

Human Right Remedy

2025 Annual Progress Report

May 30, 2025

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Dr. Prince,

I am pleased to submit the attached 2025 Annual Progress Report on the Human Rights Remedy on behalf of the Province of Nova Scotia.

This report and its associated summary tables and supporting documents show progress on all 28 of the Remedy's targets for year two. The Province is reporting exact compliance on 20 targets and substantial progress on the remaining eight, and anticipates the discrimination will be remedied within the required timeframe.

We have also included updated information on the status of items from year one that are still in progress and our mitigation strategies to keep our implementation on track.

We are now two years into a transformation project that touches most government programs and services, every community, and every Nova Scotian in ways large and small. This work is led by a dedicated team at the Department of Opportunities and Social Development, but it is supported and enabled by the time, talent and tools of many others – across the public service, in our healthcare and education systems, among service providers, and in our communities. As public servants, we are privileged to do this work.

It is our shared commitment, province-wide, to improving the lives of Nova Scotians with disabilities that makes the progress we're reporting in these pages possible.

As Dr. Tim Stainton, co-author of the 2023 Technical Report which formed the basis for the Remedy, said:

“The Remedy isn't about a single solution – it's as many solutions as there are people with disabilities.”

The experience of many other jurisdictions who have undertaken similar system transformations is that resources and commitment start to wane by the third year. By contrast, the opposite can be seen in Nova Scotia today.

Eddie Bartnik, co-author of the Technical Report, said:

“I've been involved with these sort of initiatives in quite a few countries around the world. Typically after two years, most reforms have died out. They've started to lose their potency. Life goes back to how it used to be. What we are experiencing here is that there's a lot of momentum. The leadership is still in place and there's been a lot of progress. The staff recruitment and investment in high-quality training and cultural change will pay dividends. I'm very, very encouraged with the foundations that have been set.”

There is a lot of work still ahead, and we know we'll be challenged along the way. But with the critical conditions for success in place, and the momentum towards change accelerating, we are well positioned as we enter year three.

Sincerely,

Maria Medioli, CPA, RSW
Executive Director, Disability Support Program
Department of Opportunities and Social Development
Province of Nova Scotia

Progress: Year one

The starting point for this transformation work was a disability support service delivery environment in crisis. Caseloads were high. Waitlists were long -- and growing. Support options for Nova Scotians with disabilities were rigid, limited and not meeting people's needs.

These issues are at the heart of the four grounds for discrimination outlined in the court decision: unnecessary institutionalization, lack of choice of community, denial of assistance, and long wait times. Remedying the discrimination required more than just program changes; it meant building a totally new disability support system -- one that gives Nova Scotians with disabilities the same choice and control over their own lives as their friends and neighbours.

Early on, it became clear that the most significant implementation challenge for the Remedy was maintaining stability in the existing system to ensure people are supported and safe, while at the same time building a new system -- from the ground up.

"We only had a five-month period to consult and develop the Remedy. There was a lot of pressure to keep things moving -- every day was one day too long. One part that we didn't really appreciate deeply enough at the time was the existing system. We came up with a plan to develop and implement a new system, but there was an additional stage of ensuring that the existing system was stable enough to support people while the new one was being built. Staff had to be transferred out of the mainstream department into the disability support program before new positions could be filled."

– Eddie Bartnik, co-author of the Remedy

One of our first actions was to move disability support service delivery and intake out of the department's corporate service delivery team and integrate it into the program team. This introduced a host of additional requirements that had to be intentionally and thoughtfully addressed to mitigate risk to the existing system, including new reporting assignments, new resource requirements (office space, administrative support, etc.), changes to policies, processes and approval structures, change management and communications.

This is an example of the magnitude and scale of the challenges we faced in the earliest days of the Remedy, four of which are detailed in a later section.

In year one – April 2023 to March 2024 -- our focus was on implementation planning. The technical report laid out where we were going as a province and how long it would take to get there; in year one, we had to determine exactly how – designing the tools, securing the resources and making detailed and informed plans to get us from point A to point B in one piece.

