

Interim Progress Report January 15, 2026 - Targets and Compliance

Year 3: April 1, 2025 to March 31, 2026

REMEDY REQUIREMENT	EXPECTED STATUS AS OF 31 MARCH 2026 / COMMENTS	SUPPORTING DOCUMENTS
1. Update as to status and work of the Roundtable.	<p>EXACT COMPLIANCE</p> <ul style="list-style-type: none">• Feedback on the effectiveness of the Roundtable indicates new options should be explored to fine tune its mandate, membership, accountability/reporting and structure. Specifically, the Roundtable governance structure needs to ensure membership includes those with both subject-matter / program-specific knowledge and the authority to implement required changes. At the same time, the province will explore if targeted sub-tables need to be established to break down particularly challenging “silos” and complex systems.• A review of the Roundtable governance structure is being undertaken with recommendations for a go forward structure to be implemented by 31 March 2026.• In the interim, the Deputy Minister of OSD and Executive Director of DSP will use the provincial Deputy Ministers table as the Remedy Roundtable. An update was provided to this table on November 17, 2025 with another to be scheduled prior to March 31, 2026.• Outside of the Roundtable meetings, DSP continues to work closely with Roundtable member departments on specific Remedy initiatives: Department of Health and Wellness (access to primary health care and Allied Health Outreach Teams), Seniors and Long-Term Care (IF administrative service and Shared Services), Education and Early Childhood Development (School Leavers), Office of Addictions and Mental Health (Peer Support Program, Expansion of Coast), Department of Justice (supported decision making and the ACDMA), the Accessibility Directorate (regular collaboration on accessibility standards), Municipal Affairs and Housing (by-law changes and changes to housing programs).• DSP has also engaged with, and been supported by, the Public Service Commission, Executive Council Office and Service Nova Scotia to develop and implement mitigation strategies to remove barriers and accelerate timelines related to recruitment and full implementation of Individualized Funding and supporting administrative backbone. <p><i>See outcome #20 Year Two Report</i></p>	<ul style="list-style-type: none">• 232 - Remedy Update to Deputies 17 November 2025 - CONFIDENTIAL

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2. Leadership and Capability Panel contract a) Contract renewal or new Contract awarded	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • A team of experts continue to be engaged to support leadership development, design and implementation of new programs. Eddie Bartnik, Dr. Tim Stainton, Ralph Broad, Bronia Holyoak, Janet Cleese, Lorna Sullivan, Selena Blake, Laura Powell and Anna MacQuarrie continue to support the development and delivery of training, cultural change and individualized transition plans. • The Leadership Capability Panel delivered training throughout Fall 2025 to new LAC and IPSC hires and existing DSP staff. As well, the Optimal Individual Service Design (OISD) course continues to enable the development of support plans for individuals in institutions and TSAs. Planning is underway for Winter 2026 training. • The role of DSP Manager of Training continues to support and ensure knowledge transfer from the Leadership Capability Panel to DSP. This role is responsible for creating and maintaining a high quality and sustainable training program for new and current staff. • A Mentorship Program has been established connecting Subject Matter Experts (SMEs) with LAC and IPSC Team Leads to build their knowledge, skills, and confidence to guide and support LACs and IPSCs as DSP expands support planning under the IF model. • A December 2025 webinar for all DSP staff provided the opportunity for updates and reflections on the Remedy from both Executive Director Maria Medioli and Remedy co-author Eddie Bartnik, thereby building the leadership capability of staff yet to transfer into the Remedy streams. A December 2025 webinar for all DSP staff provided the opportunity for updates and reflections on the Remedy from both Executive Director Maria Medioli and Remedy co-author Eddie Bartnik, thereby building the leadership capability of staff yet to transfer into the Remedy streams. • Other opportunities for access to expertise and leading edge and emerging practice in the field include: <ul style="list-style-type: none"> ○ Executive Director presentation to, and first voice and DSP staff participation in, 8th International Social Role Valorization (SRV) conference ○ Membership and participation in the Global Leadership Exchange an international leadership community sharing ideas, knowledge and best practice to help spread innovation and change 	<ul style="list-style-type: none"> • 233 - Learning Outcomes Fall 2025 Core Training – First Voice Workshop • 234 - First Voice Workshop Overview and Agenda • 236 - Role Specific Training Schedule Fall 2025 IPSC • 237 - Role Specific Training Schedule Fall 2025 LAC • 238 - IPSC Follow Up Training Schedule – Jan 2026 • 239 - LAC Follow Up Training Schedule – Jan 2026 • 240 - LAC Self Paced Learning Content Fall 2025-Winter 2026 • 241 - IPSC Mentorship Program Overview • 242 - IPSC Mentorship Program Guidelines • 243 - LAC Mentorship Program • Global Leadership Exchange website: https://gle.world/

