

IN THE MATTER OF: The Nova Scotia *Human Rights Act*, R.S.N.S.1989, c.214, as amended

-and-

IN THE MATTER OF: Board File No.51000-30-H14-0148

BETWEEN:

Disability Rights Coalition (“DRC”)

(Complainant)

-and-

Province of Nova Scotia (“Province”)

(Respondent)

-and-

The Nova Scotia Human Rights Commission (“NSHRC”)

INTERIM CONSENT ORDER

Before Donald Murray K.C. sitting as a Nova Scotia Human Rights Board of Inquiry;

Whereas:

1. The Complainant, Disability Rights Coalition (“DRC”), filed a Complaint of discrimination against the Respondent, Province of Nova Scotia, on the 1st day of August, 2014;
2. The Complaint alleged systemic discrimination by the Province against persons with disabilities in its provision of social assistance;
3. The Complaint was referred to a Board of Inquiry in May of 2015 and, after a hearing, was dismissed by a Board of Inquiry decision, dated March 4, 2019;
4. The dismissal was appealed by the DRC to the Nova Scotia of Appeal;
5. The Nova Scotia of Appeal rendered a judgment in the appeal on the 6th of October, 2021;

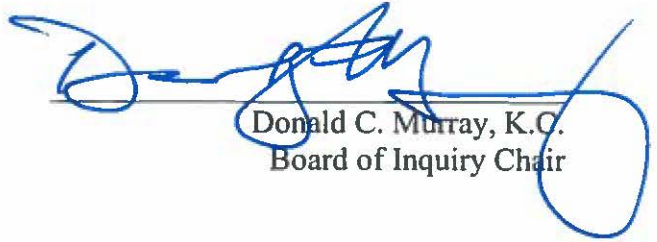
6. The Court of Appeal Decision and Judgment allowed the DRC's appeal and determined that on the evidence before it, the Disability Rights Coalition's Complaint of discrimination under section 5 of the Nova Scotia *Human Rights Act* had been established on a *prima facie* basis;
7. The Court of Appeal sent the matter back to the Board of Inquiry for a continuation of the proceeding;
8. The Board of Inquiry interpreted and applied the Court of Appeal's Decision in its own decision dated, April 30, 2022;
9. In July 2022, the Province waived any justifications under s. 6 of the *Human Rights Act*, the complaint then proceeded to the remedy stage of the proceeding;
10. At the remedy stage, the Parties engaged in a collaborative process and worked towards a systemic human rights remedy;
11. The Parties agreed to the appointment of an independent Review Team to provide a report and recommendations concerning the options to address the Province's systemic discrimination on persons with disabilities in its implementation of the *Social Assistance Act* system;
12. The Review Team provided the Parties with a report and recommendations dated February 6, 2023 that sets out a five year plan, starting July 1, 2023, to implement the changes needed to address the systemic discrimination;
13. The Parties have, on an interim basis, agreed as to the changes to be made by the Province in remedying the systemic discrimination, based on the report and recommendations of the Review Team; and
14. The Parties Agree that their interim agreement should form the basis of an Interim Consent Order, with the Board of Inquiry retaining jurisdiction to issue further interim or final remedial orders as appropriate.

It is hereby Ordered that:

15. The Interim Settlement Agreement (attached as Schedule I to this Interim Consent Order) is legally binding on the Parties as an Interim Consent Order of this Board of Inquiry.

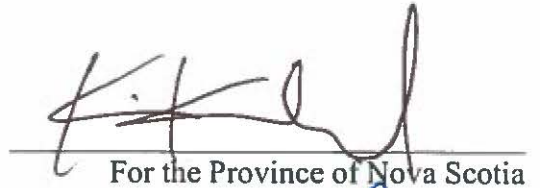
16. The Board of Inquiry has continuing jurisdiction to adjudicate any issues which arise under the Interim Settlement Agreement, and to issue any further orders as appropriate, as contemplated in the Interim Settlement Agreement itself.

So ordered in Halifax, Nova Scotia this 28th day of June 2023.

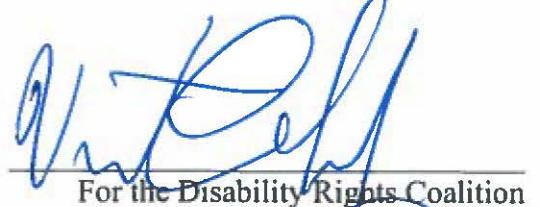


Donald C. Murray, K.C.
Board of Inquiry Chair

Consented to:



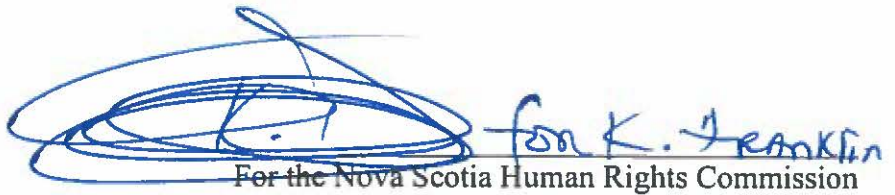
For the Province of Nova Scotia



For the Disability Rights Coalition



For the Disability Rights Coalition



for K. Franklin
For the Nova Scotia Human Rights Commission

SCHEDULE 1: INTERIM SETTLEMENT AGREEMENT

IN THE MATTER OF: The Nova Scotia *Human Rights Act*, R.S.N.S.1989, c.214, as amended

-and-

IN THE MATTER OF: Board File No.51000-30-H14-0148

BETWEEN:

Disability Rights Coalition (“DRC”)

(Complainants)

-and-

Province of Nova Scotia (“Province”)

(Respondent)

-and-

The Nova Scotia Human Rights Commission (“NSHRC”)

INTERIM SETTLEMENT AGREEMENT

PART A: General Interpretation of this Agreement

1. The Parties to this proceeding, the DRC, the NSHRC and the Province, acknowledge that they have agreed to the terms of this Interim Settlement Agreement, and have requested that it become an Interim Consent Order of the Board of Inquiry binding on them.
2. Where this Interim Settlement Agreement refers to “the discrimination,” the Parties acknowledge that this is a reference to the systemic discrimination found in the Court of Appeal’s Decision, dated October 6th, 2021 and as subsequently interpreted and applied in the Decision of the Board of Inquiry in this matter, dated April 30th, 2022. Any question as to the nature of the discrimination will ultimately be resolved by reference to those legal decisions, rather than the terms of this Agreement.

