

DRC Comments on Selected Indicators: Year 2 (April 1, 2024-March 30, 2025)

(June 2025)

INDICATOR	COMMENT
1. Update as to status and work of the Roundtable.	<p>The Province claims ‘<i>exact compliance</i>’:</p> <ul style="list-style-type: none"> • However; it appears that the Remedy Roundtable has met a total of four times during the course of the Remedy—the last being in January 2025. And yet, Bartnik and Stainton characterized the role of the Roundtable as “critical”, requiring “active and ongoing collaboration”.¹ • Given the indications that Departments outside Opportunities and Social Development are not fully engaged/committed to the urgency of the Remedy, (e.g., there has been a spike in young adults entering and now living in nursing homes/LTCs), it would appear that more frequent meetings of the cross-departmental Government Roundtable would be warranted and helpful.
3. The Province will have carried out the following during the year:	<p>The Province claims ‘<i>substantial progress</i>’ as its overall achievement for this requirement.</p> <p>However, a careful review of each of the specific requirements, reveals the following:</p>

¹ [Bartnik and Stainton](#): “The Government Disability Roundtable has a critical role to carry forward a whole of government response to the Remedy. Active and ongoing collaboration is required among all government departments in order to address the four areas of discrimination against persons with disabilities in order to eliminate silos and ensure that people have access to the supports and services they need in the community, regardless of which government department is responsible....In particular, the timely provision of mental health clinical supports is critical to the achievements of the targets under Key Direction 2, Closing Institutions.” ([at page 77](#))

<p>a) Increase in ILS plus/Flex Independent options by a further 200 (in addition to Y1 baseline)</p> <p>b) Reduction in the total number of people residing in ARC, RRC, and RCF's by 30% compared to baseline (n= 261 of 870 total) by providing those individuals with meaningful access to accommodative assistance to meet their different needs to live in community, and</p> <p>c) Planning commences in November for next groups including capacity building and enhanced current lifestyle (n=208)</p> <p>d) 20 of 83 Existing TSA's converted</p> <p>e) Plans for people in Psychiatric Hospitals and Forensic Hospital to return to their community of choice including:</p> <p>a. Plans and timelines finalized for 'return to local community' for people in psychiatric hospitals (n=48) and Forensic (n=28)—for completion within 5 years from year 1.</p> <p>b. Minimum of 78 individuals currently identified on Service Request List. Target 20% = 16 people moved out in Year 2.</p> <p>f) Increase in Shared Services Under 65 in LTC Shared Services of 81 persons in community of choice for a total of 110 of 200 total.</p>	<p>a) Re <u>increase</u> ILS+/Flex independent by an <u>additional</u> 200 (Y2 required total of 400 additional places over baseline)</p> <ul style="list-style-type: none"> Despite the Province's submissions regarding these two programs being open-ended/unlimited, the stark reality is that after two years, there is currently a total of 89 persons in ILS+/Flex independent <i>over</i> baseline. (There were 60 at baseline: 60 Flex Ind. & 0 ILS+). Of the 89 <i>additional</i> spaces by end of Y2, 20 were in ILS+ and 69 were in Flex Independent. Thus, the Province has only met 22% of its total requirement by end of Year 2. Stating that these are open-ended programs, freely available to any qualified person is a plainly inadequate explanation. The Province points to its generic defence of recruitment problems for LACs and IPSCs for its failure to even achieve a quarter of the Remedy's Year 2 requirements. Again, the broader recruitment challenges are ones which the Province created for itself by unilaterally choosing to completely abandon the hiring requirements for LACs and IPSCs in Year 1. <p>b) Re Reduction in the total number of people residing in ARC, RRC, and RCF's by 261 (30%) compared to baseline</p> <ul style="list-style-type: none"> By the end of Year 2, the Province has reduced occupancy in the large DSP institutions (RRCs, ARCs and RCFs) by a total of 188 persons from baseline (i.e., 870 persons). The Year 2 requirement was a total reduction of 30% or a 261-person reduction from baseline. In short, the Province only achieved 72% of its Year 2 Remedy requirement. <p>c) Re Planning commences in November for next groups including capacity building and enhanced current lifestyle (n=208)</p>
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<p>g) Planning/capacity building/enhanced current lifestyle for those in other systems (Shared services and psychiatric hospital/forensic) Baseline versus: estimate numbers n=16</p> <p>h) Increase of 50 in DSP Homeshare options in community of choice, by region (n= 50): 240 total Homeshare.</p> <p>i) Reduce DSP Waitlist (Service Request List) “no support group” (Baseline of 589) by 289 through IF options.</p> <p>j) Planning and support and Discretionary Funding for DSP Waitlist (SRL) “no service” group—estimate numbers n=350</p> <p>k) Four new DSP Regional Multidisciplinary Mental Health/Health Teams and Supports operational, and Integration of Multi-disciplinary outreach teams complete.</p> <p>l) Award new proposals for MH/Health programs.</p> <p>m) Province wide Critical Response Team/capability fully established.</p> <p>n) Commence planning for School Leavers (n =100).</p>	<ul style="list-style-type: none"> • From the Province’s submissions & accompanying documentation, it is entirely unclear how many of the next group of 208 persons in the large DSP institutions have been assigned an ISPC to create a plan & enhance their current (i.e., institutionalized) lifestyle. • The Province states that 9 residents of institutions were ‘subjects’ in a November 2024 training session. In fact, the documentation relied on states that of the 9 subjects, only 2 were residents in RRCs, RCFs or ARCs.² • Further, the Province states that IPSCs are currently working with “94 residents of institutions”. However, as part of the same submission, the Province states that these 94 include residents living in DSP institutions <i>and</i> hospitals, DSP applicants on the waitlist who are receiving no support & those in TSAs. • In short, by Year end, the Province had not come anywhere near achieving this requirement of commencing planning, capacity building and enhancing the current lifestyle for an additional 208 persons in large DSP institutions. <p>d) Re 20 of 83 Existing TSA’s converted</p> <ul style="list-style-type: none"> • The Province concedes that the number of TSAs “has not decreased” as called for by this requirement. • The actual situation is that the number of TSAs were 83 at baseline and have increased significantly ever since. At the end of Year 2, the number stood at 146, an increase of 76% over baseline. • The Province attributes this, in short, to increased demand for supports that cannot be met by currently available support arrangements. • By way of providing a basis for more optimism re the number of TSAs, the Province states: ‘We anticipate that TSA numbers will begin to reduce with additional IPSCs starting.’ This is, however, an entirely separate question—one that goes to its generic explanations for its failure to discharge its obligations.
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² Document # 129