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	<p>lives. This includes planning for the hosting of a leadership exchange match in Halifax for Local Area Coordination which will bring international leaders and local Canadian leaders to Halifax</p> <ul style="list-style-type: none">• Persons with disabilities continued to contribute to the design and delivery of a range of training as part of a co-production model led by external consultant Anna Macquarrie• Funding continues to be provided to Inclusion NS to support capacity-building among family members of persons with disabilities to support implementation of the Remedy	
3. Continue implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC).	<p>EXACT COMPLIANCE</p> <p>The final three core components of the new planning and support coordination system (intake/navigation, funding and practice support) will all be operational by 31 March 2026.</p> <ul style="list-style-type: none">• INTAKE/NAVIGATION - The DSP Connector role is scheduled to be operational in January 2026. The Connector will allow individuals seeking disability support to experience a more streamlined connection and experience. The timing of the launch of DSP Connectors aligns with and supports the transition of new DSP participants being supported in the "post-Remedy" system (by LACs and IPSCs) as opposed to the old system (with Care Coordinators).• FUNDING – LACs and IPSCs to access:<ul style="list-style-type: none">i) <i>Discretionary/Sparks Funding</i> - a small amount of non-recurring, “one-off” funding that is available for persons with disabilities or community members that opens doors to community inclusion initiatives and expands access to supports.ii) <i>Rapid Access Funding</i> - Emergency funds, addressing urgent needs that cannot be met by existing supports. It provides non-recurring funds during imminent or ongoing crises, bridging the gap toward long-term solutions.• PRACTICE SUPPORT - An LAC and IPSC Mentorship Program has been established connecting Subject Matter Experts (SMEs) with LAC and IPSC Team Leads to build their knowledge, skills, and confidence to guide and support LACs and IPSCs as DSP expands support planning under the IF model.	<ul style="list-style-type: none">• 244 - DSP Connector Refresher Training• 245 Connector Resource Alternative Call Pathways Draft November 21 2025• 246 - DSP Connector Training Resource• 247 - Intake Flip Communications Plan• 248 - DSP Funding Streams Overview June 10• 249 - Training Lessons Learned June 2025

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	<ul style="list-style-type: none"> ○ A lessons learned exercise of the first cohort of training was undertaken in June 2025 to inform and improve training and practice support going forward. ○ A Review of the LAC and IPSC Practice Frameworks and Fidelity Assessment is scheduled to commence in Spring 2026 (see outcome 4.c). ○ Progress on the peer and technical support for planning is reported under outcome 5 below. <p><i>See outcome #3 Year Two Report</i></p>			
<p>4. Recruitment and training of new Local Area Coordination and Intensive Planning and Supports Coordination staff as per fidelity criteria:</p> <p>a. Handover commences for new LACs and IPSCs.</p> <p>b. Full complement of 80 LACs and 80 IPSCs operational,</p> <p>i. Total FTE/Ratios to meet benchmarks 1:20 for IPSCs and 1:50 for LACs; Supervisors at 1:8, with</p> <p>c. Independent Review commences with a focus on the fidelity criteria.</p>	<p style="text-align: center;">COMPLIANCE IN SUBSTANCE</p> <ul style="list-style-type: none"> ● As per the Annual Progress submitted in May 2025, recruitment has been challenging for a variety of reasons, but strides are being made in large part due to the Recruitment Strategy initiated in Summer 2025. DSP added 49 new hires in the fall of 2025 (20 IPSCs and 29 LAC). Recruitment efforts will continue throughout January 2026. An international recruitment campaign will also commence in Spring 2026. ● The Remedy assumed that 30 of the 80 IPSC positions would have been repurposed care coordinator positions, but such a significant decrease in the complement of care coordinators would have further increased an already unacceptably high caseload size and further destabilized supports to existing participants. Therefore, to ensure the ongoing stability of service to participants, DSP delayed the repurposing of 30 care coordinators to IPSC positions until years four and five, rather than years two and three as outlined in the Remedy. So while these 30 positions are no functioning as IPSCs at this time, they continue to be part of the existing DSP system supporting participants. ● By March 31st, 2026 there will be sufficient front line human resources to meet the requirements of the Remedy and reallocate existing positions to meet the outcome of 80 IPSC and 80 LAC 			<p>● 250 - Recruitment Strategy Final Report</p>
		Actual 31 Dec. 2025	Projected 31 March 2026	