Human Rights Act Violations

3. Without detracting from the foregoing acknowledgement, the systemic discrimination found by the Court of Appeal and the Board of Inquiry, which has taken place since 1998 and continues to the present, is summarized as follows:
 - a. **Institutionalization:** The Province of Nova Scotia has violated the *Human Rights Act* by systemically discriminating against persons with disabilities in its provision of social assistance by providing supports and services to persons in need under the *Social Assistance Act* in institutions, rather than in communities.
 - b. **Assistance as of Right:** The Province of Nova Scotia has violated the *Human Rights Act* by systemically discriminating against persons with disabilities in its provision of social assistance by failing to respect the legal entitlement of persons with disabilities to assistance under the *Social Assistance Act*.
 - c. **Community of Choice:** The Province of Nova Scotia has violated the *Human Rights Act* by systemically discriminating against persons with disabilities in its provision of social assistance by frequently providing supports and services (social assistance) to persons with disabilities in locations that were at a distance from their own preferred communities.
 - d. **Delays:** The Province of Nova Scotia has violated the *Human Rights Act* by systemically discriminating against persons with disabilities in its provision of social assistance by frequently placing persons who were found eligible for social assistance on wait lists rather than providing them with assistance from the date of their eligibility.
4. The Parties acknowledge that they have in this Interim Settlement Agreement agreed to annual indicators, timeframes, targets and outcomes, as the steps to accomplish the recommended best plan for remedying the discrimination attached hereto as Appendix A.
5. The Parties also agree that:
 - a. it is possible for the Province to remedy the discrimination without meeting each specific indicator, or target, or without perfectly complying with the associated timelines;
 - b. a substantial change in circumstances may be encountered which require alternative measures to any of the indicators, targets or timeframes , and such alternative measures are acceptable and even appropriate so long as the alternative measures are equally or more efficacious than the original indicators, targets or timeframes and there continues to be substantial progress towards remedying the discrimination within the timeframe and achieving compliance with the outcomes as contemplated by this Interim Settlement Agreement, and in particular as set out in Appendix D "Final Outcomes";

- c. the ultimate outcome of this Interim Settlement Agreement is the remedying of the discrimination through the achievement of the outcomes, rather than the specific compliance with any particular indicator or target identified in Appendix A.
- 6. The following terms are used throughout this Interim Settlement Agreement in describing and assessing the obligation by the Province to remedy the discrimination:
 - a. “Exact compliance” means that the Province has complied in exact terms with an indicator, timeframe, target or outcome in Appendix A;
 - b. “Compliance in substance” means that the Province has accomplished the underlying purpose of an indicator, timeframe, target or outcome in Appendix A, by using alternative measures which are equally or more efficacious than the original indicator, timeframe, target or outcome, without necessarily meeting the exact requirement set out;
 - c. “Substantial progress” means that, from an overall perspective, the Province is making sufficient progress in complying with Appendix A that it is still anticipated that the discrimination will be remedied in the timeframe contemplated by Appendix A in accordance with Appendix D, irrespective of any specific indicator, timeframe, target of Appendix A;
 - d. “Outside the control of the Province” indicates a situation where the Province has failed to be in compliance, or to make substantial progress, due to circumstances outside its control after demonstrating what reasonable alternative measures were attempted in order to comply or make substantial progress;
 - e. For the purpose of this Interim Settlement Agreement factors “outside the control” of the Province do not include administrative convenience or reasonably foreseeable circumstances affecting the cost of providing accommodative social assistance for persons with disabilities to meet their different needs, or otherwise complying with this agreement.
- 7. The Parties agree that periodic monitoring by an Expert Monitor is a crucial element of ensuring that the discrimination is remedied.
- 8. The Parties agree that the ongoing authority of the Board of Inquiry is necessary to ensure compliance with this Interim Settlement Agreement, and ultimately, to ensure that the discrimination is remedied and issue a final remedial order.
- 9. The Parties agree that they will continue to engage in a collaborative way to attempt to resolve any issues between them during the lifetime of this Interim Settlement Agreement.

Part B: Indicators, timeframes, targets and outcomes

10. The Province shall remedy the discrimination as recommended by the Review Team, and specifically, in accordance with the indicators, timeframes, targets and outcomes identified in Appendix A to this Interim Settlement Agreement.
11. For the purposes of this Interim Settlement Agreement:
 - a. “Indicators” represent various means by which progress towards the outcomes is measured,
 - b. “Targets” represent partial steps taken in order to achieve the outcomes,
 - c. “Outcomes” are the final steps that are required to be achieved in order to fully implement the best plan as contained in Appendix A, and which are summarized by the parties at Appendix D;
 - d. “Timeframes” represent the period of time within which the indicators, targets and outcomes are to be completed.
12. If there is any dispute as to the meaning of any indicators, timeframes, targets or outcomes in Appendix A, the Parties agree that they should be interpreted in light of the Review Team’s February 6, 2023 report (attached as Appendix E to this Interim Settlement Agreement) as a whole.
13. Notwithstanding anything else in this Interim Settlement Agreement or in Appendix A, the Parties agree that the following are to be treated as non-binding recommendations of the Review Team which cannot be enforced against the Province:
 - a. Items which require legislative or regulatory changes;
 - b. Items relating to the structure of government offices and departments.

Part C: Monitoring

14. Appointment of Expert Monitor:
 - a. Before January 2024, the NSHRC shall select an Expert Monitor for the purposes of making periodic assessments of the Province’s compliance and progress under this Interim Settlement Agreement.
 - b. The qualifications for the Expert Monitor include expertise in human rights principles, and expertise in government systems for supporting persons with disabilities.
 - c. If the Province and the DRC agree on an individual to serve as the Expert Monitor, the HRC shall appoint that person.
 - d. If the Parties are unable to agree on an individual, the HRC may select an individual who is qualified under the terms of this Interim Settlement Agreement,

after considering any input from the DRC and Province with respect to its proposed individual.

- e. In any case, the Expert Monitor shall be independent of, and impartial to, both the Province and the DRC. Any reasonable apprehension of bias on the part of the Expert Monitor shall be grounds for removal. The Expert Monitor will treat all Parties with fairness, including in any contact with individual Parties.
- f. The HRC shall set the terms and conditions for hiring the Expert Monitor, after input from the Province and the DRC.
- g. Costs relating to the monitoring process under this Agreement shall be borne by the Province. Such costs will include:
 - i. Cost of hiring the Expert Monitor;
 - ii. Reasonable expenses incurred by the Expert Monitor;
 - iii. Reasonable expenses incurred by the DRC relating to the monitoring process under this agreement.
- h. Should there be any reason to replace the Expert Monitor, the same provisions will apply to the selection and duties of the replacement.

15. Progress Reports:

- a. Beginning on January 15, 2024, and every subsequent May 31 and January 15 thereafter for the duration of this Interim Settlement Agreement, the Province will provide to the Parties and the Expert Monitor an Interim Progress Report, which includes:
 - i. Accurate data relating to compliance and progress with each aspect of Appendix A of this Interim Settlement Agreement (including any adjustments or changes to indicators, timeframes, and targets identified in previous Progress Reports or Monitoring Reports.) The report of data shall be in substantially the form attached as Appendix B of this Interim Settlement Agreement (which may be modified from time to time by joint agreement of the Province and the DRC in consultation with the Expert Monitor.)
 - ii. Any documents which are necessary to disclose in order to demonstrate compliance and progress, including but not limited to the documents referred to in Appendix C.
 - iii. An identification of any area where the Province anticipates that it may not be in exact compliance, along with an explanation of the reasons and

what steps the Province has taken or intends to take in response in order to be compliant in substance.

- b. Beginning May 31, 2024, and annually thereafter, the Province will provide to the Parties and the Expert Monitor an Annual Progress Report, which includes:
 - i. all the requirements of an Interim Progress Report; and
 - ii. a substantive assessment of the Province's compliance and progress with the indicators, timeframes, targets and outcomes for the relevant year as set out in Appendix A (including any adjustments or changes to indicators, timeframes, and targets identified in previous Progress Reports or Monitoring Reports.)
- c. If the Province is not in exact compliance with a particular requirement, the Annual Progress Report will also provide reasons for the non-compliance, along with an assessment of:
 - i. Any and all alternative measures (indicators, targets or timeframes) that are equally or more efficacious to the indicators or targets identified in the plan in achieving the outcomes;
 - ii. whether compliance in substance has been made, with the onus on the Province to demonstrate such;
 - iii. whether, and how, the Province has still made substantial progress towards remedying the discrimination, with the onus on the Province to demonstrate such;
 - iv. any additional or other measures the Province has taken or intends to take in order to ensure that substantial progress continues to be made;
 - v. where relevant, whether the reasons for any non-compliance amount to factors outside the control of the Province;
- d. For greater certainty:
 - i. The Annual Progress Report will include an updated report on progress on both recommendations which are binding and recommendations which are non-binding pursuant to this Interim Settlement Agreement.
 - ii. The first Annual Progress Report will include also cover the portion of Appendix A which relates to the February-June 2023 period.
- e. Within thirty (30) days of the Annual Progress Report, any Party to this complaint may provide comments to the Province and the Expert Monitor in response:
 - i. For greater certainty, nothing prohibits any Party from providing comments to the Province, or the Province and the Expert Monitor, outside of this thirty (30) days.

