

## APPENDIX A

### 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.<sup>1</sup>

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<sup>1</sup> 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)<sup>2</sup>, Individualised Planning and Support Coordination and Intensive Planning and Support Coordination.<sup>3</sup>
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 teams<sup>4</sup> 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.<sup>5</sup>

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<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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).

<sup>5</sup> 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 coaches<sup>6</sup> 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 plus<sup>7</sup> 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).

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

<sup>7</sup> “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.<sup>8</sup>
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.

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<sup>8</sup> 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.<sup>9</sup>
  - 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.

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<sup>9</sup> 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.