

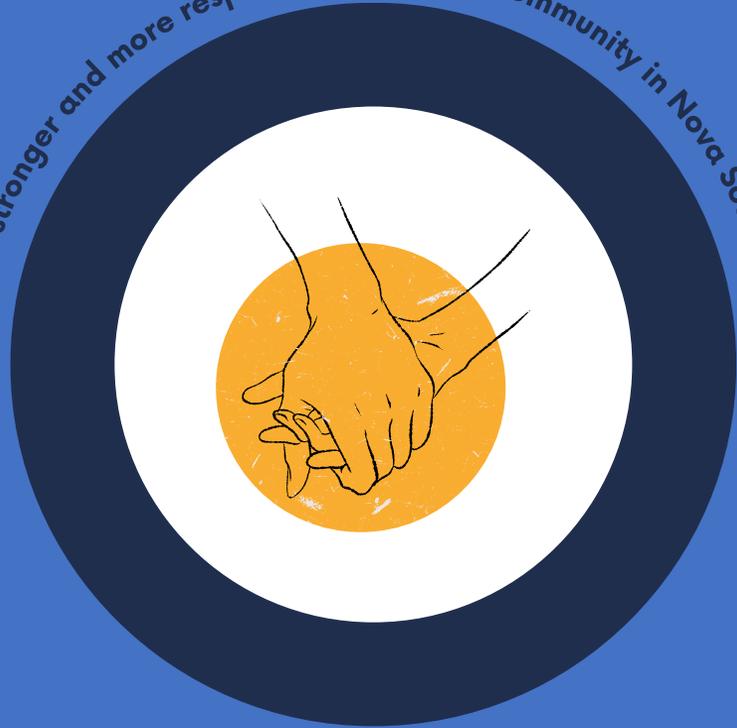


Government Roundtable

Update on the Human Rights Remedy

January 11th, 2024

A stronger and more responsive disability community in Nova Scotia



Agenda

1. Summary of Approvals
2. 2023/24 Remedy Update
 - i. Portfolio/Project Overview and Highlights
 - ii. Interim Progress Report
 - iii. Risk Areas
 - iv. Future State DSP Program Design
3. 2024/25 Remedy Requirements
4. SWOT Analysis



Summary of Approvals received – October 2023

- **New DSP Organizational Structure**
 - New Functions and Service Delivery Model
 - DSP Service Delivery & Intake operated by DSP Program
- **New Positions and FTEs**
- **Funding to address Management and Supervisory Compression**
- **Case Management Modernization**
 - Enabling individualized funding
 - Supporting data collection and reporting requirements
- **Gap Analysis of Mental Health & Addictions Programs**
- **ESIA Disability Stream & Supplement**

2023/24 Remedy Update

DSP Remedy *Secretariat* and Portfolios

The Remedy technical report was founded on 6 interdependent key directions. These informed the creation of **7 portfolios of work and 30 projects** that DSP has been leading to advance the recommendations within the Remedy.

We have started work on many of these projects and more will be in 2024.

The portfolios align with the 6 Key Recommendations of the Remedy



Individual Planning and Support Coordination
Supporting the development of a new system of individualized planning and support coordination to drive more person-directed and local community-based supports and services.



Closing Institutions
All work related to closing institutions (ARC/RRC, RCF, Group Homes, Developmental Residences) within the next 5 years.



Community-Based Supports and Services
Building a broader system of community-based supports and service to prioritize a home and life in the local community.



Individualized Funding
Developing individualized funding as the basis of a transformed system of support. This will involve the creation of a policy, administrative service, and accompanying support services.



Multidisciplinary and Clinical Supports
Developing a province-wide clinical and multidisciplinary support program with a director, teams, and overall strategy. This will involve leveraging regional hubs and local options.



System Capacity
Strengthening the disability support program capacity to enable a human rights approach. This involves a shift in culture, supporting the workforce, and more.



CCM Planning, Design, and Implementation
Support the development of new tools and re-vamped resources. This will include potential digital options to support new supports.



Remedy Highlights to date



Individual Planning and Support Coordination

- Positions approved
- Job descriptions for all new roles and recruitment planning underway
- Interim supports being added to stabilize Service Delivery



Closing Institutions

- Harbourside Lodge ARC in Yarmouth closed
- 11.3% reduction in facility based placements since baseline
- Closure strategy and approach in development



Community-Based Supports and Services

- 58% increase in Independent Living Support placements to support service request list reductions
- 9.5% overall increase in participants who are accessing community based programs



Individualized Funding

- New interRAI assessment and service group framework approved and near full implementation after successful trial
- Work underway on new IF funding policy
- Working in partnership with SLTC to procure a 3rd Party IF Administration Service