	<ul style="list-style-type: none"> • However, on the question of the specific obligation, the Province has completely failed to discharge any of its obligation on this aspect of the remedy. • Finally, the Province has made no effort to set out any consideration it gave to alternative methods for meeting its obligations. <p>e) Re Plans for people in Psychiatric Hospitals and Forensic Hospital to return to their community of choice including a) the setting of plans and timelines for the 76 people then in Psychiatric and Forensic hospitals: Target 20% = 16 people moved out in Year 2.</p> <ul style="list-style-type: none"> • To be clear, the persons referred to in this obligation have <i>all</i> been medically discharged and are ready to leave hospital confinement except for the unavailability of appropriate community-based supports. Many have been languishing in this situation for years. (It is to be remembered that this was the situation of the three individual human rights complainants—and dozens of others—in the same position) in the DRC case decided by the Court of Appeal. • With respect to this obligation [3(e)], the Province makes the vague statement that “IPSCs are prioritizing working with individuals in psychiatric and forensic hospitals to make plans for a good life in community.” • In its submissions, the Province makes no effort to address the specific requirements; no data is mentioned in its submissions. • However, the Province’s own data indicates that the number of persons “working with an IPSC from a Forensic/Psychiatric Institution” is zero.³ • In an early planning document for the Remedy Roundtable, the Province was clear that in having people move from Forensic and Psychiatric hospitals, “will involve collaboration between DSP and the health sectors to
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³ *DSP Caseload Dashboard* (Doc. #192) (April 2025) at page 2

	<p>facilitate planning, and ongoing support and integration for individuals returning to community.”⁴</p> <ul style="list-style-type: none"> • This is yet another indication of both an inter-departmental silo problem and, more specifically, the failure of ‘the health sector’ to commit adequately to the human rights obligations of the Remedy. <p>f) Re Increase in Shared Services under 65 in LTC Shared Services of 81 persons in community of choice for a total of 110 of 200 total.</p> <ul style="list-style-type: none"> • The Year 2 Remedy requirement is for there to be a total of 110 community-based Shared Services spaces—designed so that persons under age 65 living in Nursing Homes/Long Term Care Homes could be supported to return to community. • The Appendix B Metrics Report indicates that, after two years of the Remedy, the Province had created a total of 7 Shared Service spaces: a mere 6% of the total requirement by end of Year 2. • It will be noticed that the Province’s submissions fail to mention the fact of there being <i>no</i> meaningful increase in Shared Services access in Year 2 over Year 1 (i.e., <u>three</u> places) but imply that, in the future, ISPCs “will” work with persons in nursing homes/LTCs to increase their awareness of this option. • [For context, the Monitor should be aware that, at baseline in January 2023, there were 424 persons in LTC under the age of 65, by March 2025, there were 476—a spike of 12% from baseline.] • Again, this points to two related problems; the failure to recruit the 40 IPSCs called for in year 1 of the Remedy and the failure of the Department of Seniors and Long-term Care to adequately commit to the Remedy. <p>g) Re Planning/capacity building/enhanced current lifestyle for those in other systems (Shared services and psychiatric hospital/forensic) Baseline versus: estimate numbers n=16</p>
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⁴ Doc. #3: Remedy Roundtable Presentation (January 2024) at page 18