Our progress during the first year, which was detailed in the Annual Progress Report submitted in May 2024, included:

- hosting information sessions, webinars, community conversations, and a provincial conference to ensure first voice, families and support networks, service providers, and community members are reflected in our work;
- establishing key connections across government, among service providers, with partners, and in communities;
- an organizational redesign to ensure government could deliver on the system transformation required for the Remedy while continuing to meet the needs of Disability Support Program participants, as noted above;
- creating more than 120 new full-time equivalent positions from executive leadership to project management to service delivery;
- filling core leadership roles, including an executive director to oversee system transformation, and directors with oversight for allied health support, workforce strategy, regional hubs, service delivery, and facility closures;
- developing policies, processes and plans that support the Remedy's commitments, including policy to end all new admissions to institutions and a provincial closure strategy;
- identifying shared values, together with first voice, to guide implementation of the Remedy; and
- working with leading experts in the field of disability support and human rights to design a suite of training, development and support resources to ensure the province's work remains rooted in a human rights approach and in line with Remedy.

Key outcomes: Year one

As a result of this work and much more outlined in supporting documents, we made considerable progress against the Remedy's overall objective, including:

- reducing the waitlist for services by more than 13 per cent;
- reducing the institutional population by more than 10 per cent (144 individuals); and
- creating pathways to individualized funding and access to community-based disability support for more than 300 people in our Independent Living Support Plus program and the more than 14,000 who now receive the new income assistance monthly disability supplement.

In our January 2025 interim progress report, we highlighted several year one targets that were completed in year two, including:

- the successful transfer of intake and care coordination staff from a central corporate team to DSP;
- development and approval of a new framework of practice and policy to guide the work of LACs, IPSCs, and EFACs;
- development and approval of a crisis prevention and community response strategy, which ensures individualized planning for participants transitioning to community have built-in supports and strategies to prevent and mitigate emergency situations;
- development and approval of a new policy ending admissions to group homes and developmental residents effective January 1, 2026;
- important changes to our eligibility policy to remove barriers to program access for young people and guide our work with Seniors and Long-term Care to ensure young people are not admitted to long-term care facilities;
- closure of *Inclusive for Life* residential care facility and successful community living transitions for all 16 residents;
- new connections between director of allied health and health system working groups to advance Remedy targets and to address issues in areas where the health and disability support systems connect, including hospital discharge; and

- new regional closure teams, which include regional closure specialists, community living facilitators, and IPSCs

Feedback and adjustments

The department has taken steps to strengthen its work on the Remedy in two important ways based on feedback from the Disability Rights Coalition and recommendations from the independent monitor.

First, the team strengthened its interim and annual reporting to provide more detailed supporting information, clearer explanations for items not in exact compliance, and step-by-step plans to ensure key timelines are met. This approach was reflected in the interim progress report submitted in January 2025 and in the enclosed supporting materials.

Second, a stronger focus on engagement with first voice and community partners, including the Disability Rights Coalition. Since the submission of our first annual report, the department has created more opportunities for meaningful first voice engagement, including an annual conference and new regional advisory councils.

We have also worked with our partners at DRC to ensure they have time to review key public documents, including this progress report, and ask content-related questions before the information is shared more broadly.

A more detailed overview of the monitor's recommendations from 2024 and the Province's work to address them follows this report.

Progress: Year two

With much of the early planning work complete in year one, our focus in year two shifted to putting the foundational elements in place to support a new system whose structures and approaches are human rights based.

The organizational structure we mapped out in year one began to take shape in year two. The training and development resources we developed in year one started to be delivered in year two. Important policies and programs created in year one came into force in year two.

In our interim progress report submitted in January, we shared an overview of our progress on all six of the Remedy's key directions. We have continued that progress and momentum in the months since. In the second year of the Remedy, the Province:

- launched the Service Evolution Fund to support disability support service providers as they transition their business models from facility-based to community-based – a \$3 million commitment over three years -- and invested almost \$1 million to advance 24 transformation projects in communities across the province;

“The ROC Society is working with our members to imagine and plan a new future where each person can connect with and contribute to their community in a meaningful way. We appreciate the province's support in this important work.” Karen MacLean, executive director of ROC Society