16. Monitoring Reports:

- a. Within sixty (60) days of receiving an Annual Progress report, the Expert Monitor shall provide to all Parties a Monitoring Report.
- b. The Monitoring Report will:
 - i. Review and comment on the accuracy and adequacy of the data provided by the Province and make any necessary recommendations to the Parties for further disclosure in order to fully and properly monitor compliance and progress with this Interim Settlement Agreement.
 - ii. With respect to the indicators, timeframes, targets and outcomes for the relevant year as set out in Appendix A (including any adjustments or changes to indicators, timeframes, and targets identified in previous Progress Reports or Monitoring Reports,) review and comment on whether the Province is in compliance.
 - iii. If the Province is not in exact compliance:
 1. Assess whether there has been compliance in substance;
 2. Assess the reasons given by the Province for the non-compliance;
 3. Assess whether the Province has adequately considered and addressed any and all alternative measures;
 4. Assess whether those alternative measures are equally or more efficacious in achieving the outcomes;
 5. Where there are no alternative measures proposed by the Province, comment on whether any or all of those reasons for non compliance amount to factors outside the control of the Province;
 6. Assess whether the Province is making substantial progress towards remedying the discrimination;
 7. Make any recommendations as to steps the Province should take to ensure that substantial progress continues to be made.

17. Transparency:

- a. The NSHRC will make the following available on a dedicated section of its website within a reasonable time after they are provided by the Parties or the Expert Monitor:
 - i. The Decision of the Nova Scotia Court of Appeal in this matter, dated October 6, 2021;
 - ii. The Interim Consent Order and this Interim Settlement Agreement;

- iii. Each of the Interim Progress Reports and Annual Progress Reports, including the data included in those reports;
- iv. Comments by the Parties with respect to Annual Progress Reports;
- v. Each of the Monitoring Reports;
- vi. Any Decisions of the Board of Inquiry pursuant to this Interim Settlement Agreement.
- vii. Any documents specifically listed in Appendix C;
- viii. Any other documents disclosed pursuant to this Interim Settlement Agreement, unless at the time of disclosure the Province indicates that the document should not be made public for reasons similar to what might apply under FOIPOP.

Part D: Compliance and enforcement

18. Application to the Board for a finding of non-compliance:

- a. At any point during the lifetime of this Interim Settlement Agreement, any Party may make an application to the Board of Inquiry for a finding that the Province has not provided an adequate Progress Report as required by this Interim Settlement Agreement.
 - i. If the Board of Inquiry, after hearing from the Parties in writing or otherwise, is satisfied that the Province has not provided an adequate Progress Report as required by this Interim Settlement Agreement, then the Board of Inquiry may order the Province to do so without delay, or may make such other Order as may seem appropriate and just.
- b. At any point during the lifetime of this Interim Settlement Agreement, any Party may make an application for a Review to the Board of Inquiry for a finding that that the Province has failed to make substantial progress in remedying the discrimination in the manner contemplated by Appendix A.
 - i. On any application to the Board under this section, the onus is on the Province on the balance of probabilities to demonstrate that it has made substantial progress;
 - ii. The Board of Inquiry shall conduct a hearing in response to such an application;
 - iii. In any such application, in addition to any other evidence:

1. Any Progress Report or Monitoring Report will be admissible, and will be accepted for the truth of its contents unless otherwise demonstrated;
 2. Testimony of the Expert Monitor will be admissible, but is not required.
- iv. In determining whether the Province has failed to make substantial progress towards remedying the discrimination within the timeframe contemplated by Appendix A, the Board will take into account the interpretive sections of this Interim Settlement Agreement.
 - v. If the Board determines that the Province has failed to make substantial progress towards remedying the discrimination within the timeframe contemplated by Appendix A, it will also identify whether any such failure is due to circumstances outside the control of the Province as defined in Part A of this Interim Settlement Agreement.
 - vi. If the application is upheld, the Board:
 1. may order the Province to comply with any aspect of Appendix A or Appendix D, or make any other remedial order it considers appropriate within its jurisdiction.
 2. if the Board determines that the failure to make substantial progress is due to circumstances outside the control of the Province, shall order the Province to take any and all measures necessary to remedy the discrimination that are equally or more efficacious than those set out in Appendix A.

19. Declaration of compliance:

- a. At any point during the lifetime of this Interim Settlement Agreement, the Province may seek a declaration from the Board of Inquiry that the Province has remedied the systemic discrimination.
 - i. The Board of Inquiry shall conduct a hearing in response to such an application.
 - ii. In such an application, the onus of proof is on the Province to demonstrate that the systemic discrimination has been fully remedied through compliance with the binding provisions of this Agreement including Appendix A (including any adjustments or changes to indicators, timeframes, and targets identified in previous Progress Reports or Monitoring Reports) and Appendix D.

- iii. In such an application, compliance or compliance in substance with the binding provisions of Appendix A of this Interim Settlement Agreement (including any adjustments or changes to indicators, timeframes, and targets identified in previous Progress Reports or Monitoring Reports) and Appendix D is deemed to satisfy the requirement to remedy the discrimination.
- b. If the Province demonstrates that it has remedied the systemic discrimination, the Board of Inquiry shall issue a remedial order which is limited to declaratory relief only.
- c. If the Province does not demonstrate that it has remedied the systemic discrimination, the Board of Inquiry shall dismiss the Province's application and may issue any remedial order it considers appropriate within its jurisdiction.

20. Administrative:

- a. The Parties agree to hold a case management conference with the Board of Inquiry annually in October in order to plan for any application by a Party which may be brought under Part D of this Interim Settlement Agreement.
- b. If no specific application is identified by a Party at least thirty days in advance of the scheduled case management conference, the case management conference shall be cancelled.
- c. Nothing in this section prevents any Party from seeking a case management conference with the Board of Inquiry at any other time.

Agreed to this 25th day of April, 2023.


Tracey Taweel, Deputy Minister, Department of Community Services
For the Province of Nova Scotia


Vince Calderhead
For the Disability Rights Coalition


Claire McNeil
For the Disability Rights Coalition


For the Nova Scotia Human Rights Commission

APPENDIX A

FEBRUARY – JUNE 2023

1. Review Report recommendations regarding the establishment of *Social Assistance Act* (Disability Supports Program - DSP) fit for purpose governance functions, including regional leadership, first voice consultation and co-production.
2. Update DSP client projection model using baseline numbers and provide assumptions, and outputs of the model.
3. Commence efforts (including communications and change management plan) to transfer DCS *Social Assistance Act* DSP Intake function and Care Coordination staff to the Disability Supports Program.
4. Establish a Remedy Secretariat including a Project Management and Implementation Team:
 - a. DCS/DSP to align current Transformation Work Plan and budget to the agreed Remedy
 - b. Progressively design and build a new Remedy Secretariat/Project management and Implementation Team to progress urgent tasks such as a Communications Plan and a Change Management Plan;
 - c. Progress any new staff recruitments as a priority.
5. Approve and implement intensive technical support and program design:
 - a. Identify early potential external technical resources that will be required for leadership development, cultural change, development of new programs (including fidelity requirements for new Local Area Coordination and Intensive Planning and Support Coordination staff) and more detailed Project Implementation Plans.
 - b. Hold intensive technical support/program design session in May 2023.
6. Approve and implement a government wide data collection mechanism to track and update baseline data as required in a timely and consistent manner as required and to provide data updates twice yearly.
7. Develop written policy and process to ensure no new congregate or institutional facilities are established for persons with disabilities.
8. Take immediate actions to address any staff ceilings or other barriers to early recruitment of necessary staff – for example to do the early policy and program work required.
9. Develop and plan implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC).