	<ul style="list-style-type: none"> • This obligation is similar to, through broader than e) above. • The Province merely states: “IPSCs are being assigned to people who would benefit from Shared Services and those in hospital. IPSCs are working with individuals to develop support plans aligned with their own choices.” • The April 2025 <i>DSP Caseload Dashboard</i> (Doc. # 192, page 2) indicates that, as of April 2025, there were zero IPSCs working with those living in LTCs and zero working with those in Forensic/Psychiatric Institutions. • Again, this represents a complete failure to implement this obligation within the remedy. <p>h) Re Increase of 50 in DSP Homeshare options in community of choice, by region (n= 50): 240 total Homeshare.</p> <ul style="list-style-type: none"> • The Remedy requires that, by end of Year 2, there would be a total of 240 Homeshare spaces created. • The Appendix B Metrics Report confirms that, by end of Year 2, there have been 0 Homeshare spaces created. <p>i) Re Reduce DSP Waitlist (Service Request List) “no support group” (Baseline of 589) by 289 through IF options.</p> <ul style="list-style-type: none"> • The DRC agrees that the Province has reduced the Service Request List (Waitlist) by 289. • What is unclear is whether, or, to what extent, the list has been reduced via an “IF Option”, as the obligation contemplates. This question arises since the Province has conceded that, apart from the existing programs such as ILS or Flex, the Remedy’s IF funding program has yet to actually get underway despite the Remedy contemplating that this would have occurred during Year 2. The Province’s submissions make no attempt to address this.
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	<ul style="list-style-type: none"> Finally, it is observed from the Appendix B Metrics Report (section 2) that while the number of people on the waitlist has been reduced, the average wait time (in days), has increased considerably: 2115 days (5.8 years) in Dec 2023 to 2400 days (6.6 years) as of March 2025—an increase of over 13% in length of wait. <p>j) Re Planning and support and Discretionary Funding for DSP Waitlist (SRL) “no service” group—estimate numbers n=350</p> <ul style="list-style-type: none"> In its Year 1 Annual report, the Province suggested that it had complied with the obligation to provide ‘Planning and support and Discretionary Funding’ for those on the waitlist (‘no support’) through its main social assistance program (called Employment Support and Income Assistance). Specifically, it pointed to the April 2024 introduction of a social assistance benefit called the ‘Disability Supplement’ which effectively increased the main social assistance rate for persons with a disability by some \$300/mo. Once again this year, the Province points to exactly the same welfare benefit as being something which those on the DSP waitlist could avail themselves. The DRC pointed out last year that the Disability Supplement is entirely outside the SAA/DSP Remedy and has nothing whatsoever to do with it.⁵ In its first Expert Monitor’s report, the Monitor observed that by seeking to rely on the Disability Supplement as evidence of its compliance with this obligation under the SAA/DSP, the Province “directs attention to activities external to the timeframe and even to the Remedy agreement.”⁶ There is, in short, no evidence of compliance with this obligation.
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⁵ It is created under [section 55A](#) of the [Employment Support and Income Assistance Regulations](#).

⁶ [Expert Monitor’s First Report](#) (July 2024) at page 37.

