HUMAN RIGHTS REVIEW AND REMEDY FOR THE FINDINGS OF SYSTEMIC DISCRIMINATION AGAINST NOVA SCOTIANS WITH DISABILITIES

Technical Report of the Independent Experts to the Disability Rights Coalition and the Province of Nova Scotia

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Updated April 24, 2023: Added Glossary, Plain Language Executive Summary and Summary of Recommendations.

February 6, 2023

To the Disability Rights Coalition and Province of Nova Scotia,

We are pleased to submit our final report *Human Rights Review and Remedy For the Findings Of Systemic Discrimination Against Nova Scotians With Disabilities – Technical Report of the Independent Experts*. This has been a complex process undertaken in a short timeframe and we could not have completed our work without the support of all parties. While we have endeavoured to ensure our process was as collaborative as possible there will inevitably be continued points for discussion and negotiation between the parties.

Of particular importance going forward are the key dependencies of the Remedy targets on the effective and timely implementation of all 6 Key Directions, for example the availability of a skilled workforce and the critical whole of government and sector partnerships. A particular example is with Office of Mental Health and Addictions (MHA) and the required timelines for clinical mental health support to enable the closure of institutions. Feedback received from the MHA regarding their required implementation timelines will necessitate the Disability Support Program to work collaboratively with them to design and implement whatever Emergency Response and interim clinical support capabilities are sufficient to enable remedy targets to be meet in a progressive manner, whilst longer term solutions are designed and implemented.

We would like to thank the many individuals who provided us with their thoughts and insights with a particular thanks to people with disabilities and their families who are the heart of this remedy. We would also like to acknowledge the two parties who worked tirelessly to support our work. The members of the Disability Rights Coalition were an invaluable source of knowledge and direction for us in the preparation of this report. Similarly, the many Government of Nova Scotia employees who provided us with copious amounts of information and advice in an open and positive manner. Particular thanks go to the leadership and senior staff of the Disability Supports Program whose open and positive response to the process made our work much easier.

We also wish to acknowledge the support of both parties to nominate Secretariat Support and the exceptional efforts of both Anna MacQuarrie and Tricia Murray who have made substantial contributions to this Review process and Report.

We would like to thank and acknowledge both parties for your trust in us and for allowing us to be part of this historic moment in the lives of all Nova Scotians who live with disabilities and their families. While there is much work to be done to ensure the rights of disabled Nova Scotians are fully respected and realized, we are confident that a solid pathway to that end has been laid. We will watch with interest as the process unfolds.

As the writing of the Final Report involved the analysis and synthesis of substantial feedback, please advise us of any items of error or duplication by the 17th February 2023. We would also then wish to discuss the most appropriate formatting of this Final report and any public release, including easy read format and graphics.

Yours sincerely,

Eddie Bartnik & Tim Stainton, Independent Review Consultants

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Glossary of Terms (Working Document)

Accommodation under the CRPD, refers to necessary and appropriate modification and adjustments not imposing an undue hardship, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms. Accommodation seeks to eliminate barriers in the workplace, allowing an employee, with a physical or mental disability, the opportunity to apply their skills and abilities in the workplace.

Adult Capacity and Decision-making Act (ACDMA) is Nova Scotia legislation for adults who cannot make some or all decisions for themselves and allows another person to make some important decisions for them.

Adult Residential Centre (ARC) is a facility funded under the Disability Support Program to provide support to participants who need high levels of supervision and structured supports to enhance the development of their interpersonal, community oriented and activities of daily living skills to support their transition to a community-based option. Staffing is provided 24 hours/7 days a week.

Alternate Family Support Program (AFS) provides an approved, private family home, where support is provided for up to two persons who are not related to the AFS provider. Participants may receive varying levels of support with activities of daily living, and routine home and community activities.

Anti-Black Racism Strategy refers to NS Department of Community Services' Anti-Black racism policy and action plan.

Bill C22 (Federal disability benefit) is proposed Canadian Federal legislation to support the financial security of working-age persons with disabilities.

Board of Inquiry The NS Human Right Commission describes the Board of Inquiry as an independent administrative tribunal conducted separate and apart from the Nova Scotia Human Rights Commission. The Board of Inquiry Chair is the adjudicator and is appointed after the complaint has been referred to a Board of Inquiry by the Board of Commissioners.

Capacity Development Worker is a role reporting to proposed Regional Hubs. This role would focus on new and innovative support option development, such as, Homeshare recruitment, identifying housing options in the open market and supporting users and families to develop bespoke options.

Community Outreach Assessment Support and Treatment Team (COAST) is a clinical team within Nova Scotia Health that provides services for persons with both intellectual disability and, also mental illness. These services include, assessments and recommendations, short-term

treatment and support, collaboration with family physicians and other community health care providers to facilitate the recovery of individual clients.

Community Transition Program (CTP) is a facility with an integrated care approach between the Department of Community Services Disability Support Program and Nova Scotia Health designed to address the needs of individuals experiencing mental and physical health issues and behavioural challenges that are impacting their ability to live successfully in the community.

Complex Cases refers to situations requiring collaboration of inter-departmental and other resources to address the support needs of a DSP applicant/participant. Particularly when their support needs cannot be met by one of the levels of support provided in programs under the mandate of DCS, Seniors and Long-term Care or the Nova Scotia Health Authority.

Continuing Care provides a range of home and community care and long-term care services administered and delivered by Nova Scotia Health and funded by the Department of Seniors and Long-Term Care.

Convention on the Rights of Persons with Disabilities (CRPD) or **(UNCRPD)** An agreement under the United Nations that sets out principles that countries must use to ensure that disabled people have the same rights as everybody else. The CRDP was ratified by Canada in March 2010.

Day Activity refers to social, recreational, educational, and vocational/employment activities that individuals with disabilities participate in. These may include organized activities under programs funded by DSP, such as My Days.

Department of Community Services (DCS) is one of the Departments of the Government of Nova Scotia. DCS delivers a wide range of social services to Nova Scotians, including the Disability Support Program (DSP).

Direct Family Support for Children (DFSC) is a program offered by DSP that provides funding to families to support their child with an intellectual or physical disability at home.

Disability Supports Program (DSP) is a division under the Nova Scotia Department of Community Services providing support and services to eligible individuals with disabilities.

DSP Applicant is a person with a disability, who applies for financial assistance and support from DSP.

DSP Participant is a person with a disability who has undergone financial and functional assessments, is determined eligible for the DSP, and receives support and services offered through DSP.

First Voice refers to the views and ideas of individuals with lived experience, in this case, of disability. Also, that there is an expectation that first voice individuals are involved in and contributing to decision making processes that involve them. Families, where aligned on inclusion and human rights principles, also have a valuable voice given their lived experience. Family voice is important but does not supplant the need for first voice.

Flex Individualized Funding Programs refers to the overarching DSP program that includes two programs, **Flex at home** and **Flex Independent.** In these programs, an individual can live with their family or alone in their own home. Flex provides individualized funding directly to participants to purchase supports.

Group Home and Developmental Residences (GH/DR) are licensed residential living supports for individuals with disabilities offered under DSP. Locations support 4-12 individuals.

Homeshare refers to a program or arrangement where community members share their home and provide support to individuals with disabilities who choose to live with them.

Income Assistance Program (IA) is a division under the Nova Scotia Department of Community Services providing financial support to eligible Nova Scotia's in financial need.

Independent Living Support (ILS), is a community-based option offered by DSP that offers support (up to 31 hours per week) through and approved service provider for individuals to live independently in community.

Individualized Funding (IF) refers to direct allocations to individuals with disabilities (or families where appropriate) to be used to purchase services and support directly. Funding connects to each person's individual person-directed plan and disability related need.

Intensive Planning and Support Coordination (IPSC) includes a planned new Coordinator role using person centred planning to support individuals 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). They are responsible to support those returning to community from institutional facilities, new people entering the system with significant support needs, and those facing major or complex transitions or changes in support needs or wishes.

IWK Health Centre is a hospital serving the Maritime provinces specifically in care to women, children, youth.

Local Area Coordinators (LAC) are a planned new role which will provide individual planning and coordination supports in local communities across the region to individuals who identify as having a disability and those currently in the system with less complex needs and support arrangements. This includes those waiting to enter the system, persons with disabilities who may not qualify but are seeking information and assistance to connect with their community

and non-funded services, and those seeking less complex changes to their support array. LACs would be based in communities across the regions and have a strong emphasis on individual, family and community capacity building and partnerships with local services.

Multidisciplinary Teams are clinical teams currently operating out of DSP institutions that provide consultative services offering assessment and recommendation, particularly to address behavioural concerns, to individuals living in community.

My Days is a new initiative by DSP that will provide opportunities for people with disabilities to choose how they want to spend their time in community.

NGO - Non-Governmental Organization

Nova Scotia abbreviations include **NS and PNS**

Nova Scotia Court of Appeal (NSCA) is Nova Scotia's highest court. Nova Scotians, a last resort, approach the NSCA seeking reviews of the record of lower courts or tribunals for errors in errors of law.

Nova Scotia Health (NSH) is a Health Authority that operates hospitals, health centres and community-based programs providing health services to Nova Scotians and some specialized services Atlantic Canadians.

Office of Mental Health/Addictions (OMHA) is an office under the NS Department of Health and Wellness responsible to fund mental health and addictions services (outpatient, inpatient and crisis support) and work with community partners on programs for youth and adults, including programs for pre-school age children with autism and children, youth and adults impacted by sexual violence.

Person Directed Planning (PDP) service contracted by DCS with community organizations that offers individuals with disabilities the chance to work one-to-one with a facilitator to discover their values, dreams and goals and support to connect to community resources that align with their goals.

Personal Directives Act (PDA) is legislation that allows Nova Scotians to create a personal directive relating to personal care decisions and name a delegate if they should become incapable of making personal care decisions in the future. The PDA also provides a hierarchy of statutory decision makers for decisions relating to health care, placement in a continuing care home, or home care services for individuals who are incapacitated and have not named someone to make decisions for them.

PNS is Province of Nova Scotia. Usually referring to the Government of NS

Reconciliation refers to efforts of Canadians, individually and collectively, to advance reconciliation and renew the relationship with Indigenous peoples, based on recognition of rights, respect, cooperation and partnership.

Regional Closure teams include Intensive Planning and Support Coordinators (IPSC) and a Community Capacity Developer focused on supporting individuals with disabilities in institutional care to plan and transition to community supports.

Regional Hub refers to the planned new main hubs located in each region as the primary resource point for individuals and families seeking disability supports , for facility closure projects and liaison with clinical services and other government programs.

Regional Rehabilitation Centres (RRC) refers to DSP facilities that provide support to participants who need a range of support including with significant behavior challenges. A RRC provides both rehabilitation and developmental programs to participants in an effort to support their transition to a community-based option. Staffing is provided 24 hours/7 days a week.

Residential Care Facilities (RCF) A Residential Care Facility provides participants with residential living support, minimal support with their activities of daily living, routine home and community activities. Participants are provided with limited direct support/supervision and generally do not have major medical or behavioral support needs.

School leavers refers to youth with disabilities preparing to leave the school system and are planning for valued roles, community life and supports after graduation.

Self Managed Care is a program that provides funding to people with physical disabilities to hire their own care providers. The program is funded through the NS Department of Seniors and Long-term Care.

Seniors and Long Term-Care (SLTC) is one of the Departments of the Government of Nova Scotia. Seniors and Long-term Care oversees long-term care facilities and homecare agencies throughout the province.

Service Provider (SP) An organization or person that is contracted to provide support services to participants in the Department of Community Services DSP.

Service Request List (SRL) is a record of the eligible DSP applicants and participants waiting for a DSP service or program.

Shared Services combines the services of DSP and programs offered through SLTC to provide support in community for individuals with high personal care and nursing.

Silos within this document, refers to the effect of individual government departments working independently with limited contact with each other rather than collaboratively aligning their work and efforts.

Small option homes (SOH) A Small Option Home provides residential home support for three to four participants with varying types of disability.

Social Assistance Act is Nova Scotia law regulating the provision of social assistance in the province.

Statutory Entitlement refers to a benefit provided by law.

Strategic Source List refers to a list of approved service providers compiled by the Disability Support Program.

Supervised Apartments Program (SAP) is a legacy program of the Disability Support Program where DSP participants are supported by a service provider to live independently.

Supported Decision Making is the right to use support to make decisions. Supported decision making provides the supports and accommodations an individual needs to express their decisions, will and preferences. These supports may be human support, technical aids/devices to assist with communication or other forms of support.

Temporary Shelter Arrangements (TSA) are ad hoc arrangements where individuals are supported, typically 1-1 by service provider staff. This option is only considered by DSP in emergency situations and when all other options have been exhausted.

The Disability Rights Coalition (DRC) is one of the parties that filed a complaint against the Province of Nova Scotia (NS) for the failure to provide persons with disabilities the supports and services they need to live in the community. The DRC is an advocacy group made up of people with disabilities, their friends and family members and dedicated professionals.

UN Convention on the Rights of Persons with Disabilities (UNCRPD) see CRPD

Executive Summary Plain Language

Background

In 2014, three people with disabilities and the Disability Rights Coalition (DRC) sued the province of Nova Scotia over their right to live in the community. The legal case has taken a long time and will not be over until the problem is fixed.

In 2021, the Nova Scotia Court of Appeal said that people with disabilities were being treated unfairly by the Government of Nova Scotia – what we call in this report "the Province". The Court said the Province was not supporting people to live in the community in a way that respects their human rights. This is called systemic discrimination. Systemic discrimination is when a wider group of people is treated unfairly not just one person. The Court told the Province it must change how it supports people with disabilities.

The Court found 4 main problems in how people with disabilities were being supported:

1. People with disabilities are living in institutions instead of their community.
2. People with disabilities who should be getting support are being told they can't have it.
3. People with disabilities don't get to choose where they live – they are often "placed" in a setting that might not be where they want to be or close to their family and friends.
4. People with disabilities who are able to get support are being told they have to wait (being put on a waitlist) for that support when the law says they should have access to support quickly.

To fix these problems, the Disability Rights Coalition (DRC) and the Province agreed to work together on a Human Rights Remedy. A Human Rights Remedy is a way to solve problems like the one we talked about above that is based on human rights.

As a first step in creating a Human Rights Remedy, the DRC and the Province hired two independent experts to look at the problems in Nova Scotia. The experts were Mr. Eddie Bartnik and Dr. Tim Stainton. They were asked to come up with

suggestions on how to stop the discrimination and change how the Province supports people with disabilities so their human rights would be respected.

Review Process

To do this, Mr. Bartnik and Dr Stainton had to learn about what was working and what was not. They talked to people with disabilities and their families from across Nova Scotia.

They learned about all the programs, supports and services that are offered to people with disabilities in Nova Scotia.

They met on-line and in-person with over 150 people. They made sure to speak to leaders from groups like the African Nova Scotians, First Nations peoples, and francophone communities. They worked with people who work in government. They visited places where people live, and they met with service providers.

They made sure their ideas would line up with:

- The UN Convention on the Rights of Persons with Disabilities
- Best examples from around the world
- Suggestions from two big reports that the Government of NS already has. These are The Kendrick Report (2001) and the Roadmap (2013).

They point out that any changes must be led by the voice of people with disabilities and their families. And that changes must address racism and prejudice.

Key Directions

Through the review process, the experts came up with Six Key Directions. Each Key Direction contains main ideas. These main ideas are called recommendations (see full Report or Summary of recommendations).

<u>Key Direction 1: Individual Planning and Support Coordination</u>

The Report proposes a new way called Local Area Coordination and Intensive Planning and Supports Coordination. These mean that:

- Getting to know you and your community (your local area) is the starting point for supporting people to plan where and how they want to live.

- A team that helps close institutions is in place.
- Divides the people who decide if someone can access support from the people who put their effort into getting people the support they need.

Key Direction 2: Closing Institutions

The Report is clear that institutions must close. This means:

- Having a team that puts their efforts into closing institutions across Nova Scotia. The teams will be in the regions of Nova Scotia and connected to communities.
- Creating a special Emergency Response Team to make sure people don't get sent back to an institution.
- Creating a "No New Admissions" policy. This is a policy that no one can be put in an institution.

Key Direction 3: Community-based supports and services

This Key Direction is about what is needed to build local community-based supports and services. This means:

- Making it easier for people with disabilities to live with individuals or families. This is called Homeshare.
- Improving the amount of money available to a person and being flexible in how to help a person build a life in community.
- A system that is based on the person and helping the person live the way they want – not a system that gives people only a few things to choose from.
- Create new local pathways for people leaving school.

Key Direction 4: A program that works in all regions of Nova Scotia and where many professionals work together to support local choices.

Professional supports – like a psychiatrist, behavioral therapist or occupational therapist – are often attached to institutional settings, rather than in home communities.

All parts of the Province that provide care to people must work together to make sure people can get the help they need in their local community.

Key Direction 5: Individualized Funding

Individualized Funding (IF) is when money for supports and services are tied directly to a person. IF will give people more choice and control in their lives. For IF to work well:

- There should only be one IF program, rather than lots of smaller programs. The Province should join the small programs together.
- Individuals need to have help with managing their money.
- Individuals need the right and support to make their own decisions.

Key Direction 6: Disability System capacity

To make all the changes happen, the way that the Province works needs to change. The whole system must be made better and stronger. Using a human rights approach is not simply a project or a program. It is a new way of thinking and working. This means having:

- Strong ways of working together to put these new ideas into action.
- Checking and testing the plans to make sure the Province is doing what it has promised to do.
- Leadership and capacity.
- All government departments working together.
- Stronger laws and policy.
- Staff that know and understand human rights.
- Housing choices so people can choose where they live.
- Ways for groups to work together and come up with new ideas.
- Money from the government to make it happen.

How to do this?

The Key Directions cannot make all the change on their own. Many things need to happen together. Things like:

- A promise to involve first voice leadership,
- Strong ways of working together with service providers

- A Government Disability Roundtable. This is a group where many Government Departments will work together on making these changes happen.
- Supports for Service Providers to make sure that new programs that are being planned are in line with the Report.

The biggest change is in how supports are delivered. The system must work together.

The Report advises the best way to do this is to work in each region of Nova Scotia.

- The Report advises that the Province should create a network of four Regional Hubs. The Regional Hubs will help build services and support at a local community level.

The Regional Hubs will work closely with Local Area Coordinators based in more local community settings.

Impact

The Report has key steps, timelines, goals, signs of success and results.

The plans in the Report will happen over a 5-year period.

Next Steps

The Province and the DRC must agree to what parts of the Report they will use in the Remedy. This will take time.

While that is happening, the Report has some steps they can take right now.

When the Province and the DRC have agreed, the Remedy will be made public.

Executive Summary

Background

On August 1, 2014, three individuals and the Disability Rights Coalition filed a complaint against the Province of Nova Scotia (NS) for the discriminatory failure to provide persons with disabilities the supports and services they need to live in the community. The complaint highlighted the failures as systemic discrimination - not just against the three complainants, but against all people with disabilities in NS who had been denied their right to live in community, and as a violation of their fundamental human rights. On October 6, 2021, the NS Court of Appeal agreed. The Court of Appeal Decision found that there is systemic discrimination in Nova Scotia against persons with disabilities in the provision of social assistance. The Disability Rights Coalition (DRC) and the Department of Community Services (DCS) through the Disability Supports Program (DSP), then initiated a Review process with independent experts Eddie Bartnik (Australia) and Prof Tim Stainton (British Columbia) to develop and recommend a Remedy that will end this discrimination and change the way that supports are provided in Nova Scotia.

For the purposes of this Review, DRC and DCS summarized the four grounds of discrimination in the provision of social assistance found by the Court of Appeal as follows:

1. Unnecessary Institutionalization (both in purpose-built institutions for persons with disabilities as well as other institutional settings such as psychiatric hospitals);
2. Right to assistance when in need denied to eligible persons with disabilities;
3. Community of choice: people often 'placed' in settings distant from their families/friends;
4. Frequent, indefinite, extended delays in the provision of assistance (waitlists) for qualified, eligible applicants and recipients despite statutory entitlement.

Review Process

The first stage of the process consisted of a fact-finding mission, document review and consultation process. Prominence has especially been given to consultation with persons with disabilities and their allies. Through a series of in-person and virtual meetings, Mr Bartnik and Prof Stainton have consulted with over 150 individuals, including Minister MacFarlane, the Minister of Community Service and Tracey Taweel, the Deputy Minister of Community Services. They hosted two community forums (one in-person and one virtual) and held dedicated discussions with representatives from the African Nova Scotian community, francophone community, and the Indigenous community. The first stage of effort also included site visits to services in Halifax and New Glasgow.

The second stage of the review process built on information gathered through the first stage, the recommendations of previous reports to the province of NS (ie. The Kendrick Report (2001) and the Roadmap (2013)); work already underway in the Province; and, alignment with the UN Convention on the Rights of Persons with Disabilities and international best practices. In addition, the Review undertook a data development strategy and supported DCS in their establishment of a Government Disability Roundtable to progress the required whole of government engagement and response.

Six Key Directions were identified as the pillars of the proposed Remedy:

1. A new system of **individualized planning and support coordination** to drive more person directed and local community-based supports and services.
2. **Closing institutions**.
3. Building a broader system of **community-based supports and services** – a home and life in the local community.
4. Province wide **multidisciplinary support** program **with regional hubs** including other clinical supports to support local options.
5. **Individualized Funding** as the basis of the transformed system with "backbone" support functions.
6. Strengthening whole **Disability System capacity** to enable transformation to a human rights approach.

Through a substantive and interactive workshop process, the Review team worked with the parties to develop consensus on six Key Directions and recommendations for transforming the system in NS to be human rights based and responsive to the 4 areas of discrimination.

The third and final stage of the Review process included a focus on detailing the six Key Directions (see section 3 of the report) for the Remedy and developing an integrated overall Remedy Implementation Plan for each of the coming five years. These plans included the required key steps, targets, indicators, and outcomes. (See section 4 of the report).

Baseline data

A key outcome of the joint data development work outlined earlier is the comprehensive data document "DSP at a glance (v.4 January 2023)" which is included as Appendix Four. This key source document includes an outline of all DSP programs, 5-year change data and baseline Service Request List data. The key data was fed into each of the workshop documents and informed the setting of key targets, indicators and measures. The data contained in the "DSP at a Glance" was used as baseline data for the Review. The need for data offering a Regional context was identified through the Review process and is laid out in the document Regional Perspective on Data (Appendix 6). This is offered as context only.

Diversity and First Voice

The primacy of first voice along with systemic racism and bias must be addressed.

Key Directions

The Review process identified six Key Directions that each contribute to addressing one or more of the four key areas of discrimination. Each Key Direction contains core recommendations (see full report or summary of recommendations)

Key Direction 1: A new system of ***Individual Planning and Support Coordination*** to drive more person directed and local community-based supports and services.

The Report contains 4 recommendations using an approach of Local Area Coordination as the community-based platform for supporting individual planning, coordination and self-management. The approach separates out Individual Planning and Support Coordination from eligibility and assessment, establishes Intensive Planning and Support Coordination teams to support deinstitutionalization efforts and more complex cases, and creates Provincial capacity for technical and peer supported person-centred planning. Local Area Coordination anchors supports for individuals in their community instead of a disconnected centralized approach. Through fidelity of design on ratios, it allows for better relationship-based approaches to support coordination.

Key Direction 2: Closing Institutions

Nova Scotia has historically used an institutionalized model of support for persons with disabilities. Despite previous commitments to closure and the knowledge that institutions are an outdated practice, Nova Scotia has continued to rely heavily on institutions as a dominant element in its support framework. This must change.

The Report recommends a province-wide, regionally-led, facilities closure program. The closures will be led by newly established closure teams and will incorporate and align deinstitutionalization plans with regional closure models. Emergency Response Teams will be developed to increase capacity and prevent re-institutionalization. A firm 'No new admissions" policy will further support closure efforts.

Key Direction 3: Building a broader system of **community-based supports and services** – a home and life in the local community.

Community-based supports and services will drive transformational change for persons with disabilities. Through practices like Homeshare (replacing AFS), bridging the funding gaps between programs, and remodeling Temporary Shelter Agreements into an Innovations Program, a highly individualized and flexible set of options to support people to build a life in

community will be developed. Intentional efforts targeting school leavers can prevent crisis and out of community placement while creating new local community pathways. The initial focus in this Key Direction is to target new people and people currently on the DSP Service Request list not currently receiving any support with a dedicated planning and flexible support bespoke strategy that can also top up existing programs if necessary.

Key Direction 4: Province wide **multidisciplinary support** program **with regional hubs** including other clinical supports to support local options.

Multidisciplinary and clinical supports are typically attached to institutional settings, rather than in home communities - requiring people to go to where the support is. There are a variety of programs are available but they are limited in scope and fragmented. A paradigm shift is needed to move away from silos to a shared vision and agreement on how systems come together, who does what, and a shared accountability plan. Securing access to multidisciplinary and clinical supports will impact all sectors of the health, mental health and addictions system including primary and continuing care.

The Report's recommendations will lead to a shared regional hub approach for multidisciplinary and clinical supports and resources and the expansion of designated mental health and other programs to expand reach and scale of support.

Key Direction 5: **Individualized Funding** as the basis of the transformed system with "backbone" support functions.