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	IPSC	37	41		
	LAC	49	56		
	EFAC	16	19		
	In recruitment (IPSC/LAC/EFAC)	14	0		
	sub total	102	116		
	Care Coordinators	52	62		
	In recruitment	10	0		
	sub total	52	62		
	TOTAL active front line staff	154	178		
	<ul style="list-style-type: none">As of December 31st, 2025 FTE/Ratios were met for all positions: IPSCs 1:13, LACs 1:25, Team Leads 1:6 (these ratios are based on <i>active</i> IPSCs and LACs; new IPSCs and LACs are being assigned five new files per month starting in January 2026)As of December 31, 2025, IPSCs were working with 320 participants including those in hospital (22), TSA (65), RCF (87), ARC (65), RRC (55) and Long Term Care (10). This number is projected to increase to 521 (based on new case assignments of approximately five per month) by March 31, 2026.As of December 31st, 2025 LACs were working with 492 participants, including 75 participants on the Service Request List not receiving DSP. This number is projected to increase to 927, by March 31, 2026.Planning is underway for an independent review of the practice framework and fidelity of the IPSC and LAC function, with implementation to commence in Spring 2026.				
See outcomes #10 & #11 Year Two Report					
5. Continue implementation of new Provincial capability for technical	SUBSTANIAL PROGRESS As per the Annual Progress submitted May 2025, in February 2025, the Remedy authors recommended this work slowdown to enable time for the Local Area Coordinators to become			<ul style="list-style-type: none">251 - PSP Program Requirements draft	

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and peer planning supports program.	<p>established into their roles and to allow for robust community input to better inform program design. Since then, the draft Program Requirements have been developed and served as an input for stakeholder engagements. These engagements occurred through fall 2025. Information gathered through engagements is being integrated into the program design and recommended service delivery model which will be finalized by February 2026 with implementation to commence in March 2026.</p> <p><i>See outcomes #5 & #13 Year Two Report</i></p>	
6. Complete External Evaluation team report on individual outcomes.	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <p>As outlined in the 2025 Annual Progress Report in the Challenges section under Procurement, initiation of the External Evaluation was delayed due to delays in the procurement process. The procurement was completed and awarded to Research Power Inc. (RPI). The work began in October 2025 with the project Kick Off meeting. A workplan has been finalized and is in implementation. As per the Evaluation workplan, by 31 March 2026 the following deliverables are scheduled to be completed:</p> <ul style="list-style-type: none"> i) Confirmed Evaluation Advisory Committee membership ii) Final Evaluation Plan iii) Final evaluation framework including: the logic model, theory of change, evaluation questions, M&E matrix (indicators and methods/sources) iv) Draft data collection tools <p>Options for a Quality-of-Life research study comparing the changes in quality of life for DSP participants transitioning from the current institutional system to community are being explored. This initiative is not intended to replace the External Evaluation of individual outcomes but rather augment it.</p> <p>On December 1, 2025, RPI representatives briefed the Disability Rights Coalition on the evaluation workplan and approach underlying it.</p>	<ul style="list-style-type: none"> • 252 - RPI Evaluation Overview Presentation • 253 - Workplan Remedy External Evaluation

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	<i>See outcome #18 Year Two Report</i>	
7. Update as to operational procedures to provide that applications that are denied based on eligibility criteria are documented.	<p style="text-align: center;">EXACT COMPLIANCE</p> <p>Applications to DSP deemed ineligibility are currently documented in the Integrated Case Management (ICM) system. DSP has access to reporting on those found ineligible by month, which includes the documented reason for ineligibility, through the Remedy dashboard. This supports public reporting of ineligibility details in Appendix B of the semi-annual Remedy reporting.</p>	<ul style="list-style-type: none"> Appendix B January 2026 Interim Progress Report
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.	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> As of January 1st, 2025 there is a prohibition on new admissions to ARC, RRC and RCFs. As of January 1st, 2026 there is a prohibition on new admissions to Group Homes and Developmental Residences. 	<ul style="list-style-type: none"> 254 - Memo to staff No New Admissions Policy for Group Homes and Developmental Residences 01 January 2026 Link to DSP policies (see pages 15-16)
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	<p style="text-align: center;">EXACT COMPLIANCE</p> <p>Seniors and Long Term Care (SLTC) and DSP are working together to update and amend SLTC’s admission policy to ensure no new admissions to LTC of young people occur due to a lack of access to DSP community supports. The draft policy will be shared with the DRC for review and feedback prior to implementation. The updated policy will be implemented by March 31, 2026.</p> <p><i>See outcome #19 Year Two Report</i></p>	
10. New individualized funding (IF) administrative/support system in place.	<p style="text-align: center;">SUBSTANTIAL PROGRESS – SEE CONFIDENTIAL FOLDER</p> <p><i>See outcome #4 Year Two Report</i></p>	
11. Implement External Evaluation and revision of IF administrative system.	COMPLIANCE IN SUBSTANCE	