	<p>Re k) Four new DSP Regional Multidisciplinary Mental Health/Health Teams and Supports operational, and Integration of Multi-disciplinary outreach teams complete.</p> <ul style="list-style-type: none"> • Based on the Province’s own submissions, it is clear that by end of Year 2, the Province had zero of the required four teams in place and operational. In fact, it expresses a hope that it will have two in place by the halfway point of Year 3. • This cannot be accepted as substantial compliance.
<p>4. Full implementation of new individualized funding (IF) infrastructure system/administration and support structure:</p> <ul style="list-style-type: none"> i. Individualized Funding: Implementation/evaluation/revision of new IF system. ii. Recruit coaches. iii. Develop trainer and user manuals. iv. Implementation of training for staff and users. 	<p>The Province claims ‘<i>substantial progress</i>’ as its overall achievement for this requirement.</p> <p>However, a careful review of each of the specific requirements, reveals the following:</p> <p>Re i. Individualized Funding: Implementation/evaluation/revision of new IF system</p> <ul style="list-style-type: none"> • The IF system was to have been the subject of ‘early research’, and development in collaboration with SLTC in the period February – June 2023.⁷ • In Year 1, the Remedy required that the IF system “commence and complete new Individualised Funding (IF) policy development and administrative infrastructure planning (including IT and data capability for new IF system).⁸ • In Year 2, the IF Backbone technology was to have been fully implemented. Indeed, the IF system was also to have been ‘evaluated and revised’.⁹

⁷ See Appendix A, [February-June 2023 period](#), req’ts. 18 & 19.

⁸ Year 1 requirement #19.

⁹ Year 2, requirement # 4(i)

	<ul style="list-style-type: none"> • In fact, the technical infrastructure system has still not been introduced despite having been the subject of a proposed procurement in March 2024,¹⁰ with the Province stating that the formal RFP was to be issued in June 2024.¹¹ • The Province emphasizes the system’s ‘newness’ and uniqueness to the Nova Scotia context. However, its own documentation from June 2024, <i>IF Backbone Services J-Scan</i>, makes clear that similar systems have been and are available elsewhere—including in Canada.¹² • One year later, in June 2025, the Province has yet to conclude a successful procurement process. The Province is now stating that the IF system is set to go live “in the winter of 2026 but it is dependent on contract negotiations.”¹³ If accurate, this would be a full year later than was set out in its own RFP (July 2024).¹⁴ • The system has, in short, not even been built yet. The Province has, unfortunately, not proceeded with the required urgency and, as a result, has come nowhere near the demands of this obligation to have ‘implemented, evaluated and revised’ its IF system by end of Year 2. <p>Re ii. Recruit coaches</p> <ul style="list-style-type: none"> • The Province states: “The IF coaches will be part of the Administrative Service once launched.” • Unsurprisingly, it is clear that the Province has not recruited <i>any</i> IF coaches—at all. • The DRC submits that this simply cannot be characterized as ‘substantial progress’.
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¹⁰ Document #65

¹¹ Province of NS, Compliance Report for Year 1 (May 2024), re Requirement #23

¹² Document #98 ‘*IF Backbone Services J-Scan*’ (disclosed June 2024)

¹³ See: Province of NS, Compliance Report for Year 2 (May 2025), re Requirement #4

¹⁴ See Doc. #120: *Individualized Funding Service and IT Application RFP*, at page 27

<p>5. Person Directed Planning (PDP) tender awarded for Province wide Peer and Technical Support Program.</p>	<p>Province claims <i>substantial compliance</i>;</p> <ul style="list-style-type: none"> • The Province cites a recommendation from the remedy authors to delay this as the newly hired LACs had yet to settle into their roles. • The Province currently states that: “It is anticipated that this service will go live in winter of 2026.” <p><i>The DRC makes two comments:</i></p> <ul style="list-style-type: none"> • I) Again, this represents a unilateral change to the agreed-to Order/Agreement, done without consultation with the DRC, and • It is apparent that this specific delay flows from the Province’s choice to delay the hiring of LACs and IPSCs in Year 1 per the schedule in the Order/Agreement. • Given the delays, procurement problems and current ‘going live’ projection, it is simply inaccurate to treat the Province’s progress as “substantial”.
<p>6. Whether ACDMA reforms are enacted or not widespread accessible training commenced regarding supported decision-explicit <u>for individuals, families, service providers</u> and DSP staff. Anchor efforts (in the short term) on the presumption of capacity secured in NS law.</p>	<p>Province claims ‘<i>exact compliance</i>’;</p> <p>However,</p> <ul style="list-style-type: none"> • The training in Year 2 is described by the Province as having been “brief”. Specifically, the “Frameworks of Practice for LACs, IPSCs and EFACs and a Planning Toolkit have been developed...[but]...these frameworks... do not currently provide detail to staff on what this looks like.”¹⁵ (emphasis in original) • The Province indicates that more substantive training on SDM is scheduled for Year 3.¹⁶ It is only now (some two years behind schedule) that substantive work on this is <i>planned</i> to get underway in Year 3. • For example, there is no indication that it is currently or has been used in the support provided to the over 475 ‘adults aged under age 65’ living in Long Term Care to assist them in their decision making around moving back to community. This is not the provision of ‘accommodative’ assistance.