- recruited 97 disability support professionals to positions in four regional hub sites, including Local area coordinators, Intensive Planning and Support Coordinators, and Eligibility, Funding and Assessment Coordinators, along with regional hub managers, team leads, facility closure specialists, community living facilitators, and DSP connectors;
- appointed 64 Nova Scotians to four Regional Advisory Councils, more than half of which represent first voice from communities throughout the province;
- launched the School Leavers Program, which connects students with disabilities to local area coordinators, who work with them, their caregivers, their school-based support team, and the community to create transition plans as they leave high school and enter adulthood;
- increased funding by up to 25 per cent in three existing individualized funding programs, an interim step as the Province transitions to permanent, individualized funding for all DSP participants;

Individualized funding program increases

| Program | Increase | Participants |
|---|----------------------------|--------------|
| Flex Individualized Funding | 25% or up to \$1,000/month | 2,096 |
| Alternative Family Support | 27% or up to \$600/month | 112 |
| Direct Family Support for Children | 20% or up to \$800/month | 673 |
| Direct Family Support for Children – Summer Respite | Up to \$400/month | 673 |

- developed new funding bands and policy for new individualized funding, which have been shared with key partners, including service providers;
- launched a procurement process to identify a long-term partner to support an individualized funding backbone;
- ended all new admissions to adult residential centres, regional rehabilitation centres, and residential facilities in Nova Scotia effective January 1, 2025;
- began to roll out a new collaborative case management system, which includes mechanisms to manage individualized funding;
- created a facility closure guide for service providers with input from service providers and regional Disability Support Program staff;
- created transition guides and resources to support individuals currently living in institutions and their families, caregivers and support networks;
- finalized facility closure agreements with operators, including specific timelines and expectations;
- launched the Remedy Workforce Strategy, which outlines government's action to modernize and strengthen the disability support workforce through awareness and recruitment, learning and development, health and safety, and growth and stability;
- created a new bursary program covering the full cost of tuition, textbooks and student fees for 75 students in Nova Scotia Community College's one-year disability support program;
- added \$5,000 bursaries for up to 24 students entering Island Career Academy's six-month community residential worker program in Sydney or CBBC Career College's 900-hour community support worker program in Dartmouth;

- continued the intergovernmental roundtable chaired by the head of the public service with representation the Department of Health and Wellness, Office of Addictions and Mental Health, Department of Justice, Department of Education and Early Childhood Development, Department of Seniors and Long Term Care, Department of Housing and Municipal Affairs, Communities, Culture, Tourism and Heritage and Nova Scotia Health to monitor progress toward the Remedy and engage in problem-solving as required;
- worked closely with the Office of Mental Health and Addictions and the Department of Health and Wellness to complete an extensive analysis of gaps in services for persons with disabilities;
- hosted the second Rebuilding Hope conference in four locations and online to share updates on the Remedy and gather input from the community;
- held seven information sessions – six in person and one virtual – with families and support networks of people currently living in institutional settings;
- launched a two-year pilot project, investing \$500,000 to support Inclusion Nova Scotia to work with people and families in the disability community to help them understand how the work under the Nova Scotia Human Rights Remedy impacts them; and
- launched a dedicated website to provide easier access to information about the Nova Scotia Human Rights Remedy.

Challenges

As referenced above, this work is not without its challenges. The disability support system in Nova Scotia exists within or cuts across many other systems, some of which are undergoing their own transformations.

At the same time, the province faces the same challenges as our counterparts across the country and around the world when it comes to affordability, housing, and healthcare – not to mention attracting and retaining skilled workers.

The Remedy requires changes at every level of government – from the legislation and policies that guide the delivery of critical public services like healthcare and education, to the way we approach intake, assessment, and support planning at the individual level. Changes in one area can have significant impacts in another; progress in one area is contingent upon progress in another.

The work is complex, and it demands as much flexibility as it does fastidiousness.

The challenges facing Remedy implementation and disability support transformation, which have emerged and taken shape over the last two years, follow four key themes: recruitment and talent shortages, legacy system stability, procurement timelines, and the many unknowns inherent in system transformation.

Several requirements from year one remain in progress due to issues in one or more of these key areas.

Here we outline in detail each of these key challenge areas, their impact on the implementation of specific targets and timelines, and the mitigation strategies we've put in place to ensure we remain on track to remedy the discrimination.