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	<p>As outlined in #10 above, implementation of the IF administrative system is delayed until Winter 2026, therefore it is not possible to evaluate its effectiveness in year 3. Once the IF backbone is implemented, DSP will work with the External Evaluator to determine an appropriate timeline to evaluate it; the Evaluation and any resulting revisions of the system will occur before the end of year 5 of the Remedy.</p> <p><i>See outcome #4 Year Two Report</i></p>									
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	<p>SUBSTANTIAL PROGRESS</p> <p>As of December 31, 2025 the occupancy of RCF/ARC/RRC had decreased by 282 or 32%, DSP estimates that this number will increase by approximately 50 individuals by March 31, 2026 bringing the decrease in occupancy to 332 or 38%. At the same time as of December 31, 2025 IPSCs were working with 207 individuals in RCF/ARC/RRC, with the number expected to increase to approximately 337 by March 31, 2026, representing almost 39% of the total RCF/ARC/RRC population.</p> <p>Taken together, DSP estimates that approximately 77% of the population of RCF/ARC/RRC has either transitioned to community or is engaged in transition planning by March 31, 2026.</p> <p>Of those in active planning with an IPSC, the following breakdown outlines which stage of planning they are currently in:</p> <table><tr><th>Planning Stage*</th><th>% of Individuals</th></tr><tr><td>In Stage 1 (Getting to Know):</td><td>30%</td></tr><tr><td>In Stage 2 (Exploring):</td><td>23%</td></tr><tr><td>In Stage 3 (Planning):</td><td>29%</td></tr></table>	Planning Stage*	% of Individuals	In Stage 1 (Getting to Know):	30%	In Stage 2 (Exploring):	23%	In Stage 3 (Planning):	29%	<ul style="list-style-type: none">• Appendix B January 2026 Interim Progress Report• 194 - IPSC Transition Guidebook (submitted as part of the 2025 Annual Progress Report)• 221 - Your path to transitioning to community (submitted as part of the 2025 Annual Progress Report)
Planning Stage*	% of Individuals									
In Stage 1 (Getting to Know):	30%									
In Stage 2 (Exploring):	23%									
In Stage 3 (Planning):	29%									

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	<table><tr><td>In Stage 4 (Moving):</td><td>10%</td></tr><tr><td>Completed Stage 4 (Ongoing):</td><td>8%</td></tr></table>	In Stage 4 (Moving):	10%	Completed Stage 4 (Ongoing):	8%	<p>*A description of each planning stage is found in the IPSC Transition Guidebook pg. 14-43. A plain language guide to the transition planning stages has also been developed (Your path to transitioning to community)</p> <p><i>See outcome #3.b Year Two Report</i></p>		
In Stage 4 (Moving):	10%							
Completed Stage 4 (Ongoing):	8%							
b. Planning for next RCF/ARC/RRC groups including capacity building and enhanced current lifestyle (estimate n = 217);	<p>COMPLIANCE IN SUBSTANCE</p> <p>Planning for next RCF/ARC/RRC groups will commence early in year 4, once additional IPSCs (from recruitments currently underway) are fully operational, by March 31, 2026, and flow (movement from IPSC to LAC) is starting to occur. As per modelling (see outcome #19 below) sufficient human resource capacity will be available to complete this outcome before year five of the Remedy.</p> <p><i>See outcome #3.b Year Two Report</i></p>							
c. Further new 200 ILS plus/Flex independent places allocated	<p>COMPLIANCE IN SUBSTANCE</p> <p>Flex Independent has increased by 88 participants over baseline. It is an uncapped program and therefore available to any participant who would like to access it.</p> <p>ILS+ is now supporting 61 participants a combination of: i) individuals who were living in Small Option Homes who did not require 24/7 support and desired a different living arrangement thereby creating openings for individuals leaving intuitions, and ii) individuals leaving institutions who could live in community with up to 12 hours a day of support.</p> <p>The intention of this outcome was to quickly provide additional Individualized Funding options and create flow in the system, both of which have been achieved.</p> <p>ILS+ and FLEX Independent are now grandfathered programs because any new DSP participant approved for funding will be supported through the new Individualized Funding Program and Policy. Current participants in ILS+ and FLEX will eventually be assigned either an LAC or IPSC and transition</p>							

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	<p>to the new Individualized Funding Program over the next three years. Through the post-Remedy DSP Program, all participants will receive individualized funding, and therefore there is no need to allocate “places” as DSP will not be a placement-based program.</p> <p>While the number of participants in ILS+/Flex Independent has not increased by 200 participants, the number of DSP participants accessing Individualized Funding has increased by 30% or 861 participants over baseline.</p> <p><i>See outcome #3.a Year Two Report</i></p>	
d. 100 new Homeshare options added for a total of 340.	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <p>DSP has approved nine Home Share Coordinating Organizations to deliver the program at a regional level across the province. By March 31, 2026, Home Share Coordinators will be hired and in place for each Coordinating Organization and intensive Home Share Coordinator training will have been delivered by DSP. A marketing campaign will launch in January 2026 to raise public awareness about Home Share and begin to attract host families to the program. DSP has also provided grant funding to the Nova Scotia Community Living Organization to field intake calls, provide support to the Home Share Coordinating Organizations and create a community of practice.</p> <p>Early in the next fiscal year, Home Share Coordinators will begin meeting with potential host families, conducting home studies, and approving Home Share providers. Potential Home Share participants will begin meeting approved Home Share providers and matching will occur to provide Home Share options in community of choice. We expect that by the end of year five 340 Home Share options will be available to participants who choose to access them.</p> <p>DSP has been very intentional in its program design for Home Share and taken the time required to integrate lessons learned from other jurisdictions, particularly in relation to safeguarding. Home Share safeguards include:</p>	