¹⁵ Document #230, page 4

¹⁶ Document #230—the DSP *Project Charter regarding Supportive Decision Making* (April 2025) (at pp. 4 & 6 et seq.)

	<ul style="list-style-type: none"> • As importantly, the Province makes no claim that the training in Year 2 included “individuals, families and service providers” <i>per</i> the requirement; rather, it is “within DSP to guide staff”. • In fact, the DSP <i>Project Charter</i> re SDM training for Year 3, is explicit—despite acknowledging the Remedy’s requirement for a broader target audience—‘Implementing training for training session for families or service providers’ is expressly said to be ‘Out of Scope’.¹⁷ • With respect, this is not ‘exact compliance’. It is <i>not</i> a human rights based approach to deliberately exclude the human rights holders at the centre of the discussion from this Year 3 SDM training and, therefore, does <i>not</i> even represent substantial compliance.
7. Continue development and implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC).	<p>Province claims ‘<i>exact compliance</i>’;</p> <ul style="list-style-type: none"> • In the interests of avoiding duplication, see the DRC’s comments on requirement # 10, below.
8. Approve and implement fidelity requirements (see Year 1 for requirements/criteria).	<p>Province claims ‘<i>exact compliance</i>’;</p> <ul style="list-style-type: none"> • Because the LAC and IPSC workforce is nowhere near where it is required to be, the ‘fidelity requirements (i.e., worker caseload) has yet to become an issue.
10. Recruit, train and have fully operational 50 new LACs and 65 new	<p>The Province claims ‘<i>substantial compliance</i>’;</p> <p>However,</p>

¹⁷ Document #230—the DSP *Project Charter* at pages 4-5

<p>IPSCs in accordance with approved fidelity criteria.</p> <p>a) Total FTE/Ratios to meet benchmarks 1:20 for IPSCs and 1:50 for LACs; Supervisors at 1:8</p> <p>b) Referrals to LAC/IPSC/ Care Coordination/ Emergency Response Team/other services and supports such as health and housing.</p> <p>c) IPSC to be made available as required on demand after the initial intensive planning and facilitation process</p>	<p>Re Recruit, train and have fully operational 50 new LACs and 65 new IPSCs in accordance with approved fidelity criteria.</p> <ul style="list-style-type: none"> • The requirement by end of Year 2 was to have fully operational 50 LACs and 65 IPSCs. • In fact, by end of Year 2, the total recruitment was: 26 LACs and 24 IPSCs, representing 52% of the LAC requirement and 37% of the IPSC requirement by end of Year 2. • For context, it is worth understanding that the LAC recruitment total of 26 was just barely the <i>Year 1</i> Remedy requirement (i.e., 25) and the IPSC total is just 60% of the <i>Year 1</i> requirement (i.e., 40). • It is now clear that, early on in year 1—or perhaps earlier-- the Province chose to unilaterally abandon the legally binding recruiting requirements, delaying recruitment of any LACs or IPSCs in favour of recruiting and continuing to recruit more ‘leadership structure’ i.e., managers and supervisors. • And now, at the end of Year 2, the Province is raising, for the first time, that it is challenged in its implementation of its Year 2 obligations by recruitment issues regarding LACs and IPSCs. • Note that even now, two years after it was required, the Province has only recently decided to introduce an 18-month ‘Provincial Recruitment Strategy’¹⁸ even though staff recruitment challenges have been widely known nationally by everyone for years. • The urgency and “priority” literally required in the wording of the Remedy obligation in the February-June 2023 period [req’t. 4(c)] re the recruitment and deployment of LACs and IPSCs was cast aside without consultation with the DRC and a different set of recruitment priorities embraced. This was and remains at the cost of the rights of persons with disabilities who will continue to be subject to damaging institutionalization—potentially, for several years.
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¹⁸ Document #228, p. 4