Current funding of Nova Scotia's disability supports is largely attached to homes rather than the persons with disability themselves. This system relies on a Service Request List to match people with the next available resource and limits choice and control. An Individualized Funding (IF) approach would change the way supports and services are delivered and significantly change the control and choice people have in their lives.

To build an effective IF system, the Report recommends key elements related to establishing an IF funding structure (ie: the consolidation and expansion of existing IF programs, mechanisms for funding portability) and IF infrastructure to support self management including employee recruitment and management, budgeting, and payroll administration. In addition, options for 'host agency' type supports along with planning and support coordination will enhance effectiveness and user control.

The right and support to make decisions is a fundamental component of Individualized Funding and to have control and choice in your life. Given that Nova Scotia is already in a review process of its Adult Capacity and Decision-Making Act (ACDMA), the Report recommends linking the Remedy implementation process to ACDMA review to contribute to longer-term reform efforts that are underway. The goal is to secure full legal capacity for all and access to supported decision making as needed. In the short term, efforts in this area will be anchored on the

presumption of capacity secured in NS law and focus on the use of supported decision making in practice.

Key Direction 6: Strengthening whole **Disability System capacity** to enable transformation to a human rights approach.

Shifting to the approach outlined in the Remedy requires investment in strengthening the capacity and capability of the system. A transformation to a human rights approach is not simply a project or a program. It is a new way of thinking and working. The Report highlights that this requires:

- Strong Governance structures
- Monitoring and evaluation plans
- Leadership and capacity
- Intergovernmental leadership and structure
- Strengthened legislation and policy
- A workforce sufficient to support the Remedy strategies (philosophically and practically)
- Diverse housing options not reliant on the Small Options Home (SOH) model.
- Strategies for innovation, partnerships and transitions
- A commitment to financing for a whole population human rights solution.

Synthesizing the Key Directions

Carrying forward a sufficiently capable whole Provincial Government Remedy response requires strengthened Provincial and regional governance functions, monitoring and evaluation functions, a commitment to first voice leadership, strong partnerships with service providers and the critical role of the Government Disability Roundtable. Additional recommendations are made in the Report to address these issues. Similarly, the Report highlights the need to support Service Providers with the transition and to ensure that new programs currently in development (ie day options and enhancing services for children) are informed by and consistent with the human rights approach laid out in this Report.

A cornerstone of the change outlined in the Report is the recognition that a regional approach is needed to drive community connections and building personalized options. Through the Review, it became clear that the highly centralized approach currently in place is a key barrier. The Report recommends a new network of four Regional Hubs to support the development and delivery of community services and support at a local community level. Designated key functions would be grouped at a Regional Hub level, complemented by a network of Local Area Coordinators based in more local community settings. The province would be responsible for setting general policy and practice standards as well as maintaining budgetary control to ensure regional consistency and equity. The intention is to provide a level of consistency across the

province but a balance of autonomy and innovation regionally to meet the unique local community needs. This approach addresses the challenges in previous regional approaches.

Impact

The Report developed key steps, timelines, targets, indicators and outcomes aligned with each of the four the areas of discrimination. These impacts over the 5 year period will include stopping unnecessary institutionalization, changing eligibility policy to ensure the right to assistance when in need, embedding choice of local community in all planning and new support options and removing delays in provision of assistance.

Next Steps

As it is uncertain how long the process with take for the DRC and DSP to agree the final terms of the Remedy and secure agreement from the Board of Inquiry, year on year plans have been developed from July 2023, linked to the March-to-March annual budget cycle in Nova Scotia.

However, there are some immediate efforts that the Province can build on or initiate in the short term that will be critical to progressing a timely response to the four key areas of discrimination as well as building the foundations the Remedy needs. The Report provides step-by-step actions with key dates starting in February 2023 to begin implementation of the recommendations contained within the Report.

Section 1: Background and Review process

On August 1, 2014, three individuals and the Disability Rights Coalition filed a complaint against the Province of Nova Scotia (NS) for the discriminatory failure to provide persons with disabilities the supports and services they need to live in the community. The complaint highlighted the failures as systemic discrimination - not just against the three complainants but against all people with disabilities in NS who had been denied their right to live in community - and as a violation of their fundamental human rights. On October 6, 2021, the NS Court of Appeal agreed. The Court of Appeal Decision found that there is systemic discrimination in Nova Scotia against persons with disabilities in the provision of social assistance. The Disability Rights Coalition (DRC) and the Province of Nova Scotia (PNS) then initiated a Review process to create a Remedy that will end this discrimination and change the way that supports are provided in Nova Scotia. The Province delegated the Department of Community Services (DCS) and the Disability Supports Program (DSP) to lead the Review process on its behalf.

For the purposes of this Review, DRC and PNS summarized the four areas of discrimination in the provision of social assistance found by the Court of Appeal as follows:

5. Unnecessary Institutionalization (both in purpose-built institutions for persons with disabilities as well as other institutional settings such as psychiatric hospitals);
6. Right to assistance when in need denied to eligible persons with disabilities;
7. Community of choice: people often 'placed' in settings distant from their families/friends;
8. Frequent, indefinite, extended delays in the provision of assistance (waitlists) for qualified, eligible applicants and recipients despite statutory entitlement.

Terms of Reference

External independent experts (referred to in the Terms of Reference as the consultants), Eddie Bartnik (Australia) and Tim Stainton (BC, Canada) were retained in October of 2022 to undertake a review and recommend a Remedy to the DRC and DSP by the 3rd February 2023. The Terms of Reference (TORs; Appendix 1) specified the following key tasks:

Set benchmarks

1. Baseline information (for the last 4 years): What is the caseload of DSP participants and what kind of assistance are they receiving? How many of those current DSP participants are on a waitlist for something different - where are they now and where do they want to be? Provide details of the waitlist (where are people living and where do they want to be). Provide data on the number of people who have been refused access to social assistance under the Social Assistance Act because of behavioral/medical or other reasons related to their disability?
2. What is the social assistance system currently providing to persons with disabilities who require supports and services to live in community?

Step by step changes needed to end the discriminatory treatment

3. What are the current gaps or barriers in the system to meaningful access to supports and services to live in the community?
4. What steps should be taken to remove those gaps or barriers in each of the four areas of discrimination identified by the Court of Appeal (institutionalization, waitlists, forced relocation, and right to assistance)?
5. How should those steps be sequenced?

Identify Indicators and targets

6. In each of the four areas of discrimination identified by the Court of Appeal (institutionalization, waitlists, forced relocation, and right to assistance) identify the appropriate indicators to monitor or changes in the system and objective targets based on the indicator.
7. The indicators should be designed to allow an objective assessment of the Province's progress towards changing the system during ongoing supervision of the order by the Nova Scotia Human Rights Board of Inquiry and anyone delegated to monitor progress of the systemic human rights remedy by the Board.
8. Indicators may include changes to government policy and practices, budget or financial matters, or other metrics of the system as required.

Set timeframes

9. Identify reasonable timeframes for the step-by-step plan to change the social assistance system to end the discriminatory treatment based on the indicators.

Measurable outcomes

10. Identify measurable outcomes to provide for an objective assessment whether the changes necessary to end the discriminatory treatment within the system have been achieved.
11. The Consultant is to review Nova Scotia's program (including plans that are currently being implemented) for the provision of supports and services for persons with disabilities in order to provide a report and recommendations to assist the parties in developing systemic remedies that are workable, effective and achieve their desired outcome in ending the systemic discrimination identified by the NSCA.

The scope

1. The Consultant's report and recommendations will:
    i. Take into account the current status of programs for persons with disabilities in Nova Scotia, including any plans that are currently being implemented for future changes by the Province, rather than starting from scratch;

ii. Be responsive to the current status of programs for persons with disabilities in Nova Scotia and responsive to the NSCA findings of discrimination;
iii. Acknowledge that there may be more than one non-discriminatory approach to any given aspect of the remedy and should be guided by the Roadmap principles of choice, inclusion and independence.
iv. The Consultant will advise the parties concerning effective remedies including benchmarks, indicators, targets and timeframes, monitoring and measurable outcomes.

The Review team was comprised of the independent experts plus two secretariat staff nominated by each of the DRC and DSP. Given the urgency of the timeline, a three-stage process was established for the review. (Bios in Appendix 2)

Review Process

The first stage of the process consisted of a fact-finding mission, document review and consultation process. Prominence has especially been given to consultation with persons with disabilities and their allies. Through a series of in-person and virtual meetings, Mr Bartnik and Dr Stainton consulted with over 150 individuals, including Minister MacFarlane, the Minister of Community Services and Tracey Taweel, the Deputy Minister of Community Services. They hosted two community forums (one in-person and one virtual) and held dedicated discussions with representatives from the African Nova Scotian community, francophone community, and the Indigenous community. The first stage of effort also included site visits to services in Halifax and New Glasgow.

The document review included reviews of seminal reports previously submitted to the Province of NS - in particular *Choice, Equality and Good Lives in Inclusive Communities: A Roadmap for transforming the Nova Scotia Services to Persons with Disabilities Program* (2013) (commonly referred to as the Roadmap) and *An Independent Evaluation of the Nova Scotia Community Based Options Community Residential Service System* (2001) (commonly referred to as the Kendrick Report). These reports provided a valuable foundation to build from and align with.

Additionally, the Review team anchored its analysis in the rights-based approach to disability secured in the UN Convention on the Rights of Persons with Disabilities (UNCRPD), ratified by Canada in 2010; the province is bound to uphold and respect the rights and principles secured in the UN CRPD. Additionally, the Review team used the UN Committee on the Rights of Persons with Disabilities *Guidelines on deinstitutionalization, including in emergencies* (2022) to ensure the recommendations on closing institutions were aligned with international best practice and principles.

A key priority in the first stage of the review was to establish a comprehensive data collection strategy to collect the necessary baseline information across DSP/DCS and a range of other departments such as Seniors and Long Term-Care (SLTC), Office Mental Health/Addictions (OMHA) and Education. Current DSP work plans and planned new service developments were

also examined as part of analyzing the gap between current state, planned developments and the requirements of the Remedy.

As the respondent to the systemic discrimination is the Province of Nova Scotia rather than just DSP and DCS, the Reviewers worked with DSP/DCS to engage the full range of other departments which would need to be aware of and part of the overall Remedy. The Deputy Minister for Community Services convened a Government Disability Roundtable as the mechanism to engage relevant departments and ensure participation in the following detailed workshop process. (Key contributors identified in Appendix 3)

The second stage of the review built on the information gathered through the first stage, the recommendations of previous reports to the province of NS and work already underway in the Province. Six Key Directions were identified as the pillars of the proposed Remedy:

1. A new system of **individualized planning and support coordination** to drive more person directed and local community-based supports and services.
2. Closing institutions.
3. Building a broader system of **community-based supports and services** – a home and life in the local community.
4. Province wide **multidisciplinary support** program **with regional hubs** including other clinical supports to support local options.
5. **Individualized Funding** as the basis of the transformed system with "backbone" support functions.
6. Strengthening whole **Disability System capacity** to enable transformation to a human rights approach.

A foundational workshop document was created for each Key Direction. Each workshop document included:

- How the topic related to the areas of discrimination.
- Feedback from consultations.
- Consistency with previous recommendations of the Roadmap, Kendrick report and key UNCRPD principles.
- Baseline data and key developments already in train.
- Analysis of the "gap" between current effort and Remedy requirements.
- Options and proposals to include in the Remedy.

DRC and DSP were both invited to nominate participants to the series of virtual workshops in December 2022, with each workshop having between 10-20 participants. DRC ensured there was always first voice and other key DRC stakeholder participation in each workshop and DSP ensured key DSP leadership were present as well as senior staff from other key government departments.

Through a substantive and interactive workshop process, the Review team worked with the parties to develop consensus on key directions and recommendations for transforming the system in NS to be human rights-based and responsive to the 4 areas of discrimination. There was a positive process of engagement with a range of government departments beyond DCS, reflecting the broad scope of the Remedy requirements and active engagement with the disability community, and DRC. DSP and DCS hosted two Government Roundtables on the Human Rights Remedy and government departments were well represented in the workshops.

Parallel to the workshops process, the Review team held three joint DSP/DRC meetings on data and two meetings on current and proposed assessment models. The Review team also consulted some further international experts including previous authors of the Roadmap and Kendrick reports.

The third stage of the process was focused on detailing the six Key Directions for the Remedy and involved the preparation of working papers and a series of separate and joint feedback meetings with DRC and DSP during the week of 23- 27th January 2023. This interactive and iterative process enabled key issues to be clarified and specific adjustments to be made. A summary and specific recommendations for each Key Direction are contained within Section 3 of this report, along with a timeline of key steps.

This stage also included the integration of the six specific topic Remedy plans into an overall Remedy Implementation Plan for each of the coming five years. These plans included the required key steps, targets, indicators, and outcomes. They are set out in Section 4 of this report.

Section 2: Current situation and baseline information

Some unique historical features of the Disability Services system in NS

Eligibility criteria for the Disability Support Program in Nova Scotia includes intellectual disability, physical disability as well as long-term mental illness. This broad disability combination in one social support program is a unique feature to Nova Scotia. Most jurisdictions around the world provide mental health related disability support under Health/Mental Health.

Historically, disability services in Nova Scotia were a decentralized and disconnected patchwork of programs and support options under the responsibility of each municipality. In 1996, the provincial government took responsibility for disability support under the Department of Community Services and began the process of establishing an amalgamated disability support program to provide consistent options province-wide.

Initially the provincial disability support program was organized with control of the program budget and management of services held in each regional area of the province. Although it was a province wide program, practices varied from region to region contributing to inconsistencies in decision making, service delivery, and data collection. The regional model impacted the capacity for consistent, province-wide transformation.

In 2016 the Department of Community Services transitioned to a new operating model. The change gave central budget control to the DSP Program at head office. It also centralized key operations such as a policy and data division, business intelligence and data analytics, project management, service provider relations etc.

DSP care coordinators and casework supervisors became part of a Service Delivery Division rather than DSP Program. DSP Specialists are located in each region, and report to the DSP Program at head office. The Specialist role promotes provincial consistency and provides consultation to service delivery on DSP policy, approval of policy exceptions, problem solving support, etc.

Service Provider Supports (SPS) was a newly created division in 2016 in DCS. SPS Managers work in partnership with DSP Specialists in supporting service providers. Service agreements were not historically in place with all service providers but have been designed and implemented in the 2020s.

DSP service providers are a mix of independent for-profit and non-profit organizations. Service providers deliver multiple types of direct support and services to eligible DSP participants

including day supports, Independent Living Supports (ILS), residential supports, respite support services, etc. There are multiple organizational associations and service provider groups based on the service offered, and if they are for-profit or non-profit. DSP meets regularly with service provider groups to maintain valued partnerships.

DSP programs and baseline data

In addition to setting broad context, the Terms of Reference required a review of current programs and baseline data. A key outcome of the joint data development work outlined earlier is the comprehensive data document "DSP at a glance (January 2023)" which is included at Appendix 4. This key source document includes an outline of all DSP programs, 5-year change data and baseline Service Request List data. The key data was fed into each of the workshop documents and informed the setting of key targets, indicators and measures. A broad description of the current situation is provided below, along with key baseline data.

DSP provides services to 5847 adults and children across Nova Scotia (as of March 31, 2022). DSP funded services to children include Small Options Homes, enhanced services and a respite program. Direct Family Support for Children (DFSC) and Enhanced Family Support for Children (EFSC) provide funding to 649 children and their families. An expanded program offering for families and children is currently being implemented, including Agency Delivered Respite and Intensive Family Support. A variety of programs support the 5198 adults and their families.

DFSC and EFSC offer a range of respite funding to eligible children and families to purchase supports. Generally, children with disabilities in Nova Scotia access other supports provided through mainstream government programs such as health, education etc. Eligibility for DFSC requires the child to be living with a family member and meet DFSC income guidelines and disability requirements. The disability criteria include:

- a mild or moderate intellectual developmental disability with a significant behavioural challenge; or
- a severe intellectual developmental disability; or
- a significant physical disability with ongoing functional limitations which seriously limits their capacity to perform age-appropriate activities of daily living; or
- a dual diagnosis consisting of any of the above.

Adults with disabilities can access DSP services at 19yrs and older (some exceptions are made for individuals 16 – 18 based on individual circumstances). Eligibility criteria for adult programs has both a financial requirement based on the income of the individual applicant and a disability requirement. The disability requirement is a diagnosis that confirms one or more of:

- intellectual disability,
- long term mental illness or
- physical disability.

Once the diagnostic criteria are met, a DSP care coordinator completes a financial and functional assessment to determine a level of support between 1 - 5. The level of support determination helps to identify the intensity of supports and services that would be the most appropriate. Level 1 - Minimal, Level 2 - Moderate, Level 3 - High, Level 4 - Enriched and Level 5 - Intensive.

Based on DSP transformation planning current DSP programs for adults can be organized into two groups, one group of current and future programs and a second group of current programs to be phased out.

Current and Future DSP Programs

DSP programs in the future state will ensure persons with disabilities have individual choice to live their lives in community as they choose. The following programs are expected to be part of DSP in future. Flex Individualized Funding Programs, both Flex at home and Flex Independent; Independent Living Support (ILS), Alternate Family Support (AFS) and small option homes (SOH). 3257 individuals are part of Flex, ILS, AFS and SOH as of March 31, 2022. The Shared Services Program was a recent pilot in partnership with the Department of Seniors and Long-Term Care (SLTC) that is currently supporting 4 individuals to live in community.

Flex Individualized Funding programs refers to two individualized funding options, Flex at Home and Flex independent. Both Flex options have a maximum funding allotment up to $3800.00/month based on assessment of support needed.

Flex at Home provides funding for the Standard Household Rate, special needs and respite to adults with disabilities living at home with a family member. This program is open to any eligible DSP applicant who fits the program criteria. Individuals use Flex funding to purchase supports in the community. Out of the 1866 individuals using Flex at home, 679 are on the DSP service request list seeking to move to another DSP option (as of November 1, 2022.) The Flex at Home program has grown 41% between 2018-2022.

Flex Independent provides funding for individuals who live independently in community to purchase supports and services. As of November 1, 2022, 60 individuals were part of the Flex Independent Program and 35 of them are on the DSP services request list for another option. Flex Independent is a newer program with recent investment and has grown 757.1% from 2018-2022.

Independent Living Support (ILS) provides individuals who are living independently the option to choose an approved service provider who will work with them to build the life the choose in community. This program offers up to a maximum of 31 hours of staffing support per week. Previously there was a waitlist for ILS, but recent investment will offer support to all individuals on the service request list. As of November 1, 2022, 443 individuals are part of the ILS program and 140 of them are on the DSP service request list for another option. ILS has had funding investment and has grown 40.1% from 2018-2022.

The Alternate Family Support Program (AFS) offers options for individuals with disabilities to find a match with other members of the community (DSP approved AFS providers) who will share their home and provide support as needed. As of March 31, 2022, 155 individuals were using the AFS program and 34 them are on the DSP service request list for another option. Limited recruitment success and an aging group of current AFS providers has contributed to the program reduction of -12.5 % from 2018-2022.

Small option homes (SOH) support up to 4 individuals in one home. The homes are community based in a residential neighbourhood or apartment setting. Most of these homes are licensed under the Homes for Special Care Act. There are 243 SOHs in the province and a further 18 in development. The support offered in each home varies according to the support needs of the individuals living there. Funding is provided directly to the Service Provider operating the home and is attached to that location. Participants are referred to service providers by DSP based on their individual support needs and program preferences. This may not always be the case based on availability. New SOH have been a preferred option in DSP deinstitutionalization strategy to date. The process of building and licensing homes has been a slow process delaying moves from institutional care. As of November 1, 2022, there were 685 people living in SOH, 111 participants are on the DSP service request list for another option. There have been investments in new SOH homes resulting in growth of 13.5% from 2018-2022.

The Shared Services Program supports 4 people in 2 community settings. This option combines the services of DSP's ILS program with Continuing Care programs offered through SLTC. This service model is intended to provide support in community for individuals with high personal care and nursing needs who otherwise are referred to Long Term Care (LTC) facilities. 200 more spaces have been approved to expand Shared Services over the next 4 years.

Current DSP Programs to be Discontinued

Some current DSP programs are not consistent with future state expectations of individual choice and control and life in community for individuals with disabilities. Individuals with disabilities currently using these programs will be offered planning and support to identify a community option as programs close. DSP identified the following programs to be discontinued. Supervised Apartments Program (SAP) is a legacy program of supported apartments. This program is not part of future DSP support and will reduce in capacity. Residential options of Group Home and Developmental Residences (GH/DR), Residential Care Facilities (RCF) and Adult Residential Centre (ARC) and Regional Rehabilitation Centres (RRC) are all to be discontinued in future. 1764 individuals were using these programs, as of March 31, 2022.

Supervised Apartment (SAP) programs are an historic program that predates ILS. The parameters of these options vary by service provider and area. ILS replaced the SAP program and so SAP is no longer offered to DSP participants and it will eventually be discontinued. As of March 31, 2022, 423 individuals were supported in this program. There has been a -17.7% reduction of participants in the SAP program from 2018-2022

Group Home and Developmental Residences (GH/DR) are licensed under the Homes for Special Care Act and support from 4 to 12 individuals in each location. There is 24-hour staff support on site and funding is provided to the service provider and is attached to that location. There are 100 GH and DR located across the province. As of March 31, 2022, there were 535 individuals supported in GH/DR. and 111 of those individuals are on the DSP service request list for another option. This program has reduced by 4.1% from 2018-2022.

Residential Care Facilities (RCF) are licensed under the Homes for Special Care Act and have staff available 24 hours but provide minimal support. There are 24 RCF locations across the province and they support approximately 20 people in one facility. The majority (approx 77%) of individuals living in RCF have a mental health diagnosis. As of March 31, 2022, there were 372 individuals supported in RCF and 96 of those individuals are on the DSP service request list for another option. There has been a reduction in the number of individuals living in RCF of -6.1% from 2018-2022.

Adult Residential Centres (ARC) are licensed under the Homes for Special Care Act. They are a congregate living setting supporting 32 - 70 individuals in one facility. There are 7 ARC settings across the province in every region except Central. As of March 31, 2022, there were 342 individuals supported in ARC and 96 of those individuals are on the DSP service request list for another option. There has been a reduction in the number of individuals living in ARC of -6.3% from 2018-2022.

Regional Rehabilitation Centres (RRC) are licensed under the Homes for Special Care Act and are a congregate living setting supporting 24-93 people in one facility. RRCs provide rehabilitation and development programs for individuals requiring an intense level of support and supervision related to complex behavioural needs. There are 3 RRC settings in the province in Central, Eastern and Western regions. As of March 31, 2022, 156 individuals lived in RRC and 90 of those individuals are on the DSP service request list looking for another option. There has been a reduction in the number of individuals using RRC from 2018-2022 by -8.8%.

Temporary Shelter Arrangements (TSA) are an ad hoc option of support that is only considered by DSP in emergency situations and when all other options have been exhausted. Often the person living in a TSA has complex support needs that could not be met in an existing DSP option. These homes are not regulated under the Homes for Special Care Act. As of March 31, 2022, 83 individuals were living in TSA arrangements. It is DSP practice to have all individuals living in a TSA arrangement listed on the DSP service request list for another option.

Other DSP Programs

Day Program Supports

DSP funds 42 service providers across the province who provide day activities for 2024 adults with disabilities (January 2023). Many of these day programs are in congregate settings and have waitlists for individuals to access services. DSP has begun a new model for day programming called My Days that will offer more choice to participants to access activities they

want. Initial participants in My Days are individuals moving to the community from the Harbourside ARC closure. DSP also funds 18 service providers to provide meaningful activities to 194 youth across the province.

Multi Disciplinary Supports

There are limited DSP multidisciplinary supports available. These resources are based in institutions with some limited outreach currently not available in all regions. See Key Directions 4 for further detail.

DSP Service Request List

The "Service Request List" operates as the Departmental waiting list for eligible applications and participants to receive supports and services. As of July 1, 2022, the DSP Service Request List (SRL) provides the baseline total of 1834 individuals looking for a DSP service. Out of that number, 1245 are receiving some form of support from DSP already and waiting for a preferred option. 589 individuals are on the service request list with no DSP support which breaks down further to 275 individuals receiving financial support through income assistance from DCS and 314 people with no such support. Approximately 536 individuals live in DSP funded institutions (ARC/RRC/RCF) and are not counted in the service requests listed but are included in the targets for the Remedy. The table below identifies the first-choice options of the people on the DSP service request list with SOH being the preferred option for over 50% of the individuals waiting. Over from May 2017 to July 2022 there has been an overall increase in the SRL by 29.8%. This list reflects the current and limited options available to people and is not reflective of a more contemporary suite of options.