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	<ul style="list-style-type: none">• The Participant maintaining an ongoing connection with their family/support network, LAC/IPSC, the Home Share Coordinator, and their communities.• Home Share Providers will be required to provide reasonable and timely access for these parties to the Participant’s home.• No more than two Participants will live in a single Home Share• Coordinating Organizations will complete extensive home studies to evaluate Home Share Providers, including criminal record and vulnerable sector checks.• Home Share Coordinators will conduct quarterly in-person check-ins, as well as monthly virtual check-ins to ensure the arrangement is working well. This includes a requirement to meet privately with the Participant at least once annually. <p>Home Share is included in training of all LACs and IPSCs and is being identified to DSP participants as an option (albeit a future option) as part of the individualized planning process.</p> <p><i>See outcome 3.h Year Two Report</i></p>	
e. Young persons in LTC—Shared Services 100% complete with 200 total	<p>SUBSTANTIAL PROGRESS</p> <p>Shared Services is a combination of support and funding from the Disability Support Program (DSP) and the Department of Seniors and Long-term Care (SLTC) for individuals with disabilities under the age of 65 living in nursing homes. In June 2025 Shared Services was assigned to the DSP Allied Health Supports Portfolio for leadership and management oversight.</p> <p>To date, twelve-12 individuals have a shared services plan and are receiving supports from both DSP and SLTC. An additional eleven-11 individuals are in the process of shared services planning but have not yet begun receiving supports from both DSP and SLTC.</p>	

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	<p>The slow uptake of Shared Services is in large part due to barriers created by privacy and consent requirements. DSP could not access LTC client information to identify who might be eligible for Shared Services without their consent. The first attempt to contact nursing home residents under 65 was via letters sent out by LTC, which resulted in a very low response. DSP is now undertaking a different, more targeted approach via in-person information sessions at nursing homes. An in-person information session was held for people under 65 living in Arborstone Nursing Home on December 9th, 2025. Twelve individuals attended the information session. Following the session, five individuals contacted DSP to further explore transition planning. Three information sessions are in the planning process and will occur between January 1 and March 31, 2026. Information sessions will first target facilities with the highest number of individuals under age 65 and overall, highest number of total residents.</p> <p>It is anticipated that uptake of the Shared Services model of support will continue to increase as further information sessions are held and as IPSCs are assigned to support individuals through the planning process.</p> <p><i>See outcomes #3.e & #3.f Year Two Report</i></p>	
f. Reduction in psychiatric hospitals n= 36 of 48 total <i>and</i> forensic hospital n=21 of 28 total. Year 3 target 20% = further 16 people moved out and provided planning/ capacity building/enhanced current lifestyle.	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <p>As of December 31, 2025 there are 10 DSP participants in a Forensic Hospital and 20 in Psychiatric Hospital all of whom have had an assessment completed and are being supported by either an IPSC or Care Coordinator.</p> <p><i>See outcome #3.e Year Two Report</i></p>	<ul style="list-style-type: none"> Appendix B January 2026 Interim Progress Report

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<p>g. Reduce Waitlist (SRL) “no support group” (baseline of 589) by further 300 to zero through an IF option;</p> <p>i. Planning commenced for new applicants (need estimate from Client Projection model)</p>	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <p>As of December 31stst, 2025stst, there are 231 individuals on the SLR not receiving funding support from DSP for a variety of reasons. All these individuals would have had an assessment completed and been assigned either a Care Coordinator, LAC or IPSC (75 are actively engaged in individualized planning with an LAC or IPSC and with access to an IF option, with an expected increase of 50 more by March 31st, 2026).</p> <p>While an Individualized Funding option could be made available to these individuals, there are a variety of reasons why they would be on the Service Request List and not receiving it:</p> <ul style="list-style-type: none"> • There is a cohort who are living at home with family, who are waiting for a specific location or service provider, and have declined DSP funding while they wait, • Those in hospital would not receive DSP support funding while in hospital, but they would have had an assessment completed and have a Care Coordinator or IPSC assigned to develop a transition plan for implementation, at which time IF would be made available • There is also a cohort whose contact information is no longer valid, and so DSP is unable to communicate with them, but would not remove them from the Service Request List. • Some individuals have been contacted and indicate they do not want to receive DSP at this time, but wish to continue to remain on the Service Request List. <p>Guidance has been provided to IPSCs and LACs on the required steps for contacting and maintaining individuals on the Service Request List to ensure the information is current and accurate.</p> <p>As outlined in item #3 above effective January 2026 new applicants to DSP will be supported immediately via assignment to an LAC.</p> <p><i>See outcomes #3.i & #3.j Year Two Report</i></p>	<ul style="list-style-type: none"> • Appendix B January 2026 Interim Progress Report • 255 - Contacting Individuals on the SRL Information Sheet for LACs and IPSCs