	<ul style="list-style-type: none"> • It is also worth noting that the Province’s Year 2 results don’t even include the Remedy’s additional requirement in Year 2 that the Province: “<u>Recruit</u> next 30 new LACs and 15 new IPSCs (Ex Care Coordinator FTE)” [see requirement #11 below]. <i>None</i> of these have been hired. • Given the large gap between the Remedy requirements and the actual performance, the Province also failed to explain why it hasn’t hired a single LAC in 2025. • Simply put, these figures cannot be said to be ‘substantial compliance’ with the Year 2 requirements of the Order/Remedy. • The Province sets out its explanation for its failure to meet the remedy requirements: i) the staffing needs required to maintain the current system (all of which were, not surprisingly, discussed and considered by the Parties when the Remedy was negotiated) & ii) the Province hopes that future recruitment will fill the gap. • With respect, neither of those points are relevant to the immediate question for the Expert Monitor to consider: whether the Province has carried out the requisite recruitment called for by the Remedy. • The Province hasn’t explained why it could not have pursued <i>both</i> its front-line staff recruitment obligations <i>together</i> with the other leadership roles it chose to create/recruit. • The DRC urges the Monitor to recommend that, rather than the Province following its own 18-month recruitment timeline, it should bolster its efforts and follow the Remedy requirement to have <i>all</i> the LACs and IPSCs hired and fully operational by the end of Year 3 as called for in Year 3 requirement 4(b). <p>c) Re IPSC to be made available as required on demand after the initial intensive planning and facilitation process</p>
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	<ul style="list-style-type: none"> • As a result of the shortfall in operational IPSC staff, the 104 people who have had an IPSC assigned represent just a small fraction of those who need IPSC support.¹⁹ • The Province has almost completely failed the Year 2 req't. to make available IPSC support "as required/on demand".
11. Recruit next 30 new LACs and 15 new IPSCs (ex Care Coordinator FTE).	<p>The Province claims '<i>substantial progress</i>':</p> <ul style="list-style-type: none"> • However, given that none of these hirings have taken place (no doubt because the recruitment in # 10 above is only partially complete), the DRC states that the conclusion is that there has been no progress.
12. New Provincial capability for technical and peer planning supports program operational.	<p>The Province claims '<i>substantial progress</i>':</p> <ul style="list-style-type: none"> • However, the Province concedes that the "technical and peer planning supports program" was not actually operational in Year 2, though it is hopeful that this will change <i>in</i> Year 3. • Again, the fact that the Province has unilaterally departed from the Remedy requirements without consultation is unacceptable and contrary to the Agreement.
13. Local Area Coordination (LAC) staff commence disbursing discretionary funding.	<p>Province claims <i>exact compliance</i>:</p> <p>However;</p> <ul style="list-style-type: none"> • While the Province claims that the funding is "available" for LACs to spend, the Remedy requirement is that LACs have actually begun disbursing discretionary funding.

¹⁹ The Province has recently indicated that *all* of the following group will require IPSC support:

"...individuals living in adult residential centres, regional rehabilitation centres, and residential care facilities; group homes and developmental residences; 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" ...and... "40% of [these] cases will require indefinite IPSC support, while the remaining 60% will transition to an LAC after 1 to 2 years." (Doc. #188 *Modelling Assumptions Staffing Remedy Targets* (30 May 2025))

	<ul style="list-style-type: none"> • There is no evidence or indication that this requirement has actually been met.
14. Update DSP client projection model using baseline numbers and provide assumptions, and outputs of the model.	<p>Province claims <i>exact compliance</i>;</p> <p>However,</p> <ul style="list-style-type: none"> • The Province has not provided the documentation the requirement calls for. The Province's document #188 is a projection of IPSC recruitment figures and the IPSC current caseload. • These are not responsive to the requirement in #14 to update DSP client projection model using baseline numbers and provide assumptions, and outputs of the model; there are no projected client numbers, with assumptions and outputs of the model. • This cannot be exact compliance and there is no indication of even substantial compliance.
18. External evaluation team commences individual outcomes monitoring with agreed new tool.	<p>The Province claims '<i>substantial progress</i>'</p> <p>However,</p> <ul style="list-style-type: none"> • The Province, presumably, bases its claim for <i>substantial</i> compliance on having had an RFP for the External Evaluators that closed in November 2024. It remains in the procurement process. • However, this obligation is for an External Evaluation Team to have actually commenced its work of monitoring individual outcomes under the Remedy. • The monitoring by an External Evaluation team is crucial work²⁰ but, has yet to begin and, optimistically, is months away from even starting. • This is <i>not</i> 'substantial compliance'.

²⁰ Bartnik and Stainton stated that there must be established a Monitoring and Evaluation Plan involving the hiring of "an external evaluation team be engaged for the duration of the transformation process, ideally through a university or consortia of universities to ensure a level of independence." ([Bartnik Report](#), page 66.)