AS OF JULY, 1 2022:	COUNT OF CASE IDS
PREFERRED OPTIONS ON SRL	Preferred Option #1
ADULT RESIDENTIAL CENTRE	10
ALTERNATIVE FAMILY SUPPORT	26
DEVELOPMENTAL RESIDENCE I	21
DEVELOPMENTAL RESIDENCE II	15
DEVELOPMENTAL RESIDENCE III	44
FLEX - INDEPENDENT	57
GROUP HOME	125
IN HOUSE SUPERVISED APARTMENTS (CENTRAL)	3
INDEPENDENT LIVING SUPPORT	545
REGIONAL REHABILITATION CENTRE	25
RESIDENTIAL CARE FACILITY	17

SMALL OPTION	946
NONE SELECTED	0
TOTAL	1834

DSP Policy 9.3 and 9.4 Behavioural and Medical Needs

DSP policy *9.3 Behavioural or Medical Needs*, identifies new applicants who are deemed ineligible because it is determined their assessed behavioural or medical needs cannot be safely met by one of the five levels of support provided by the DSP, and who cannot access standard community resources. A data search was completed to identify the DSP applicants from 2018-2022 who were made ineligible due to Policy 9.3. The filtering of the search could confirm 8 applicants determined to be ineligible due to this policy. The following table shows the results of the search:

Applicants to DSP Not Eligible Due to Medical Need and Behavioural Support Need					
Ineligibility Reason	**2018**	**2019**	**2020**	**2021**	**2022**
Policy 9.3 Medical Need	1	1	1	2	1
Policy 9.3 Behavioural Need	0	0	1	1	0
Total	1	1	2	3	1

DSP Policy 9.4 Behavioural or Medical Needs addresses current DSP participants who are subsequently deemed to be ineligible due to increased behavioural or medical needs are not included in this search or above table. Participants impacted by this policy may be identified for Complex Case support plans, moved to a Temporary Shelter Agreement (TSA), or moved to a service with Continuing Care and would be captured in individuals identified as living in LTC.

Current DSP Transformation Strategy

DSP is engaged in a transformation of programs and services to build a system of supports that is based on the principles of ensuring individuals with disabilities have choice and control to make decisions about the life they want to lead in the community. Details of the current DSP Transformation Strategy and 2022/3 Workplan were provided to the Review team and details have been integrated into the papers for each of the Key Directions workshops. In addition, the

DSP at a glance document clearly outlines the framework of current and future programs and those current programs to be discontinued.

The Disability Support Program vision statement is that "People with diverse abilities are living the life they choose." Future DSP programs are intended to prevent institutionalization and build capacity in the community to support people with disabilities in ways that are not entirely based on paid support options. The future state design envisions people with disabilities choosing their supports, where they live, and what they do during the day. The work that has begun on DSP Transformation strategy can align and build in Human Rights principles including choice and control. This needs to align with the policy documents review outlined in Key Directions 6.

Building on work already underway

Current DSP transformation plans are guided by principles of individual choice and person directed plans, community-based options and enhanced programming to achieve outcomes for individuals and their families. The work of the Review included an analysis of the current DSP work plan and an alignment of this work to the Key Directions documents. This contributes to achieving the commitment in the TORs that the Remedy builds on work underway. Some examples of this include:

- Moving toward an individualized funding system with the development of a new assessment and support planning methodology with the InterRAI assessment tool.
- Building on current Person-directed planning efforts
- Restricted eligibility for access to ARC/RRC with an annual capacity reduction reducing the spaces available.
- Harbourside ARC Closure - moving 40 individuals from Harbourside and other ARC facilities to 10 SOH.
    - Participant choice and person directed decision making is the focus of the Harbourside closure.
- RCF Redesign - Reimagining as community-based settings with increased choice and navigation support.
- Enhanced SOH Models - pilot that incorporates behavioural supports and some supports for chronic health conditions into SOH.
- More ILS Funding is secured to offer support to individuals waiting over the next two years.
- Shared Services Program is a partnership with the Department of Seniors and Long Term Care (SLTC). First 4 people have moved to the community from LTC. Funding for 200 more people is approved over 4 years.
- Workforce Strategy including: recruitment and retention initiatives (innovation fund, dedicated recruiters, promotional campaign, referral bonus etc.), expanding NSCC Professional Certificate program, etc.
- Reimagining day supports to offer more choice and flexibility for activities in the community. Launching with individuals leaving ARC/RRC/RCF.

- Enhanced Children's Services - Approval to plan changes including adjustments to eligibility, intensive family support, youth My Days and agency delivered respite, offers an opportunity to align children's supports to complement adult service along human rights principles.

While there is much work to build on and align with, to ensure future directions are consistent with the Remedy, a shift in mindset is needed. Where someone lives is not the totality of their lives. Pathways to meaningful employment, recreation, and opportunities to make valued contributions to their communities are vital to real inclusion and full rights of citizenship. Limited and often segregated options do not meet these needs in progressive or inclusive ways.

Feedback from community consultations

Through consultations the reviewers received valuable insights and inputs from community members. Overwhelmingly there was a sense of urgency for concrete action to begin. Detailed feedback from the consultations were included as part of the context in each of the workshop documents. The meetings provided the Review team clear and articulate information about the current situation of persons with disabilities and their families; current and future planned reforms; current sector capacity and what capacity is needed moving forward; and what a good remedy looks like. A word cloud was developed to capture common statements.

There was significant consistency in the discussions with all participants – indicating that the disability community, DCS/DSP, and service providers are aware of the challenges and shortcomings of the current system.

Persons with disabilities and families all spoke of challenges navigating the system and difficulties in accessing adequate funding to build inclusive lives in the community. The interest and importance of individualized funding was common. Services providers expressed their support for moving to community-based options but expressed the need for help with transition. Discussion with indigenous community members highlighted that indigenous persons with disabilities continue to be forced to leave reserve to access support and the challenges of navigating jurisdictional barriers. Discussions with members from the francophone community, indigenous community and African Nova Scotian community all highlighted the need for supports and services that are culturally appropriate and responsive. Language barriers were identified as another challenge.

Common messaging from all groups indicates the need to address:

- **Staffing.** Staffing issues need to be addressed to support a shift in provision of service. From recruitment and retention to issues of wages, heavy workloads and burnout, to the devaluing of the sector as a whole, and the disconnect of personal relationships between DSP and service providers and the individuals and families they serve.
- **Training and education.** The need for initial training and ongoing professional development was consistently identified as a need. Specifically, the need for philosophical and practical training. Vision work on what is possible is also essential.
- **Silos.** A new system and approach needs to breakdown existing silos and work collaboratively across departments and in partnership with individuals and families.
- **Culture.** A new system and approach will require a culture shift to foster a rights-based, progressive, and inclusive approach to supporting people to live in their communities.

Section 3: Key Directions

The following section provides information about the Key Directions and the recommendations for each Key Direction. Additionally, this section will look at matters of first voice and diversity as well as how the Key Directions align with the areas of discrimination.

Ensuring first voice and diversity is a cornerstone in building a Remedy that can be reflective of and responsive to persons with disabilities across Nova Scotia.

Matters of first voices and diversity

At the heart of this Remedy is the voices of Beth MacLean, Sheila Livingstone, Joey Delaney and the members of the Disability Rights Coalition who fought back against decades of rights violations and the denial of their right to live in community. Through them, the voice of all people with disabilities being denied the supports and services to live in community was heard. It is the voice of persons with disabilities and their families - their lived experiences and individual needs - that must guide the Remedy's implementation and the Province's future ways of working.

The Remedy must be anchored in the perspective of first voice and principles of diversity, equity and inclusion. It must connect to and be informed by other human rights initiatives and cross-government efforts such as the Anti-Black Racism Strategy and the broader process of Reconciliation with the Indigenous people of Nova Scotia. Systemic racism and bias must be addressed in policy, programs and delivery.

To secure meaningful first voice representation, commitment to diversity within the disability community is needed. Broad representation is important to ensure different voices within the disability community are reflected. Accommodations to address communication supports may be needed and support to strengthen self-advocacy for groups – in particular those with intellectual/developmental disabilities or mental health disability – who may have been denied opportunities to have choice and control or support to make their own decisions.

Families and allies are key partners in advancing the rights and full inclusion of persons with disabilities, especially persons with intellectual/developmental disabilities. Across the lifespan, families are often the main support to their family member with a disability. Family leadership in policy and program development and delivery has been, and should remain, a key part of the remedy going forward.

On a broader front, the remedy must also recognize the diversity of persons with disabilities in Nova Scotia and allow for the full expression of their gender identity, race and culture.

While the scope of the Human Rights Remedy does not include on-reserve indigenous persons with disabilities, there are meaningful steps that can be taken within provincial jurisdiction to ensure an inclusive Human Rights Remedy. For example, the Remedy will need to include principles of meaningful representation and collaboration, a program design framework that is committed to co-production, an approach to supports and services that is anchored in local communities and reflective of the community they are in, and a service delivery model that is culturally relevant and responsive to the unique needs of individuals.

Alignment of the Key Directions to 4 areas of discrimination

The Review process identified the six Key Directions that each contribute to one or several of the four key areas of discrimination. The alignment was set out in each of the workshop documents and is also evident in the Implementation tables in section 4 where the impacts are directly reported and aligned to the 4 areas of discrimination.

As part of the Review process, the six Key Directions were mapped against DRC briefing notes setting out their Remedy expectations, directly demonstrating coverage and alignment.

Key Direction 1: A new system of *Individual Planning and Support Coordination* to drive more person directed and local community-based supports and services.

Individual planning and coordination are critical elements in addressing all four areas of discrimination. A system with robust individual planning and coordination can ensure that persons with disabilities live meaningfully in their community of choice (ground 1 and 2), with the assistance they need (grounds 3), in a timely manner (grounds 4).

Current Approach

Currently, Care Coordination is the foundation of the individual eligibility, assessment, planning, placement and coordination system in Nova Scotia. Care Coordinators determine eligibility and service access. Service providers control what services are available and who they will support. Current ratios (1 Care Coordinator:83 persons with disabilities) and the service infrastructure are grossly insufficient to manage the cultural and practice changes required to reverse the trend of institutionalization, long waitlists and out of community placement.

What is needed

The Remedy requires an investment in better ratios of planning and coordination staff as well as improved design. Specifically, an enhanced individual planning and coordination system, with a central mechanism that provides:

- A more personalized system of individualized planning, coordination and support to enable people with disabilities to live a full and inclusive "good life" in their local communities, with support and services built around their individual needs and support via a system of individualized planning and funding. Including:
    - navigational support and a level of independence from the provincial funder.
    - an accessible and local front door and gateway to community.
- An evidence-based approach to this new system of planning, coordination, and support.
- The capability to enable the optimal combinations of informal community and mainstream support, along with the required paid disability services.
- A strong link to local communities so that local communities are better supported.

The Workshop document included a range of 5 options, spanning across expanding the current Care Coordination system, growing the small Person Directed Supports Network pilot, developing a new Local Area Coordination province wide program and a hybrid option that combined Local Area Coordination with a new system of Intensive Planning and Supports Coordination. Modelling was also provided on the indicative numbers of new positions required.

Discussion Consensus

It was agreed that the Remedy should create substantive change that enables individuals with disabilities to have control in their lives as soon as possible; continuing with the status quo was not seen as an option as a timid response would not meet expectations. Participants acknowledged concerns about capacity to manage change and implementation of this magnitude and that bold change will require significant change management. Participants supported moving forward with a focus on building local community supports through a process known as Local Area Coordination and significant deinstitutionalization. The process should:

- Support shifting the power dynamic from the service provider to the participant.
- Ensure the person is at the centre of the process.
- Include elements of system navigation and community inclusion facilitation and should support links to community groups that may not be DSP service providers. e.g., East Preston Family Resource Centre.
- Be open to all. Individuals do not need to be eligible for DSP to access planning and coordination support. This approach offers some level of support to individuals who may not meet the criteria for the more intensive supports offered through DSP and can help individuals connect to resources before a crisis.
- Be anchored in community and connected to government:

    - Local Area Coordinators are ideally community-based rather than government employees.
    - The planning arrangements require a significant level of independence from the funding decisions, but also need a strong level of connection to the government system to feed information back to the system to allow them to improve and make needed change and ensure that the system responds to community needs across departments.
- Provide intensive planning for deinstitutionalization built on the capability base of current care coordinators to avoid a sharp learning curve and be ready to start.
- Secure an intensive support team for those transitioning from institutional care.
    - Smaller coordination ratios will be needed for more intensive planning with individuals with more complicated needs and who are transitioning to community from facility support.
- Support for a phased implementation in consideration of change management work needed for successful implementation.
- Include peer-led individualized planning/network of peer-support planners and other technical support.
- Ensure fidelity of design and implementation, especially in regard to ratios.
- Provide integrated inter-departmental planning systems and collaboration: e.g. important connection with school support planning where students can be prepared in school for what they may need to know, before leaving the school system.

Key design and implementation criteria on which to assess the options and some indicative modeling of current and required ratios for each of the staff categories for each remedy year were included in the Workshop document.

Individual Planning and Support Coordination Recommendations

1. ***Develop Local Area Coordination as the community-based platform supporting individualized planning, coordination and self management.***

2. ***Establish Intensive Planning and Support Coordination (IPSC) teams for deinstitutionalization complex cases.***

3. ***Establish Eligibility and Assessment coordinators.***

4. ***Create Provincial capability for technical and peer support person-centred planning.***

5. ***Key implementation requirements to include:***

5.1. The specific ratios for LACS (1:50) and IPSC's (1:20) be reported on an annual basis and be maintained.

5.2. 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.

5.3. 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.

5.4. Given the requirement to transform and transition the current care coordination function and establish LAC as matter of urgency and with an agreed level of province wide consistency and quality, 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.

Having a suitable IF backbone is a key part to success of this system. This is covered later in this section under Key Direction 5. The role of IPSC teams in closing institutions is described in Key Direction 2.

Individual Planning and Coordination: Year-by-Year Planning

Independent Planning and Coordination: Year 1	
Date	**Activities**
July 2023	Job specifications developed and ratios set 1:20 for IPSCs and 1:50 for LAC. with 1 Supervisor for each 8 staff.
	Training design and capability established.
	Policy and practice framework established, including Fidelity criteria.
	Regional lead positions developed and recruited to lead recruitment for new staff.
October 2023	Regional Leads in position and commence recruitment for 25 new LACs and 25 new IPSCs.
December 2023	Review of current contracts and design for new Province-wide PDP Peer and Technical support program.
January 2024	Training for 25 new LACs, 25 new IPSCs and 15 new IPSCs transferring from Care Coordination.
February 2024	Handover planning and coordination support from Care Coordinators to LACs and IPSCs.
March 2024	Benchmark ratios to be met.

Independent Planning and Coordination: Year 2	
June 2024	Full operations for 25 LACs and 40 new IPSCs.
	Tender for new Province-wide PDP Peer and Technical support program.
July 2024	Recruit next 25 new LACs and 10 new IPSCs plus reallocate 15 new from Care Coordination.
October 2024	Training for 25 new LACs and 25 new IPSCs.
December 2024	PDP tender awarded for new technical and peer planning supports.
February 2025	25 new LACs fully operational.
	25 new IPSCs fully operational.
March 2025	New technical and peer planning supports operational.
	Recruit next 30 new LACs and 15 new IPSCs (ex Care Coordinator FTE).
Independent Planning and Coordination: Year 3	
July 2025	Training for 30 new LACs and 15 new IPSCs.
August 2025	Handover commences for new LACs and IPSCs.
December 2025	Full complement of 80 LACs and 80 IPSCs operational. Independent Review commences with a focus on the Fidelity criteria.
Independent Planning and Coordination: Year 4	
June 2026	Independent review complete and implementation of necessary improvements.
	Reallocation of some IPSCs to LAC positions as necessary once institutions are closing.
Independent Planning and Coordination: Year 5	
March 2028	5-year review.

Key Direction 2: *Closing Institutions*

Closing institutions is central to respecting the right of persons with disabilities to live in community and is central to addressing the findings of systemic discrimination in NS. Institutions deny people the opportunity to thrive in their community and robs them of power and control in their life. Further, segregated, and congregated approaches to care have consistently been found to increase a person's vulnerability to violence and harm. It is through vibrant and healthy personal connections and a valued sense of belonging in community that keep people safe. Institutions are an outdated care response and the closure of institutions is a priority in developing a human rights remedy in Nova Scotia.

Nova Scotia is one of the last provinces in Canada to continue to use institutions. It is also the first jurisdiction in Canada to approach deinstitutionalization from a court decision. The ruling requires:

- A human rights approach/immediate action on remedy.
- Extends to whole of government.

Current approach

Nova Scotia has historically used an institutionalized model of support for persons with disabilities. Despite previous commitments to closure and the knowledge that institutions are an outdated practice, Nova Scotia has continued to rely heavily on institutions as a dominant element in its support framework.

Core issues perpetuating this model include:

1. Residential funding is tied to the cost of beds not participant support needs.
2. Many placements are based on urgency and are often driven by lack of capacity rather than best fit for the participants.
3. The RCF population is aging, and staffing levels do not support high levels of personal care.
4. Many ARC/RRC placements have evolved into a Long-Term Care model of physical/nursing care.
5. ARC/RRCs are not fulfilling their rehabilitation/skill development mandate.

In 2021, 350 individuals were residing in Adult Residential Centres (ARCs), 382 were in Residential Care Facilities (RCFs), and 155 were in Regional Rehabilitation Centres (RRCs). An estimated 423 young persons with complex care needs are housed in Long-Term Care facilities.

Community capacity to deliver flexible and individualized community-based options remains limited in part due to the heavy reliance on bricks and mortar solutions.

Despite closure initiatives, the Shared Services project and intentional reductions to populations across all facilities, the current level of effort is insufficient to meet the scale of closure necessary under the four grounds of discrimination.

What is needed

A new approach is needed to scale up on closure efforts and to build inclusive community-based options. It is important to note that while the new approach is being finalized and implemented, the Province of Nova Scotia must continue with current closure initiatives and the Share Services project, continue to reduce populations across all facilities.

At minimum, the remedy must establish:

- A firm no new admissions policy
- Clear time frames to closure.
- A confirmed end date for all institutions.
- A public commitment to closure.

Immediate action is required to remedy the finding of human rights violations. The court findings establish critical legal guardrails to hold the closure process to account. Every day a person is confined to an institution is a human rights violation. There is an urgent need to revise the current rigid system into a nimble, highly individualized system.

Discussion Consensus

Workshop participants agreed there is a moral imperative to closing institutions. They also acknowledged concerns that the decades of reliance on institutional models has limited community-based options from flourishing and that capacity will be a fundamental challenge. Developing and delivering something meaningful for people to move to is an essential part of the closure plan. Capacity development is needed both within the system and the community. A phased and prioritized sequencing of closures is needed to keep the process on track and within the timeframe of 3-5 years. It was discussed that this timeframe may not seem fast enough - especially for someone who wants to move out of an institution "today". However, even at 5 years to full closure, the process will feel like a "sprint".

The closure plan also demonstrates the need for inter-connected strategies to be happening in parallel. Having the other elements of a community-based system in place - including access to necessary supports and services - is critical.

Specific concerns raised in the discussion included:

- If not done well, risk an increase in incarceration/return to institutional system.
- Having everything ready to go at once.
- Labour shortages/need for staff training.
- "Need creativity most staff haven't even imagined." (Workshop participant quote)
- Learning and building a new system concurrently.
- "Can't balance out what exists today vs I want to come out of the institution today". (Workshop participant quote)

Participants supported a province-wide deinstitutionalization effort through the establishment of dedicated closure teams in each region of the Province, with the following conditions:

- Include a prohibition on admission to DSP institutions and LTC facilities.
- Benchmark of 75% of individuals out of institutions in the first 3 years
- Individuals must have immediate access to a planning and support coordinator to begin the process of planning for their return to community.
- Public commitment from the Government to closing the institutions.
- Need flexible options/not predefined choice.

Such an approach would align with and build on DSP's current closure efforts. In regard to the prioritizing of populations, this included:

- Seeking additional input from participants on options to be provided through the Shared Service Program - including not having to live with a roommate.
- Group homes and developmental residences (in particular, any arrangement over 4 people) will be considered under the deinstitutionalization plan.
- Return of Residents from Forensic Units: recommendation to continue with current plans. Once the new planning and coordination system is in place, revisit this population.
- Return of Residents from Psychiatric Hospitals: recommendation to continue with current plans and integrate process into regional deinstitutionalization programs for all remaining and emerging individuals ready to return to the community.

The approach should facilitate a complete reorientation of the system to something flexible and highly personalized. Core elements of the plan should include:

- Establishing hubs in each region: planners/coordinator part of a new closure team with support of another person focused on building capacity/working on options.
- Dedicated intensive planning efforts.
- A whole system pivot:
    - away from Small Options Homes. This model locks-in future generations/confines choices.
    - away from categorizing people; start with person and get to know them – what do they want, like etc - build from the person.
- A Province-wide approach: "if we really want people to have choice, they could choose to live anywhere in the Province, so we need a province-wide solution"; "Province-wide option is the only option that provides equitable access to planning and leaving." (Quotes from workshop participants)

Closing Institutions Recommendations

1. ***Province-wide, regionally-led, facilities closure led by newly established closure teams.***
    - Establish dedicated closure teams in each region of the Province. Building 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.
    - Closure Teams will include:
        - Intensive Planning and Support Coordinators (IPSC) at a ratio of 1 planner per 20 residents.
        - Community capacity developer (1 per team).

2. ***Incorporate and align deinstitutionalization plans with regional closure models.***
    - This includes a phased deinstitutionalization plan for Group Homes/Developmental Residences.
    - Plans residents deemed ready to return to community in forensic and psychiatric hospitals.
    - Plans for residents in LTC under 65.

3. ***Establish Emergency Response Teams.***

4. ***Establish "No new admissions" policy.***
    - A firm no new admissions policy to be established for all DSP facilities.
    - Work with SLTC to review and revise the policy on admissions to LTC (for young people) to ensure no admission occur due to a failure to provide appropriate community supports or a determination that an individual's needs are too complex for community-based support.
    - Rescind DSP Policy 9.3 and 9.4.
    - Establishment of emergency response capability and multi-disciplinary and clinical supports as set out under Key Direction 3.

To effectively implement the no admissions policy an emergency response team will be required to avoid crisis led institutionalization or other unwanted outcomes. Currently DSP responds through their team of care coordinators with assistance from Specialists and partners (providers, health etc.) as required. Special arrangements such as a TSA require the approval of the deputy. In the revised system an experienced IPSC should be identified as the emergency response coordinator, bringing in relevant parties as required including relevant services from the clinical hub. The regions will each have a rapid access fund which can be drawn on as required to both prevent crises from arising and to respond in a timely and effective manner. In addition, each region should contract in advance with community providers for both emergency staffing and temporary emergency residential provision if required while more permanent solutions are developed or the crisis resolves.

It is especially important to recognize the critical co-dependencies of the closure targets on progress with Key Directions 1, 3, 4, 5 and 6, including but not limited to the provision of Individual planning and coordination staff, timely provision of DSP multidisciplinary and mental health clinical support.

Additional information on deinstitutionalization is included in Appendix 5.

Closing Institutions: Year by Year planning

Closing Institutions: Year 1	
July 2023	Establish a provincial lead for facilities closure and deinstitutionalization.
	Strengthen emergency response capacity.
	Establish date for "No admission policy".
	Plan for Regional Closure teams (n=42 staff) and regional process for prioritization of closures and alignment with movement from LTC, psychiatric hospitals and forensic facilities (including data).
	Align existing resources with recruitment of new IPSCs.

	Develop policy and job descriptions for Regional Closure Project Leads and Community Capacity Developers.
August 2023	Recruitment commences for 4 Regional Closure Project Leads and 4 Regional Community Capacity Developers.
November 2023	Harbourside closed.
	Regional Closure Project Leads commence (possibly from existing Care Coordination).
	Community Capacity Developers commence, initial training.
	Emergency response team operational @ 50%.
December 2023	Regional Closure Strategy developed (facility priority, timelines, capacity building and lifestyle enhancement etc).
	Coordinate with facilities to begin planning for staff redeployment.
March 2024	Young persons in LTC - Shared Services + 25 = 29 total shared services. Begin planning and return to community process, including capacity building and lifestyle enhancement.
Closing Institutions: Year 2	
June 2024	30% reduction in RCF/ARC/RRC (n=261 of 870).
	Return to local community plans and timelines finalized for people in psychiatric hospitals (n=48) and Forensic (n=28) (for completion within 5 years from year 1).
September 2024	Young persons in LTC- Shared Services +41= 70 total.
March 2025	Young persons in LTC - Shared Services +40 = 110 total Shared Services.
Closing Institutions: Year 3	
September 2025	Young persons Shared Services +45= 155 total shared Services.
December 2025	75% reduction in RCF/ARC/RRC (n=652 of 870), psychiatric hospitals (n=36 of 48) and Forensic (n=21 of 28).
March 2026	Young persons in LTC - Shared Services +45 = 200.
Closing Institutions: Year 4	
May 2026	Commence planning and closure of Group Homes and Developmental Residences (n=535).
December 2026	87.5% reduction in RCF/ARC/RRC (n=761 of 870), psychiatric hospitals (n=42 of 48) and Forensic (n=24 of 28).
Closing Institutions: Year 5	
May 2027	100% reduction in RCF/ARC/RRC (n=870), psychiatric hospitals (n=48) and Forensic (n=28).
	50% reduction Group Homes and Developmental Residences (n=268 of 535).
March 2028	100% reduction Group Homes and Developmental Residences (n=535).