Recruitment and talent shortages

Finding the right people with the right skills and values continues to present a challenge. Recruitment has taken longer than envisioned in the Remedy due to ongoing labour shortages in healthcare and caring professions -- a national and global issue that is not unique to the disability support program or Nova Scotia – and the steps and timelines imposed by legislation, collective agreements and human resource policies.

We also took important but discretionary steps that increased these timelines to ensure new staff have both the skills and understanding to drive the kind of cultural change required in a human rights approach to disability support. For example, we hired and trained leadership positions before undertaking recruitment for front-line positions rather than doing both simultaneously, as originally planned and required candidates to complete a pass/fail pre-screening assignment to assess their understanding of a human rights-based approach.

These longer than anticipated recruitment timelines resulted in substantial progress rather than exact compliance for the following year two targets:

- #10 Recruit, train and have fully operational 50 new LACs and 65 new IPSCs; and
- #11 Recruit next 30 new LACs and 15 new IPSCs (Ex Care Coordinator FTE).

This in turn meant there were not sufficient resources to deliver on the following targets:

- #3.d 20 of 83 existing TSAs converted;

- #3.e Plans for people in psychiatric hospitals and forensic hospital to return to their community of choice;
- #3.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;
- #3.g Planning/capacity building/enhanced current lifestyle for those in other systems (shared services, psychiatric hospitals, forensic hospital);

The following year one targets continue to also be affected:

- #6 Recruit and train 25 new LACs and 40 new IPSCs (including 15 transferred from Care Coordinators); and
- #38 Young persons in LTC: Shared services program: increase of 25 new shared services spaces in community of choice by March 2024 for a total of 29 shared services spaces.

As outlined in supporting document 111 (Recruitment Challenges and Mitigations), the province has implemented a variety of strategies to decrease the recruitment timeline for frontline positions, including:

- weekly meetings with human resources to problem-solve and address impediments;
- an additional HR position to dedicated to Remedy recruitment;
- a Memorandum of Agreement with Nova Scotia General Employees Union (NSGEU) to help facilitate the movement of existing staff to new positions;
- obtaining permission from NSGEU to allow managers to screen external candidates before Bargaining Unit interviews were conducted; and
- reference checks completed by HR instead of the hiring manager to expedite timelines for hiring.

In addition, a recruitment strategy is now in development (see supporting document 228 Project Charter – Provincial Recruitment Strategy 25 March 2025) that includes a provincial hiring plan identifying where there are gaps in current hires, how to prioritize them and how to best make use of available FTEs; analysis and recommendations on best practice recruitment approaches to reach qualified individuals within and outside

Nova Scotia; and sequencing and prioritization to enable short-term progress and medium-term impact, increasing capacity to expand recruitment efforts.

As outlined in the table below, based on current and planned hiring, there will be sufficient IPSC capacity to meet the support planning and transition targets in the Remedy by year five for 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.

This projection is based on the following assumptions:

- IPSCs will maintain a caseload of no more than 1:20;
- 40% of cases will require indefinite IPSC support, while the remaining 60% will transition to an LAC after 1 to 2 years;
- IPSCs will be hired throughout each year through ongoing recruitment efforts;
- Caseload capacity for new IPSCs will grow over time (each IPSC starts with a caseload of five growing to 20 over a period of several months)

| | Year 3 Projection | Year 4 Projection (Remedy Target) | Year 5 Projection (Remedy Target) |
|---|-------------------|--------------------------------------|--------------------------------------|
| IPSC at start of year (Apr 1) | 24 | 47 (65) | 59 (80) |
| IPSC at end of year (Mar 31) | 47 | 59 | 64 |
| Capacity to support cases | 710 | 1060 | 1230 |
| Capacity required to meet Remedy targets | 863 | 1012 | 997 |

The number of IPSCs in brackets represents the numbers required by the Remedy. As the work progresses, DSP will assess program needs and, in consultation with the DRC, determine if additional IPSC positions (the difference between the Remedy target and what is needed to deliver on other mandated requirements) would be better allocated to LACs.