<p>19. Updated DSP policies and practices consistent with eligibility of shared services participants.</p>	<p>Province claims <i>exact compliance</i>; However,</p> <ul style="list-style-type: none"> • As discussed in connection with requirements #17 and #44 from Year 1 (re DSP eligibility and entitlement Policies have failed to be fully inclusive/non-discriminatory), there remain real questions as to whether all those under age 65 and currently living in LTCs would be eligible for DSP. • The Province’s ‘Collaborative Pathway’ makes clear that people with certain diagnoses will not be eligible for DSP, <i>per se</i>. • This is also the problem with the new DSP Policy on ‘Collaboration’²¹ [i.e., ‘collaboration with appropriate partner agencies’] which replaced the DSP ‘Ineligibility’ Policy. • In a nutshell, while the former DSP Policy on ‘Ineligibility’ simply determined some people with disabilities to be ineligible for DSP, the Province has replaced it with its ‘Collaboration’ Policy which now results in being shunted to a ‘Collaborative Pathway’.²² • However, the circumstances which triggered the former exclusionary/discriminatory policy and the current Collaboration Pathway diversion away from the DSP are identical. • In sum, the same Policy wording which the Province agreed to repeal (in former Policies 9.3 and 9.4) is now being relied on to, effectively, exclude persons with disabilities from being supported within the DSP.
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²¹ See [DSP Policy Manual](#), section 9, ‘Collaboration’.

²² [DSP Policy Manual](#) section 9.0 and see Document #46 for side-by-side comparisons of the former and current Policies.

	<ul style="list-style-type: none"> • The lack of clear DSP eligibility entitlement—as required by the Remedy²³—continues despite discussions with the Province in February 2025—after the release of its new ‘Eligibility Process Update’.²⁴ • The DRC urges the Monitor to remind the Province of its obligation to expressly include in its DSP Policies that all Shared Services participants—regardless of diagnosis—will be eligible for DSP supports.
20. Update efforts to remove waitlist for eligible applicants by establishing a human rights compliant client pathway that ensures timely access to accommodative assistance.	<p>Province claims <i>exact compliance</i>; However,</p> <ul style="list-style-type: none"> • The DRC submits that merely connecting successful DSP applicants to an LAC or IPSC does not suffice to meet the requirements to receive “timely access to accommodative assistance.” The Province’s position simply amounts to a ‘right to a plan’ and does not accord with the Remedy requirement in Appendix D (‘Outcomes’) that DSP eligible persons will be entitled to “receive immediate and timely access to” individualized funding in addition to individual planning and coordination supports.²⁵ • Also, the Province’s apparent plan to no longer add DSP applicants to the SRL— “Instead, through the DSP Connector, they will be offered appropriate services through LACs, or IPSCs” is both a unilateral change and a departure from the requirements of the Remedy.

²³ In addition to the present obligation (#19) (and #17 in Year 1), it is important to bear in mind that the Remedy’s [Outcomes](#) ([Appendix D](#)) are even more explicit, the Province must: “Develop and implement an explicit policy and practice that all persons in need with disabilities residing in in LTC facilities or nursing homes are given the option of community-based supports and services under the SAA.” (underlining added)

²⁴ Document #117

²⁵ Remedy Interim Settlement Agreement, Appendix D, para. 4 (first bullet)

	<ul style="list-style-type: none"> • In Appendix B, the Remedy requires that <i>all</i> applicants and recipients for DSP be placed on the waitlist/SRL, “including those approved for individual planning and individualised funding allocations”.²⁶
21. Update as to development and implementation of new program policies including arrangements for triage and “immediate assistance” once found eligible.	<p>Province claims <i>exact compliance</i>:</p> <p>However,</p> <ul style="list-style-type: none"> • This obligation follows on from those in Year 1, #s 41, 42, 44 and 45. The DRC comments regarding those obligations apply equally here. • The Province does not, in fact, have <i>any</i> DSP “Policies”²⁷ <i>requiring</i> the provision of “immediate assistance” once found eligible. • Worse still, several of the DSP program Policies currently in place still explicitly state that even where persons with disabilities actually meet the eligibility conditions, they only “may” be provided with assistance depending on “the availability of Departmental resources.”²⁸

²⁶ Remedy Interim Settlement Agreement, [Appendix B](#), para. 4(a).

²⁷ The Province has two web pages within the Department of Opportunities and Social Development (formerly Department of Community Services) website which contain disability support “Policies”: [here](#) and [here](#).