	All DSP eligible persons in LTC who choose to return to community have moved.
	5-year review.

Key Direction 3: Building a broader system of *Community Based Supports and Services* – a home and life in the local community.

Ensuring persons with disabilities have a home and good life in the community are at the heart of the Remedy. A robust and suitable array of personalized and local community-based supports and services is a critical element in addressing all four areas of discrimination. This can ensure that persons with disabilities live meaningfully in their community of choice (ground 1 and 2), with the assistance they need (grounds 3), in a timely manner (grounds 4).

Current approach

Currently, there is a labyrinth of disconnected and inadequate support options for persons with disabilities. To individuals and families, the system is difficult to navigate and decisions about support allocations can seem arbitrary. For illustrative purposes, the following data is being used as the baseline data and provides a snapshot of where persons with disabilities are residing:

- Total DSP participants over 19 years (Mar '22) **5198**
- Total Service Request List (July '22) 1834
    - (noting that data does not exist for some programs)
- Total SRL for Small Option Homes (July '22) **946**
- Number of people in institutions (ARC,RRC,RCF) (Mar '22) 870
    - (noting 569 of those individuals are not yet on a service request List)
- Number of people age 18-65 in LTC Homes (Jan '23) **424**
- Number of people in Group Homes and Developmental Residences **535**
- Number of people in Psychiatric Hospital ready to return to community (Dec '22) **48**
- Number of people in Forensic Hospital ready to return to community (Dec '22) 28
- Number of people on the SRL not receiving a DSP service (July '22) **589**

Most recently, the Province's approach leaned towards the development of Small Options Homes as a means for supporting people to live in community. Given the scope of closures that is required, this model is not sufficient to meet the need. Further, given the limitations of the Small Options Home (SOH) approach - expensive; zoning/code requirements that led to care-

built homes not homes in the community; locks in future generations to use the houses built; constrains choice - it is not a desirable model to continue to invest in as the major strategy.

What is needed

In developing community-based supports and services, one of the main tasks has been to examine other options to SOH so that a wider range of choices are available and able to be implemented in a more timely manner. In essence, we are looking for key "levers" as alternatives to the current pathways for people. A person focused approach that moves away from a menu-driven approach.

"The focus is on laying new roots. Intent is not Small Options Homes; it's about becoming person driven. Innovative. About assisting people to come up with their own solutions. Not building new boxes to put people in. The options are just that: options/ideas. They are not the menu." (workshop comment)

An approach that builds the infrastructure to allow people to identify their own options is needed. The direction is about getting beside people and learning their interests and what they want for their lives. People with disabilities have been innovative their whole lives. They need allies to help get the resources to create the life they want.

Practically, what is needed:

- Investments in building inclusive communities.
- Disruptors that create new local community pathways.
- Bespoke solutions.
- Enhanced individualized funding to support more localized and personalized solutions.
- Solutions that are about more than where a person sleeps and are responsive to how a person meaningfully wants to fill their day.

Discussion Consensus

Participants supported five recommendations to build Community-based supports and services. The recommendations mark a significant shift from the current approach, will move the remedy in the right direction and, collectively, will help build confidence in community-based approaches. Workshop participants expressed some concern that there isn't yet a mindset on how-to build the type of community support network this approach requires. Additional concerns include:

- Power imbalances
- Interpersonal violence (Protect and mitigate)
- Cycle of failed placements (psychiatric ward – failed placement – back to psychiatric ward).
- Risk of suicide high in the first 3 days after release from jail – need more intensive front end support.
- Access to multidisciplinary and therapeutic supports in community.

Risk mitigation strategies for these concerns include having clear accountability measures and shared understanding on roles and responsibilities. Further, it was recognized that if DSP could shift its resource focus from bricks and mortar, there could be enhanced capacity to focus on community capacity building. The success lies not in having a solution for every problem or knowing all the potential options but in having the infrastructure to allow people to identify their own options and solutions with enhanced funding based on the principle of "a fair and reasonable amount".

For people to exercise choice and control over their supports and services, they need to be supported to make their own decisions. Decision-making must be closer to the individual and not driven by the formal system. The relevant question should be: What does this person need to express what they want; not, does this person have capacity. Reform to the Adult Capacity and Decision-making Act (ACDMA) is needed.

The approach must ensure:

- Flexibility – people change over time. The nature of the system must be that solutions can and will change. What you need at 18 will be different as you grow/age.
- Evaluation processes to determine what is working.
- Meaningful first voice consultation and co-production.
- Indicators/measures.
- Accountability plans that identify roles and responsibilities and who is responsible to follow the support plan.
- System that is focused on person through a consistent planning and implementation process.
- More partners to build and implement sustainable plans.
- Consistency in support over time.
- All departments and divisions on board.
- Establish regional hubs with an advisory council and innovation fund to connect hubs to community.

Community-Based Supports and Services Recommendations

1. ***Drive transformational change through the establishment of practices that enhance individual funding and choice and control, create new local community pathways, drive bespoke solutions.***

This change can be achieved by:

1.1. Creating and scaling up a Homeshare option (to replace AFS).

1.2. Bridge 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.

1.3. Focus on Temporary Shelter Arrangements (TSA) and remodel into an Innovations Program where bespoke solutions can be created within a sustainable framework.

1.4. Create a line in the sand Post School Options program for all school leavers that disrupts crisis and out of community placement and creates new local community pathways.

1.5. Target waitlist/new people not receiving support with a dedicated planning and flexible support bespoke strategy that can also top up existing programs if necessary.

Key Takeaways:

The discussion and recommendations highlight:

- The importance and value of the Local Area Coordination approach. Needs of community highlight the importance/value of LACs.
- That all roads lead to individualized funding.
- The need for regional leadership and approaches.

Community Based Supports and Services: Year by Year Planning

Community Based Supports and Services: Year 1	
July 2023	Commence new policy development for Homeshare expansion, new ILS plus, Flex IF strategy, new TSA/Innovations, School leavers and Waitlist (no current service) Support.
	Offer new ILS to 200 individuals.
March 2024	+200 new ILS plus/Flex Independent places allocated.
Community Based Supports and Services: Year 2	
June 2024	50 new Homeshare places allocated = 190 Homeshare total.
	200 new ILS plus/Flex Independent places allocated.
	20 of 83 Existing TSA's converted.
	Waitlist (no support) reduced by 289 through IF option.
January 2025	Commence planning for School Leavers (n =100).
	50 new Homeshare places allocated = 240 Homeshare total.
Community Based Supports and Services: Year 3	
June 2025	50 new Homeshare places allocated = 290.
	New 200 ILS plus/Flex Independent places allocated.
	20 new Existing TSA's converted (n=40 of 83) and 20 new Innovation places.
	Waitlist (with no support) reduced by further 300 = 589 total through an IF option.
December 2025	50 new Homeshare places allocated = 340 Homeshare.
	100 new school leavers funded and commence new supports.
Community Based Supports and Services: Year 4	
June 2026	50 new Homeshare places allocated = 390.
	New 200 ILS plus/Flex Independent places allocated.
	60 of 83 existing TSA's converted and 60 new Innovation places.
December 2026	50 new Homeshare places allocated = 440.
	100 new school leavers places funded = 200.

Community Based Supports and Services: Year 5	
June 2027	60 new Homeshare places allocated = 500.
	New 200 ILS plus/Flex Independent places allocated.
	All 83 existing TSAs converted and 117 new Innovation places.
December 2027	100 new school leaver places funded.
	Community-based supports and services system in-place.
March 2028	5-year review.

Key Direction 4: Province wide *Multidisciplinary* program with *Regional Hubs* including other clinical supports to support local options.

Multidisciplinary and clinical supports are essential to the framework to ensure persons with disabilities can successfully live in their local communities. Lack of capacity to access suitable clinical and multidisciplinary support in your local region/community is a major contributor to Grounds for discrimination 1 “Unnecessary institutionalization” and 3 “Community of choice.” Further, as the finding of systemic discrimination applies to the Province of Nova Scotia as a whole, services provided by other government departments are also considered as part of this Remedy. This would include a variety of provincial departments ie: health, mental health and addictions, justice and other departments that provide supports and services that a person with disability may require to live in community.

Current approach

Multidisciplinary support provided by DSP is most often based in Halifax or major centres and in institutional settings, rather than in home communities - requiring people to go to where the support is. It is generally not readily available on a consistent basis to support least restrictive practice, positive behaviour support, communication and a high level of self determination by people with disabilities. Access to specialized support - especially mental health support and/or psychiatry is a challenge for all Nova Scotians. Access to a primary care physician (family doctor) is also a province wide issue for all Nova Scotians.

Further the system is difficult to navigate, and clear/proactive information is not available. Consultations noted that:

- The system struggles to manage episodic nature/volatility – placements designed on the idea that a person is static over time.
- Supports are connected to placements and not accessible in communities.
- Additional supports only become available in a crisis.

- Individuals are stuck in placements (hospital) – despite being deemed "stable" still have no place to go/no service provider who will take them.
- Individuals classified as "level 5" are almost exclusively offered institutional placement options.
- Centralization has really limited the ability to develop and deliver regional responses.

Many small programs and pilots were noted and are having some success. However, they are fragmented, disconnected and insufficiently resourced. They are further limited by a lack of role clarity, a limited reach in practice, wait lists, and support being largely connected to hospital not community.

What is needed

This area of effort requires a collaborative approach. DSP cannot take on this effort alone. Cooperation and collaboration among Government departments, agencies and partners is critical to success. A paradigm shift is needed to move away from silos to a shared vision and agreement on how systems come together, who does what, and a shared accountability plan. Securing access to clinical and multidisciplinary supports will impact all sectors of the health, mental health and addictions system including primary and continuing care. It also requires addressing the gaps the general population has in accessing these types of supports.

Discussion Consensus

Participants considered and supported two core proposals but acknowledge that with so much fragmentation in the current system, identifying a specific path forward was challenging. Participants pointed out the need for shared language, mandate, vision, core tenets and principles for systems to effectively collaborate. It was agreed that there are some great services to build on and an urgent need to enhance them and connect them. "Have some great silos, just need to build the farm." (workshop comment)

There needs to be less siloed systems and more co-creation. The current system is too focused on DSP and that must change. The approach must address the following gaps:

- Access to community outreach teams with specialization in disability field.
- Access to supports in times of crisis/escalation of support need.
- Training for families.
- Assessment and planning for use of assistive technology.
- Eligibility issues - ie autism
- Delivery capacity/suitability:
    - DSP is a social program not a clinical program and there is interest in having better access to mental health services for participants. DSP does not want to create a system that is an alternative to the health system.
    - Enhancements to clinical and multidisciplinary supports should benefit all Nova Scotians who need mental health services and struggle to access those. These

services should be led through the Department of Health for all persons with disability who need support, not just DSP participants.

- Fragmentation.
    - The focus must shift to collaboration, joint-service delivery and service co-creation across departments - in particular Health. The discrimination finding creates an obligation to respond immediately and the Health sector only recently seems to be aware of the case and its impact. There is an urgency to identify authentic ways to move into these spaces quickly and efficiently.
    - Establish a working group (DSP, IWK, Office of Addictions and Mental Health, Nova Scotia Health (NSH)) to develop shared purpose and language on mandates.
    - Connect to development of mental health and addictions system.
    - Partner in case coordination between DSP and NSH for Complex Cases.

These supports and services should be understood within a social model of disability, anchored in a human rights approach, and not based on outdated stereotypes of disability.

In addition to any structural reform, the remedy must ensure the individual has some control in the system. A self-advocate shared the frustration of "Being kicked around like an old football." He described being bounced around the services available and having no means to effectively argue against the services. The process of getting needs met can have a negative impact on mental health.

Participants recommended establishing a function which can connect the systems and make the systems talk to each other. Someone who can also help individuals navigate to the right service - not just the service they are bounced to.

Multidisciplinary and Clinical Supports Recommendations

1. ***Bring multidisciplinary and clinical resources held by DSP institutions into a shared clinical community hub for the benefit of the broader sector, including those already designated for community outreach.***

    This will involve:

    - Benchmarking a required level of multi disciplinary resources for each region and those required on a province wide basis.
    - Possible start with this new investment in psychology, positive behaviour support, speech/occupational and physiotherapy. Also consider recovery coaches and peer work especially for mental health disability (this also assists with the workforce issue).
    - priority for the 2 regions which don't have a currently functioning community outreach team.

- partnerships with universities regarding placements, training and research.
- An alternative here is to progressively transition institution-based resources for residents at the time they move to the community, rather than in advance.

2. ***Expand designated mental health programs for those with intellectual and mental health disabilities.***
    - These need to be enhanced to an effective province wide level and funded by Health/Mental Health as part of provincial obligations. Commence planning with health and mental health to map current services and establish specific proposals.

3. ***Examine other similar programs to determine the adequacy and reach to the broader population of people with disabilities requiring access to mental health support***
    - Includes: Community Transition program, Community mental health teams and case management support for Severe and Persistent Mental Illness and also the Recovery and Integration Program (especially for regional, rural and remote areas).

The scope of the following issues related to services from other government departments needs to be clarified in terms of gaps and potential proposals:

- Providing nursing supports in the community.
- The Shared Services program.
- People in forensic hospital and community based correctional services.

Some key linkages include:

- Workforce and potential for telehealth.
- Governmental relations.
- Regional hubs design.
- Sequencing of bringing in institutional resources to a critical mass.
- Restrictive practices, standards, supported decision making.

Regional Multidisciplinary Teams and Supports: Year-by-year planning

Regional Multidisciplinary Teams and Supports: Year 1	
July 2023	Appoint DSP Clinical Lead to commence design and planning for Regional Teams, building on existing DSP capacity.
	Liaise with Health, IWK Hospital, Mental Health and Corrections regarding current mapping and new proposals, utilizing Government Disability Roundtable process.
October 2023	Tender process commences for DSP program multidisciplinary teams.
December 2023	New mental Health proposals out for tender or funded through Mental Health and Addictions.
	Tenders awarded for new DSP programs delivery commencing April 2024.

January 2024	DSP commence integration of institutional teams into new Regional Outreach teams.
Regional Multidisciplinary Teams and Supports: Year 2	
June 2024	3 teams operational.
	Province wide Critical Response Team/capability fully established.
	Award new proposals for MH/Health programs.
December 2024	4 DSP regional teams operational and new MH/Health programs operational.
	Integration of outreach teams complete.
Regional Multidisciplinary Teams and Supports: Year 5	
March 2028	5-year review.

Key Direction 5: *Individualized Funding* as the basis of the transformed system with "backbone" support functions

An individualized funding (IF) model directed by individual choice and supported by an administrative infrastructure impacts all four areas of discrimination. It offers persons with disabilities autonomy to envision and create a meaningful life in their community of choice (ground 1 and 3). IF puts persons with disabilities in control of the resources with the assistance they need to develop a plan in a timely manner (grounds 2 and 4).

Current approach

Current funding of Nova Scotia's disability supports is largely attached to homes rather than the persons with disability themselves. This system relies on a service request list to match people with the next available resource and limits choice and control.

Current individualized funding programs like Flex Individualized Funding (Flex at Home and Flex Independent) through DSP and Self Managed Care through Continuing Care are limited because:

- Eligibility requirements of existing IF programs prevent some persons with disabilities from accessing them.
- Funding maximums in programs are not sufficient to support independent living for individuals with significant support needs.
- Finding and retaining skilled staff is difficult. Service providers offering benefits are competing for the same people.
- Maintaining staff support along with the administrative responsibilities of payroll, etc. is a high expectation and requires a support system to ensure it can be managed by everyone.

While Nova Scotia has some excellent building blocks, the current system lacks a degree of integration within its various IF type programs. There is also a significant gap between residential support levels in SOH and more individualized options. The current system of block funding for SOH and other facility-based supports also limits the degree of flexibility the individual has to change options should they wish to do so. Support for administering and managing IF options is very limited which also limits individuals' ability to create self managed options. Current decision-making legislation and support is also inadequate, particularly with regards to supported decision making, to fully support decision making by all individuals accessing services and supports.

What is Needed

Persons with disabilities and their families who participated in consultations persistently identified an interest in having an individualized funding model in the Remedy. They want an option that offers them control over sufficient resources with support to implement their own plans.

Key aspects of an IF system:

- IF system offers individuals the option of a service provider and/or the ability to hire directly.
- Shifts power so that services are accountable to the person (requires culture change and technical capability for IT, financing, rostering)
- Funding portability allows individuals to change providers when wanted.
- Support for accountability and auditing processes that can be tailored to the level of funding (i.e. the more funding the more rigorous the accounting and audit requirements).
- Critical for success is a mechanism to help with employee management, payroll and accounting elements. Possibilities:
    - Separate organization that provides background support related to funding and payment of staff through the purpose-built organization.
    - Peer led systems that help with financial reporting and auditing.
    - Mechanism already exists within DSP - look at/enhance as needed.
- Agency managed options where the individual makes the staffing decisions, and an agency does the work of recruiting and managing employees as employer of record.
- New role for Capacity Development that could work to expand available host families, identify housing and other community support options.
- New Coaching role that can assist the individual in learning the administrative systems noted above and provide troubleshooting as required.
- Support system for recruitment and retention of staff.
- Emergency staffing system to respond to individuals whose regular staff are unable to work on short notice due to illness or other reasons. Could be a contracted home care agency.

- Ensure decision making support that legally safeguards the individual's ability to choose.

Discussion Consensus

Workshop participants endorsed the need for a robust IF system to be developed and delivered. Some key consideration in building the approach include:

IF System success

- Data and IT solutions will be critically important to consider up front.
- LAC needs to be an expert on their community and knows enough to make connections and provide options for people.
- Need an ongoing structure for inter-governmental work built into the system.
- Have a dedicated structure that is purpose built to support individuals with disability.

Expand and align existing IF programs

- SLTC have direct funding programs and timing is good to adjust those to align with DSP plans. Look to combine those programs so they eliminate the gaps in the current eligibility criteria. Current Programs:
    - Self-Managed Care – intended for individuals with physical disability with that cognitive ability to manage the business component.
    - Supportive Care Program - Typically supports individuals with cognitive limitations living with a caregiver.
    - Expanded Home First - Currently for individuals on LTC waitlist supports hospital discharge. Program grew exponentially as a COIVD response.

Supported Decision Making

- ACDMA has a longer-term implementation plan. For now, anchor on the assumption of capacity built into NS law and supported decision making in practice.
- Personal Directives Act (PDA) can give families the ability to make decisions instead of the individual themselves. The question is not if the person has capacity it is "What do they need to show us what they want?"
- LACs and all staff need a positive understanding of Supported Decision Making.

Service Providers

- The current state of service provider (SP) readiness is mixed, some will need significant support to adjust to the change. There will need to be a change management process including information and training for SP.
- Current residential funding has fixed costs/overhead that would need to be considered. Could offer SP a percentage amount relative to the services offered.

- The strategic source list could be like a roster that could include financial professionals or even a package of services that tailor options for participants.
- Include a free market system, with structures, to ensure that participants maintain power. Mix of for-profit and non-profit organizations.

Appeals

- An appeal option with respect to all decisions affecting the person continues to be required under a reformed system and there should be a focus to ensure the decision-making process and relationships are robust, so the individual's choices are the primary focus.

Other

- Day activity funding could also be assigned to the individual as part of the IF model.
- Need to disconnect the support from the housing option so it is portable and ensure that housing available is adequate.

Individualized Funding Recommendations

1. ***Funding Structure: Building on current models of IF implement a process to individualize all support funding.***

   1.1. Utilizing new assessment tools to individualize process of eligibility determination.
   1.2. Consolidate IF programs and develop "allowable usage" framework/list.

   1.3. Move to a system of personal budgets for each individual in the system – regardless of how they access their support.

   1.4. Provide mechanisms for funding portability (ability to change providers, locales etc.)
   1.5. Leverage off the proposed new ILS+ and Flex Individualized Funding Program as a priority

2. ***IF Infrastructure: Develop centralized process for eligibility, funding determination, administration and management.***

   2.1. Ensure consistent, transparent and equitable process for assessment and funding determination based on the person's individual plan and circumstances.

   2.2. Continue to build a graduated accountability structure with minimal accounting for small or fixed amounts and increasing reporting and audit functions as amount of funding increases.

2.3. Establish an accessible, user facing system for personal budget management and administration

- Several options of this are currently available with a range of functions from simple payroll type systems to more detailed systems which allow for multiple types of fund transfers (see https://www.manawanui.org.nz/en-US/what-we-do/ for example.)
- Options for delivery include direct provision, purchase/contracting available systems with existing provider directly or in partnership with arm's length provider or multiple providers.
- Integrate system for financial reporting and audit functions.

2.4. Expand options for 'host agency' type supports as in the current ILS program.

*2.5. Develop planning and support and coordination capability**:*

2.5.1. 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
- Ratios will vary but generally an initial 1:20 for individuals returning to community and those with complex support needs. The ratios can increase as intensive work related to deinstitutionalization and waitlist is reduced.

2.5.2. Local Area Coordinators

- 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 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.
- Ratios for LACs would be in the 1:50 range.

2.5.3 Capacity Development Worker

- This role would 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.

2.6 Coaches to assist with administration and management system onboarding and technical assistance/troubleshooting.

2.7 Support for employee recruitment and retention.

2.8 Emergency employee cover (likely contracted out).

** These support functions to be located within the regional hub.

Decision Making: An established process is in place for a review of the NS ACDMA. For the purposes of immediate action on the remedy, we recommend:

3. ***Link remedy implementation process to ACDMA review to contribute to longer-term reform efforts that are underway. The goal is to secure full legal capacity for all and access to supported decision making as needed.***

4. ***Anchor efforts (in the short term) on the presumption of capacity secured in NS law.***

5. ***Focus on the use of supported decision making in practice through providing access to training and supports to individuals, families, community members and DSP staff.***

Individualized Funding: Year-by-Year strategy

Individualized Funding: Year 1	
July 2023	Commence new IF policy development and infrastructure planning (including IT and data capability for new IF system).
	Initiate process for establishment of an accessible, user facing system for personal budget management and administration.
	Develop job description/contract specifications for coaches and staff.
	Develop system for emergency employee cover (likely contracted out) for IF users.
	Commence work with SLTC to ensure consistency in IF work.
	Commence early focus on Supported Decision-Making practice enhancement.
	Policy engagement in current review of ACDMA Act Review.
	New assessment model first stage complete. New Resource allocation model work underway.
October 2023	IF policy development complete and design for administrative infrastructure.
	Commence recruitment of IF coaches (n =4) and staff recruitment/support capacity (n=4 FTE) or Tender for new single entity.
December 2023	New assessment model and resource allocation tool completed. Implementation commences including new ILS+ and Flex Independent expanded programs.
	Begin individualization of current funding programs.

Individualized Funding: Year 2	
May 2024	Implementation/evaluation/revision of new system.
	Recruit coaches.
	Develop trainer and user manuals.
	Implementation of training for staff and users.
June 2024	Whether ACDMA reforms are enacted or not widespread accessible training should be undertaken regarding supported decision-making for individuals, families, service providers and DSP staff.
November 2024	Full implementation of new IF infrastructure system.
Individualized Funding: Year 3	
April 2025	Evaluation and revision of IF administrative system.
Individualized Funding: Year 5	
March 2028	5-year end review.

Key Direction 6: Strengthening whole *Disability System Capacity* to enable transformation to a human rights approach.

Essential to the success of the Human Rights Remedy will be strengthening system capacity and identifying "enablers" or "disruptors" that will alter the status quo quickly and effectively in ways that are coherent, aligned with broader systems change and sustainable over the long term.

Current approach

Much work has been done on conceptualizing what transformation could be or should be but little systemic change at scale has happened. In consultations, systems burnout was frequently referenced as a challenge. It was reported that the pace of transformation change is already at a maximum; there is a fatigued workforce (within government and within frontline workers) that feels overwhelmed with the current pace of work.

Participants identified the need for a change management strategy to help staff manage the transition to working differently and that "visioning work" – with individuals, families and staff – is needed to help build an alternate vision of what is possible.

The consultations indicate that system capacity is weakened through silos and limited collaboration among government partners. This approach has led to a patchwork system that is difficult to navigate for individuals and families and staff alike.

Workforce, cultural change and housing were consistently mentioned as key factors that enable or restrict required changes.

What is needed

Transformative systems change based on human rights principles.

The workshop document included details of 9 key areas that would need to be included as key system capability and enablers. There was general support for the complete set of areas and detailed discussion focussed on governance, monitoring, training and leadership, legislation and policy, and financing.

Discussion Consensus

Based on discussions throughout the review process, these efforts should include:

- A user-driven/co-production model for development and delivery.
- Governance
    - An effective governance structure (with the caveat that work has to continue, and the structure isn't too complicated.)
    - Establish an enduring cross-governmental Government Disability Roundtable to foster collaboration and to address inconsistencies in the approach to disability across departments.
- External expertise will be required to develop, implement, and monitor change of this scale in all areas of effort.
- Training and leadership efforts should include:
    - Training for people with disabilities around choice and control
    - Training for families.
    - Collaboration with other jurisdictions.
    - Linking the panel into the new governance structure and securing a budget allocation.
    - Building the professionalization of the industry and shifting it out of the charitable realm.
- Collaboration is required on policy and legislation amendments:
    - Undertake a broad horizontal and vertical policy review to ensure all applicable policies aligned with the Remedy.
    - Take SOH out of Homes for Special Care Act.
    - Explore with municipality options for dealing with limiting factors of the B3 and B4 building code.
    - Amend HSCA: but a licensing act will still be needed.
    - Monitor progress on Bill C22 (Federal disability benefit) may change the landscape on the income assistance portions.
    - Support ACDMA process by linking DSP to the existing review process. Focus should be on using the presumption of capacity in NS law and on the practice of Supported Decision Making.
    - Align with universal mental health strategy.
    - Align with anti-black racism efforts.