10. Commence priority new services such as the Emergency Response team to avoid new institutional admissions and support persons with disabilities in their community of choice.
 - a. In particular, the Emergency Response team is required to enable a set date for firm prohibition on admission to institutions and LTC facilities.
11. DCS/DSP to continue with urgent new services that are aligned with the Remedy such as:
 - a. Institutional closure
 - b. development of urgent new services that are aligned with the Remedy such as Shared Services, and new ILS places.
12. Appoint a Clinical Lead to lead the planning and development of the Multi-disciplinary Allied Health teams and inter agency development work.
13. Establish “no new admissions” policy once Emergency response capability in place.
14. Harbourside closure completed and relocation of all those people who resided at Harbourside to their community of choice.
15. Commence work to remove waitlist for eligible applicants by establishing a human rights compliant client pathway that ensures timely access to accommodative assistance. For the purposes of this Interim Settlement Agreement, “accommodative assistance” means social assistance, including supports and services, that meet the different needs of persons with disabilities.
 - a. This to include such elements as alignment with an enhanced DSP Intake and triage function, referrals to LAC/IPSC/Care Coordination/Emergency Response Team/other services and supports such as health and housing.
 - b. The pathway to also identify where additional support may be provided to streamline DSP eligibility determination.
16. Approve and implement eligibility and key DSP policy review and update, including rescinding Eligibility policy sections 9.3 and 9.4.
 - a. Scope review of Licensing and standards.
 - b. Review and address situation of individuals previously denied.
17. Support Adult Capacity and Decision-making Act (ACDMA) review process by linking DSP to the review. Focus should be on using the presumption of capacity in NS law and on the practice of Supported Decision Making.
18. Province to conduct early research into Individualised Funding (IF) backbone systems and connections to possible technical support.
19. Coordinate Seniors and Long Term Care (SLTC) and DSP to work collaboratively on the development of consistent structures for Individualised Funding (IF) programs.
20. Review and align current DSP work on developing enhanced supports for children. New efforts should be consistent and complementary to efforts outlined in this report. Respite

options could focus on Homeshare approach that fosters relationships and networks as the child grows.

21. Establish a working group (DSP, IWK, Office of Addictions and Mental Health, Nova Scotia Health - NSH) to develop shared purpose and language on mandates, connection to the current process of development of a universal mental health and addictions system, partnering in case coordination between DSP and NSH for Complex Cases, and address outstanding eligibility issues.

APPENDIX A

YEAR 1: April 1 2023 – March 30 2024

1. Update as to status and work of Government Roundtable.
2. Complete transfer of DCS *Social Assistance Act* DSP Intake function and Care Coordination staff to the Disability Support Program. .
3. Transfer of Disability Support Program (DSP) current model care coordination functions to Local Area Coordination (LAC) and Intensive Planning and Coordination (IPSC) by regions; handover planning coordination support from current model of Care Coordinators to LACs and IPSCs.
4. Continue development and implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC):
 - a. Regional lead positions developed and recruited
 - b. Regional leads to lead recruitment of new Local Area Coordination (LAC) and Intensive Planning and Support Coordination (IPSC) staff.
 - c. Policy and practice framework established, including fidelity criteria.¹

¹ The fidelity criteria in the job specifications include not only the specified ratios of persons with disabilities/clients to LACs and IPSCs but also: “Specific fidelity criteria for LAC and IPSC be established, building on the international evidence base, and be reported as part of the ongoing reporting and evaluation of the planning and support function.” In addition, “A level of independence be maintained by LACs and IPSCs from assessment/eligibility and funding decisions, including line management. An additional safeguard enhancing independent planning and support coordination (including navigation) is through an external technical and peer support person centred planning capability.” It is acknowledged by all parties that: “it is recommended that in the immediate future they be employed directly by the DSP with appropriate safeguards regarding fidelity of recruitment. Once the LAC program is established and operating effectively as per the planned December 2025 independent review, consideration be given to the best location of this program.”

- d. Job specifications developed for Local Area Coordination (LAC)², Individualised Planning and Support Coordination and Intensive Planning and Support Coordination.³
5. Benchmark staffing ratios to be met: Ratios set 1:20 for Intensive Planning and Coordination Staff (IPSC) and 1:50 for Local Area Coordination (LAC) with 1 Supervisor for each 8 staff.
6. Recruit and train 25 new LACs and 40 new IPSCs (including 15 transferred from Care Coordinators).
7. New planning staff appointed and Institutional Closure teams⁴ established.
8. “Regional Closure Strategy” developed with facility priority, timelines, capacity building and lifestyle enhancement including:
 - a. Plan for Regional Closure teams (n=42 staff) *with* regional process for prioritization of closures
 - b. Align closures with people moving from Long Term Care, psychiatric hospitals and forensic facilities (including data)
 - c. Planning commences for next groups including capacity building and enhanced current lifestyle (n = 133).
9. Recruitment and training of 4 Regional Closure Project Leads and 4 Regional Community Capacity Developers.⁵

² With respects to Local Area Coordinators (LACs), LACs would be more generally available to individuals in the community and include those currently in the system with less complex needs, or those seeking minor changes to their support array, those DSP Applicants waiting to enter the system and, persons with disabilities who may not qualify but are seeking information and assistance to connect with their community and non-funded services. LACs would be based in communities across the regions.

³ With respect to IPSCs, Intensive Planning and Support Coordination (IPSC) staff. These roles would support new people entering the system with significant support needs, those returning to community from institutional facilities and those facing major transitions or changes in support needs or wishes. (see Institutional closure brief for more detail). The role would include person centred planning, support to set up or connect with individualized supports and services across domains (housing, community inclusion/employment, health etc. as well as generic community and informal supports) based on the plan developed with the person and their supporters. Planning and Support Coordination would be available as required on demand after the initial intensive planning and facilitation process.

⁴ Closure Teams will build on current processes used with regards to Harbourside, the closure teams will model/align and ultimately merge with new planning and coordination teams to be established in each region of the province. They will include: i) Intensive Planning and Support Coordinators (IPSC) at a ratio of 1 planner per 20 residents, and a Community capacity developer (1 per team).

⁵ Capacity Development Worker: This role to focus on new and innovative support option development. This could range from Homeshare recruitment, identifying housing options in the open market and supporting users and families to develop bespoke options.

