

APPENDIX A

FEBRUARY – JUNE 2023

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

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

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

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

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YEAR 1: April 1 2023 – March 30 2024

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

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

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

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

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

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

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

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

25. Develop job description/contract specifications for IF coaches⁶ and staff.
26. Commence recruitment of IF coaches (n =4) and staff recruitment/support capacity (n=4 FTE) or Tender for new single entity.
27. Develop system for emergency employee cover (likely contracted out) for IF users.
28. Commence work with SLTC to ensure consistency in IF work.
29. Review of current contracts and design for new Province-wide PDP Peer and Technical support program.
30. Commence early focus on Supported Decision-Making practice enhancement.
31. Implementation commences including new ILS plus⁷ and Flex Independent expanded programs.
32. Commence new policy development for Homeshare expansion, new ILS plus, Flex, IF strategy, new TSA/Innovations, School leavers and Waitlist (no current service) Support.
33. Allocate 200 new ILS plus/Flex Independent places.
34. Harbourside closure relocations: 22 of the individuals at Harbourside ARC identified their community of choice and determined the locations of the 10 Small Option Homes. Confirm details of the remaining 18.
35. Expanded ILS program as alternative to Small Options Homes.
36. Implement discretionary Funding for DSP Waitlist (SRL) Baseline of 589 “eligible but not receiving support” n= 208 (needs slight deduction for TSA).
37. Baseline versus: Planning/capacity building/enhanced current lifestyle for those in other systems – estimate numbers (Shared services and psychiatric hospital/forensic)
38. Young Persons in LTC: Shared services program: increase of 25 new Shared Services spaces in community of choice by March 2024 for a total of 29 Shared Services spaces.
39. New Homeshare options (n= 50) in community of choice
40. Commence planning for School Leavers (n =100).

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

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

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

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

54. New mental Health proposals out for tender or funded through Mental Health and Addictions.
55. Tenders awarded for new programs delivery commencing April 2024.
56. DSP commence integration of institutional teams into new Regional Outreach teams.
57. Decide best method for embedding HR principles and enhancing Supported Decision-Making practice, including build into planning and needs assessment re relational support.
58. Policy engagement in current review of ACDMA Act Review
59. Tenders awarded for and establishment of External Evaluation Team.
60. Tender/appointment Leadership and Capability Panel and other key services/infrastructure
61. Commence development of leadership, innovation and training panel and plan.
62. Design and trial Leadership training courses, and deliver initial training.
63. Complete base modeling for the Disability Sector Workforce Plan and commence implementation.⁹
 - a. Priority workforce training and recruitment strategies identified for immediate action.
64. Commence review of Licensing and standards of DSP funded programs and services.
65. Commence review of how National Building Code requirements apply to DSP programs.
66. Commence work on new standards for smaller community-based settings.
67. Commence review of rental costs assistance policy as a key lever to increase housing supply.
68. Design work commences on Discretionary funding/Innovations and Transition funds.
69. Innovations/transition design work complete. Implementation planning commences.

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

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YEAR 2: April 1 2024 – March 30 2025

1. Update as to status and work of Government Roundtable.
2. Leadership and Capability Panel established and has operational plan to advance training recommendations.
 - a. Suite of training courses underway
3. The Province will have carried out the following during the year:
 - a. Increase in ILS plus/Flex Independent options by a further 200 (in addition to Y1 baseline)
 - b. Reduction in the total number of people residing in ARC, RRC, and RCF's by 30% compared to baseline (n= 261 of 870 total) by providing those individuals with meaningful access to accommodative assistance to meet their different needs to live in community, and
 - i. Planning commences in November for next groups including capacity building and enhanced current lifestyle (n=208)
 - c. 20 of 83 Existing TSA's converted
 - d. Plans for people in Psychiatric Hospitals and Forensic Hospital to return to their community of choice including:
 - i. Plans and timelines finalized for 'return to local community' for people in psychiatric hospitals (n=48) and Forensic (n=28)—for completion within 5 years from year 1.
 - ii. Minimum of 78 individuals currently identified on Service Request List. Target 20% = 16 people moved out in Year 2.
 - e. Increase in Shared Services Under 65 in LTC Shared Services of 81 persons in community of choice for a total of 110 of 200 total.
 - f. Planning/capacity building/enhanced current lifestyle for those in other systems (Shared services and psychiatric hospital/forensic) Baseline versus: estimate numbers n=16.
 - g. Increase of 50 in DSP Homeshare options in community of choice, by region (n= 50): 240 total Homeshare.
 - h. Reduce DSP Waitlist (Service Request List) "no support group" (Baseline of 589) by 289 through IF options.
 - i. Planning and support and Discretionary Funding for DSP Waitlist (SRL) "no service" group—estimate numbers n=350