As outlined in Appendix B, as of March 31, 2025, IPSCs were working with 104 participants, 94 of whom are currently living in institutions; this number has increased to 124 as of May 30, 2025. As of March 31, 2025, LACs were working with 67 individuals; this number has increased to 242 as of May 30, 2025. This growth illustrates the pace at we can expect to see progress through year three and beyond.

Stabilizing the current disability support system

The existing disability support system is gridlocked with very high caseloads for care coordinators and long waitlists – the very conditions that led to the systemic discrimination and resulting human rights complaint. The Remedy assumed that 15 care coordinator positions would be repurposed as IPSCs. Such a significant decrease in the complement of care coordinators would have further increased an already unacceptably high caseload size.

Further exacerbating this issue, almost half (31 of 67) of the new staff hired in the first round of recruitment were existing DSP care coordinators (6 of 20 LACs, 18 of 24 IPSCs and 17 of 17 EFACs).

Moving everyone at once would have left almost half of current DSP participants without a care coordinator (or doubled already high caseloads) -- and many offices without a single care coordinator -- creating an unacceptable level of risk.

To ensure the ongoing stability of service to participants, DSP delayed the repurposing of 15 care coordinators to IPSC positions until years four and five, and implemented a phased transition for new hires currently in care coordinator roles, moving them to their new roles as their current position backfills are hired and trained.

These mitigations resulted in substantial progress rather than exact compliance for the following year two targets:

- #10 Achieving a complement of 50 new LACs and 65 IPSCs; and
- #11 Recruit next 30 new LACs and 15 new IPSCs (Ex care coordinator FTE).

The following year one targets continue to also be affected:

- #6 Recruit and train 25 new LACs and 40 new IPSCs (including 15 transferred from care coordinators).

We remain strongly committed to sunsetting the existing care coordination system, but at a pace that ensures continuity of service to existing recipients. Our progress continues, and IPSCs and LACs are now operational in all regions of the province.

A graduated transfer of care coordinators to new roles is underway based on the existing capacity in offices and the rate of backfill. This process is supported by a hiring plan, hiring dashboard, and case allocation tool that allows tracking, monitoring and ‘what if’ analysis for different staff distribution options.

As outlined in the previous section, modelling indicates that the Province should have sufficient human resource capacity to meet the outcomes of the Remedy within the required timeframe.

Procurement processes and requirements

As stewards of public funds, our work on the Remedy must adhere to the *Public Procurement Act*. The *Act* outlines the rules government and public sector entities must follow, including transparency and accountability; standardized practices and procurement protocols; procurement governance structure; making sure tenders for all goods, services, construction and facilities follow regional, national or international trade agreements; advertising tenders for all goods, services, construction and facilities; and posting the name of the successful bidder and the contract award amount, if applicable

Vendor procurement for the individualized funding administrative backbone was particularly complex because such a service does not currently exist in Nova Scotia. A further complicating factor was that this was a joint procurement with Seniors and Long-term Care, which required navigating and aligning policies and requirements across two different departments serving two different populations.

This has been both a positive as it facilitated the development of consistent structures for individualized funding programs (as mandated in the Remedy) across both departments’ programs, benefitting people with disabilities and older persons. But it was also a delaying factor, requiring cross-departmental governance and coordination.

Procurement processes and requirements resulted in substantial progress rather than exact compliance for:

- #4 Full implementation of new individualized funding (IF) infrastructure system/administration and support structure.

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The following year one targets continue to also be affected:

- #19 Commence and complete new individualized funding (IF) policy development and administrative infrastructure planning (including IT and data capability for new IF system);
- #25 Develop job description/contract specification for IF coaches and staff; and
- #26 Commence recruitment of IF coaches (n = 4) and staff recruitment/support capacity (n = 4 FTE) or tender for new single entity.