- Embed a role in providing education on human rights approach.
- The system needs to have capability for longitudinal data that can be disaggregated.

Disability System Capacity Recommendations

1. ***Develop a fit for purpose contemporary governance structure:***
   - **1.1. Move to a stronger governance structure with a Disability Minister and Cabinet seat. Likely to be a departmental structure with links to the Accessibility Directorate and potential scope to include disability programs from other areas of government.**

2. ***Establish a Monitoring and Evaluation Plan:***
   - **2.1. Hire an external evaluation team be engaged for the duration of the transformation process, ideally through a university or consortia of universities to ensure a level of independence.**

3. ***Build leadership and capacity to implement the Remedy:***
   - 3.1. **Leadership training for culture change, visioning, and capability, including persons with disabilities, families and networks, service providers and DSP staff, government Roundtable organizations' staff, local governments and community members.**
   - 3.2. **Establish a Leadership and Capability Panel.**
   - 3.3. **Host an Annual Progress and Change conference.**
   - 3.4. **Engage required external technical expertise throughout the implementation of the Remedy.**
   - 3.5. **Establish an effective and timely information gathering and data collection mechanism to provide consistent and accurate information to support proper implementation and monitoring of the Remedy.**

4. ***Create Intergovernmental leadership and structure:***
   - **4.1 Establish an ongoing Government Disability Roundtable embedded in legislation and with reporting obligations.**

5. **Strengthen legislation and policy to ensure there is a suitable framework for the human rights remedies contained in the Review:**
   - **5.1.** ***Develop a legislation and policy review and reform plan.*** While further reforms may be identified, the starting point would be:
     - Participate in the ACDMA process with the long-term goal of securing supported decision making
     - Collaborate with OMHA on the universal mental health strategy etc.
     - Licensing, safeguards and standards require examination to ensure they are fit for purpose under a human rights and individual funding model
     - The Homes for Special Care Act with the aim of revising/removing unnecessarily restrictive elements.

- Updating eligibility and other key policies to ensure that any discriminatory aspects are removed - specifically any current exclusions under DSP Policy 9.3 and 9.4.
- Establish a human rights compliant client pathway that ensures timely accommodative assistance. 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. The pathway to also identify where additional support may be provided to streamline DSP eligibility determination.

5.2. Ensure the Government Disability Roundtable mandate includes a legislative component to ensure consistency across departments and issues.

6. Develop a workforce sufficient to support the Remedy strategies:

6.1. Develop a comprehensive Disability Sector Workforce Plan, including relevant compensation issues, building on the existing workforce plan and including the new elements to meet the Remedy.

7. Invest in housing options beyond the SOH model:

7.1. Shift focus from SOH and modular as the main strategy and develop new standards for smaller community-based settings appropriate to their size and scale to ensure program quality.

7.2. DSP addresses the housing supply issue by considering increased assistance for rental costs and also a review of how the Province has adopted National Building Code requirements and whether some unnecessary requirements can be removed as a means of providing human rights accommodation to persons with disabilities.

7.3. DSP works with providers and developers to examine options for the resource base potentially arising from planned institutional closures.

7.4. Review current restrictive licensing requirements.

8. Develop Strategies to support innovation, partnership approaches and transition:

8.1. Provide Local Area Coordination access to small amounts of *discretionary funding* to grease the wheel for innovative personal and local responses close to individuals, families and communities.

8.2. Provide an *Innovation Fund* to each Regional Hub to identify and fund local and regional proposals to build the capacity of individuals, families and communities and strategic partnerships.

8.3. Establish a *Service Development Transition Fund* to support DSP service providers to manage the required changes in culture, capability and infrastructure (eg IT systems capable of managing IF).

9. Commit to financing for a whole population human rights solution:

9.1. Complete work on the Client projection model and build a future forecasting model complete with financial requirements based on the Remedy and human rights principles. Include a one-time transition uptake of new clients and then yearly growth projections.

9.2. Link the Court monitoring process and semi-annual (twice yearly) evaluation reports to forecasting and the provincial budget planning cycle.

9.3. Ensure that all proposals have a strong value for money proposition reading to a sustainable overall system.

System Capacity and Enablers: Year by Year

System Capacity and Enablers: Year 1	
July 2023	Agreement on functions and new governance structure, including interim arrangements from July 1 and initial design for Regional Hub leadership/functions.
	Tender specifications for External evaluation team.
	Commence development of leadership, innovation and training panel and plan.
	Leadership team initial training.
	Establishment of an ongoing Government Disability Roundtable with TOR and Ministerial/Cabinet reporting and embedded in Remedy and ideally legislation.
	Eligibility and key policy review and update, including rescinding DSP policy sections 9.3 and 9.4/ scope review of Licensing and standards. Review and address situation of individuals previously denied (n=8).
	Decide best method for embedding HR principles and enhancing Supported Decision Making practice, including build into planning and needs assessment re relational support.
	Base modelling complete for the Disability Sector Workforce Plan and process commences.
	Commence work on new standards for smaller community-based settings.
	Design work commences on Discretionary Funding/Innovations and Transition funds.
August 2023	First meeting of new Government Disability Roundtable.
December 2023	New governance structure in place, including design of Regional Hubs.
	Tender awarded for stage 1 Evaluation Panel established.
	Leadership training courses designed and trialled.
	Tender/appointment of Leadership and Capability Panel.
	Review of licensing and standards underway.
	Priority workforce training and recruitment strategies identified for immediate action.
	Review rental costs assistance policy as a key lever to increase housing supply.

	Commence review of how National Building Code requirements can be adjusted.
	Innovations/transition design work complete. Implementation planning commences.
System Capacity and Enablers: Year 2	
April 2024	Leadership and Capability Panel established and has operational plan to advance training recommendations.
	Suite of courses underway.
June 2024	First review of new governance structures.
	Annual report for External Monitor and Review Panel.
	External evaluation team commence individual outcomes monitoring.
	Licensing and standards review complete/HR principles embedded.
	Disability Sector Workforce Plan approved for implementation.
	Housing rental costs assistance review complete.
	Review of National Building code adjustments complete.
	Strategy Review re institutional resource base delivers interim report.
	LAC discretionary funding commences.
	Regional Advisory mechanisms commence.
	Services Transition Development funding round open.
December 2024	Innovation Fund allocated through regional Advisory mechanism and Services Transition Development Fund.
System Capacity and Enablers: Year 3	
June 2025	External Evaluation team report on individual outcomes.
	Annual Report to External monitor and review panel.
	Review of Leadership and Capability Panel contract and renewal/new.
	New licensing and standards underway.
	Annual report on Disability Sector Workforce plan.
	Implementation of new housing strategies.
System Capacity and Enablers: Year 4	
June 2026	External Evaluation team report on individual outcomes.
	Annual Report to external monitor and review panel.
System Capacity and Enablers: Year 5	
June 2027	External Evaluation team report on individual outcomes.
	Annual Report to External Monitor and Review Panel.
	Establish extended timeline, targets as required to ensure complete compliance with the Remedy.
March 2028	5-year review.

Section 4: Synthesizing the Key Directions

Once the individual year by year plans were developed, the next task was to integrate these into more of an overall, integrated critical pathway so that the work could be smoothed out as far as possible whilst also acknowledging the urgency to eliminate the areas of discrimination.

The Terms of Reference require the remedy to be workable so the testing out of the integrated Implementation Plan was a key activity with both the DRC and DSP (individually and together) during the week of 23 -27th January 2023.

A key focus of this second round of feedback was to further develop the recommended parameters for provincial and regional governance and also monitoring and evaluation. This also included a number of further key elements of the Remedy such as the importance of first voice leadership, a strong partnership with service providers and the critical role of the Government Disability Roundtable to carry forward a whole Provincial Government Remedy response.

Further, the Remedy represents an opportunity to connect new ways of working and thinking about disability in areas such as services to children, day programming, employment, and leisure and recreation. While this report will not address these areas in detail, the Review team would be remiss to ignore the many facets of a person's life that contribute to meaningful connections to community and fostering a valued sense of belonging.

In recognition of the urgency of the Remedy, it was agreed that the Review report would also set out immediate actions that can be progressed during this interim period from February - June 2023.

Governance and key functions

The key functional requirements of the new governance structure have been identified as follows:

1. Minister for Disability in Cabinet to ensure ongoing whole of government commitment, budgeting and delivery. For example, Minister for Community Services, Disability etc. This does not require a standalone Minister. Disability could be added to the current portfolio of the Minister for Community Services.

2. Any new structure should not delay the timely implementation of Remedy ie it should not take 12 months to set up before anything starts to happen.

3. Governance to include Board and/or Advisory structures to embed co production and partnership principles.

4. Senior Leadership and cultural capacity to lead the Remedy transformation on a province wide basis but with significant Regional Hubs – each with their own leadership.

5. Capacity to lead the Remedy and influence across government and the broader community.

6. Dedicated focus on closing institutions through development of enhanced emergency response teams, intensive planning and coordination capacity and new local community based alternatives.

7. Capacity to build and deliver new programs and transition from block to individualised funding, including consistency across government departments (eg DSP and DSLTC) and collaboration required for complex cases (eg with Mental Health and Addictions).

8. Human rights principles and requirements to be embedded in DSP/DCS and other legislation (eg housing).

9. Lead a new Individual Planning and Support Coordination strategy and the transformation of Care Coordination. This includes the transfer of Care Coordination and Intake functions into DSP; also determine direct delivery of LAC and IPCs with fidelity safeguards built-in to ensure suitable recruitment practices and other required fidelity criteria.

10. Clinical leadership to support the development of Regional Multidisciplinary Hubs and partnerships with clinical programs within Health and OMHA; determine the most effective delivery mechanism for multidisciplinary teams.

11. Capacity to develop and deliver a Disability Sector Workforce plan and Leadership and Innovation Training Plan.

12. A partnership approach with service providers and evolution of service contracting systems into an individualized funding environment with necessary community infrastructure, information systems and appropriate licencing/ standards and quality systems.

13. Establish and deliver an external Evaluation Strategy linked to the Human Rights Commission monitoring process for the HR remedy.

In discussion with the DSP and DRC, a number of success criteria were developed and applied to three key options, resulting in the following analysis and recommendation:

	Success Criteria				
	SPEED *Minimizes delays in implementation of remedy*	**AUTONOMY** Authority to make required decisions and implement changes	**INFLUENCE** Ability to ensure whole of gov't commitment	**PROFILE** Increase awareness and understanding of disability issues	**DEDICATED MINISTER**
STATUS QUO - division within DCS					Possible in all options, but influence may be limited if solely Minister of Disability
OFFICE OR DIRECTORATE OF DISABILITY - within DCS, merge with Accessbility Directorate	Legislative considerations				
SEPARATE GOVERNMENT DEPARTMENT			TBD small size		

Governance Recommendation:

1. ***Upgrade the DSP and ideally add the Accessibility Directorate to enable sufficient scale to a new entity or substantial sub entity e.g. Office of Disability with its own Associate Deputy Minister and Minister for Disability. The functions of the Accessibility directorate could provide an ideal platform to in time expand the scope to "accessibility and inclusion" and strengthen the whole of government and community response to disability.***

A new regional and local community view

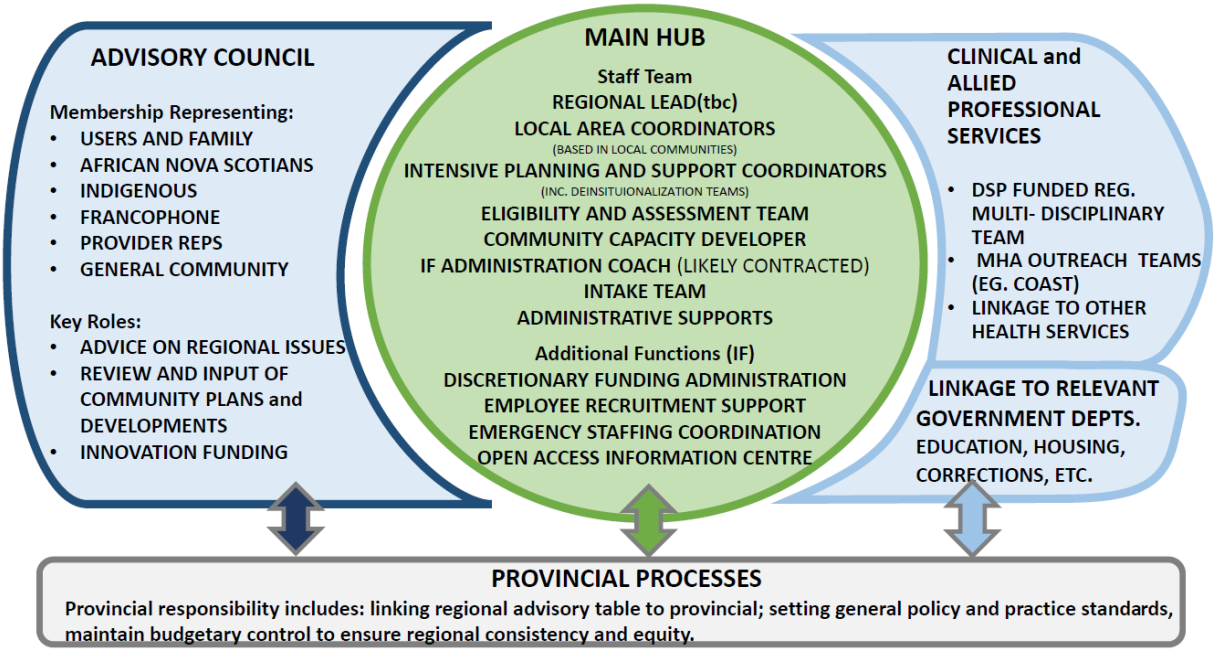
To end the grounds of discrimination related to living in a community of choice, it became evident that a new network of four Regional Hubs is required to support the development and delivery of community services and support at a local community level. Designated key functions would be grouped at a regional hub level, complemented by a network of Local Area Coordinators based in more local community settings.

The province would be responsible for setting general policy and practice standards as well as maintaining budgetary control to ensure regional consistency and equity. The intention is to provide a level of consistency across the province but a balance of autonomy and innovation regionally to meet the unique local community needs. This approach addresses the challenges in previous regional approaches.

Data on the regions is captured in Appendix 5.

The figure below sets out a guide to the recommended functions of the Regional Hubs:

Regional Hubs: Main hubs located in each region as the primary contact point for individuals and families seeking disability supports and for facility closure projects.



Regional Hub Recommendation: Establish four Regional Hubs designed to have local responsiveness but connect to a provincial framework and processes (ie provincial advisory panel, budgetary control).

Monitoring, Evaluation and Advisory Bodies

The purpose of the monitoring and evaluation of the implementation of the remedy is essentially twofold: to **monitor progress** in remedying the discrimination as set out in the Court of Appeal judgment; and, **evaluating the quality** of the changes implemented as part of the remedy.

With regards to **monitoring progress**, this will primarily involve meeting agreed targets set out in the remedy for institutional population reductions, waitlist reductions, number of persons served in their community of choice and, number of persons with complex care needs being/not being served and other key indicators. The monitoring will largely be a quantitative exercise and will require mechanism for tracking and reporting on key data and evaluating them against the targets agreed upon in the remedy.

Monitoring and Evaluation Recommendation 1: A dedicated remedy data collection and analysis systems be put in place with annual reporting of data linked to fiscal year.

Monitoring and Evaluation Recommendation 2: A regular review of progress on implementation of key elements of the remedy (i.e. regional hubs established, LAC hires etc.). (See implementation plan for specific targets)

The **evaluation component** is concerned more with the quality of the outcomes for the individuals as well as evaluating system components. This will involve some combination of the following:

- Surveys
    - This should include a range of stakeholders including service users, families, providers and coordination staff.
    - Items should include specific satisfaction measures with key service and support components as well as key outcome variables such as degree of choice and control, sense of safety and security and changes in health and wellbeing.
- In depth qualitative interviews with a sample of key stakeholders
- Document review

As recommended in Key Direction 6, the evaluation component should be contracted out to an independent external body such as a University and that key components of the evaluation be done annually to provide a longitudinal review of change and to inform changes and adjustments to the service delivery system. The survey process should include accessible survey formats and techniques such as the *include me* survey process used in British Columbia and based on the quality of life framework of Dr Robert Schalock (https://www.communitylivingbc.ca/provincial-projects/include-me-a-quality-of-life-focus/). The US National core indicators, a standardized set of surveys used in multiple States, (https://www.nationalcoreindicators.org/) is another useful set of measures which can be adapted for use in Nova Scotia.

Specific program evaluation and review will also need to be undertaken for new elements of the system: LAC/IPSC; Homeshare; IF programs including backbone systems; deinstitutionalization process. These can be done as part of the broader evaluation noted above or as independent processes. A combination of internal and external reviewers may also be a useful approach.

Monitoring and Evaluation Recommendation 3: Appoint a dedicated team or individual with overall responsibility for monitoring and evaluation.

This will help ensure effective coordination, information sharing and avoid overlap. They would act as both a commissioner of external work and internal hub for data collection, integration and circulation. This would include other evaluation activities such as the HSRI assessment tool evaluation.

Monitoring and Evaluation Recommendation 4: Establish Regional and Provincial Advisory Councils

A third component related to monitoring and evaluation are the **regional advisory councils.** Each region will have an advisory panel composed primarily of people with lived experience and other key stakeholders. The bodies should be reflective of the regional demographics and ensure representation of Indigenous, African Nova Scotian's and Francophone communities. The councils will serve as both a conduit from and to the community, providing advice and guidance

to the regional team and review planning documents such as the deinstitutionalization plans. The councils will also have access to an innovation fund to seed fund local initiatives which support community inclusion and service development. While they will contribute to the review of the remedy their mandate is a more general one and would extend beyond simply advising on the implementation of the remedy to all matter related to disability support in their region. While councils will operate independently, attendance by senior staff as requested by the councils would be anticipated. Appointment processes will need to be confirmed but it is recommended that a nomination process be established where disability and community organizations nominate prospective candidates from which members can be selected. Terms of reference, term limits, meeting frequency etc. will need to be developed at a provincial level in partnership with community representatives. The members would be unpaid but some administrative support may be required as well as a budget to compensate members for travel, refreshments etc.. Consideration should be given to providing meeting honoraria for first voice members and persons not in paid employment.

At the **provincial level an independent advisory council** should be established composed of people with lived experience and other key stakeholders appointed through a process agreed by both parties. The provincial panel would be composed of nominees from the regional advisory councils to enhance coordination and regional representation as well as additional members as required. This body would meet regularly to review progress on the remedy and provide feedback to the province on issues related to the implementation of the remedy and broader systems issues. As with the regional councils, staff attendance would be at the request of the council. In addition the province may wish to appoint an expert advisory panel to assist with review and implementation of the remedy.

NOTE: See implementation plan for specific evaluation components and timelines

Formal Remedy Monitoring Process

The parties and the Board of Inquiry will determine the process for legal review and monitoring which is beyond the scope of this review.

Connecting other key elements of the Remedy

Persons with Disabilities, Families and Allies

For persons with disabilities the Remedy will have foundational impact on securing the right to live and be included in the community; to choose where and with whom you live; and, to access the supports you need to live – and thrive – in your community. The Remedy recognizes that, for many persons with disabilities, families are the main source of support across the lifespan. Families also need support to help advance the rights and full inclusion of their family member.

The Remedy will change the landscape in Nova Scotia. These changes will progressively include:

- Immediate accommodative access to supports as soon as deemed eligible.

- Increased control and choice in the lives of persons with disabilities.
- Increased range of choices to build a life in community that is truly reflective of the person's interests and needs.
- Opportunities to participate in the ongoing co-production and evaluation of programs through Regional and Provincial advisory functions.
- Promotion of peer-support
- Access to leadership and vison/capacity building training – for persons with disabilities, families and allies, service providers, and government staff.
- Increased access to necessary multidisciplinary and clinical supports in community.

Service Providers

A fundamental shift within the provision of service is needed to meet the scale and intent of the Remedy. DSP service providers will need support to make this shift. For DSP service providers, some of the key recommendations include *Developing strategies to support innovation, partnership approaches and transition* and *Establishing a Service Development Transition Fund to support DSP providers to manage the required changes in culture, capability and infrastructure (eg IT systems capable of managing IF).*

Other key areas of focus for service providers include:

- DSP to prepare a Change Management Plan building on existing provider sector consultative mechanisms.
- Increased opportunities for flexibility and innovation as more personalised options are developed as alternatives to Small Options Homes and institutions, including addressing current barriers to housing
- Service contracting systems to evolve into an IF environment with necessary community infrastructure, information systems and appropriate licensing/standards and quality systems
- Membership of Provincial and Regional Advisory Mechanisms including plans for closing institutions and regional innovations funding
- Leadership and capability training
- Workforce Development plan
- Increased multidisciplinary DSP supports and access to Mental Health clinical services on a regional basis
- Increased support from the planned Emergency Response Team
- Closer support and connection with DSP Local Area Coordinators and Intensive Planning and Support Coordinators

Whole of government approach

The Government Disability Roundtable has a critical role to carry forward a whole of government response to the Remedy. Active and ongoing collaboration is required among all government departments in order to address the four areas of discrimination against persons with disabilities in order to eliminate silos and ensure that people have access to the supports and services they need in the community, regardless of which government department is responsible.

In particular, the timely provision of mental health clinical supports is critical to the achievements of the targets under Key Direction 2, Closing Institutions.

The Review team met with the Roundtable at its second meeting on the 23rd January 2023 to outline the Key Directions for the Remedy and seek general feedback. The meeting was very well attended and provided an important opportunity to test out the Key Directions.

In addition, the Review team had a further meeting with the Office of Mental Health and Addictions which provided an excellent opportunity to be briefed on the universal mental health and addictions strategy. This also included the range of new service developments for children/youth and adults in progress and also those additional proposals which can also be included and incorporated as part of the Remedy. Given the inclusion of mental health related disability in the scope of the DSP, these additional clinical mental health supports are critical to the success of the Remedy.

Specific recommendations and steps related to the work of the Roundtable and key government agencies are included in the Key Directions and Integrated Implementation Plans.

Supports to Children with Disabilities

Support for children is also a key human rights and sustainability issue. Valued inclusive lives start at birth and they start at home. The way that families and children with disabilities are supported through the early years and to adulthood fundamentally impact outcomes. Supporting children with disabilities to be included in all aspects of their community from a young age ends the pathway to institutions. The Remedy addresses some of these measures through the School leavers proposal in section 3.3 and intergovernmental work underway in other departments.

Building on work already underway outlined in Section 2,

The Review recommends:

- The continued development and enhancement of the children's services and progressive redevelopment of that into an individual funding model.
- Exploring how enhancing respite supports for children may contribute to scaling of efforts such as Homeshare.

Day Supports

DSP funds 42 service providers across the province who provide day activities for 2024 adults with disabilities (January 2023). Many of these day programs are in congregate settings and have waitlists for individuals to access services. DSP has begun a new model for day programming called My Days that will offer more choice and flexibility to participants to access activities they want in the community. Initial participants in My Days are individuals moving to the community from the Harbourside ARC closure. DSP also funds 18 service providers to provide meaningful activities to 194 youth across the province.

Building on work already underway outlined in Section 2,

The Review recommends:

- the continued development of DSP funded day options into an individual funding model.

Section 5: An integrated Implementation Plan and critical path

As it is uncertain how long the process with take for the DRC and DSP to agree the final terms of the Remedy and secure agreement from the Board of Inquiry, year on year plans have been developed from July 2023, linked to the April-to-March annual budget cycle in Nova Scotia.

However, there are some immediate efforts that the Province can build on or initiate in the short term that will be critical to progressing timely response to the four key areas of discrimination as well as building the foundations the Remedy needs.

The following outlines actions for the period of February - June 2023.

Area of Effort	Activities
Systems Enablers	DSP continue preliminary costings to enable government consideration of final Remedy, including application of the Client projection Model on an annual basis for the budget cycle as well as a one off transition boost in applications for year 1.
	DCS/PNS and DRC consider Final report and what they will agree to take forward to the Board of Inquiry (e.g. Full or partial agreement) and what a joint Monitoring process will look like.
	PNS to establish robust data collection and sharing mechanism to track and update baseline data in a timely consistent and accurate manner.
	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.