10. Community Capacity Developers commence, initial training.
11. Regional Closure Project Leads commence (possibly from existing Care Coordination).
12. Institutional Closures Province-wide Closure single central point of leadership established.
13. Strengthen emergency response capacity.
14. Approve and implement on a priority basis an emergency response strategy and Emergency Response Team:
 - a. Provide enhanced resources necessary to implement the strategy;
 - b. Emergency Response Team to be 50% operational.
15. Province to set dates for policy for firm prohibitions on any new admissions (“No new admission policy”) to the following DSP funded facilities: RRC, ARC, RCF, Group Homes and Developmental Residences.
16. Province implements policy for firm prohibitions on any new admissions (“No new admission policy”) to the following DSP funded facilities: RRC, ARC, RCF, Group Homes and Developmental Residences.
17. Work with SLTC and review and revise the policy on admissions to LTC (for young people) and ensure no admissions to LTC occur due to DSP failure to provide appropriate community supports.
18. Coordinate with facilities to begin planning for staff redeployment.
19. Commence and complete new Individualised Funding (IF) policy development and administrative infrastructure planning (including IT and data capability for new IF system).
20. Complete and implement new assessment model and resource allocation tool
21. Develop needs assessment that includes supported decision-making supports.
22. Begin individualization of current funding programs.
23. Initiate process for establishment of an accessible, user facing system for personal budget management and administration.
24. Establish Eligibility and Assessment coordinators.

25. Develop job description/contract specifications for IF coaches⁶ and staff.
26. Commence recruitment of IF coaches (n =4) and staff recruitment/support capacity (n=4 FTE) or Tender for new single entity.
27. Develop system for emergency employee cover (likely contracted out) for IF users.
28. Commence work with SLTC to ensure consistency in IF work.
29. Review of current contracts and design for new Province-wide PDP Peer and Technical support program.
30. Commence early focus on Supported Decision-Making practice enhancement.
31. Implementation commences including new ILS plus⁷ and Flex Independent expanded programs.
32. Commence new policy development for Homeshare expansion, new ILS plus, Flex, IF strategy, new TSA/Innovations, School leavers and Waitlist (no current service) Support.
33. Allocate 200 new ILS plus/Flex Independent places.
34. Harbourside closure relocations: 22 of the individuals at Harbourside ARC identified their community of choice and determined the locations of the 10 Small Option Homes. Confirm details of the remaining 18.
35. Expanded ILS program as alternative to Small Options Homes.
36. Implement discretionary Funding for DSP Waitlist (SRL) Baseline of 589 “eligible but not receiving support” n= 208 (needs slight deduction for TSA).
37. Baseline versus: Planning/capacity building/enhanced current lifestyle for those in other systems – estimate numbers (Shared services and psychiatric hospital/forensic)
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.
39. New Homeshare options (n= 50) in community of choice
40. Commence planning for School Leavers (n =100).

⁶ “Coaches” are to assist with administration and management system onboarding and technical assistance/troubleshooting.

⁷ “ILS plus”: Bridges the funding gap between Independent Living Support (ILS), Flex Independent and SOH where people can get an individual funding allocation for a share of SOH costing and incentives/support to find a local more personalized solution.

41. Continue work to remove waitlist for eligible applicants and participants by establishing a human rights compliant client pathway that ensures timely access to accommodative assistance.
42. Develop and implement new program policies including arrangements for triage and “immediate assistance” once found eligible.
43. Regional review of “eligible but not receiving support” group to examine demographics and determine priorities.
44. Complete review and update of DSP eligibility policy in accordance with the *Social Assistance Act*, including rescinding Eligibility policy sections 9.3 and 9.4.
 - a. Review and address situation of individuals previously denied (n=8).
45. Develop new policy, operational policies and procedures including:
 1. triage and “immediate assistance” once found eligible
 2. local area coordination (LAC) and individual planning and coordination support
 3. intensive planning and coordination support (IPSC)
 4. emergency response team and referrals
46. New DSP program policies developed and implemented for planning and coordination functions, including specific principles and requirements regarding support in community of choice.
47. Operational procedures and data to reflect updated DSP policy whereby all non-financial eligibility decisions are documented and reviewable.
48. Provincially approved new governance structures in place, including design of Regional Hubs.⁸
49. Province to continue its review of Report and recommendations including regional leadership, first voice consultation and co-production.
50. Ongoing Government Disability Roundtable with TOR and Ministerial/Cabinet reporting and embedded in Remedy and ideally legislation.
51. Appoint DSP Clinical Lead to commence design and planning for Regional Teams, building on existing DSP capacity.
52. Liaise with Health, IWK Hospital, Mental Health and Corrections regarding current mapping and new proposals, utilizing Government Disability Roundtable process.
53. Tender process commences for DSP program multidisciplinary teams.

⁸ Regional Hubs are designed to have local responsiveness but connect to a provincial framework and processes (ie provincial advisory panel, budgetary control).

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.
56. DSP commence integration of institutional teams into new Regional Outreach teams.
57. Decide best method for embedding HR principles and enhancing Supported Decision-Making practice, including build into planning and needs assessment re relational support.
58. Policy engagement in current review of ACDMA Act Review
59. Tenders awarded for and establishment of External Evaluation Team.
60. Tender/appointment Leadership and Capability Panel and other key services/infrastructure
61. Commence development of leadership, innovation and training panel and plan.
62. Design and trial Leadership training courses, and deliver initial training.
63. Complete base modeling for the Disability Sector Workforce Plan and commence implementation.⁹
 - a. Priority workforce training and recruitment strategies identified for immediate action.
64. Commence review of Licensing and standards of DSP funded programs and services.
65. Commence review of how National Building Code requirements apply to DSP programs.
66. Commence work on new standards for smaller community-based settings.
67. Commence review of rental costs assistance policy as a key lever to increase housing supply.
68. Design work commences on Discretionary funding/Innovations and Transition funds.
69. Innovations/transition design work complete. Implementation planning commences.

⁹ A comprehensive Disability Sector Workforce Plan includes relevant compensation issues, building on the existing workforce plan and including the new elements to meet the Remedy.

APPENDIX A

YEAR 2: April 1 2024 – March 30 2025

1. Update as to status and work of Government Roundtable.
2. Leadership and Capability Panel established and has operational plan to advance training recommendations.
 - a. Suite of training courses underway
3. The Province will have carried out the following during the year:
 - a. Increase in ILS plus/Flex Independent options by a further 200 (in addition to Y1 baseline)
 - 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
 - i. Planning commences in November for next groups including capacity building and enhanced current lifestyle (n=208)
 - c. 20 of 83 Existing TSA's converted
 - d. Plans for people in Psychiatric Hospitals and Forensic Hospital to return to their community of choice including:
 - i. 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.
 - ii. Minimum of 78 individuals currently identified on Service Request List. Target 20% = 16 people moved out in Year 2.
 - e. 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.
 - f. Planning/capacity building/enhanced current lifestyle for those in other systems (Shared services and psychiatric hospital/forensic) Baseline versus: estimate numbers n=16.
 - g. Increase of 50 in DSP Homeshare options in community of choice, by region (n= 50): 240 total Homeshare.
 - h. Reduce DSP Waitlist (Service Request List) "no support group" (Baseline of 589) by 289 through IF options.
 - i. Planning and support and Discretionary Funding for DSP Waitlist (SRL) "no service" group—estimate numbers n=350

- i. Four new DSP Regional Multidisciplinary Mental Health/Health Teams and Supports operational, and Integration of Multi-disciplinary outreach teams complete.
 - j. Award new proposals for MH/Health programs.
 - k. Province wide Critical Response Team/capability fully established.
 - l. Commence planning for School Leavers (n =100).
- 4. Full implementation of new individualized funding (IF) infrastructure system/administration and support structure:
 - 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.
- 5. Person Directed Planning (PDP) tender awarded for Province wide Peer and Technical Support Program.
- 6. Whether ACDMA reforms are enacted or not widespread accessible training commenced regarding supported decision-making for individuals, families, service providers and DSP staff. Anchor efforts (in the short term) on the presumption of capacity secured in NS law.
- 7. Continue development and implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC).
- 8. Approve and implement fidelity requirements (see Year 1 for requirements/criteria).
- 9. Implement technical support, training and fidelity requirements for new Local Area Coordination and Intensive Planning and Support Coordination staff (see Year 1 for requirements/criteria).
- 10. Recruit, train and have fully operational 50 new LACs and 65 new IPSCs in accordance with approved fidelity criteria.
 - a. Total FTE/Ratios to meet benchmarks 1:20 for IPSCs and 1:50 for LACs; Supervisors at 1:8
 - b. Referrals to LAC/IPSC/ Care Coordination/ Emergency Response Team/other services and supports such as health and housing.
 - c. IPSC to be made available as required on demand after the initial intensive planning and facilitation process
- 11. Recruit next 30 new LACs and 15 new IPSCs (ex Care Coordinator FTE).