Procurement timelines – estimated vs. actual

| Phase | Estimated timeline and/or target deadline | Actual | Details |
|------------------------|---|---------|---|
| RFP Posting | 5 weeks | 7 weeks | July 2, 2024: RFP posted Aug 20, 2024: Submission deadline |
| Procurement initiation | 2 weeks | 6 weeks | Oct 10, 2023: DSP request sent <i>In late October, it was identified that IT Digital Procurement required involvement due to the heavy IT component of the RFP.</i> Nov 7: Forwarded to IT Digital Procurement Nov 9: Meeting held Nov 14: Legal consult Nov 20: First meeting with SLTC |

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| Phase | Estimated timeline and/or target deadline | Actual | Details |
|-----------------------|---|--------------------------|---|
| Preliminary Planning | 2-3 weeks Dec 4, 2023 | 4 weeks Jan 2, 2024 | Preliminary planning focused on scoping, pricing, contract assembly, evaluation, tendering |
| Planning | 26 weeks Jan 3, 2024 | 26 weeks Jun 30, 2024 | Planning continued with refinement of the IT pieces of the RFP and it included a Notice of Planned Procurement with both vendors and service providers. |
| Vendor Demonstrations | n/a | 16 weeks | Not captured in original timeline / planning. |
| Evaluation | 20 weeks | TBD | Work ongoing |

This procurement is now nearing completion and we expect a successful proponent will be notified in the coming weeks. At this point, mitigations specific to #4, #18 and #18 are not required as they are nearing completion. A debrief and evaluation with procurement will take place on lessons learned to inform future procurements.

In the short term, IPSCs will identify alternative support options for those participants who require assistance with IF administration over the next few months while the individualized funding administrative backbone service comes online.

Procurement processes and requirements also resulted in substantial progress rather than exact compliance for:

- #18 External evaluation team commences individual outcomes monitoring with agreed new tool, and
- #28 First review of new governance structures (to be included in the scope of the external evaluation.

The following year one targets continue to also be affected:

- #59 Tenders awarded for and establishment of External Evaluation Team.

Because the procurement for an external evaluator was less complex, the impacts were not as significant, and it is expected that the external evaluator will commence shortly.

Earlier unknown factors related to system transformation

The Remedy provides a high-level framework for what is considered by many in the field to be one of the most significant -- if not the most significant -- transformations of a disability support system globally (in size, speed and scope).

Mr. Bartnik acknowledged this in a recent conversation:

“In other parts of Canada, there have been particular initiatives, but none have been as broad in scale as this one. It's taking the whole disability support program and coming up with a remedy which addresses the full population. It's not just one element - for example, closing institutions; it's also dealing with the waitlist issue and all the people that are having to leave their local community. It is really quite unique in the Canadian context, but also internationally.”

Inherent in a transformation of this magnitude is a high level of complexity and interdependency across component parts with many unknowns. As more detailed planning is undertaken and the Remedy is translated into project plans, new implementation considerations and requirements come to light – for example, new or different skills and resource needs, policy and program design objectives, or changes to the order and sequencing of activities.

To put it simply, we often don't know what we don't know -- and we won't until we undertake detailed planning to understand the impacts on other streams of work or other provincial government departments and programs are fully understood.

For this reason, there was substantial progress rather than exact compliance for the following year two targets:

- #5 Person directed planning (PDP) tender awarded for province-wide peer and technical support program; and
- #12 related to the development and delivery of the peer and technical support program.

Program design was initiated in October 2024, but was slowed in February 2025 based on advice from the authors of the Technical Report (see document #205). Key targets and timelines were adjusted to allow time to assess the impact and functioning of the LAC planning and support stream, which would then inform the design of the peer support planning stream. This will assist in avoiding duplication, identifying gaps and maximizing the impact of this program.

The revised timeline and process also acknowledges the very early stage of development of regional and local peer support for planning infrastructure and the local leadership and ownership required for this to be authentic and effective.

Program design work continues, and an additional program design workshop was held with Technical Report authors in May 2025. It is anticipated that this service will go live summer 2025, giving persons with disabilities access to three streams or options for support planning: 1) IPSC, 2) LAC, 3) technical and peer planning.

The following year one targets continue to also be affected:

- #38 New Home Share options (n=50) in community of choice

Home Share represents a significant programmatic change in Nova Scotia. While the Province has benefited from the experience of other provinces in the development of this program, we intentionally took time to research and design a service that will meet the needs of Nova Scotians with disabilities. Until this work began, it was unclear how long the program design would take.

Another factor that impacted timelines was the change management effort required with existing staff and service providers. There were many misconceptions about Home Share that took time to address. Bringing existing service providers along in the development and implementation of this program is key to its success, which is why we partnered with the Nova Scotia Residential Agencies Association to provide information and supports to organizations and individuals interested in becoming providers.