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h. 100 new school leavers funded and commence new supports	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <p>101 School Leavers across the province are currently being supported by an LAC, with supported offered in both English and French. Planning for the next cohort of 100 will be completed by March 31, 2026 with support commencing with the new school year in September 2026.</p> <p>GRAD Funding has been introduced as an interim measure to support young people with disabilities who graduated from High School prior to the introduction of School Leavers.</p> <p>The Graduate Resource Allowance for Development (GRAD) Fund is available for participants who need meaningful daytime activities when they are not returning to school post-post-graduation. The GRAD fund will provide support to families and participants when transitioning into adulthood and applying for adult DSP supports.</p> <p>Families and participants can develop creative plans for daytime activities to meet their goals and interests. These plans could include attending programs at local recreation centers, building employment skills through job shadowing, and/or volunteering. GRAD funding provides an opportunity to explore and connect to new options within a community.</p> <p><u>The Graduate Resource Allowance for Development (GRAD) Fund is for youth age 17 up to the age of 21, who:</u></p> <ul style="list-style-type: none"> • are currently eligible for the DFSC or Flex program • are not returning to school after graduation • have a day activity plan to submit for approval • Have successfully completed high school <p><i>See outcome #3.n Year Two Report</i></p>	<ul style="list-style-type: none"> • 256 - School Leaver Program Launch Partner Communication • 257 - GRAD communication to DSP participants • 258 - School Leavers Transition Planning Guide FINAL

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i. 20 new Existing (Temporary Service Arrangements (TSA's) converted (n=40 of 83) and 20 new Innovation places.	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <p>TSAs are an interim measure when there is an urgent support need for a DSP participant who would otherwise face homelessness. TSAs are most often created when: a service provider discharges a participant with little or no notice, there is an increase in support needs that can no longer be managed in the family and/or a participant is in hospital who does not require medical intervention. Before approving a TSA, all other placement options are explored and exhausted</p> <p>In the past, many individuals in TSAs would have been placed in an ARC or RRC facility. The moratorium on new admissions to ARCs and RRCs, coupled with challenges in recruiting IPSCs has resulted in a short-term increase in the number of TSAs. As of December 31, 2025, IPSCs were working with 65 individuals in TSAs on individualized planning to transition them to community living. By March 31, 2026, the number of IPSCs working with TSAs should increase to approximately 75. Additional transition planning support for participants in TSAs if being provided through the Optimal Individual Service Design course (OISD).</p> <p>While not ideal, TSAs are an interim community-based alternative to an institutional setting</p> <p><i>See outcome #3.d Year Two Report</i></p>	
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.	<p style="text-align: center;">EXACT COMPLIANCE</p> <p>By March 31, 2026, the requisite program elements to ensure timely access to accommodative assistance will be operational.</p> <p>New DSP applicants will no longer be added to the Service Request List. Instead, through the DSP Connector, they will be offered appropriate support through LACs, or IPSCs. LACs and IPSCs in turn will have access to a variety of community resources (including Community Living Facilitators and Allied Health supports) and funding streams (including discretionary and rapid access) to create and</p>	<ul style="list-style-type: none"> • 244 - DSP Connector Refresher Training • 245 - Connector Resource Alternative Call Pathways Draft November 21 2025 • 246 - DSP Connector Training Resource • 247- Intake Flip Communications Plan