12. New Provincial capability for technical and peer planning supports program operational.
13. Local Area Coordination (LAC) staff commence disbursing discretionary funding.
14. Update DSP client projection model using baseline numbers and provide assumptions, and outputs of the model .
15. Disability Sector Workforce Plan approved, and implementation commenced.
16. Regional Advisory mechanisms commenced.
17. Innovations and Transition funding commenced and allocated through Regional Advisory mechanism and Services Transition Development Fund commenced.
18. External evaluation team commences individual outcomes monitoring with agreed new tool.
19. Updated DSP policies and practices consistent with eligibility of shared services participants.
20. Update efforts to remove waitlist for eligible applicants by establishing a human rights compliant client pathway that ensures timely access to accommodative assistance.
21. Update as to development and implementation of new program policies including arrangements for triage and “immediate assistance” once found eligible.
22. Update as to regional review of “eligible but not receiving support” group to examine demographics and determine priorities.
23. Reduce waitlist for eligible applicants by implementing planning and support/Discretionary Funding for Waitlist “no service” group. Baseline of 589 versus: Waitlist/no support group reduced by n =289
24. Report back on implementation of operational procedures to provide that applications that are denied based on eligibility criteria are documented.
25. Housing rental costs assistance review complete.
26. Review of National Building Code adjustments complete.
27. Licensing and standards review complete / HR principles embedded.
28. First review of new governance structures.

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YEAR 3: April 1 2025 – March 30 2026

1. Update as to status and work of Government Roundtable..
2. Review of Leadership and Capability Panel contract
 - a. Contract renewal or new contract awarded.
3. Continue implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC).
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.
5. Continue implementation of new Provincial capability for technical and peer planning supports program.
6. Complete External Evaluation team report on individual outcomes.
7. Update as to operational procedures to provide that applications that are denied based on eligibility criteria are documented.
8. Update as to implementation of policy for firm prohibitions on any new admissions (“No new admission policy”) to the following DSP funded facilities: RRC, ARC, RCF, Group Homes and Developmental Residences.
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
10. New individualized funding (IF) administrative/support system in place.
11. Implement External Evaluation and revision of IF administrative system.
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
 - b. Planning for next RCF/ARC/RRC groups including capacity building and enhanced current lifestyle (estimate n = 217);
 - c. Further new 200 ILS plus/Flex independent places allocated,
 - d. 100 new Homeshare options added for a total of 340.
 - e. Young persons in LTC—Shared Services 100% complete with 200 total
 - 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.
 - 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)
 - h. 100 new school leavers funded and commence new supports.
 - i. 20 new Existing (Temporary Service Arrangements (TSA’s) converted (n=40 of 83) and 20 new Innovation places.
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.
 14. Update as to development and implementation of new program policies including arrangements for triage and “immediate assistance” once found eligible.
 15. Update as to regional review of “eligible but not receiving support” group to examine demographics and determine priorities.
 16. Remove waitlist for eligible applicants by implementing planning and support/Discretionary Funding for 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).
 17. Continue implementation and support of Regional Advisory mechanisms.
 18. Continue implementation of:
 - a. Innovations and Transition funding and allocations through Regional Advisory mechanism and

b. Services Transition Development Fund

19. Update DSP client projection model using baseline numbers and provide assumptions, and outputs of the model
20. Continue appointment of External Evaluation Team and report on appointment, activities, reports and recommendations of the Team.
21. Continue to implement Disability Sector Workforce Plan.
22. Implement new licensing and standards.
23. Implement new housing strategies.

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YEAR 4: April 1 2026 – March 30 2027

1. Update as to status and work of Government Roundtable.
2. New Province wide Person Directed Planning (PDP) independent technical and peer planning supports operational.
3. Direct an Independent Review of Individual Planning and Coordination function including fidelity criteria.
4. External Evaluation team report on individual outcomes, and update as to other activities.
5. Reduce number of people residing in RCF/ARC/RRC by 87.5% (baseline of 870 individuals: 761 total moves to community (87.5%), with 105 moves this year) by providing those individuals with meaningful access to accommodative assistance to meet their different needs to live in community.
6. Planning/capacity building/enhanced current lifestyle for those in other systems – estimate numbers shared services and psychiatric hospital/forensic estimate n=16.
7. Reduction in DSP eligible in Psychiatric hospitals (n=42 of 48) and Forensic (n=24 of 28) (baseline total of 76). Target for the year: an additional 40%, that is, an additional 16 people moved out) (n=30 of 76).
8. Planning commences for next groups including capacity building and enhanced current lifestyle (n=105 remaining from RCF/ARC/RRC + potential of up to 535 from GH/DR = estimated 640); include Group Homes and Developmental Residence cohort.
9. Commence planning for closure of Group Home and Developmental Residences within 2 years (n=535 individuals baseline as of 2022).
10. Further new 200 ILS plus/Flex independent places allocated.
11. 100 new Homeshare places allocated = 440.
12. 60 of 83 existing TSA's converted and 60 new Innovation places.
13. 100 new school leavers places funded = 200.
14. 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.

15. Update as to development and implementation of new program policies including arrangements for triage and “immediate assistance” once found eligible.
16. Update as to regional review of “eligible but not receiving support” group to examine demographics and determine priorities.
17. Update as to work with SLTC and review and revise the policy on admissions to LTC (for young people) and ensure no admissions to LTC occur due to DSP failure to provide appropriate community supports.
18. Update as to operational procedures to provide that applications that are denied based on eligibility criteria are documented.
19. Planning commenced for new applicants (need estimate from Client Projection model).
20. Continue implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC).
21. Benchmark staffing ratios to be met: Ratios set 1:20 for Intensive Planning and Coordination Staff (IPSC) and 1:50 for Local Area Coordination (LAC) with 1 Supervisor for each 8 staff.
22. Implement technical support and fidelity requirements for new Local Area Coordination and Intensive Planning and Support Coordination staff, including recruitment as necessary.
23. Independent review of individual planning and coordination complete and implementation of necessary improvements.
24. Reallocation of some IPSCs to LAC positions as necessary once institutions are closing.
25. Update DSP policy, practices and procedures as necessary to reflect current programming and requirements.
26. Update DSP client projection model using baseline numbers and provide assumptions, and outputs of the model
27. Coordinate Government Disability Roundtable and implement work plan as required.
28. Continue to support activities of External Evaluation Team.
29. Continue to implement Leadership and Capability Panel work plan.
30. Continue to implement and update Disability Sector Workforce Plan as required.