Finally, we took the time to ensure that the final program design is aligned with the philosophy of the Remedy in providing choice and control to people using this program while also ensuring that appropriate safeguards are in place.

The program design work is now complete and applications from service providers are being reviewed which will enable a successful uptake of this service (see documents 189, 190, 191, 215, 216, 217, and 218).

And these year one targets:

- #53 Tender process commences for DSP program multidisciplinary teams;
- #54 New mental health proposals out for tender or funded through Mental Health and Addictions;
- #55 Tenders awarded for new programs delivery commencing April 2024; and
- #56 DSP commence integration of institutional teams into new regional outreach teams.

To ensure appropriate mental health and addictions supports are procured, an analysis of the current state of services across the province was required. This was a collaborative effort with the Office of Addictions and Mental Health, Department of Health and Wellness, and Nova Scotia Health.

This work was imperative to determine the types of services individuals with disabilities will require in community and -- given the history of the medicalization of disability -- to ensure our partners in healthcare agencies fully understood of the direction and spirit of the Remedy. This work resulted in extensive recommendations on a path forward to improve services for all Nova Scotians and particularly those with disabilities (see documents #209 and #224).

With this work complete, we have established a solid foundation to improve mental health services for persons with disabilities within the overall Remedy timeline.

Similarly, with the multi-disciplinary team, a significant amount of planning work with ARC and RRC providers was required given that existing DSP-funded allied health supports are currently attached to these organizations, providing access to healthcare positions that are challenging to recruit.

This took time and some change management efforts.

Today, however, these multi-disciplinary teams have been renamed Disability Support Outreach Teams and their composition, service design, mandate and methods of access have been defined and implementation is underway (see document #199).

We are now recruiting for new roles within the Disability Support Program to support the work of outreach teams (manager of allied health, which is now filled, and allied health

support coordinators still to be filled). The guiding framework, service agreements, evaluation plan, and privacy impacts are now being finalized.

Two of the four teams should be operational (Western Region and Eastern Region) by August 31, 2025. In the short-term, these team will be comprised of existing DSP-funded allied health professionals employed by the ARC and RRC organizations in those regions. In Northern Region and Central Region, new partnerships are being pursued with health care and/or community-based organizations to create new models for the provision of allied health supports.

In the short-term, we are prioritizing services for those leaving institutions and will contract private services when needed to ensure access to allied health is not a barrier to successful transitions to community.

Key outcomes: Year two

Despite these challenges, our work in year two has led to several important outcomes:

- 33 per cent of participants in institutions have either moved to community or are actively engaged in planning with an IPSC;
- 22 per cent (189 people) have moved from facilities to community;
- a further 11 per cent are actively engaged in planning;
- As of March 31, 2025, 104 DSP participants were working with intensive planning and support coordinators, 94 of which are currently living in institutions (as of May 30, this number has increased to 124);
- As of March 31, 2025, 67 participants were working a local area coordinator to support community-based individualized planning (as of May 30, this number has increased to 242), which demonstrates that pace at which we can expect to see progress through year three;
- a 50 per cent reduction in the service request list (293 over baseline, exceeding the Remedy the target of 289);
- 2,900 DSP participants (almost half of all participants) in existing individualized funding programs (Flex Individualized Funding, Direct Family Support for Children and Alternative Family Supports) received an increase in funding to address cost of living pressures;

- 100 participants offered the opportunity to register for the new School Leavers Program in fall 2025 (10 designated for students who self-identify as African Nova Scotian and 10 for those who self-identify as Mi'kmaq);
- 64 community members serving on four Regional Advisory Councils (at least half of which are first voice); and
- 1,200+ people joined in person and virtually in the second annual Rebuilding Hope conference.

Engagement with first voice continues to be a priority for government, including:

- formal advice and consultation through the Disability Advisory Committee and the newly formed Regional Advisory Councils;
- delivery and design of the Rebuilding Hope conference;
- participation in interview panels and staff training;
- development of Human Rights microcredentials;
- consultation on development of the workforce strategy and individualized funding policy (surveys and focus groups); and
- peer to peer engagement session on the Remedy.