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REMEDY REQUIREMENT	EXPECTED STATUS AS OF 31 MARCH 2026 / COMMENTS	SUPPORTING DOCUMENTS																								
	<p>activate innovative, person directed plans and supports for Nova Scotians with disabilities (DSP eligible and non-eligible).</p> <p><i>See outcome #20 Year Two Report</i></p>	<ul style="list-style-type: none"> • 248 - DSP Funding Streams Overview 																								
14.Update as to development and implementation of new program policies including arrangements for triage and “immediate assistance” once found eligible.	<p style="text-align: center;">EXACT COMPLIANCE</p> <p>See outcome #13 above <i>See outcome #21 Year Two Report</i></p>																									
15.Update as to regional review of “eligible but not receiving support” group to examine demographics and determine priorities.	<p>See outcome #12.g above for an overview of the eligible but not receiving support group.</p> <p>DSP has limited demographic information on this group, below is age and geographic information:</p> <table border="1"> <thead> <tr> <th>Age Group</th><th>%</th><th>#</th></tr> </thead> <tbody> <tr> <td>65+</td><td>11%</td><td>26</td></tr> <tr> <td>Under 65</td><td>89%</td><td>210</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Region</th><th>%</th><th>#</th></tr> </thead> <tbody> <tr> <td>Northern</td><td>17%</td><td>40</td></tr> <tr> <td>Eastern</td><td>10%</td><td>24</td></tr> <tr> <td>Central</td><td>58%</td><td>138</td></tr> <tr> <td>Western</td><td>14%</td><td>34</td></tr> </tbody> </table> <p>This information has not been found useful in determining priorities. Rather Remedy priorities, DSP Policy 8.0 “Prioritization of Service Requests” and consultation between Care Coordinators, LACs and IPSCs and their Team Leads is used to determine priorities.</p>	Age Group	%	#	65+	11%	26	Under 65	89%	210	Region	%	#	Northern	17%	40	Eastern	10%	24	Central	58%	138	Western	14%	34	<ul style="list-style-type: none"> • Link to DSP policies (see Section 8)
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REMEDY REQUIREMENT	EXPECTED STATUS AS OF 31 MARCH 2026 / COMMENTS	SUPPORTING DOCUMENTS
	<i>See outcome #22 Year Two Report</i>	
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).	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <p>See outcome 13.g above. <i>See outcome #3.j Year Two Report</i></p>	
17. Continue implementation and support of Regional Advisory mechanisms.	<p style="text-align: center;">EXACT COMPLIANCE</p> <p>The first meetings of all four Regional Advisory Committees (RAC) occurred in person in late June/early July 2025. Co-chairs were selected at the first meeting. The RACs have continued to meet. Given the RACs are a new governance model and DSP is committed to creating the conditions for their success DSP engaged a third-party consultant who is supporting RAC development, including inclusive facilitation strategies and discussion of governance support required.</p> <p>RACs began operation using a draft Terms of Reference as a starting point to guide initial operations. Updated Terms of Reference are being developed by each RAC, and final versions are expected by Summer 2026.</p>	<ul style="list-style-type: none"> • 259 - Regional Advisory Councils Co-Chairs Connection
18 Continue implementation of: a. Innovations and Transition funding and allocations through Regional Advisory mechanism and b. Services Transition Development Fund	<p style="text-align: center;">EXACT COMPLIANCE</p> <p>a. <i>Innovation Fund</i>: A draft review and approval process for the Innovation has been created by DSP as a starting point for RACs. Prior to disbursing Innovation Funding, RACs are required to approve their final Terms of Reference, which are currently being co-designed (see outcome #17 above). Once the TOR is approved, they will inform the co-design process for the Innovation Fund documents and approval process. DSP will also identify corporate departmental resources (Community Living Facilitators, Finance, Agreement Management, Legal etc.) to support co-</p>	<ul style="list-style-type: none"> • 260 - Advisory Council Innovation Fund Guidelines (Draft) - CONFIDENTIAL • <u>Service Evolution Fund Supports Remedy Projects Nova Scotia Transforming Support</u>

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	<p>management of the Innovation Fund with the RACs. Work is also required to arrive at a common understanding /working definition of the term “inclusion” to support the evaluation of Innovation funding proposals. By March 31st, 2026 RAC co-chairs are expected to have reviewed and provided feedback on a proposed process for allocating Innovation Funds and have next steps mapped out to allow for disbursement of funds in 2026/27</p> <p>b. <i>Service Evolution Fund (SEF)</i>: By March 31, 2026, close to \$2,000,000.00 will have been awarded to DSP Service Providers, through SEF, across all four provincial regions. This funding supports 44 DSP Service Providers delivering 48 distinct projects spanning the following categories:</p> <ul style="list-style-type: none"> • Professional Services • Community Engagement and Awareness • Training and Professional Development • Temporary Support Positions <p>Projects were approved based on each organization’s demonstrated ability to implement innovative, person-centred approaches that are aligned with and advance the Human Rights Remedy.</p> <p>As a condition of funding all successful proponents must submit a final report outlining outcomes achieved and lessons learned. Options are being explored for sharing the lessons learned information.</p>	<ul style="list-style-type: none"> • <u>Funding for More Remedy Projects Nova Scotia Transforming Support</u> • <u>Project Funding to Help Service Providers Transform Disability Supports Government of Nova Scotia News Releases</u>
19 Update DSP client projection model using baseline numbers and provide assumptions, and outputs of the model	<p style="text-align: center;">EXACT COMPLIANCE</p> <p>DSP continues to update its caseload forecasts using growth assumptions from the client projection model (4% growth per year). The model is being used to support caseload allocation in the Regional Hubs as new IPSCs, LACs and EFACs are onboarded and to project when participants who are not part of Remedy target cohorts (those not: in institutions, not on the SRL, etc.) will be able to transition to the new system.</p>	<ul style="list-style-type: none"> • 261 – DSP Client Projection model Output