²⁸ The main DSP Policy regarding financial eligibility nowhere explicitly states that eligibility for qualified applicants is i) as of right, ii) an entitlement to immediate and accommodative assistance and iii) *not* subject to the availability of Departmental resources. In fact, they still state the opposite:

“A person in need *may* be eligible for financial assistance from the Department of Opportunities and Social Development based on their assessed needs, their eligibility amount calculation, and the availability of Departmental resources. ...When an applicant is eligible for the *DSP and Departmental resources or DSP support options are not available*, the applicant’s name shall be placed on the Service Request List, upon their request, as outlined in section 7.0 of the DSP Policy.”

—[DSP Financial Eligibility Policies](#); (February 2025) section “Eligibility” [sections 4.1 & 4.3](#)

Indeed, the Province’s own [Individualized Funding Policy](#) (January 2025) itself states that an applicant’s Support Plan will be reviewed with an LAC or IPSC “within the parameters of available DSP resources and DSP and IF policies.” Similar wording which fails to make assistance available: i) as of right, ii) immediate and iii) *not* contingent on the availability of sufficient Departmental

	<ul style="list-style-type: none"> • Indeed, the NS Court of Appeal based its findings of systemic discrimination, in part, on the fact that DSP assistance was not being made available as of right upon a finding of eligibility²⁹ and had resulted in lengthy delays in the provision of assistance.³⁰ • In short, these DSP Policy provisions have not changed substantively since the Court of Appeal’s October 2021 finding of systemic discrimination including a finding that denying assistance as of right (i.e., providing it on a discretionary “may” basis) and failing to provide assistance upon being found eligible was part of the systemic discrimination. • That is, there is no meaningful compliance.
22. Update as to regional review of “eligible but not receiving support” group to examine demographics and determine priorities.	<p>Province claims <i>exact compliance</i>;</p> <p>However,</p> <ul style="list-style-type: none"> • Despite the Province’s statement to the effect that the requirement here is <i>exactly</i> complete, Document 166 cited by the Province, makes no reference at all to the “eligible but not receiving support” group.
25. Housing rental costs assistance review complete.	<p>Province claims <i>exact compliance</i>;</p> <p>However,</p> <ul style="list-style-type: none"> • The DRC welcomes the Province’s statement that it has granted ‘excess shelter’ in 1,010 cases; that ‘excess shelter’ is “frequently approved in recognition of the challenges persons with disabilities face when it comes to finding appropriate housing.” • However, a review of the ‘Excess Shelter’ Policy cited,³¹ makes clear that the Policy itself has not meaningfully changed from what it was in 2023. Regarding

resources can be found in other DSP Programs. Thus, DSP’s [Flex Policy](#) contains wording indicating that the provision of assistance is discretionary (“may” be eligible) and, in any event, is “subject to the availability of DSP financial resources” (sections 1.8 , 10.7, 15.1 & 15.7). See also the [Direct Family Support for Children Program Policy](#) at sections: 13.1.2 & 18.1.1.

²⁹ See [DRC v. Province of Nova Scotia](#) at paras. 170

³⁰ See DRC (CA) decision at para. 222.

³¹ Document #119 (DSP [‘Basic and Special Needs Policy’, 8.5](#))

	<p>the quantum of excess shelter to be provided, the Policy continues to state: “a flat amount of \$212 <i>may</i> be approved.” (italics added) Given the notoriously inadequate level of social assistance rates (including for shelter), the ‘flat amount of \$212’ may well be inadequate to ensure ‘accommodative assistance’—adequate to ‘meet the needs’ of persons with disabilities.</p> <ul style="list-style-type: none"> • The key flaw, however, is that, even after the review of this Policy, the decision as to whether or not excess shelter is granted in any particular case remains a discretionary one (‘excess shelter <i>may</i> be approved’) –even where it is both required and warranted. • Seen in these terms, the Policy is not in accordance with the ‘right to accommodative assistance’ which fully meets a person’s needs. • The DRC urges the Monitor to make a recommendation that DSP revise its Excess Shelter Policy so that, rather than authorizing a specific amount on a discretionary basis, the Policy would provide that: ‘sufficient excess shelter shall be granted in situations and in amounts necessary to meet the person’s needs’.
28. First review of new governance structures.	<p>Province claims <i>substantial compliance</i>; However,</p> <ul style="list-style-type: none"> • The Province states that this requirement will be included as part of the work of the External Evaluation, which, as it stated, has not advanced as being stuck in the procurement process. • For the same reasons provided by the DRC relating to requirement #18 above, this cannot be considered ‘substantial compliance’—essentially because the First review of new governance strictures has not taken place and cannot, optimistically, be expected to be for many months into Year 3.