The external evaluation will also include an assessment of first voice participation and collaboration among partners.

We have been working through a tripartite table with the Confederacy of Mainland Mi'kmaq (CMM) and the Government of Canada to develop a plan of supports for Indigenous people leaving institutions in the coming years. We are funding an LAC-type position with CMM and recruiting a designated IPSC position; this recruitment is being undertaken jointly with CMM. Individuals hired into these roles will work directly with Indigenous people with disabilities to create options for them to live a good life in the community of their choosing. This has come to fruition as a result of extensive work between the three parties and a commitment to working collaboratively to support all Nova Scotians with disabilities to live in the community of their choice.

Looking forward

There are many reasons to be optimistic as we move into our third year.

First, we have built significant momentum over the last two years that positions us well for the work ahead in year three and beyond. Powered by a \$120 million provincial investment in Budget 2025-26 and a commitment that extends across the provincial public service, Nova Scotia is well-resourced and well-supported to advance our work and transform disability support in the province.

Second, service providers are rethinking their approach to supporting people with disabilities and realigning their current models to align with the values of the Remedy.

“The shift has also made a difference for those of us working in direct care. We have more flexibility to provide a person-centered support, provide stronger relationship building for all the individuals that we serve and a greater ability to help people make the decisions that reflect their own goals. It is empowering.”

-- Chantel Jollie, program director with Metro Community Living Masonview Homes

We see their commitment reflected in the quality of their applications to the Service Evolution Fund, their attendance on our webinars, and their willingness to engage, innovate, and adapt. As leaders in their communities, they are often called upon for guidance and advice. That role comes with significant responsibility, especially in times of change. And as Nova Scotians, we are all lucky to have them.

And finally, there is a growing interest in what we're doing at both the community and individual level. The more we share our story with Nova Scotians -- through our website, on social media, in local and provincial news media, and through our partners -- the more engagement we see. That interest is an indicator of progress in and of itself -- not to mention a powerful motivator.

So is seeing the impact of our efforts on the lives of the people we serve, including the following stories from LACs:

- I was able to support someone reach a fitness goal by helping them get a three-month gym pass using an existing municipal grant program and finding them respite support to accompany them. The two now meet regularly and text each other between workouts and are building a great connection.

- From my time in community, I was able to identify a supportive employment opportunity for someone who has struggled to find work locally because of their disability. The opportunity was a distance away from the individual, and there was fear that a transportation barrier may exist. But that was resolved -- the employer picks the individual up every day.
- I've been working with one individual -- very quiet -- who only would meet with me if there was a family member present. It took time and effort to build a trusting relationship with them, but now they go with me independently for a drive or community outing.
- I noticed that the new library in my community had no wheelchair to help with mobility. My experience working in community meant I knew who to call to start the conversation about enhancing accessibility. The contacts I reached out to were amazing and purchased a wheelchair right away.

Another local area coordinator told this story:

I met with an individual and their family who had been on a waitlist for a small options home for three years. They are considered low priority in terms of receiving a placement.

After speaking with the family and learning about the individual, their interests, strengths, and the things that make them feel their best, I asked if they had ever been in a small options home. They said no.

I explained that many of the things that make this person feel good and safe are things that may look different in that setting (predictable vs. unpredictable).

We talked about exploring other creative options, such as what having a supportive roommate could look like, along with support hours through a service provider.

Based on the level of support their family member would need to live their best life, the family thought a small option home was their only program option, so this was an emotional conversation when they realized the full range of possibilities available in community and through the Remedy. You don't often see these 'happy tears' in meetings like this, and to me, it really reflected what the Remedy is all about.

As we move into year three, our focus is on readiness and activation. That means making sure our communities are accessible and inclusive, that the services people need are available to them, and that the systems we have in place work for everyone who receives, delivers or plans disability support in Nova Scotia.

The Remedy will make Nova Scotia not just a leader in Canada, but a global leader in how we welcome and support people with disabilities.

At the end of the day, success isn't something we can track in a table or write on a page. As Dr. Stainton said:

“What we will consider success is when people with disabilities have as much choice of any of us. They are living the lives they want to live, in the communities they want to live in, engaging with the people they want to engage with.”