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	<i>See outcome #14 Year Two Report</i>	
19. Continue appointment of External Evaluation Team and report on appointment, activities, reports and recommendations of the Team.	<p style="text-align: center;">COMPLIANCE IN SUBSTANCE</p> <p>See item #6 above <i>See outcome #28 Year Two Report</i></p>	
20. Continue to implement Disability Sector Workforce Plan.	<p style="text-align: center;">EXACT COMPLIANCE</p> <p>The first Disability Support Sector Workforce Strategy launched in January 2025 with 31 actions designed to modernize and strengthen the disability support workforce through four priority areas: awareness and recruitment; learning and development; health and safety; and growth and stability. Of the 31 actions, 19 have begun or are completed. The remaining 12 will be actioned in fiscal year 2026-27.</p>	<ul style="list-style-type: none"> • 262 - DSP Workforce Strategy – Winter 25-26 Status Update (to Mar 31)
21. Implement new licensing and safeguard standards	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <p>The Disability Support Program (DSP) is undergoing a transformative shift from institutional housing models to community-based supports, guided by the Nova Scotia Human Rights Remedy mandate. This transition requires the development of a safeguarding framework that ensures participant safety while promoting autonomy, dignity and choice.</p> <p>Phase 2 of the Housing Safeguards project is complete. Phase 2 consisted of an environmental scan and risk assessment of the current DSP licensing and regulatory landscape to understand the baseline requirements needed for the successful implementation of community-based housing. The review identified several critical risks: current building code and licensing standards are not aligned with the Remedy, limiting housing options. None of the existing licensing items are fully aligned with future requirements, and oversight mechanisms for unlicensed homes remain undefined. Without safeguards in place, DSP risks noncompliance with its 2028 remedy mandate. A summary report of</p>	<ul style="list-style-type: none"> • 263 - Licensing Safeguarding Executive Summary 25 Dec 2025

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	these findings has been shared with the sector and serves as a reference point for the development of housing safeguards in Phase 3 of the project where person-centered safeguarding standards will be co-designed with first voice in collaboration with the Office of Fire Marshal (OFM), the OSD Licensing Team, Service Providers and participants. These standards will be essential to meeting the 2028 transition targets. Draft standards are expected to be ready by March 31, 2026.	
22. Implement new housing strategies.	<p>SUBSTANTIAL PROGRESS</p> <p>DSP is engaged with Inclusion Nova Scotia to develop and execute a Housing Pathways Initiative, a province wide project to inform and accelerate access to housing for people with disabilities and increase awareness of viable living models and local pathway to secure housing and support. Part of this initiative will be a housing themed 2026 Rebuilding Hope Conference, delivered regionally bringing together individuals, families, services providers (and possibly developers and other housing related stakeholders) to raise awareness of different housing models and local opportunities.</p> <p>DSP continues to work with partners at the Department of Growth and Development on a variety of housing related initiatives to support persons with disabilities to live in community. Examples include amendments to the backyard suite program to allow persons with disabilities to live in a suite on the property of their family member, addressing discriminatory zoning which limited housing options for persons with disabilities.</p> <p>Other housing strategies underway include Home Share and the development of new licensing and safeguard standards (outlined above under outcome #21) will result in expanded options for different housing models for Nova Scotians with disabilities.</p>	

YEAR TWO REMEDY REQUIREMENT	EXPECTED STATUS AS OF 31 MARCH 2026 / COMMENTS	SUPPORTING DOCUMENTS
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3.k DSP Regional Multidisciplinary Mental Health/Health Teams and Supports operational	<p>DSP has been working with new and existing partners to establish four regional multi-disciplinary, allied health disability support outreach teams bringing together facility based multidisciplinary and clinical supports combined with resources held by DSP and our health system partners. This approach is intended to be for the benefit of the broader disability community.</p> <p>The mandate, team composition, scope of services and a guiding framework have been established. Additionally, a process pathway and associated tools are operational to enable participants and IPSCs/LACs/Care Coordinators to access the service in the interim and in the future state. No participant will be denied access to necessary supports, prior to the teams all being fully operational, as outlined in the supporting documents pathways have been established to access services effective immediately.</p> <p>In two regions (Western and Eastern), DSP is working with existing service providers whereby current funding for allied health positions will continue and additional funding will be provided to strengthen the teams and broaden the scope of services offered. New Service Level Agreements have been issued to the organizations, and initiation of new positions and services is expected to begin immediately upon signing of the agreements.</p> <p>In two regions (Central and Northern), DSP is collaborating with the Department of Health and Wellness, Nova Scotia Health and other community-based partners to establish Disability Support Outreach Teams. Planning workshops are scheduled in late January 2026 with the goal of the teams being operational in Spring 2026.</p>	<ul style="list-style-type: none">• 264 – DSP Staff FAQ – Allied Health Supports Program July 28 2025• 265 – Primary Care Pathway for DSP Participants
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