Multidisciplinary and Clinical Supports

- Job description with classification for DSP Director of Allied Health Supports
- Working with partners in health to prepare for gap analysis of mental health and primary care supports



System Capacity

- Rebuilding Hope Conference in November brought people together across the Province to build momentum and begin cultural change efforts
- Workforce strategy survey launched with over 440 responses to workforce survey



CCM Planning, Design, and Implementation

- Implementing digital supports to enable Year 1 and 2 Remedy changes, particularly for new support and coordination
- Developing a 3-year digital roadmap to ensure technology is ready to support Remedy changes



Interim Progress Report

Per the Remedy agreement, the Province is responsible to submit the following to an **Independent Expert Monitor** and the **Disability Rights Coalition** each year:

- Interim Progress Report (by January 15)
- Annual Progress Report (by May 31)

The first Interim Progress Report is being submitted next week and will include:

- Progress report on **February – June 2023** targets
- **DSP at a Glance Data Disclosure**



- All of the 21 targets either in full compliance, compliance in substance, or substantial progress
- Positive progress in decreasing institutional placements, increasing community living, decreasing waitlist numbers



Looking Forward Year 1 Annual Progress Report

The first Annual Progress Report will be submitted on May 31, 2024 and will include:

- Progress report on **69 Year 1 Targets (April 1 2023 – March 30 2024)**, some of the 69 targets at risk related to:
 - Recruitment of positions
 - No new admissions policy
 - Tenders awarded for new program delivery
 - Shared Services Pilot

Future annual and interim reports will require other Provincial Departments to demonstrate progress on targets that fall within their respective mandates

Future State Program Design



Current State

Existing DSP community-living programs have specific characteristics, such as:

- Living arrangements
- Types of support
- Who provides support
- Hours of support or monthly budgets

As shown to the right, contrary to the Remedy principles, this specificity can limit participants' choice and control, and lead to gaps in the response system.

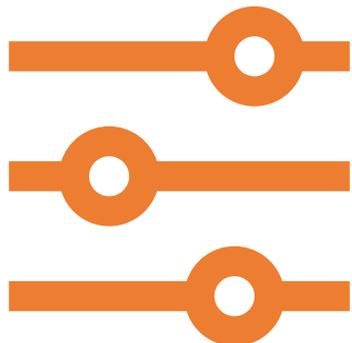
The following slides outline a **proposed high-level structure** for DSP community-living options that enable choice and control and inform next steps for planning the Community Supports and Services portfolio.

Current State Example - Flex Independent:

- Living arrangements – can't live with family
- Types of support – respite and community inclusion
- Who provides support – persons hired by participant
- Hours of support or monthly budgets – max of \$3800/month

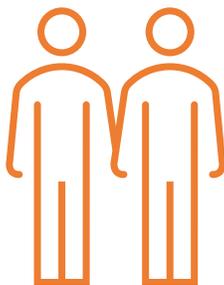
What the Future State Will Look Like

1



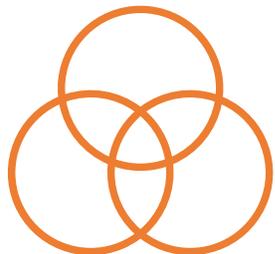
EFAC conducts assessment for eligible participants and SGF determines a funding band using the Individualized Funding Policy

2



LAC and IPSC work with participant to develop a plan to use the budget

3



Budget can be used for a range of funded supports per DSP program policy

What the Future State Could Look Like



In the future, DSP participants will have the choice to live:

- On their own
- With family or friends
- With another family
- With roommates*
 - With people who are in DSP
 - With people who are not in DSP



In homes owned by:

- Them
- Their family or friends
- Another family
- Landlords (including DSP service providers)
- Their roommates



They will also have the choice to have supports administered through one of these options:

- Coordinated and managed by the participant (self-directed supports) on their own, with the help of a peer, or through the IF backbone service
- Coordinated, managed and delivered by an agency (agency-delivered supports)
- A combo of the two options above.

*Roommates are individuals who are not related to the participant

For Example



DSP participant will live with:

- A roommate from the community
- A host family
- Two other DSP participants



In homes owned by:

- Killam Apartments
- The host family
- A home owned by one participant's family



Receiving supports

- Self-managed living supports from someone they hire
- The host family and a day program provider they direct pay using IF
- 24/7 visiting supports from a single service provider



DSP Community-Living Options

The items below are examples of what would be developed through research, engagement and analysis led by the projects in the portfolio. They would become the tools and documents to be used by Program Coordinators, Specialists, LACs/IPSCs and service providers, eventually replacing current program policies (i.e. in 5 years).

