

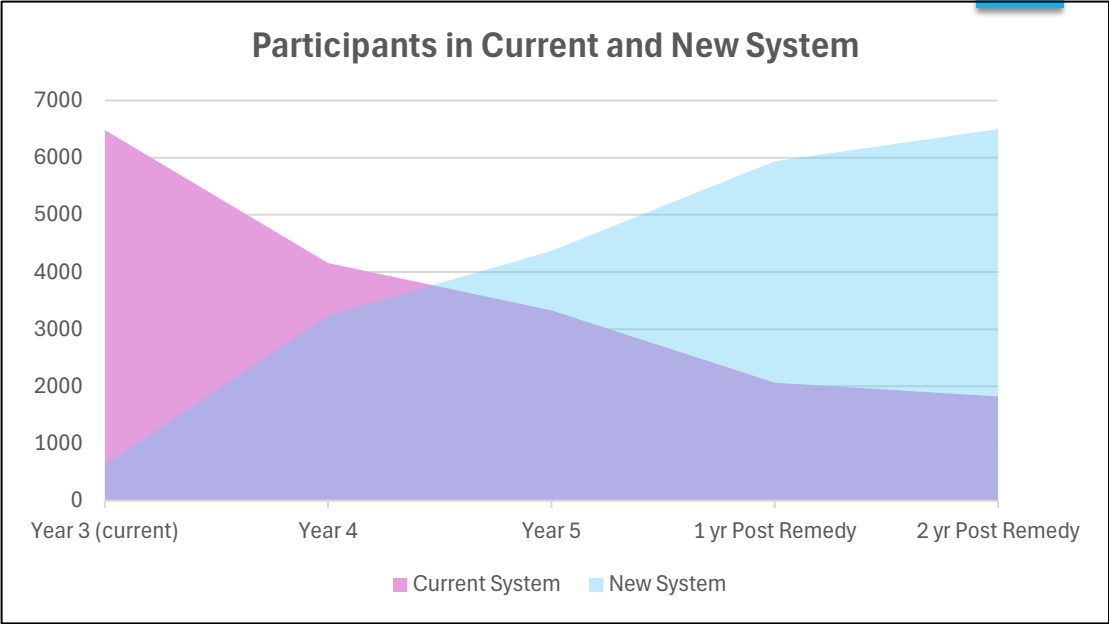
# DSP Participant and Staff Modelling

## Assumptions:

- IPSCs maintain a caseload of no more than 1:20
- LACs maintain a caseload of no more than 1:50
- 40% of cases will require indefinite IPSC support, while the remaining 60% will transition to an LAC after 1 to 2 years
- Caseload capacity of new IPSCs and LACs will grow over time (each IPSC/LAC starts with a caseload of five growing to 20/50 over a period of several months)
- Care Coordinator transitions to IPSC and LAC positions are staggered in order to keep the current system stabilized
- Each year there is a sizeable number of individuals able to transition from the current system to the new system
- 4% growth in DSP participants annually
- As IPSC and EFAC demands reduce, FTEs are expected to be transitioned to LACs each year
- Effective January 2026, new intakes are assigned to LAC/IPSC not CC. Preventing movement between systems for participants in the future.

## Output

- There are sufficient IPSCs to enable the facility closures within 36 months and eliminate the SRL waiting for service in 24 months.
- No adults will remain in the current DSP system within 60 months. Those adults remaining in the current system in the two years post-Remedy will be in existing individualized funding programs or Small Option Homes.



	Year 3 (current)	Year 4	Year 5	1 yr Post Remedy	2 yr Post Remedy
Current System	6483	4160	3327	2066	1824
Adults	5810	3467	2614	1332	1070
Children	673	693	713	733	755
New System	633	3241	4370	5939	6500

Note: 4% growth is modelled each year