	DCS to continue to develop best fit Provincial and Regional leadership and governance option and where new staff will be located, especially Planning and Coordination staff and Regional Allied Health.
	Commence planning for transfer of DCS Intake function and Care Coordination staff to DSP.
	Eligibility and key policy review and update, including rescinding Eligibility policy sections 9.3 and 9.4/ scope review of Licensing and standards. Review and address situation of individuals previously denied (n=8).
	Establish a human rights compliant client pathway that ensures timely accommodative assistance. 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. The pathway to also identify where additional support may be provided to streamline DSP eligibility determination.
	New governance structure to embed processes for first voice consultation and co-production.
	Any disputed matters of scope continue to be developed and resolved including through the Government Roundtable process which should continue to meet regularly as part of the Remedy process.
	DCS/DSP to align current Transformation Work Plan and budget to the agreed Remedy and 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; also progress any new staff recruitments as a priority.

	Early identification of potential external technical resources that will be required for leadership development, cultural change and development of new programs and more detailed Project Implementation Plans (suggest by May 2023).
	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. Ie: respite options could focus on Homeshare approach that fosters relationships and networks as the child grows.
Individual Planning and Coordination	Commence communications and develop change management plan for current Care Coordination program and staff; early identification of technical support and fidelity requirements for new Local Area Coordination and Intensive Planning and Support Coordination staff.
Closing Institutions	DCS/DSP to continue with urgent new services that are aligned with the Remedy such as institutional closure (noting that Workshop 2 had an agreement that Quest should close next).
	Establish no new admission policy once Emergency response capability in place.
	Establish a process to ensure no new congregate or institutional facilities are established.
Community-based Supports and Services	DCS/DSP to continue with development of urgent new services that are aligned with the Remedy such as Shared Services, and new ILS places.
	Early identification of potential external technical resources that will be required for leadership development, cultural change and development of new programs and more detailed Project

	Implementation Plans (suggest by May 2023). The current Temporary Shelter program is an early priority.
Regional Multidisciplinary Teams and Supports	Commence priority new services such as the Emergency Response team to avoid new institutional admissions and also a Clinical Lead to lead the planning and development of the Multidisciplinary Allied Health teams and inter agency development work. In particular, the Emergency Response team is required to enable a set date for firm prohibition on admission to institutions and LTC facilities.
	From Clinical and Multidisciplinary supports: Establish a working group (DSP, IWK, Office of Addictions and Mental Health, Nova Scotia Health) 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 - eg Autism.
Individualized Funding	SLTC and DSP to work collaboratively on the development of consistent structures for IF programs.
	Support ACDMA 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.
	Early research into IF backbone systems and connections to possible technical support.

Recommended key indicators, targets and results/impact: Feb – June 2023

Key Indicators and Targets	**Overall Systems capability and Enablers** **Commitments** • Best fit Provincial and Regional leadership and governance option agreed **Efforts** • Client projection model applied to baseline numbers and adjustments made • Transfer of DCS Intake function and Care Coordination staff to DSP • Remedy secretariat established and communications/change management plans in place and underway • May 2023 intensive technical support/program design session **Results** • Data collection mechanism established to update baseline data as required June 2023 and provide semi annual (twice yearly) reports.
Impact on areas of discrimination	
1 Unnecessary Institutionalization	**Commitments** • Establish a written policy and process to ensure no new congregate or institutional facilities are established. **Efforts** • Emergency response capability strengthened **Results** • Harbourside closure completed and residents relocated to community
2. Right to assistance when in need	**Efforts** • Transfer of DCS Intake function and Care Coordination staff to DSP

3. Live in Community of Choice	**Efforts** • Appoint a DSP Clinical Lead to progress regional Multidisciplinary teams planning and interagency work
4. Remove waitlist for eligible applicants	**Efforts** • Establish a human rights compliant client pathway that ensures timely accommodative assistance

Year by Year view of key steps, sequence, target, indicators and outcomes

NS Human Rights Remedy: Implementation Plan Year 1

Date	Area of Effort	Activities
July 2023	Individual Planning and Coordination	Job specifications developed and ratios set 1:20 for IPSCs and 1:50 for LAC. with 1 Supervisor for each 8 staff.
		Training design and capability established.
		Policy and practice framework established, including fidelity criteria.
		Regional lead positions developed and recruited to lead recruitment for new staff.
	Closing Institutions	Establish a provincial lead for facilities closure and deinstitutionalization.
		Strengthen emergency response capacity.
		Establish date for “No admission policy”.
		Plan for Regional Closure teams (n=42 staff) and regional process for prioritization of closures and alignment with movement from LTC, psychiatric hospitals and forensic facilities (including data).
		Align existing resources with recruitment of new IPSCs.
		Develop policy and job descriptions for Regional Closure Project Leads and Community Capacity Developers.

	Community-based Supports and Services	Commence new policy development for Homeshare expansion, new ILS plus, Flex, IF strategy, new TSA/Innovations, School leavers and Waitlist (no current service) Support.
		Offer new ILS to 200 individuals.
	Regional Multidisciplinary Teams and Supports	Appoint DSP Clinical Lead to commence design and planning for Regional Teams, building on existing DSP capacity.
		Liaise with Health, IWK Hospital, Mental Health and Corrections regarding current mapping and new proposals, utilizing Government Disability Roundtable process.
	Individualized Funding	Commence new IF policy development and infrastructure planning (including IT and data capability for new IF system).
		Initiate process for establishment of an accessible, user facing system for personal budget management and administration.
		Develop job description/contract specifications for coaches and staff.
		Develop system for emergency employee cover (likely contracted out) for IF users.
		Commence work with SLTC to ensure consistency in IF work.
		Commence early focus on Supported Decision-Making practice enhancement.
		Policy engagement in current review of ACDMA Act Review.
		New assessment model fist stage complete. New Resource allocation model work underway.
	Systems Enablers	Agreement on functions and new governance structure, including interim arrangements from July 1 and initial design for Regional Hub leadership/functions.
		Tender specifications for External evaluation team.
		Commence development of leadership, innovation and training panel and plan.
		Leadership team initial training.
		Establishment of an ongoing Government Disability Roundtable with TOR and Ministerial/Cabinet reporting and embedded in Remedy and ideally legislation.
		Eligibility and key policy review and update, including rescinding DSP policy sections 9.3 and 9.4/ scope review of Licensing and standards. Review and address situation of individuals previously denied (n=8).
		Decide best method for embedding HR principles and enhancing Supported Decision-Making practice, including build into planning and needs assessment re relational support.

		Base modeling complete for the Disability Sector Workforce Plan and process commences.
		Commence work on new standards for smaller community-based settings.
		Design work commences on Discretionary funding/Innovations and Transition funds.
Date	**Area of Effort**	**Activities**
August 2023	Closing Institutions	Recruitment commences for 4 Regional Closure Project Leads and 4 Regional Community Capacity Developers.
	Systems Enablers	First meeting of new Government Disability Roundtable.
Date	**Area of Effort**	**Activities**
October 2023	Individual Planning and Coordination	Regional Leads on board and commence recruitment for 25 new LACs and 25 new IPSCs.
	Regional Multidisciplinary Teams and Supports	Tender process commences for DSP program multidisciplinary teams.
	Individualized Funding	IF policy development complete and design for administrative infrastructure.
		Commence recruitment of IF coaches (n =4) and staff recruitment/support capacity (n=4 FTE) or Tender for new single entity.
Date	**Area of Effort**	**Activities**
November 2023	Closing Institutions	Harbourside closed.
		Regional Closure Project Leads commence (possibly from existing Care Coordination).
		Community Capacity Developers commence, initial training.
		Emergency response team operational @ 50%.
Date	**Area of Effort**	**Activities**
December 2023	Individual Planning and Coordination	Review of current contracts and design for new Province-wide PDP Peer and Technical support program.
	Closing Institutions	Regional Closure Strategy developed (facility priority, timelines, capacity building and lifestyle enhancement etc).
		Coordinate with facilities to begin planning for staff redeployment.

	Regional Multidisciplinary Teams and Supports	New mental Health proposals out for tender or funded through Mental Health and Addictions.
	Individualized Funding	New assessment model and resource allocation tool completed. Implementation commences including new ILS plus and Flex Independent expanded programs.
		Begin individualization of current funding programs.
	Systems Enablers	New governance structure in place, including design of Regional Hubs.
		Tender awarded for stage 1 Evaluation Capability and Review Panel established.
		Leadership training courses designed and trialed.
		Tender/appointment of Leadership and Capability Panel.
		Review of licensing and standards underway.
		Priority workforce training and recruitment strategies identified for immediate action.
		Review rental costs assistance policy as a key lever to increase housing supply.
		Commence review of how National Building Code requirements can be adjusted.
		Innovations/transition design work complete. Implementation planning commences.
Date	**Area of Effort**	**Activities**
January 2024	Individual Planning and Coordination	Training for 25 new LACs, 25 new IPSCs and 15 new IPSCs transferring from Care Coordination.
	Regional Multidisciplinary Teams and Supports	Tenders awarded for new programs delivery commencing April 2024.
		DSP commence integration of institutional teams into new Regional Outreach teams.
Date	**Area of Effort**	**Activities**
February 2024	Individual Planning and Coordination	Handover planning coordination support from Care Coordinators to LACs and IPSCs.
Date	**Area of Effort**	**Activities**
March 2024	Individual Planning and Coordination	Benchmark ratios to be met.
	Closing Institutions	Young Persons in LTC - Shared Services +25 = 29 Shared Services.

		Begin planning and return to community process, including capacity building and lifestyle enhancement.
	Community-based Supports and Services	200 new ILS plus/Flex Independent places allocated.

Year 1: Recommended key indicators, targets and results/impact

Key data for regional context

	Central Region	Eastern Region	Northern Region	Western Region
ARC/RRC (n= 485) *as of Nov 1, 2022	36	83	104	262
RCF (n=524) *as of Nov 1. 2022	148	60	32	112
Human Resources for 1:20 ratio	9 Coordinators	7 Coordinators	7 Coordinators	19 Coordinators
Under 65 living in LTC (n=424)	146	103	69	106
Psychiatric Hospital (ALC)(n=48)	36	6	3	3
Forensic Hospital (ALC) (n=28)	28	0	0	0

DSP data source documents: Profile of DSP Participants by Region (Central, Western, Northern and Eastern) **as of November 1st, 2022**
NS Health data source document: ALC age-related data request_NSHealth_MHA_Jan2023 Data **as of December 16, 2022**
Seniors and LTC data source document: NH Clients Under 65 Years of Age MC Clients - Jan 2023 (002) **as of January 2023**
EEDC data source document: Regional Data Education_Students with IPP **as of December 2022**

Key Indicators and Targets

Overarching system capability/enablers impacting all areas of discrimination

Commitments

- New Minister for Disability

Efforts

- New fit for purpose governance structure
- Tenders awarded for external evaluation team
- Leadership and Capability Panel and other key services/infrastructure
- Ongoing Government Disability Roundtable with TOR and Ministerial/Cabinet reporting and embedded in Remedy and ideally legislation
- New support needs assessment and resource allocation model complete and implementation commenced

	• Expanded ILS program as alternative to Small Options Homes. **Results** • Semi annual (twice yearly) data and reports *Note that for year 1 aim for sample individual survey data for people moving to new options ie Harbourside, new Homeshare, Shared Services and ILS*
Impact on areas of discrimination	
1 Unnecessary Institutionalization	**Commitments** • No new admissions policy in place and implemented • Regional Closure Strategy developed (facility priority, timelines, capacity building and lifestyle enhancement etc) **Efforts** • Enhanced Emergency response strategy/team • Institutional Closures Province wide Closure point of leadership established • New planning staff appointed and Institutional Closure teams established **Results** • Baseline versus: Harbour view closure numbers: Total living in ARC/RRC (n=498) with 40 of those individuals moving to community (SOH) through the Harbourside closure • Planning commences Feb/Mar for next groups including capacity building and enhanced current lifestyle (estimate of 2 months activity is n = 133) • Shared services program estimated increase of 25 by March 2024 for a total of 29 shared services spaces • Percentage/number of baseline persons who are institutionalized/in congregate care who have moved to community • Percentage/number of DSP eligible persons in LTC compared to baseline • % of eligible DSP recipients living in non congregate (n=4 persons or less), community based settings

2. Right to assistance when in need	**Commitments** • Review of eligibility policy and rescind 9.3 and 9.4 • Operational procedures and data to reflect updated policy whereby all non eligibility decisions are documented and reviewable • Operational procedures arrangements for triage and "immediate assistance" once found eligible **Effort** • Recruitment of new Local Area Coordination and Intensive Planning and Supports Coordination staff **Results** • Baseline versus: Feb/Mar planning/capacity building/enhanced current lifestyle for those in other systems – estimate numbers (Shared services and psychiatric hospital/forensic estimate 2 months activity) • Data reported on people deemed not to be eligible and the basis for that decision, including analysis by demographic groups • Data on the number of people with new individual Funding allocations by program • Number of people receiving individual planning and coordination (navigational) support through Local Area Coordination and Intensive Planning and Supports Coordination • Number of new LAC and IPSCs appointed and total FTE/Ratios to meet benchmarks 1:20 for IPSCs and 1:50 for LACs ; Supervisors at 1:8 • Updated DSP policies and practices consistent with the removal of policy 9.3 and 9.4

3. Live in Community of Choice	**Commitments** • New program policies developed and implemented for planning and coordination functions, including specific principles and requirements regarding support in community of choice. **Results** • Baseline versus: New 200 ILS plus/Flex Independent places, Harbourside closure relocations (22 of the individuals at Harbourside ARC identified their community of choice and determined the locations of the 10 SO homes. Details of the remaining 18 to be confirmed.) • Shared services program: 25 new Shared Services spaces in community of choice • New Homeshare options (n= 50) in community of choice • Percentage/number of new individualized funding allocations • Updated DSP policies and practices consistent with receiving supports in community of choice
4. Remove waitlist for eligible applicants	**Commitments** • New program policies developed and implemented, including arrangements for triage and "immediate assistance" once found eligible **Efforts** • Regional review of "eligible but not receiving support" group to examine demographics and determine priorities. **Results** • Service Request list baseline versus current • Baseline of 589 "eligible but not receiving support" versus: Feb/March planning and support/Discretionary Funding for Waitlist no service group – estimate numbers 2 months activity n= 208 needs slight deduction for TSA

NS Human Rights Remedy: Implementation Plan Year 2

Date	Area of Effort	Activities
April 2024	Systems Enablers	Leadership and Capability Panel established and has operational plan to advance training recommendations.
		Suite of courses underway.

Date	Area of Effort	Activities
May 2024	Individualized Funding	Implementation/evaluation/revision of new system.
		Recruit coaches.
		Develop trainer and user manuals.
		Implementation of training for staff and users.
Date	**Area of Effort**	**Activities**
June 2024	Individual Planning and Coordination	Full operations for 25 LACs and 40 new IPSCs.
		Tender for new Province-wide PDP Peer and Technical support program.
	Closing Institutions	30% reduction in RCF/ARC/RRC (n=261 of 870).
		Return to local community plans and timelines finalized for people in psychiatric hospitals (n=48) and Forensic (n=28) (for completion within 5 years from year 1).
	Community-based Supports and Services	50 new Homeshare places allocated = 190 total Homeshare.
		200 new ILS plus/Flex Independent places allocated.
		20 of 83 Existing TSA's converted.
		Waitlist (with no support) reduced by 289 through IF options.
	Regional Multidisciplinary Teams and Supports	3 teams operational.
		Province wide Critical Response Team/capability fully established.
		Award new proposals for MH/Health programs.
	Individualized Funding	Whether ACDMA reforms are enacted or not widespread accessible training should be undertaken regarding supported decision-making for individuals, families, service providers and DSP staff.
	Systems Enablers	First review of new governance structures.
		Annual report for External Monitor and Review Panel.
		External evaluation team commence individual outcomes monitoring.
		Licensing and standards review complete/HR principles embedded.
		Disability Sector Workforce Plan approved for implementation.
		Housing rental costs assistance review complete.
		Review of National Building code adjustments complete.

		Strategy Review re institutional resource base delivers interim report.
		LAC discretionary funding commences.
		Regional Advisory mechanisms commence.
		Services Transition Development funding round open.
Date	**Area of Effort**	**Activities**
July 2024	Individual Planning and Coordination	Recruit next 25 new LACs and 10 new IPSCs plus reallocate 15 new from Care Coordination.
Date	**Area of Effort**	**Activities**
September 2024	Closing Institutions	Young Persons in LTC - Shared Services +41 = 70 total.
October 2024	Individual Planning and Coordination	Training for 25 new LACs and 25 new IPSCs.
Date	**Area of Effort**	**Activities**
November 2024	Individualized Funding	Full implementation of new IF infrastructure system.
Date	**Area of Effort**	**Activities**
December 2024	Individual Planning and Coordination	PDP tender awarded for new technical and peer planning supports.
	Regional Multidisciplinary Teams and Supports	4 DSP regional teams operational and new MH/Health programs operational.
		Integration of outreach teams complete.
	Systems Enablers	Innovations funds allocated through regional Advisory mechanism and Services Transition Development Fund.
Date	**Area of Effort**	**Activities**
January 2025	Community-based Supports and Services	Commence planning for School Leavers (n =100).
		50 new Homeshare places allocated = 240 total Homeshare.
Date	**Area of Effort**	**Activities**
February 2025	Individual Planning and Coordination	25 new LACs fully operational.
		25 new IPSCs fully operational.
Date	**Area of Effort**	**Activities**

March 2025	Closing Institutions	Young persons in LTC Shared Services +40 = 110 Total.
	Individual Planning and Coordination	New technical and peer planning supports operational.
		Recruit next 30 new LACs and 15 new IPSCs (ex Care Coordinator FTE).

Year 2: Recommended key indicators, targets and results/impacts

Key Indicators and Targets	Overarching system capability/enablers impacting all areas of discrimination **Efforts** • Semi annual (twice yearly) data and reports • Leadership and Capability Panel appointed • Training courses underway • New IF administration and support structure in place • ACDMA review complete and implementation commenced • Disability Sector Workforce Plan approved, and implementation commenced • Regional Advisory mechanisms commence • Innovations and Transition funding commences • Individual outcomes monitoring with agreed new tool commences as part of Evaluation plan.
Impact on areas of discrimination	
1 Unnecessary Institutionalization	**Efforts** • Return to local community plans and timelines finalized for people in psychiatric hospitals and Forensic (for completion within 5 years from year 1) **Results** • Baseline versus: 30% reduction in DSP ARC/RRC/RCF capacity (n= 261 of 870 total) • Planning commences in November for next groups including capacity building and enhanced current lifestyle (estimate of 5 months activity is n = 208) • Shared services program estimate (n = 110 of 200 total) • Psychiatric and forensic (Minimum of 78 individuals currently identified on Service request list. Target 20% = 16 people moved out) • % of eligible DSP recipients living in non congregate (n=4 persons or less), community based settings
2. Right to assistance when in need.	**Efforts**

	• Recruitment of new Local Area Coordination and Intensive Planning and Supports Coordination staff **Results** • Baseline versus: Feb/Mar planning/capacity building/enhanced current lifestyle for those in other systems – estimate numbers n=16 (Shared services and psychiatric hospital/forensic estimate 5 months activity) • Data reported on people deemed not to be eligible and the basis for that decision, including analysis by demographic groups • Data on the number of people with new individual Funding allocations by program • Number of people receiving individual planning and coordination (navigational) support through Local Area Coordination and Intensive Planning and Supports Coordination • Number of new LAC and IPSCs appointed and total FTE/Ratios to meet benchmarks 1:20 for IPSCs and 1:50 for LACs ; Supervisors at 1:8 • Updated DSP policies and practices consistent with eligibility of shared services participants
3. Live in Community of Choice.	**Results** • Baseline versus: Further new 200 ILS plus/Flex Independent places, DSP institutions closure relocations (completion of 251 individuals moving to community), • Number of new LAC and IPSCs appointed and total FTE/Ratios to meet benchmarks 1:20 for IPSCs and 1:50 for LACs; Supervisors at 1:8 • Shared services program: 50 new Shared Services places in community of choice • New Homeshare options n= 50 in community of choice • Percentage/number of new applicants/SRL recipients with new individualized funding allocations
4. Remove Waitlist for eligible applicants.	**Efforts** • Regional review of “eligible but not receiving support” groups to examine demographics and determine priorities. **Results** • Baseline of 589 versus: Waitlist/no support group reduced by n =289

	• February/March planning and support/Discretionary Funding for Waitlist no service group – estimate numbers 8 months activity n=350

NS Human Rights Remedy: Implementation Plan Year 3

Date	Area of Effort	Activities
April 2025	Individualized Funding	Evaluation and revision of IF administrative system.
Date	**Area of Effort**	**Activities**
June 2025	Community-based Supports and Services	50 new Homeshare places allocated = 290.
		New 200 ILS plus/Flex Independent places allocated.
		20 new Existing TSA's converted (n=40 of 83) and 20 new Innovation places.
		Waitlist (with no support) reduced by further 300 = 589 total through an IF option.
	Systems Enablers	External Evaluation team report on individual outcomes.
		Annual Report to External Monitor and Review Panel.
		Review of Leadership and Capability Panel contract and renewal/new.
		New licensing and standards underway.
		Annual report on Disability Sector Workforce plan.
		Implementation of new housing strategies.
Date	**Area of Effort**	**Activities**
July 2025	Individual Planning and Coordination	Training for 30 new LACs and 15 new IPSCs.
Date	**Area of Effort**	Activities
August 2025	Individual Planning and Coordination	Handover commences for new LACs and IPSCs.
September 2025	Closing Institutions	Young persons in LTC - Shared Services +45 = 155 total.
Date	**Area of Effort**	Activities

December 2025	Individual Planning and Coordination	Full complement of 80 LACs and 80 IPSCs operational. Independent Review commences with a focus on the Fidelity criteria.
	Closing Institutions	75% reduction in RCF/ARC/RRC = 652 of 870 total, psychiatric hospitals 36 of 48 and Forensic 21 of 28.
	Community-based Supports and Services	50 new Homeshare places allocated = 340.
		100 new school leavers funded and commence new supports.
March 2026	Closing Institutions	Young persons in LTC -Shared Services +45 = 200 total.

Year 3: Recommended key indicators, targets and results/impacts

Key Indicators and Targets	Overarching system capability/enablers impacting all areas of discrimination • Semi annual (twice yearly) data and reports • New IF administrative/support system in place • Integrated Regional Multi disciplinary Outreach teams operational • Review of Leadership and Capability Panel contract and renewal/new. • New licensing and standards underway • Annual report on Disability Sector Workforce plan • Implementation of new housing strategies.
Impact on areas of discrimination	
1 Unnecessary Institutionalization	Results • Baseline versus: 75% reduction in RCF/ARC/RRC (n= 652 of 870 total) • planning commences Nov for next groups incl capacity building and enhanced current lifestyle (estimate n = 217); • Shared services 100% complete with 200 total • Psychiatric n= 36 of 48 total and forensic 21 of 28 total Target 20% = 16 people moved out) • % of eligible DSP recipients living in non congregate (n=4 persons or less), community based settings
2. Right to assistance when in need.	**Effort** • Recruitment of new Local Area Coordination and Intensive Planning and Supports Coordination staff

	Results • Baseline versus: Feb/Mar planning/capacity building/enhanced current lifestyle for those in other systems – estimate numbers (Shared services and psychiatric hospital/forensic n=16 estimate 7 months activity) • 100 new school leavers funded • Data reported on people deemed not to be eligible and the basis for that decision, including analysis by demographic groups • Data on the number of people with new individual Funding allocations by program • Number of people receiving individual planning and coordination (navigational) support through Local Area Coordination and Intensive Planning and Supports Coordination • Number of new LAC and IPSCs appointed and total FTE/Ratios to meet benchmarks 1:20 for IPSCs and 1:50 for LACs; Supervisors at 1:8
3. Live in Community of Choice.	**Results** • Further new 200 ILS plus/Flex independent places, • DSP institutions closure relocations 75% reduction in RCF/ARC/RRC (n= 652 of 870 total) • Shared services program 100% complete for a total of 200. • New Homeshare options + 100 = 340 total • 40 of 83 Existing TSA's converted and 20 new Innovation places • Percentage/number of new applicants/SRL recipients with new individual funding allocations
4. Remove Waitlist for eligible applicants.	**Efforts** • Regional review of "eligible but not receiving support" group to examine demographics and determine priorities. **Results** • Baseline of 589 versus: Waitlist/no support group reduced by further 300 to zero; planning commenced for new applicants (need estimate from Projection model)

NS Human Rights Remedy: Implementation Plan Year 4

Date	Area of Effort	Activities
May	Closing Institutions	Commence planning and closure of Group Homes and Developmental Residences (n=535).

2026		
Date	**Area of Effort**	**Activities**
June 2026	Individual Planning and Coordination	Independent review complete and implementation of necessary improvements.
		Reallocation of some IPSCs to LAC positions as necessary once institutions are closing.
	Community-based Supports and Services	50 new Homeshare places allocated = 390.
		New 200 ILS plus/Flex Independent places allocated.
		60 of 83 Existing TSA's converted and 60 new Innovation places.
	Systems Enablers	External Evaluation team report on individual outcomes.
		Annual Report to External Monitor and Review Panel.
Date	**Area of Effort**	**Activities**
December 2026	Closing institutions	87.5% reduction in RCF/ARC/RRC (n=761 of 870), psychiatric hospitals (n=42 of 48) and Forensic (n=24 of 28).
	Community-based Supports and Services	50 new Homeshare places allocated = 440.
		100 new school leavers places funded = 200.