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

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

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YEAR 3: April 1 2025 – March 30 2026

1. Update as to status and work of Government Roundtable..
2. Review of Leadership and Capability Panel contract
 - a. Contract renewal or new contract awarded.
3. Continue implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC).
4. Recruitment and training of new Local Area Coordination and Intensive Planning and Supports Coordination staff as per fidelity criteria:
 - a. Handover commences for new LACs and IPSCs.
 - b. Full complement of 80 LACs and 80 IPSCs operational,
 - i. Total FTE/Ratios to meet benchmarks 1:20 for IPSCs and 1:50 for LACs; Supervisors at 1:8, with
 - c. Independent Review commences with a focus on the fidelity criteria.
5. Continue implementation of new Provincial capability for technical and peer planning supports program.
6. Complete External Evaluation team report on individual outcomes.
7. Update as to operational procedures to provide that applications that are denied based on eligibility criteria are documented.
8. Update as to implementation of policy for firm prohibitions on any new admissions (“No new admission policy”) to the following DSP funded facilities: RRC, ARC, RCF, Group Homes and Developmental Residences.
9. Update as to implementation of work with SLTC to ensure no admissions to LTC occur (for young people) due to DSP failure to provide appropriate community supports
10. New individualized funding (IF) administrative/support system in place.
11. Implement External Evaluation and revision of IF administrative system.
12. The Province will have carried out the following during the year:

- a. DSP institutions closure relocations 75% reduction in RCF/ARC/RRC (n= 652 of 870 total) by providing those individuals with meaningful access to accommodative assistance to meet their different needs to live in community
 - b. Planning for next RCF/ARC/RRC groups including capacity building and enhanced current lifestyle (estimate n = 217);
 - c. Further new 200 ILS plus/Flex independent places allocated,
 - d. 100 new Homeshare options added for a total of 340.
 - e. Young persons in LTC—Shared Services 100% complete with 200 total
 - f. Reduction in psychiatric hospitals n= 36 of 48 total *and* forensic hospital n=21 of 28 total. Year 3 target 20% = further 16 people moved out and provided planning/capacity building/enhanced current lifestyle.
 - g. Reduce Waitlist (SRL) “no support group” (baseline of 589) by further 300 to zero through an IF option;
 - i. Planning commenced for new applicants (need estimate from Client Projection model)
 - h. 100 new school leavers funded and commence new supports.
 - i. 20 new Existing (Temporary Service Arrangements (TSA’s) converted (n=40 of 83) and 20 new Innovation places.
13. Update as to work to remove waitlist for eligible applicants by establishing a human rights compliant client pathway that ensures timely access to accommodative assistance.
 14. Update as to development and implementation of new program policies including arrangements for triage and “immediate assistance” once found eligible.
 15. Update as to regional review of “eligible but not receiving support” group to examine demographics and determine priorities.
 16. Remove waitlist for eligible applicants by implementing planning and support/Discretionary Funding for Waitlist “no service” group. Baseline of 589 versus: Waitlist/no support group reduced by further 300 to zero; planning commenced for new applicants (need estimate from Projection model).
 17. Continue implementation and support of Regional Advisory mechanisms.
 18. Continue implementation of:
 - a. Innovations and Transition funding and allocations through Regional Advisory mechanism and

b. Services Transition Development Fund

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

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YEAR 4: April 1 2026 – March 30 2027

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

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

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YEAR 5: April 1 2027 – March 30 2028

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

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

26. All 83 existing TSA's converted and 117 new innovation places.
27. Report on Final Outcomes as contained in Appendix D.