SELF-MANAGED SUPPORTS Policy, Standards and Guidelines

Policy, Standards and Guidelines could include, for example:

- Roles and responsibilities for LACs/IPSCs, participants, and individuals or agencies delivering supports
- Rights of participants
- Purchasing guidelines
- Standards for creating agreements/contracting services
- Guidelines for reporting to DCS
- Safeguards protocols and requirements

For illustration purposes, actual content/sections to be defined during projects

AGENCY-DELIVERED SUPPORTS Policy, Standards and Guidelines

Policy, Standards and Guidelines could include, for example:

- All items from self-directed supports
- Expectations in terms of support to coordinate and manage DSP supports
- Agency requirements (staff, training, corporate requirements, etc., option for accreditation eventually)
- Guidelines for the provision of nursing supports (replaces Shared Services)

Home Share Host Agency Design

- Roles and responsibilities for host agencies, hosts and participants
- Screening and matching by host agencies
- Monitoring, oversight and safeguards by host agencies

Community Home Standards

- Existing standards



Current, Transition, and Future

FALL 2023



CURRENT

*INFLEXIBLE
DISABILITY SUPPORT
SYSTEM*

*SEGREGATED,
CONGREGATE
LIVING SETTINGS*

*SYSTEM
ADMINISTERED
FUNDING AND
SUPPORTS*

*STANDARDIZED
SERVICES &
ARRANGEMENTS*

5 YEARS

TRANSITION

CURRENT

FUTURE

- The goal of the transition state is for the change to be communicated to the sector at the outset, but to **recognize the shift in mindset may happen over time.**
- As facilities close, **pockets of the sector will be phased from current to future state.**
- Some will continue to live and use the current system for the next 2-3 years, while others may make the transition to the new system within the coming year. This **transition will be determined by the sequencing of institution closures.**
- DSP staff will need to **operate and support while wearing two hats**; one that sustains the current system, and one that supports the transition and continued success of the future.
- As DSP staff, your understanding and **ability to provide guidance in both states will be key.**

MARCH 2028 & BEYOND



FUTURE

*SELF-DIRECTED AND
CO-DESIGNED
OPPORTUNITIES*

COMMUNITY LIVING

*INDIVIDUALLY
DESIGNED SERVICES
MEETING UNIQUE
NEEDS*

2024/25 Remedy Requirements



2024/25 Remedy Requirements



Year 2 (April 1, 2024 – March 30, 2025) – Overview of Key Items

There are 28 remedy requirements listed for Y2, most of which build upon the requirements of Y1:

- **Full Implementation of Individualized Funding Administration System & Support Structure**
Individualized Funding (IF) will be accessible to all persons who are eligible and assessed accordingly. The goal is for persons with disabilities will be able to administer this funding through a backbone service by the end of Y2.
- **Further Reductions (30%) in Number of Persons Living in ARC, RRCs, and RCFs & DSP Waitlist**
As facilities close, people will be provided with meaningful access to accommodative assistance to meet their needs in community and persons on the service request list will be offered funding.
- **Recruit, Hire, and Train New LACs and IPSCs**
Building upon the development of Local Area Coordination and Intensive Planning and Support Coordination, DSP will recruit, hire, and train additional LACs and IPSCs in accordance with the approved fidelity criteria.
- **Training on Supported Decision-Making**
Widespread accessible training on supported decision-making for individuals, families, service providers, and DSP staff.
- **Disability Sector Workforce Plan Implementation**
Building off the plan developed during Y1, this will involve the implementation of relevant items.



2024/25 Remedy Requirements



Year 2 (April 1, 2024 – March 30, 2025) – Targets Impacting Other Departments

- **DSP Participants Moving From Institutions to Community**
As participants transition into community, access to accommodative assistance to meet their needs will be required. This could include housing, supports in community, etc.
- **Persons in Psychiatric Hospitals and Forensic Hospitals Returning to Community of Choice**
This will involve collaboration between DSP and the health sectors to facilitate planning, and ongoing support and integration for individuals returning to community.
- **Increase in Shared Services Under 65 in LTC Shared Service**
Building upon the existing Shared Services, this requirement will involve further collaboration between DSP and LTC to facilitate planning.
- **New DSP Regional Multidisciplinary Mental Health/Health Team and Supports**
The goal is to work collaboratively with government partners in the mental health and health sectors to have these new outreach teams operational by Y2.
- **Planning for School Leavers**
Begin collaboratively planning how to best support youth with disabilities leaving the school system planning for valued roles, community life, and supports after graduation.

SWOT Analysis



SWOT – Human Rights Remedy

- **STRENGTHENS**
 - *Positive tangible and intangible internal resources that could support the Remedy*
- **WEAKNESSES**
 - *Factors within the provinces control that could undermine the Remedy*
- **OPPORTUNITIES**
 - *External opportunities in the environment that could support the Remedy*
- **THREATS**
 - *External factors, beyond the province's control, which could place the Remedy at risk*