APPENDIX A

YEAR 5: April 1 2027 – March 30 2028

1. Update as to status and work of Government Roundtable.
2. Full independent five-year review of all Key Directions, namely:
 - a. A new system of individualized planning and support coordination to drive more person directed and local community-based supports and services.
 - b. Closing institutions.
 - c. Building a broader system of community-based supports and services – a home and life in the local community.
 - d. Province wide multidisciplinary support program with regional hubs including other clinical supports to support local options.
 - e. Individualized Funding as the basis of the transformed system with “backbone” support functions.
 - f. Strengthening whole Disability System capacity to enable transformation to a human rights approach.
3. Complete External Evaluation team report on individual outcomes.
4. Province to continue to recruit and implement individual planning and coordination (navigational) support through Local Area Coordination and Intensive Planning and Supports Coordination as per fidelity criteria. Full complement of 80 LACs and 80 IPSCs operational and fidelity criteria maintained.
5. Benchmark staffing ratios to be met: Ratios set 1:20 for Intensive Planning and Coordination Staff (IPSC) and 1:50 for Local Area Coordination (LAC) with 1 Supervisor for each 8 staff.
6. Province to continue to implement Individualised Funding (IF) administrative/support system.
7. Remove waitlist for eligible applicants by developing and implementing new program policies including arrangements for triage and “immediate assistance” once found eligible.
8. Remove waitlist for eligible applicants through regional review of “eligible but not receiving support” group to examine demographics and determine priorities.
9. Update on implementation of operational procedures to provide that applications that are denied based on eligibility criteria are documented.
10. Planning commenced for new applicants (need estimate from Client Projection model).

11. Reduction of DSP Waitlist/ Service Request List (SRL) to zero as 100% of applicants/recipients on the DSP Waitlist provided with immediate access to accommodative assistance.
12. All new DSP applicants provided with immediate access to individualized planning, supports and coordination and individual funding allocations.
13. DSP Waitlist (SRL) discontinued and DSP policies amended to that there is no waitlist in the DSP program.
14. Remove waitlist for eligible applicants by establishing a human rights compliant client pathway that ensures timely access to accommodative assistance.
15. Province to report concerning DSP applicants found ineligible, the basis for the finding of ineligibility, against Y1 as baseline.
16. DSP institutions closure relocations (RCF/ARC/RRC = baseline of 870 individuals moved to community, 100% complete full closure of DSP institutions), by providing all individuals with meaningful access to accommodative assistance to meet their different needs to live in community: 100% complete full closure.
17. Psychiatric and forensic hospitals: the Year 5 target of 60%, or an additional 16 people, are moved out, results in a total 100% reduction in DSP eligible persons in psychiatric hospitals (n=48) and forensic (n=28) based on a minimum of 76 individuals currently identified on Service request list, by providing all individuals with meaningful access to accommodative assistance to meet their different needs to live in community.
18. 60 new Homeshare places allocated for a total of 500.
19. Further new 200 ILS plus/Flex Independent places, against baseline.
20. A further 50% reduction Group Homes and Developmental Residences (n=268 of 535) resulting in 100% reduction in Group Home and Developmental Residences (n=535).
21. Final report as to work with SLTC to ensure no admissions to LTC occur (for young people) due to DSP failure to provide appropriate community supports including meaningful outreach and access to supports and services.
22. All DSP eligible persons in LTC who choose to return to community have moved.
23. All eligible DSP applicants in LTC offered access to individualized planning and funding
24. 100 new school leaver places funded.
25. Community-based supports and services system in-place.

26. All 83 existing TSA's converted and 117 new innovation places.

27. Report on Final Outcomes as contained in Appendix D.

APPENDIX B

Data Disclosure Requirements

1. Updated **“DSP at a Glance”** (to include individual planning support and coordination, individualised funding, intensive planning and supports coordination, shared services and other emerging programs as required):
 - a. updated data, disaggregated¹, from baseline, for:
 - i. all DSP participants
 - ii. all residents under 65 living in Long Term Care Facilities,
 - iii. all patients who are eligible for the Disability Support Program who have Conditional Discharges and reside in Forensic Psychiatric Facilities, and
 - iv. all patients who are eligible for the Disability Support Program and have been medically discharge or designated as “Alternate Level of Care” in Provincial Hospitals including Psychiatric Facilities
 - v. as well as data on new programming including individualised planning and coordination support, individualised funding, and other emerging programs as required.

2. Province to provide data on the number and percentage of DSP applicants and recipients, year over year, compared to baseline, who are receiving:
 - a. Individual planning and coordination support (navigational) ,
 - b. Local Area Coordination,
 - c. Intensive Planning and Supports Coordination (IPSC),
 - d. New individualised funding allocations, by program,
 - e. Living in non-congregate (n=4 persons or less), community-based settings
 - f. Moved from institutionalised or congregate care settings, including hospitals, forensic hospital and LTC, to the setting to which they moved.
 - g. Residing in ARC, RRC, RCF, Group Homes and Development Residences facilities against baseline data by region and facility
 - h. Percentage/number of people aged under 65 persons residing in Long Term Care (LTC) compared to baseline (n=424)
 - i. Percentage/number of DSP eligible persons in LTC who have been offered access to DSP programs, capacity building and lifestyle enhancement
 - j. For those in LTC under 65 who are found to be ineligible for DSP, provide the reason and DSP policy for the denial of assistance

3. Number of LAC and IPSCs appointed and number currently on staff (by year and against Y1 baseline) and FTE/Ratios against benchmark (1:20 for IPSCs; 1:50 for LACs; Supervisors at 1:8)

4. Updated **Service Request List (SRL)** waitlist data with number and percentage against baseline data (disaggregated by age, sex and geographical location) of DSP applicants and recipients including:

¹ “disaggregated” includes sex, age, geographical location, and other indicators such as indigenous status, race or ethnicity should they become available.

- a. Those approved for individual planning and individualised funding allocations by region and program.
 - b. Changes to the DSP Service Request List (SRL) since last review by program
 - c. Average and median length of time the applicants/recipients have been on the Service Request List by current program and program requested (1st choice)
- 5. Province to provide disaggregated data and report concerning the number of DSP applicants found ineligible for non-financial reasons, (including as against Y1 as baseline), including:
 - a. The basis for the finding of ineligibility (specific DSP policy upon which denial based)
 - b. Number of requests for a review/appeal of the finding of ineligibility
 - c. Outcome of any review/appeal of finding of ineligibility of DSP
 - d. Total number of denials for non-financial reasons since last review
- 6. The Parties agree that the following data table captures all of the data requirements of this Appendix B (subject to any revisions made in accordance with the Interim Settlement Agreement.)

1	DSP at a Glance	Number of Participants (1)	Annual Change (1)		Change over Baseline (2)	
	DSP Participants by Program:		Number	Percent	Number	Percent
	Existing Programs: - Small Option Homes (SOH) - Independent Living Supports (ILS) - Alternative Family Support (AFS) - Flex at Home - Flex Independent - Other grandfathered community based programs (supervised apts, community residences etc.)					
	New Programs: - Independent Living Support+ (ILS+) - Homeshare - Local Area Coordination (LAC) <ul style="list-style-type: none"> i. DSP Eligible ii. Non-Eligible - Innovations - Shared Services - Other emerging programs					
	TOTAL of participants in existing and new programs (All DSP Participants living in non-congregate setting, 4 person or less setting)					
	To Be Discontinued Programs: - Adult Residential Centre (ARC) - by facility - Regional Rehabilitation Centre (RRC) - by facility - Residential Care Facility - by region - Group Home (GH)/Development Residence (DR) - by region - Temporary Shelter Arrangements (TSA)					
	TOTAL all DSP participants (existing, new and to be discontinued programs)					
	Participants supported by an Intense Planning and Support Coordinator (IPSC)					
	Participants receiving individualized funding					

Notes

- (1) Disaggregated data to be provided by sex, age, region and indigenous status, race and ethnicity when/if it becomes available. Disaggregated data will not be reported if the numbers are small enough that they could allow identification of individual participants.
- (2) Baseline defined as DSP at a Glance v 4 26 January 2023 - Appendix 4, *Technical Report of the Independent Experts to the Disability Rights Coalition and the Province of Nova Scotia*
- (3) The Service Request list includes: i) existing DSP participants who are requesting a different DSP program or placement location and any individual that has been assessed as eligible for the DSP program, has requested a DSP program but is not currently receiving DSP support .

