

## 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.