Individuals on the Service Request List currently receiving support, identified as high priority, will have IPSC support (181 cases)…..Complex Cases: Individuals identified to be complex will have IPSC support. (822 cases)"

[53] The document indicates that there are currently **269** Remedy Priority cases (page 7)

	(In contrast to the **179** FTEs, it is important to recall that the Province provided documentation to the Monitor with its First Annual Report that there would actually be **184.5** FTEs in the DSP "from Year 3 onwards".[54]) It is troubling that in a report about staffing requirements by Year 5, that there is no reference anywhere in the document to the equally important Remedy requirement that there were to be **80** IPSCs on the job by the end of Year 3. 4) Re **Case Projections**: On pages 10-12 of the document, we learn two extremely concerning things: 1. That at the end of Year 5—when the Remedy is meant to be completed—the Province is **planning** on some 2,197 cases (32% of the projected caseload) being handled by Care Coordinators—*not* LACs or IPSCs.[55] While the Remedy doesn't explicitly call for the ending of the Care Coordinator role, in last year's Annual Progress Report, it will be recalled that the Province stated: "We remain strongly committed to sunsetting the existing care coordination system".[56] 2. As noted earlier, the human rights of persons with disabilities are poorly protected by the Care

[54] See Confidential doc. # 34, page 3

[55] The modelling is explicit that its analysis is based on "planned staffing levels"; see the fourth bullet point on page 9 of the document: "….**whether planned staffing levels are sufficient**". (emphasis in original) and on page 12, the modellers again refer to "the planned IPSC staffing levels". (underlining added)

[56] See 2025 Annual Progress Report (page 15, first line)

	Coordinator system because, historically, they had *unlimited caseloads*. The planned average caseload for Care Coordinators in Year 5 is expected to be around **81** cases per CC.[57] 3. Further, by the end of Year 5, the Province is only **planning** to have a total of **64** IPSCs on the job[58]—not the **80** legally required by the Remedy. Similarly, the Province is only planning on having 68 LACs by the end of Year 5—not the **80** required by the Remedy.[59] 4. The Modelling document concludes that it had reached a configuration under which the IPSC staffing and priority case numbers it used, the requirement of limiting staff to **179** staff could be achieved. (page 11) **Conclusions** 5) From the perspective of transparency, and having adopted a human rights-based approach, it is unsettling that the ostensibly objective 'modelling analysis' in doc #282 would make no reference to the Remedy requirement of there needing to be 80 IPSCs and 80 LACs on staff, let alone building it into its analysis.

[57] The average caseload is derived from the total number of Care Coordinator cases (2,197) (page 10) divided by the projected number of Care Coordinators (27) (page 11)
[58] See Doc. #282 at page 11
[59] See Year 3 Remedy requirement #4(b)

	6) Rather than planning on recruiting the Remedy *requirement* of 80 IPSCs and 80 LACs, the Province is, instead, reverting to heavy reliance on Care Coordinators to 'make the numbers work'—in terms of staying within the approved FTEs of **179**. 7) Ultimately, while the Province is correct that the Modeling shows that it 'can have 160 front line position in place by Year 5'; such a plan cannot be called Remedy compliant with respect to IPSC and LAC staffing.
20. Continue appointment of External Evaluation Team and report on appointment, activities, reports and recommendations of the Team.	The Province claims '*exact compliance'* in the achievement of this Year 3 requirement. • In its submissions on this requirement and its self-assessment as 'exact compliance', the Province merely points to its achievements which it outlined in #6 above, where, ironically, the Province rated its implementation of this requirement as only 'substantial progress', even though req't. #20 imposes an additional obligation re 'Team recommendations'. • The fact that the Province would rate its implementation of this Year 3 obligation as 'exact', despite the fact that the External Evaluation it refers to will now not even be released until 2027, again raises valid questions regarding the reliability of the Province's self-assessments.
21. Continue to implement Disability Sector Workforce Plan.	The Province claims '*exact compliance'* in the achievement of this Year 3 requirement. However, • It is concerning for the DRC to see that the Province has self-assessed at 'exact compliance' given that, at the end of Year 3, its LAC and IPSC recruitment requirements have not nearly been met. In fact, Year 3 was

	supposed to complete the Province's full Remedy requirement in terms of IPSC hiring (80) and LAC hiring (also 80). • However, only 69% of Remedy required LACs were hired and 53% of IPSCs were hired. • In this context, it is all the more disappointing to see the Province's Comment in #4 above, that: "An international recruitment campaign is not needed at this time." • Separately, in its submissions on this requirement, the Province highlights that it is offering a Human Rights Microcredential "for disability support Professionals". The DRC is concerned that staff from the former RRCs (Breton Abilities and Kings) who are now centrally involved in Outreach Teams have not been required to participate in these trainings so that they might have the capacity to bring a fresh, more human rights-based approach to their work under the Remedy.
22. Implement new licensing and safeguard standards	The Province claims '*substantial progress'* as its overall achievement for this requirement. • **However**, the obligation is for the Province to actually 'implement' new licensing and safeguard standards. • While the Province points to a 'Housing Safeguards Framework' document to evidence its implementation (doc. #286), a review of the current version (dated *April* 2026) makes clear that it is still a *draft* version,[60] while the Province states that implementation "will" be in Year 4.

[60] See pp. 2 ("Last Updated: April 7, 2026")

	• Unfortunately, this Remedy requirement, too, has not been achieved in Year 3.
23. Implement new housing strategies	The Province claims '*substantial progress'* in the achievement of this Year 3 requirement. • **However**, the obligation is for the Province to actually 'implement' new housing strategies. • The supporting documentation cited by the Province (doc. #288) is a 'housing continuum options analysis' that, at best, only started in June 2026, but, possibly, may not have even started yet.[61] • Again, in Year 3, it must be said that the Province made no progress at all in the implementation of this requirement.

[61] See Doc. #288, page 7.