INTERIM SETTLEMENT AGREEMENT: APPENDIX C

Document Disclosure Requirements

1. With each Annual Progress Report, the Province will disclose updated Disability Supports Program policy, practices, and procedures, with any changes during the period highlighted, which includes:
 - a. Relating to timely access to accommodative assistance,
 - b. *Social Assistance Act* eligibility,
 - c. Policies relating to or consistent with receiving assistance in community of choice,
 - d. Rescission of exclusionary provisions including those currently found at 9.3 and 9.4,
 - e. Inclusion of new DSP programming including individualised planning and coordination supports and individualised funding, expanded eligibility for Independent Living Support ILS program, Shared services and all other programming,
 - f. Enhanced Disability Supports Program Intake and triage function,
 - g. Local Area Coordination and referrals,
 - h. Intensive Planning and Support Coordination and referrals,
 - i. Emergency Response Team and referrals,
 - j. Any revision or changes to DSP policy which relate to the person's/participant's ability to review/appeal any applications that are denied based on non-financial eligibility criteria.
 - k. Policy and procedures to ensure that the Province establishes no new congregate or institutional settings for persons with disabilities
 - l. Policy and procedures, including dates and timelines, for prohibition on new admissions to the following DSP funded facilities: RRC, ARC, RCF, Group Homes and Developmental Residences
 - m. Right to appeal

2. With the Annual Progress Report for the relevant timeframe, the Province will disclose the following documents:
 - a. Client projection model applied to baseline numbers and adjustments made
 - b. "Fidelity criteria" for Local Area Coordination (LAC) and Individual Planning and Support Coordination (IPSC) staff
 - c. External Evaluation Team tender, TOR and any reports including annual report on individual outcomes
 - d. Regional Closure Strategy
 - e. Emergency Response Strategy
 - f. Disability Workforce Strategy, base modelling
 - g. Leadership and Capability Panel operational plan
 - h. Tender for new Province-wide PDP Peer and Technical support program
 - i. Supported Decision-Making community-based training materials
 - j. DSP regional leadership and regional advisory mechanisms

- k. IF Assessment model
- l. IF Resource allocation tool
- m. IF coaches, trainer and user manuals
- n. Evaluation and revision of IF administrative system
- o. Licensing and standards review of requirements
- p. Review of National Building Code requirements
- q. Report of Independent Review of Individual Planning and Coordination
- r. Year 5 independent evaluation report(s) relating to the six key areas (individual planning and support coordination; closing institutions; community-based supports and services; regional and clinical multi-disciplinary program; individualized funding; disability system capacity)

3. With the Annual Progress Report for the relevant timeframe, if there are any documents relevant to the following activities, the Province will disclose those documents:

- a. Harbourside closure evaluation or assessment
- b. Review “eligible but not receiving support” group to examine demographics and determine priorities.
- c. Review of Supports for children under SAA and DSP and how these programs are to be aligned with a human rights pathway.
- d. New Housing strategies
- e. New program proposals for community-based mental health supports for persons with disabilities
- f. External evaluations
- g. Responses from the Province to any prior evaluations

Appendix D: Outcomes

For the purposes of the Interim Settlement Agreement, the parties recognize the following as the final outcomes of the remedy. These are intended to summarize the results of, rather than to add to, the specific work required under the Interim Settlement Agreement.

1. Institutionalization

- Closure of all Provincially funded institutions, currently known as Regional Rehabilitation Centers, Adult Residential Centers, Residential Care Facilities, Group Homes and Developmental Residences.
- Every person 'in need' with a disability under the *SAA* has the option of living in a community-based, non-congregate setting.
- Develop and implement an explicit policy and practice that all persons in need with disabilities residing in LTC facilities or nursing homes are given the option of community-based supports and services under the *SAA*.
- Develop and maintain an explicit policy and practice to neither create nor open any new institutions.
- Develop and maintain an explicit policy and practice that no support under the *SAA* or successor programs is provided in institutions and that all support will be provided in community-based settings.
- Develop and maintain an explicit policy and practice of 'No new admissions' to DSP funded institutions.
- Develop and implement an explicit policy and practice that if a crisis leads to temporary hospitalization, the DSP will continue the person's supports and services under the *SAA* sufficient to maintain their community based living arrangement/individualised funding.

2. Community of Choice

Province to develop and implement explicit policies and practices to provide that persons eligible under the *SAA* or similar programs are entitled to, and do, receive accommodative assistance in their community of choice.

3. Assistance as of Right

- a. Province to develop and implement explicit policy and practice that all relevant policies under the *SAA* make explicit that accommodative assistance is provided 'as an entitlement' or 'as of right.'
- b. Such policies and practices will ensure that all persons in need with disabilities requiring supports and services are eligible for assistance.
- c. Province to provide complete updated Disability Supports Program policy, practices, and procedures, with any changes during the period highlighted, including:

1. Relating to timely access to accommodative assistance,

2. *Social Assistance Act* eligibility,
3. Policies relating to or consistent with receiving assistance in community of choice,
4. Rescission of exclusionary provisions including those currently found at 9.3 and 9.4,
5. Inclusion of new DSP programming including individualised planning and coordination supports and individualised funding, expanded eligibility for Independent Living Support ILS program, Shared services and all other programming,
6. Enhanced Disability Supports Program Intake and triage function,
7. Local Area Coordination and referrals,
8. Intensive Planning and Support Coordination and referrals,
9. Emergency Response Team and referrals,
10. Any revision or changes to DSP policy which relate to the person's/participant's ability to review/appeal any applications that are denied based on non-financial eligibility criteria.
11. Policy and procedures to ensure that the Province establishes no new congregate or institutional settings for persons with disabilities
12. Policy and procedures, including dates and timelines, for prohibition on new admissions to the following DSP funded facilities: RRC, ARC, RCF, Group Homes and Developmental Residences
13. Right to appeal

- d. Province to implement widespread accessible training regarding supported decision-making for individuals, families, service providers and DSP staff. Training to embed human rights principles. Supported decision-making to be built into planning and needs assessment re relational support.

4. Assistance without Delay

- Develop and implement an explicit policy and practice that all eligible applicants and recipients on the current "DSP Service Request List" and all eligible applicants on an ongoing basis receive immediate and timely access to individual planning and coordination supports and individualised funding;
- Discontinue the Service Request List or DSP waitlist
- Develop and implement an explicit policy and practice to ensure that all eligible persons with disabilities under the *SAA* or similar programs are provided with access to emergency or transition funds without delay until individualised funding is approved.
- Province to initiate process for establishment of immediate and timely access to individualised funding (IF) without delay including:
 - an accessible, user facing system for personal budget management and administration.
 - system for emergency employee cover (likely contracted out) for IF users.