Year 4: Recommended key indicators, targets and results/impacts

Key Indicators and Targets	Overarching system capability/enablers impacting all areas of discrimination • Semi annual (twice yearly) data and reports • New Province wide PDP independent technical and peer planning supports operational • Independent Review of Individual Planning and Coordination function • External Evaluation team report on individual outcomes • Annual Report to Board of Inquiry (including from Government Disability Roundtable agencies).
Impact on areas of discrimination	
1 Unnecessary Institutionalization	**Effort** • Commence planning for closure of Group Home and Developmental Residences within 2 years (n=535 individuals baseline as of 2022) **Results**

	• Baseline versus: 87.5 % reduction in RCF/ARC/RRC (870 individuals:761 total moves to community (87.5%) = 105 moves this year); • planning commences May for next groups incl 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 cohort • Shared services program estimate n = Full 200 spaces filled - 100% complete • Psychiatric and forensic Psychiatric and forensic (n=76) Target 40% = additional 16 people moved out) (n=30 of 76) • % of eligible DSP recipients living in non congregate (n=4 persons or less), community based settings
2. Right to assistance when in need.	**Effort** • Recruitment of new Local Area Coordination and Intensive Planning and Supports Coordination staff **Results** • Baseline versus: planning/capacity building/enhanced current lifestyle for those in other systems – estimate numbers (Shared services and psychiatric hospital/forensic estimate n=16 7 months activity) • 100 new school leavers funded • Data reported on people deemed not to be eligible and the basis for that decision, including analysis by demographic groups • Data on the number of people with new individual Funding allocations by program • Number of people receiving individual planning and coordination (navigational) support through Local Area Coordination and Intensive Planning and Supports Coordination • Number of new LAC and IPSCs appointed and total FTE/Ratios to meet benchmarks 1:20 for IPSCs and 1:50 for LACs ; Supervisors at 1:8
3. Live in Community of Choice.	**Results** • Further new 200 ILS plus/Flex independent places, • DSP institutions closure relocations (RCF/ARC/RRC 837 individuals:733 total moves to community (87.5%) = 105 moves this year), • Shared Services program (100% complete with 200 individuals). • New Homeshare options (n= 50) • 60 of 83 Existing TSA's converted and 60 new Innovation places

	• Percentage/number of new applicants/SRL recipients with new individual funding allocations
4. Remove Waitlist for eligible applicants.	**Effort** • Planning commenced for new applicants (need estimate from Projection model) • All new applicants provided with immediate access to individualized planning, supports and coordination

NS Human Rights Remedy: Implementation Plan Year 5

Date	Area of Effort	Activities
May 2027	Closing Institutions	100% reduction in RCF/ARC/RRC (n=870), psychiatric hospitals (n=48) and Forensic (n=28).
		50% reduction Group Homes and Developmental Residences (n=268 of 535).
Date	**Area of Effort**	**Activities**
June 2027	Community-based supports and services	60 new Homeshare places allocated = 500.
		New 200 ILS plus/Flex Independent places allocated.
		All 83 Existing TSA's converted and 117 new Innovation places.
	Systems Enablers	External Evaluation team report on individual outcomes.
		Annual Report to Board of Inquiry (including from Government Disability Roundtable agencies).
		Negotiation of Reporting/monitoring for next 5-year period to embed reforms.
Date	**Area of Effort**	**Activities**
December 2027	Community-based supports and services	100 new school leaver places funded.
		Community-based supports and services system in-place.
Date	**Area of Effort**	**Activities**
March 2028	Individual Planning and Coordination	5-year review
	Closing Institutions	100% reduction in Group Home and Developmental Residences (n=535).
		All DSP eligible persons in LTC who choose to return to community have moved.
		5-year review.

	Community-based supports and services	5-year review.
	Regional Clinical and Multidisciplinary	5-year review.
	Individualized Funding	5-year review.
	Systems Enablers	5-year review.
		Annual Report to External Monitor and Review Panel.
		Establish extended timeline, targets as required to ensure complete compliance with the Remedy.

Year 5: Recommended key indicators, targets and results/impacts

Key Indicators and Targets	Overarching system capability/enablers impacting all areas of discrimination • Semi annual (twice yearly) data and reports • External Evaluation team report on individual outcomes • Full five-year review, including independent evaluation report • Negotiation of Reporting/monitoring for next 5-year period to embed reforms.
Impact on areas of discrimination	
1 Unnecessary Institutionalization	**Results** • Baseline versus: 100 % reduction in RCF/ARC/RRC (837 individuals moved to community 100% compete full closure); • Group Homes and Developmental Residences cohort (535 = 50% reduction= 268 moves) planning commences for next groups incl capacity building and enhanced current lifestyle (estimate n=252); • Shared Services program estimate n = 200 (100% complete. TBD any additional number.) • Psychiatric and forensic Psychiatric and forensic (Minimum of 76 individuals currently identified on Service request list. Target 60% = additional 16 people moved out) • % of eligible DSP recipients living in non congregate (n=4 persons or less), community based settings • All eligible DSP applicants in LTC offered access to individualized planning and funding
2. Right to assistance when in need.	**Results**

	• Baseline versus: planning/capacity building/enhanced current lifestyle for those in other systems – estimate numbers (Shared services and psychiatric hospital/forensic estimate n=16 12 months activity) • 100 new school leavers funded • Data reported on people deemed not to be eligible and the basis for that decision, including analysis by demographic groups • Data on the number of people with new individual Funding allocations by program • Number of people receiving individual planning and coordination (navigational) support through Local Area Coordination and Intensive Planning and Supports Coordination • Number of new LAC and IPSCs appointed and total FTE/Ratios to meet benchmarks 1:20 for IPSCs and 1:50 for LACs ; Supervisors at 1:8
3. Live in Community of Choice.	**Results** • Baseline versus: Further new 200 ILS plus/Flex Independent places, • DSP institutions closure relocations (RCF/ARC/RRC = 870 individuals moved to community 100% compete full closure), • shared services program (100% complete in year 3) • New Homeshare options (n= 60) • All 83 Existing TSA's converted and 117 new Innovation places; • 100 new school leavers funded • All applicants/recipients are provided with individual funding allocations
4. Remove Waitlist for eligible applicants.	• Planning commenced for new applicants (need estimate from Projection model • 100% of Y1 updated baseline DSP SRL provided with individualized planning, supports and funding • All new applicants provided with immediate access to individualized planning, supports and coordination • SRL discontinued and DSP policies amended to reflect the change

Section 6: Appendices

Appendix One

Terms of Reference

Joint Terms of Reference

Disability Rights Coalition and the Province of Nova Scotia

September 14, 2022

1. The parties are seeking a report and recommendations from the consultant regarding a systemic human rights remedy to address the discriminatory treatment of persons with disabilities in their access to supports and services under the *Social Assistance Act* in Nova Scotia, as found by the Nova Scotia Court of Appeal.[1]

2. **Background knowledge and rationale for the project**

   The purpose, objective and intended outcomes of social assistance for persons with disabilities under the *Social Assistance Act*

   The purpose of Nova Scotia's social assistance program for persons with disabilities is to provide persons with disabilities who are in need of financial assistance and who have different needs for supports and services to live in the community with access to those supports and services to meet their different needs. The *Social Assistance Act* creates a statutory entitlement for eligible persons with disabilities who require supports and services and are financially 'in need' and a corresponding obligation on the Province.

   Intended outcome – a systemic human rights remedy

   As a result of the Nova Scotia Court of Appeal's findings of systemic discrimination, a systemic human rights remedy is needed that will change the Nova Scotia system of social assistance for persons with disabilities in order to provide them with non-discriminatory, meaningful access to supports and services to live in the community. The systemic human rights remedy will require

[1] This Joint Terms of Reference, in various places, summarizes the findings of the Court of Appeal. The parties recognize that any questions as to what the Court of Appeal found should be resolved by referring to the Court's decision and any subsequent guidance from the Board of Inquiry, rather than the summaries in this document.

approval and ongoing monitoring and supervision by a Nova Scotia Human Rights Board of Inquiry.

The rationale and objective for this review

The objective of this review is to provide the parties with a report and recommendations concerning the content of a systemic human rights remedy that will result in changes to the social assistance system that are consistent with the Court of Appeal ruling and the interests of persons with disabilities in need of social assistance. That includes removing the requirement for institutionalisation as a requirement of receiving social assistance for persons with disabilities who require supports and services to live in community, changing the social assistance system to one of entitlement where eligible applicants and recipients are provided with social assistance immediately and "as of right" in the community of choice in accordance with the principles of choice, independence and inclusion, and the principle that all persons can be supported to live in community.

History and context

The context for social assistance for persons with disabilities who need supports and services to live in the community is that since the Province took over responsibility for all aspects of the program (funding and administration) from the Municipalities in 1998 there has been halting progress in changing the fundamentals in the Province's program for providing supports and services for persons with disabilities in Nova Scotia or in transforming from a largely institution-based approach to a person-centred community-based approach.

The *Social Assistance Act* creates a statutory entitlement to assistance for persons in need who have a disability that requires supports and services to live in the community.

There have been two major change initiatives since 1998. The first was a broad consultative process lead by a joint community -government task force that resulted in the *Roadmap* Report (2013) that committed the government to a human rights approach in the reform of its programs for persons with disabilities. Despite the 2013 *Roadmap*, the Province has yet to close a single institution and the system continues to involve inappropriate wait times for community-based supports.

The second initiative was the Disability Rights Coalition human rights complaint against the Province alleging systemic discrimination in its provision of social assistance to persons with disabilities (filed August 2014). The parties to the systemic complaint were the Disability Rights Coalition (complainant) and the

Province of Nova Scotia (respondent). The claims of three individuals were also included in the complaint.

Nature of the systemic discrimination

The complaint lead to a NSCA decision in October 2021, upholding DRC systemic complaint, finding systemic discrimination in the Province's provision of social assistance to persons with disabilities, in four significant respects:

1. Unnecessary Institutionalization (both in purpose-built institutions for persons with disabilities as well as other institutional settings such as psychiatric hospitals);
2. Right to assistance when in need denied to eligible persons with disabilities;
3. Community of choice: people often 'placed' in settings distant from their families/friends;
4. Frequent, indefinite, extended delays in the provision of assistance (waitlists) for qualified, eligible applicants and recipients despite statutory entitlement.

The Province decided not to seek to justify the systemic discrimination found by the NSCA (July 2022) opening the way forward to a systemic human rights remedy. The parties agreed that the remedy must be effective, reasonable and workable in ending the systemic discrimination against persons with disabilities.

Collaborative process

The parties (the DRC and the Province) decided to collaborate with respect to a remedial process for the systemic discrimination. (August 2022)

A key element of the collaborative approach is to jointly select a disability professional ("the consultant") to conduct a review and provide a report with recommendations to guide the parties towards a systemic human rights remedy that is workable, effective and achieves its desired outcome.

Remedial measures arrived at will be the subject of an Order from the Board of Inquiry that will be subject to periodic supervision and review.

Any issues that the parties cannot resolve will be subject to litigation and adjudication by a human rights Board of Inquiry which has already been appointed

but which may adjourn the remedial proceedings in order to permit the collaborative approach an opportunity to resolve the issues.

3. Specific questions for the consultant to assist the parties to address

Set benchmarks

a. Baseline information (for the last 4 years): What is the caseload of DSP participants and what kind of assistance are they receiving? How many of those current DSP participants are on a waitlist for something different - where are they now and where do they want to be? Provide details of the waitlist (where are people living and where do they want to be). Provide data on the number of people who have been refused access to social assistance under the Social Assistance Act because of behavioural/medical or other reasons related to their disability?

b. What is the social assistance system currently providing to persons with disabilities who require supports and services to live in community?

Step by step changes needed to end the discriminatory treatment

c. What are the current gaps or barriers in the system to meaningful access to supports and services to live in the community?
d. What steps should be taken to remove those gaps or barriers in each of the four areas of discrimination identified by the Court of Appeal (institutionalisation, waitlists, forced relocation, and right to assistance)?
e. How should those steps be sequenced?

Identify Indicators and targets

f. In each of the four areas of discrimination identified by the Court of Appeal (institutionalisation, waitlists, forced relocation, and right to assistance) identify the appropriate **indicators** to monitor or changes in the system and objective targets based on the indicator.
g. The indicators should be designed to allow an objective assessment of the Province's progress towards changing the system during ongoing supervision of the order by the Nova Scotia Human Rights Board of Inquiry and anyone delegated to monitor progress of the systemic human rights remedy by the Board.
h. Indicators may include changes to government policy and practices, budget or financial matters, or other metrics of the system as required.

Set timeframes

i. Identify reasonable timeframes for the step-by-step plan to change the social assistance system to end the discriminatory treatment based on the indicators.

Measurable outcomes

j. Identify measurable outcomes to provide for an objective assessment whether the changes necessary to end the discriminatory treatment within the system have been achieved.

k. The Consultant is to review Nova Scotia's program (including plans that are currently being implemented) for the provision of supports and services for persons with disabilities in order to provide a report and recommendations to assist the parties in developing systemic remedies that are workable, effective and achieve their desired outcome in ending the systemic discrimination identified by the NSCA.

4. The scope

a. The Consultant's report and recommendations will:

i. Take into account the current status of programs for persons with disabilities in Nova Scotia, including any plans that are currently being implemented for future changes by the Province, rather than starting from scratch;

ii. Be responsive to the current status of programs for persons with disabilities in Nova Scotia and responsive to the NSCA findings of discrimination summarised previously as follows:

1. Unnecessary Institutionalization (both in purpose-built institutions for persons with disabilities as well as other institutional settings such as psychiatric hospitals);
2. Right to assistance when in need denied to eligible persons with disabilities;
3. Community of choice: people often 'placed' in settings distant from their families/friends;
4. Frequent, indefinite, extended delays in the provision of assistance (waitlists) for qualified, eligible applicants and recipients despite statutory entitlement.

iii. Acknowledge that there may be more than one non-discriminatory approach to any given aspect of the remedy and should be guided by the Roadmap principles of choice, inclusion and independence.

iv. The Consultant will advise the parties concerning effective remedies including benchmarks, indicators, targets and timeframes, monitoring and measurable outcomes.

b. The Consultant will consult with the parties jointly and separately to facilitate the identification of a remedial process that is workable, effective and achieves its desired outcome—including the ongoing periodic supervisory dimension of the remedy process, including face to face meetings, emails, and remote meetings as required.

c. The parties may seek the Consultant's advice on questions that arise within the scope of this Terms of Reference before any final report and recommendations are developed.

5. Approach and methodology

a. External consultant Eddie Bartnik (Tamar Consultancy) will be the lead consultant. Such further consultants will be retained as seen to be advisable by Mr. Bartnik and as agreed by the parties. The Province agrees to provide all reasonable resources and supports for the project as recommended by the consultant.

Roles and responsibilities

b. The consultant will be responsible for:
   i. coordinating and managing the project;
   ii. communication with the parties through emails and meetings;
   iii. identifying and requesting the information he requires from each of the parties;
   iv. reviewing major background reports regarding disability supports in Nova Scotia;
   v. reviewing relevant documentation concerning the status of the current program and current/projected community needs;
   vi. meeting with stakeholders, including senior government actors, members of the Disability Rights Coalition and other relevant actors to gather information about the current system;
   vii. consulting with the parties concerning the supervisory dimension of the remedy process.

c. The parties are responsible to cooperate with the consultant and respond to any reasonable requests for information in a prompt and thorough manner and to meet with the consultant upon reasonable notice upon his request and to provide the consultant with access to employees or community members who can help facilitate his gathering of information.

d. The Province is responsible to provide information in response to requests from the consultant that is timely, accurate and complete. The consultant will have access to all relevant information & documentation from government officials and will have active cooperation and engagement from government employees in obtaining and discussing information.

    i. The information required may include but is not limited to:
        1. up to date baseline information,
        2. data and metrics about the current system of social assistance for persons with disabilities
        3. financial data
        4. program data
        5. service provider data
        6. data regarding those currently served by the system, those on the waitlist and those whose applications have been rejected for medical or behavioural or other reasons related to their disability.

6. Articulating the governance and accountability arrangements

a. The Consultant will provide independent advice and recommendations following consultation with the parties. He will be jointly responsible to *both* the Province and the Disability Rights Coalition.

b. The Consultant will involve both parties equally in all major steps of the work.

c. The Consultant will be free to develop recommendations as may be seen advisable. However, all recommendations must be in keeping with the *Social Assistance Act*, *Municipal Assistance Regulations*, the NSCA Decision, the Roadmap, the UN CRPD and the scope of work as set out above.

7. **Setting the guiding principles or values.**
    a. The guiding principles for both the review and recommendations are:
        i. The *Social Assistance Act* and *Municipal Assistance Regulations*,
        ii. The NSCA decision in this matter of October 2021
        iii. The *Roadmap* (2013)
        iv. The Nova Scotia *Human Rights Act*
        v. The UN CRPD

8. **The deliverables and schedule**
    a. The parties will provide access to information and the consultant will begin review of documents September 2022
    b. A combination of virtual and in-person meetings with DRC members, Nova Scotia government officials and key stakeholders as identified by both parties (September 2022 – January 2023) with in-person meetings targeted to October 2022 and January 2023. See Review Process document attached.
    c. Facilitated discussion with the parties addressing each of the areas of discrimination and the options available for ending the discriminatory treatment.
    d. Draft Report with recommendations by January 31, 2023. Report to comprise approximately 60 pages including an Executive Summary. Scope of the Final Report and recommendations as set out in Sections 3 and 4 of this Joint Terms of Reference
    e. Final Report by 3rd February 2023

Appendix Two

Review Team Bios

Eddie Bartnik, Lead Reviewer

Eddie has a unique long-term view on mental health/disability services, Local Area Coordination and individualised funding/personalisation reforms based on 35 years of local, national and international experience. He has a strong commitment to a good life for the people we serve and to building welcoming and inclusive communities through a partnership approach.

Current roles

- Independent consultant in disability/ mental health as Director of Tamar Consultancy Pty Ltd
- International Lead, International Initiative for Disability Leadership (IIDL)
- Non-Executive Director, 360 Health and Community and Chair – Clinical Governance Committee
- Author including recent book chapters on mental health (Oxford University Press 2021) and joint author September 2021 book "Power and connection – The international development of Local Area Coordination" (Centre for Welfare Reform in England)

Qualifications

- Bachelor of Arts with Honours (Psychology) UWA
- Master of Psychology (Clinical) UWA
- Master of Educational Studies – University of Tasmania
- Graduate of the Australian Institute of Company Directors (GAICD)
- Fellow of the Australian Institute of management (FAIM)
- Fellow of the Australasian Society for Intellectual Disability (FASID)
- Salzburg Global Fellow

Previous experience

- Governing Council member of Edith Cowan University (2012-2021) and Deputy Chair of Quality Audit and Risk Committee
- Chair – Sponsoring Countries Leadership Group (IIDL) 2015-2020 and previous member of Sponsoring Countries Leadership Group for the International Initiative for Mental Health Leadership (IIMHL) 2010-2015
- Strategic Advisor for the Australian National Disability Insurance Agency (2014-2019) with national responsibility at various times for mental health/psychosocial disability, Local Area Coordination and Information Linkages and Capacity Building policy and commissioning

- First West Australian (WA) Mental Health Commissioner (2011-2014) with budget and commissioning responsibilities. Established and led mental health reform "Mental health 2020 – Making it personal and everybody's business"
- Acting Director General of the WA Department for Communities (2010-2011) including responsibility for the Redress Scheme for people abused in state care and licensing of child care facilities
- Director with the WA Disability Services Commission (1986-2010), including continuous experience with development of Local Area coordination and individualised funding plus direct service delivery experience across a range of regional and state-wide community settings
- As an independent consultant, worked across all states/territories in Australia and overseas in 14 countries. In Canada, he supported the establishment of Community Living British Columbia and has maintained strong partnerships over many years. Experience as an expert or lead witness with parliamentary Inquiries and Committees in Western Australia, ACT, nationally in Australia and in New Zealand.

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Dr. Tim Stainton, BSW, MSW, PhD

Tim Stainton is Professor at the School of Social Work and Director of the Canadian Institute for Inclusion and Citizenship, University of British Columbia. He holds a PhD from the London School of Economics on disability rights and social policy.

He was a service broker with the Community Living Society in Vancouver from 1980-1985 were he assisted individuals and families to return to the community from Woodlands institution and was introduced to the ideas of brokerage, individualized funding and social networks which have been the core idea of his work ever since. He was Director of Policy and Programmes for the Ontario Association for Community Living (now Inclusion Ontario) in the mid 1980s where he worked on institutional closures among other issues. After his transfer to University of Wales Swansea he continued his work on deinstitutionalization with the lead Welsh NGO supporting and planning for closures and consulting on processes. On his return to British Columbia (BC) he was appointed to the Transition Steering Committee by the Minster of Social Development where he chaired the committee charged with designing a new system for supporting people with intellectual and developmental disabilities (IDD) in BC. He was subsequently appointed to the interim board overseeing the transition to the new entity established in 2005 as a Crown agency known as Community Living British Columbia. He has consulted nationally with multiple Provinces and internationally on issues of system change. He has worked with NGO's and Governments in the UK, Israel, Germany and done extensive work in Australia during their transition to the National Disability Insurance Scheme. He was invited as a 'thinker in residence' by the State disability services agency of Western Australia to provide training and consultation

on the transition to the new system. He has published widely on individualized funding, rights based social service structures, disability rights, history, ethics and theory.

He is also the proud father of four children one of whom is a young adult with IDD.

Tricia Murray, Secretariat Support

Tricia has committed 29 years to working with individuals with disability in Nova Scotia. She began her work in small option homes and provided live-in support for 4 of those years. Tricia also worked privately for an individual living with their parents and helped them to build an active life in community doing the things they loved most. After completing a Bachelor of Social Work, Tricia began work with the Department of Community Services, Community Support for Adults Program working in program areas supporting children and adults. She has worked as a Care Coordinator, Case Work Supervisor and for the past 6 years has held the role of Disability Support Program Specialist in Central Region.

Anna MacQuarrie, Secretariat Support

Anna MacQuarrie has worked in the disability rights movement for two decades. She has previously worked with Inclusion Canada and Inclusion International with a focus on securing the rights and full inclusion of people with intellectual disabilities and their families. She was actively involved in the development of the UN Convention on the Rights of Persons with Disabilities and worked extensively on implementation efforts around the world. She currently works as a consultant on human rights, disability and inclusion. Anna is a parent to three children with disabilities and is based in Halifax, NS.

Appendix Three

Review Contributors

Persons with Disabilities
Families
Advocates
Autism Nova Scotia
Canadian Mental Health Association
Canadian Union of Public Employees NS
Community Homes Action Group
Continuing Care Association of Nova Scotia
Decade of Persons of African Descent Coalition
Department of Communities Culture, Tourism and Heritage
Department of Community Services: Disability Support Program and Inclusion, Diversity and Community Relations
Department of Education and Early Childhood Development
Department of Finance and Treasury Board
Department of Justice: Accessibility Directorate and Corrections
Department of Municipal Affairs and Housing
Department of Seniors and Long-term Care
Disability Experts
Disability Rights Coalition
Disability Support Program Advisory Committee
Diverse Abilities NS
DSP Service Providers: Residential and Day Program
East Preston Family Resource Centre
Health Association of Nova Scotia
Inclusion Nova Scotia
IWK Health Centre, Mental Health and Addictions.
My Home, My Rights Group
Nova Scotia Government, Executive Counsel Office
Nova Scotia Health, Mental Health and Addictions.
Nova Scotia Residential Agencies Association
Office of Mental and Addictions, Department of Health and Wellness
Tajikeimɨk - Mi'kmaw Health Authority
The Confederacy of Mainland Mi’kmaq
Wabanki Two-Spirit Alliance

Appendix Four

DSP-at-a-Glance v.4 26 January 2023

DSP AT A GLANCE (d)

	Program	Participants (1) / Care Coordinators							Service Request List (2) (c)		Budget		Funding Model		Service Delivery Model
		Total 31 Mar/22	*5 yr. % change*	*Projected 2023/24*	*Projected 2024/25*	*Projected 2025/26*	*Projected 2026/27*	*Projected 2027/28*	*Total 01 July/22*	*5 yr. % change*	*2022/23 (3)*	*5 yr. % change (4)*	*Type*	*Constraints on Access*	
Current and Future Programs	**Flex At Home:** Funding to enable families to support adults with disabilities living in the family home. Funding includes: "basics" (food, shelter, clothing etc.), special needs and respite.	1,866	41%	To be provided by the projection model Expect to see a decrease of up to 30% as 600+ individuals on the Service Request List are currently in Flex at Home waiting for another DSP program. With the uncapping of ILS we have begun to see a decrease in the growth rate of this program.					n/a	n/a	$ 44,701,900	78.2%	Individualized Self Directed	No	Case Management provided by a DSP Care Coordinator, supports are purchased by participants and families. Have access to a Respite Coordination Service (on line database of Respite providers)
	Flex Independent: Provides supports and services to adults with disabilities who live independently with support from their family or personal support network. Funding includes: "basics" (food, shelter, clothing etc.), special needs and support staff.	60	757.1%	90	127	We have new funding which will allow us to offer service to the individuals on the Service Request List			57	1325%	$ 2,342,300	172.4%	Individualized Self Directed	- Historically operated as a capped program - Currently practical constraints on increasing capacity	Case Management provided by a DSP Care Coordinator, supports are purchased by participants and families.
	Independent Living Support (ILS): Community based option for participants who are semi-independent and require support to live on their own. Provides funding for basics, hours of support services from a Service Provider (max 31 hours/week), and special needs.	433	40.1%	633 (+200 new ILS investment)	833 (+200 new ILS investment)				545	65.2%	$ 30,212,300	179.0%	Individualized	- Historically operated as a capped program - Currently practical constraints on increasing capacity	Support hours provided by external service provider, chosen by participant from list of pre-approved providers (Strategic Source List). Case Management provided by DSP Care Coordinator. Service Provider provide support planning.
	Small Option Homes: Provide support for three to four persons with disabilities in community homes. The participants are supported by 24/7 by staff.	756	13.5%	845 (+89 new home bed in development)	We have an additional $16.4 m a year for these three years which can be used to create 16-24 new homes a year (depending on the level of suport) for 64-96 participants				946	74.2%	$165,215,500 (a)	41.3% (a)	Perdiem	-Historical lack of invetment on increasing capacity - Current practical constrainst on increasing capacity	DSP funds and licenses homes which are operated by third party service providers. Several pieces of legislation guide operation and required oversight: Homes for Special Care Act and regulations, Protection for Persons in Care.
	Behaviour Home Pilots (numbers are included in Small Option Homes)	2	n/a	10					n/a	n/a	$ 2,803,548	n/a			
	Alternative Family Support (AFS): Funding provided to participants to support them in an approved, private family home. Funding includes: "basics" (food, shelter, clothing etc.), special needs respite and small stipend for provider.	140	-12.5%	153	166	We have new funding which will allow us to offer service to the individuals on the Service Request List			26	-80.8%	$ 4,820,400	1.9%	Individualized	- Historically operated as a capped program - Currently practical constraints on increasing capacity	Case Management provided by a DSP Care Coordinator, supports are purchased by participants and/or AFS provider.
Current Programs to be discontinued	**Supervised Apartments** Legacy program similar to ILS	359	-17.7%	Assume continued decreased as this is a grandfathered program					n/a	n/a	Included with SOHs		Individualized	Grandfather program	
	Group Homes and Developmental Residences: 4-12 person residential setting providing a continuum of developmental and rehabilitation programs.	535	-4.1%	Assume continue decrease as we are trying not to fill vacanies as they occurr in order to decrease licensed capacity.					205	-34.5%	$ 68,918,500	11.0%	Perdiem	Not part of future service array	DSP funds and licenses homes which are operated by third party service providers. Several pieces of legislation guide operation and required oversight: Homes for Special Care Act and regulations, Protection for Persons in Care.
	Residential Care Facilities (RCF): Staffed living support option for participants requiring minimal support with daily living and community activities. Majority of participants (approximately 77%) have a diagnosis of mental illness. Average of 20 participants, often with shared bedrooms and bathrooms, and limited access to common spaces and kitchen facilities.	372	-6.1%	Our proposed approach for phasing out RCFs over five years (provided to you in Folder: RCF Future State, File: RCF Options Development) would at the end of five years see current RCF participants in the following programs: 190 Group Home (current RCF occupancy decreased to Group Home Maximum), 123 Small Option Homes, ILS 55 and Flex Independent 4					17	-10.5%	$ 13,766,500	11.1%	Perdiem	Not part of future service array	DSP funds and licenses homes which are operated by third party service providers. Several pieces of legislation guide operation and required oversight: Homes for Special Care Act and regulations, Protection for Persons in Care.
	Adult Residential Centres: Congregate living facility ranging in size from 32 to 70 beds. Typically an older population.	342	-6.3%						10	-69.7%	$ 42,949,600	11.6%	Perdiem	Not part of future service array	DSP funds and licenses homes which are operated by third party service providers. Several pieces of legislation guide operation and required oversight: Homes for Special Care Act and regulations, Protection for Persons in Care.
	Regional Rehabilitation Centres: Provide both rehabilitation and developmental programs to adults with disabilities who require an intensive level of support and supervision related to complex behavioral challenges and skill development needs. Block funded	156	-8.8%						25	31.6%	$ 41,228,400	29.5%	Block	Not part of future service array	DSP funds and licenses homes which are operated by third party service providers. Several pieces of legislation guide operation and required oversight: Homes for Special Care Act and regulations, Protection for Persons in Care.
Ad Hoc Arrangem	**Temporary Shelter Arrangement (TSA)** Placements for a participant with high complex needs when required in an urgent timeframe and the participant is unable to be supported in an available DSP option	83	n/a						n/a	n/a	$ 29,853,600 (b)	671.5%	Individualized	Not part of future service array	Individual arrangements negotiated on an ado hoc bias with service providers. All new TSAs must be "licensable". Efforts are underway to license existing TSAs wherever possible.

	Program	Participants (1) / Care Coordinators							Service Request List (2) (c)		Budget		Funding Model		Service Delivery Model
		Total 31 Mar'22	*5 yr. % change*	*Projected 2023/24*	*Projected 2024/25*	*Projected 2025/26*	*Projected 2026/27*	*Projected 2027/28*	*Total 01 July'22*	*5 yr. % change*	*2022/23 (3)*	*5 yr. % change (4)*	*Type*	*Constraints on Access*	
Assets	**Complex Cases** An applicant who has significant support needs which require interdepartmental case plan and resources to address.	TSA data includes Complex Cases							n/a	n/a	TSA data includes Complex Cases		Cost shared between departments.	Created as required	Specific funding levels and model ad hoc based on individual circumstances
Other	**Shared Services Pilot**	0	n/a	29	110	200									
Out of scope provided for context	**Day Programs:** Structured recreational, pre-vocational and vocational day programs for adults with disabilities using meaningful activity as the vehicle for development in personal, social, vocational and employment skills and development. New program framework "My Days" is being implemented, starting with participants transitioning out of institutions.	2,172 (2)	8.6%						n/a	n/a	$ 25,232,000	30.2%	Block - DSP does not fund 100% of costs, service providers supplement with social enterprise revenues	Yes (capacity constraint)	DSP provides block funding to community based service providers who range from traditional place based programs to grass roots organizations.
	Direct Family Support For Children Funding to enable families to support adults with disabilities living in the family home. Funding includes: special needs and respite. New, expanded program for children and youth recently approved.	649	-5.3%						n/a	n/a	$ 13,731,200	111.8%	Individualized Self Directed	No	Case Management provided by a DSP Care Coordinator, supports are purchased by families. Have access to a Respite Coordination Service (on line database of Respite providers)
	Disability Support Program TOTAL	5,847	12.1%						1,251 Some DSP 589 No DSP Total 1,834	38.2%	$ 500,852,000	42.5%			
DSP Care Coordintators (FTEs)		70.5		78.0	79.0										
DSP Care Coordinators (Cases/FTE)		83													

Sources

(1) Budget Briefing Book DSP 2022-23 & 2018-19
(2) Summary Tables DSP Participant July 2022
(3) Service Request List - 2017 to Current_Aug 8 2022
(4) Custom Cognos Report produced by Finance

Notes

(a) Due to historical budget categories includes funding for Supervised Apartments
(b) Due to historical budget categories including both TSA and Complex Cases
(c) Data quality issues have been recently identified with the Service Request List related to case statuses not being updated resulting with individuals being included on the Service Request List who are:
- deceased individuals
- individuals who are receiving DSP but noted as not
- service requests that likely should not be active anymore
Further review of the SRL data is underway as a result.
(d) Prepared by Maria Medioli specifically for sharing with DRC counsel in response to questions during collaborative discussions

Appendix Five

Deinstitutionalization – Addendum notes from Prof Tim Stainton

The proposed remedy entails a rapid (5 year) regionally based deinstitutionalization process with a dedicated team in each region supported by a capacity developer. While priority should be given to larger facilities, the process is intended to encompass all large congregate care facilities including group and developmental homes. To achieve this will require creative solutions based on people's needs and wishes and a reliance on new and innovative solutions through use of individualized funding (Flex), Homeshare, and Independent Living Support (ILS). Unlike previous deinstitutionalizations, it will not rely on bricks and mortar solutions such as small option homes. A person centred, 'everything goes' approach rather than a predetermined solutions approach will be required to meet the deadlines.

Every significant change, particularly a change of living arrangements and support persons, will involve a high degree of anxiety as well as excitement on the part of persons with disabilities and their families and network. As such, a strong, individually focused participatory process along with good communication will be required. This will also be the case with workers as well as PWD. Wherever possible the Intensive Planning and Support Coordinator (IPSC) should seek to allow the person maximum opportunity to see and explore community options in person rather than these simply be communicated verbally or by other means. This is particularly important for those who do not communicate formally and need to express their will and preferences behaviourally. Making use of Local Area Coordinators (LACs) and local providers to facilitate a process of gradual reconnection to home community and networks will further facilitate this process of connecting with their community of choice and building relationships.

Support providers will be an integral part of the process whether they are directly hired individuals or agencies-based personnel. In light of this, providers should be involved in the regional planning and development process from the beginning and be supported to think creatively and to develop their own capacity to the maximum extent possible.

While many individuals will require a full planning and support regime from an IPSC this should be on a 'what's required' basis rather than a mandatory process for all. For example, some may require only minimal support if for instance the family has a plan that the PWD is agreeable to and can be rapidly implemented with support from a provider or LAC. Additionally, while a facility by facility approach is generally recommended, this should not preclude a move to community for residents in other institutions who have readily implemented options available.

For some individuals planning for a new community home may take some time before being actualized. In these cases, IPSC should seek to implement any measures immediately available to improve the quality of life for individuals as they await their new home. Any connections with their community of choice that can be facilitated prior to a move is welcome. This may involve beginning a *My Days* program or joining social organizations such as a sports or music group. This will help the person adjust to their new community and improve quality of life while they await a final move. The more phased the changes in a person's life can be, the less likely they are to create undue stress and anxiety.

PROCESS

- Appoint Regional Closure Team Leads
- Establish and Train dedicated Regional Closure Team (IPSC & Capacity Developers)
- Consultation with first voice, families, regional facilities staff and, provider agencies on closure plan development
- Draft regional closure plan
    - Schedule of closure by facility
    - Capacity development plan
    - Budget and staffing estimates
    - Communication, training and support plan for support providers
    - Staff redeployment plan for institutions (jointly with facility management & worker representatives)
    - Communication, training and support plan for residents and families
    - Presentation of plan, introduction to options, supported decision making
    - Monitoring and review process

- Assignment of IPSC and begin individualized planning process
- Begin communication and training programs
- Initiate moves to community
- Follow-up support as required
- Monitoring and evaluation

Appendix Six

Regional Data

Programs		Provincial Total	Central Region	Eastern Region	Northern Region	Western Region
Current and Future Programs	Flex Living with Family (at home)	1920	847	267	397	409
	Flex Independent	67	36	1	20	10
	Independent Living Support (ILS)	470	162	64	119	125
	Small Option Home (SO)	765	396	130	93	146
	SO: number of locations	243	127	39	29	48
	SO: new locations in development	18	4	3	2	9
	Alternate Family Support (AFS)	143	64	11	20	48
Current Programs to be Discontinued	Supervised Apartments (Legacy Program similar to ILS)	341	238	1	42	60
	Group Home (GH) / Developmental Res. (DR)	524	71	165	167	121
	DR/GH: number of locations	100	15	33	31	21
	Residential Care Facility (RCF)	352	148	60	32	112
	RCF: number of locations	24	12	3	3	6
	Adult Residential Ctr. (ARC)	325	2	50	104	169
	ARC: number of locations	7	0	1	2	4
	Regional Rehabilitation Ctr. (RRC)	160	34	33	0	93
	RRC: number of locations	3	1	1	0	1
Ad Hoc	Temporary Shelter Arrangements (TSA) (includes Complex Cases 4 total)	93	49	9	25	10
	Shared Services Piolet	4	4	0	0	0

Other						
	Other Community Based Options (Legacy program categories- In Home Support (IHS) and Home Other. Most similar to SO and Flex Independent)	85	28	16	21	20
Total Eligible DSP Adult Participants Number does not include the Direct Family Support for Children Program		5249	2079	807	1040	1323
		Provincial Total	Central Region	Eastern Region	Northern Region	Western Region
DSP Service Request List	DSP Eligible with an Active Service Request	1854	827	151	363	513
	Psychiatric Hospital with active Service Request (# included above in Eligible with an active Service Request)	35	27	4	2	2
	Forensic Hospital with active Service Request (# included above in Eligible with an active Service Request)	19	19			
	Medical Hospital with active Service Request (# included above in Eligible with an active Service Request)	18	8	2	3	5
Nova Scotia Health #s	Psychiatric Hospital - Alternate Level of Care (ALC) (7 people identified at DSP referral phase)	48	36	6	3	3
	Forensic Hospital- Alternate Level of Care (ALC) (1 person identified at DSP referral phase)	28	28	0	0	0
Seniors and LTC #s	Nursing Homes – total under the age of 65	424	146	103	69	106
	Nursing Homes – Following Criteria • Under 65 • High cognitive ability • High personal care needs • No dementia diagnosis	134	51	33	19	31
EECD	NS Students Grades 7-12 • with an IPP (social/life) • Teacher Assistant • Learning Center services	937	428	123	179	176
	Francophone Board – CSAP Majority Central. Included in the provincial number	Included above	31			
	Youth Day Program participants	194	106	24	26	38

DSP Funded day programs						
	Youth Program Service Providers	18	6	3	3	6
	Day Program Participants	2024	520	294	519	691
	Day Program: Number of Service Providers	42	7	6	12	17
	Numbers of DSP Care Coordinators (FTE) for all programs	70.5				

DSP data source documents: Profile of DSP Participants by Region (Central, Western, Northern and Eastern) Source: ICM Data **as of November 1st, 2022** and Day Program Data **as of January 2023**
NS Health data source document: ALC age-related data request_NSHealth_MHA_Jan2023 Data **as of December 16, 2022**
Seniors and LTC data source document: NH Clients Under 65 Years of Age MC Clients - Jan 2023 (002) **as of January 2023**
EEDC data source document: Regional Data Education Students with IPP **as of December 2022**

Appendix Seven

Summary of Recommendations

Key Direction 1: Individual Planning and Support Coordination Recommendations

1. *Develop Local Area Coordination as the community-based platform supporting individualized planning, coordination and self management.*

2. *Establish Intensive Planning and Support Coordination (IPSC) teams for deinstitutionalization complex cases.*

3. *Establish Eligibility and Assessment coordinators.*

4. *Create Provincial capability for technical and peer support person-centred planning.*

5. *Key implementation requirements to include:*
   - *5.1.* The specific ratios for LACS (1:50) and IPSC's (1:20) be reported on an annual basis and be maintained.

   - *5.2.* 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.

   - *5.3.* 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.

   - *5.4.* Given the requirement to transform and transition the current care coordination function and establish LAC as matter of urgency and with an agreed level of province wide consistency and quality, 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.

Key Direction 2: Closing Institutions Recommendations

1. *Province-wide, regionally led, facilities closure led by newly established closure teams.*
    - Establish dedicated closure teams in each region of the Province. Building 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.
    - Closure Teams will include:
        - Intensive Planning and Support Coordinators (IPSC) at a ratio of 1 planner per 20 residents.
        - Community capacity developer (1 per team).

2. *Incorporate and align deinstitutionalization plans with regional closure models.*
    - This includes a phased deinstitutionalization plan for Group Homes/Developmental Residences.
    - Plans residents deemed ready to return to community in forensic and psychiatric hospitals.
    - Plans for residents in LTC under 65.

3. *Establish Emergency Response Teams.*

4. *Establish "No new admissions" policy.*
    - A firm no new admissions policy to be established for all DSP facilities.
    - Work with SLTC to review and revise the policy on admissions to LTC (for young people) to ensure no admission occur due to a failure to provide appropriate community supports or a determination that an individual's needs are too complex for community-based support.
    - Rescind DSP Policy 9.3 and 9.4.
    - Establishment of emergency response capability and multi-disciplinary and clinical supports as set out under Key Direction 3.

Key Direction 3: Community-Based Supports and Services Recommendations

1. *Drive transformational change through the establishment of practices that enhance individual funding and choice and control, create new local community pathways, drive bespoke solutions.*

This change can be achieved by:

1.1 Creating and scaling up a Homeshare option (to replace AFS).

1.2 Bridge 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.

1.3 Focus on Temporary Shelter Arrangements (TSA) and remodel into an Innovations Program where bespoke solutions can be created within a sustainable framework.

1.4 Create a line in the sand Post School Options program for all school leavers that disrupts crisis and out of community placement and creates new local community pathways.

1.5 Target waitlist/new people not receiving support with a dedicated planning and flexible support bespoke strategy that can also top up existing programs if necessary.

Key Direction 4: Multidisciplinary and Clinical Supports Recommendations

1 *Bring multidisciplinary and clinical resources held by DSP institutions into a shared clinical community hub for the benefit of the broader sector, including those already designated for community outreach.*

This will involve:

- Benchmarking a required level of multi disciplinary resources for each region and those required on a province wide basis.
- Possible start with this new investment in psychology, positive behaviour support, speech/occupational and physiotherapy. Also consider recovery coaches and peer work especially for mental health disability (this also assists with the workforce issue).
- Priority for the 2 regions which don't have a currently functioning community outreach team.
- Partnerships with universities regarding placements, training and research.
- An alternative here is to progressively transition institution-based resources for residents at the time they move to the community, rather than in advance.

2 *Expand designated mental health programs for those with intellectual and mental health disabilities.*

- These need to be enhanced to an effective province wide level and funded by Health/Mental Health as part of provincial obligations. Commence planning with health and mental health to map current services and establish specific proposals.

3 *Examine other similar programs to determine the adequacy and reach to the broader population of people with disabilities requiring access to mental health support*
    - Includes: Community Transition program, Community mental health teams and case management support for Severe and Persistent Mental Illness and also the Recovery and Integration Program (especially for regional, rural and remote areas).

Key Direction 5: Individualized Funding Recommendations

1 *Funding Structure: Building on current models of IF implement a process to individualize all support funding.*

1.1 Utilizing new assessment tools to individualize process of eligibility determination.

1.2 Consolidate IF programs and develop "allowable usage" framework/list.

1.3 Move to a system of personal budgets for each individual in the system – regardless of how they access their support.

1.4 Provide mechanisms for funding portability (ability to change providers, locales etc.)

1.5 Leverage off the proposed new ILS+ and Flex Individualized Funding Program as a priority

2 *IF Infrastructure: Develop centralized process for eligibility, funding determination, administration and management.*

2.1 Ensure consistent, transparent and equitable process for assessment and funding determination based on the person's individual plan and circumstances.

2.2 Continue to build a graduated accountability structure with minimal accounting for small or fixed amounts and increasing reporting and audit functions as amount of funding increases.

2.3 Establish an accessible, user facing system for personal budget management and administration:

- Several options of this are currently available with a range of functions from simple payroll type systems to more detailed systems which allow for multiple types of fund transfers (see https://www.manawanui.org.nz/en-US/what-we-do/ for example.)
- Options for delivery include direct provision, purchase/contracting available systems with existing provider directly or in partnership with arm's length provider or multiple providers.
- Integrate system for financial reporting and audit functions.

2.4 Expand options for 'host agency' type supports as in the current ILS program.

2.5 Develop planning and support and coordination capability**:

2.5.1 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
- Ratios will vary but generally an initial 1:20 for individuals returning to community and those with complex support needs. The ratios can increase as intensive work related to deinstitutionalization and waitlist is reduced.

2.5.2 Local Area Coordinators

- 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 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.
- Ratios for LACs would be in the 1:50 range.

2.5.3 Capacity Development Worker

- This role would 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.

2.6 Coaches to assist with administration and management system onboarding and technical assistance/troubleshooting.

2.7 Support for employee recruitment and retention.

2.8 Emergency employee cover (likely contracted out).

** These support functions to be located within the regional hub.

Decision Making: An established process is in place for a review of the NS ACDMA. For the purposes of immediate action on the remedy, we recommend:

3 *Link remedy implementation process to ACDMA review to contribute to longer-term reform efforts that are underway. The goal is to secure full legal capacity for all and access to supported decision making as needed.*

4 *Anchor efforts (in the short term) on the presumption of capacity secured in NS law.*

5 *Focus on the use of supported decision making in practice through providing access to training and supports to individuals, families, community members and DSP staff.*

Key Direction 6: Disability System Capacity Recommendations

1. Develop a fit for purpose contemporary governance structure:

1.1. Move to a stronger governance structure with a Disability Minister and Cabinet seat. Likely to be a departmental structure with links to the Accessibility Directorate and potential scope to include disability programs from other areas of government.

2. *Establish a Monitoring and Evaluation Plan:*

2.1. Hire an external evaluation team be engaged for the duration of the transformation process, ideally through a university or consortia of universities to ensure a level of independence.

3. *Build leadership and capacity to implement the Remedy:*

3.1. Leadership training for culture change, visioning, and capability, including persons with disabilities, families and networks, service providers and DSP staff, government Roundtable organizations' staff, local governments and community members.

3.2. Establish a Leadership and Capability Panel.

3.3. Host an Annual Progress and Change conference.

3.4. Engage required external technical expertise throughout the implementation of the Remedy.

3.5. Establish an effective and timely information gathering and data collection mechanism to provide consistent and accurate information to support proper implementation and monitoring of the Remedy.

4. *Create Intergovernmental leadership and structure:*

4.1. Establish an ongoing Government Disability Roundtable embedded in legislation and with reporting obligations.

5. Strengthen legislation and policy to ensure there is a suitable framework for the human rights remedies contained in the Review:

5.1. *Develop a legislation and policy review and reform plan.* While further reforms may be identified, the starting point would be:

- Participate in the ACDMA process with the long-term goal of securing supported decision making
- Collaborate with OMHA on the universal mental health strategy etc.
- Licensing, safeguards and standards require examination to ensure they are fit for purpose under a human rights and individual funding model
- The Homes for Special Care Act with the aim of revising/removing unnecessarily restrictive elements.
- Updating eligibility and other key policies to ensure that any discriminatory aspects are removed - specifically any current exclusions under DSP Policy 9.3 and 9.4.
- Establish a human rights compliant client pathway that ensures timely accommodative assistance. 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. The pathway to also identify where additional support may be provided to streamline DSP eligibility determination.

5.2. Ensure the Government Disability Roundtable mandate includes a legislative component to ensure consistency across departments and issues.

6. *Develop a workforce sufficient to support the Remedy strategies:*
   6.1. Develop a comprehensive Disability Sector Workforce Plan, including relevant compensation issues, building on the existing workforce plan and including the new elements to meet the Remedy.

7. *Invest in housing options beyond the SOH model:*
   7.1. Shift focus from SOH and modular as the main strategy and develop new standards for smaller community-based settings appropriate to their size and scale to ensure program quality.

   7.2. DSP addresses the housing supply issue by considering increased assistance for rental costs and also a review of how the Province has adopted National Building Code requirements and whether some unnecessary requirements can be removed as a means of providing human rights accommodation to persons with disabilities.

   7.3. DSP works with providers and developers to examine options for the resource base potentially arising from planned institutional closures.

   7.4. Review current restrictive licensing requirements.

8. *Develop Strategies to support innovation, partnership approaches and transition:*
   8.1. Provide Local Area Coordination access to small amounts of *discretionary funding* to grease the wheel for innovative personal and local responses close to individuals, families and communities.

   8.2. Provide an *Innovation Fund* to each Regional Hub to identify and fund local and regional proposals to build the capacity of individuals, families and communities and strategic partnerships.

   8.3. Establish a *Service Development Transition Fund* to support DSP service providers to manage the required changes in culture, capability and infrastructure (eg IT systems capable of managing IF).

9. *Commit to financing for a whole population human rights solution:*
   9.1. Complete work on the Client projection model and build a future forecasting model complete with financial requirements based on the Remedy and human rights principles. Include a one-time transition uptake of new clients and then yearly growth projections.

9.2. Link the Court monitoring process and semi-annual (twice yearly) evaluation reports to forecasting and the provincial budget planning cycle.

9.3. Ensure that all proposals have a strong value for money proposition reading to a sustainable overall system.

Governance Recommendation:

1. Upgrade the DSP and ideally add the Accessibility Directorate to enable sufficient scale to a new entity or substantial sub entity e.g. Office of Disability with its own Associate Deputy Minister and Minister for Disability. The functions of the Accessibility directorate could provide an ideal platform to in time expand the scope to "accessibility and inclusion" and strengthen the whole of government and community response to disability.

Regional Hub Recommendation:

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

Monitoring and Evaluation Recommendations:

1. A dedicated remedy data collection and analysis systems be put in place with annual reporting of data linked to fiscal year.
2. A regular review of progress on implementation of key elements of the remedy (i.e. regional hubs established, LAC hires etc.).
3. Appoint a dedicated team or individual with overall responsibility for monitoring and evaluation.
4. Establish Regional and Provincial Advisory Councils