

Annual Progress Report - Targets and Compliance
Year 3: 1 April 2025 to 31 March 2026

REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
<p>1. Update as to status and work of the Roundtable</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • The Roundtable continues to evolve to reflect where we are in the Remedy’s implementation and to best support Nova Scotia’s all-of-government commitment to transforming disability support. As executive champions of the Remedy across government, Roundtable members helped build awareness and understanding, maintain momentum and ensure Remedy-enabling work was prioritized in all departments. • Cross-departmental collaboration is now embedded in all aspects of the Remedy’s implementation as well as in ongoing service delivery and operations – from departmental leadership to frontline, community-based disability support. • Implementation of the Human Rights Remedy is a strategic priority of the provincial government and so to better support Years 4 and 5 of the Remedy, membership of the Roundtable has been streamlined and limited to Executive Deputy Ministers who will meet quarterly to: <ul style="list-style-type: none"> ○ Provide cross-departmental executive oversight and accountability for implementation of the Human Rights Remedy; ○ Monitor progress against Remedy targets, timelines, and dependencies; ○ Identify and address systemic risks, gaps, and emerging issues that may impede Remedy compliance and ensure mitigations are implemented; ○ Support problem-solving and opportunity identification at a senior executive level; and ○ Ensure alignment of government actions with commitments to the Human Rights Board of Inquiry. • While the provincial budget deliberations prevented EDMs from meeting before 31 March 2026, the EDM Roundtable met on 28 May with Eddie Bartnik, co-author the Technical Report which forms the basis of the 	<ul style="list-style-type: none"> • 232 - Remedy Update to Deputies 17 November 2025 – CONFIDENTIAL • 302 – EDM LAC and HRR briefing slides 28 May 2026

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	<p>Remedy, to discuss Local Area Coordination as a framework of practice enabling a more holistic, person-centred response and facilitating systemic changes.</p> <ul style="list-style-type: none"> The EDM Roundtable also reviewed the Interim and Annual Progress Reports prior to submission. <p><i>See outcome #20 Year 2 Report</i></p>	
<p>2. Leadership and Capability Panel contract</p> <p>a) Contract renewal or new Contract awarded</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> A team of experts continue to be engaged to support leadership development, and the design and implementation of new disability support programs for participants and training for frontline staff. The Panel includes Eddie Bartnik, Dr. Tim Stainton, Ralph Broad, Bronia Holyoak, Janet Cleese, Lorna Sullivan, Selena Blake, Laura Powell, and Anna MacQuarrie, who continue to support the development and delivery of training, cultural change, new program implementation and individualized transition plans. The Leadership Capability Panel delivered training throughout 2025-26 to new LAC and IPSC hires and existing DSP staff. Also, the Optimal Individual Service Design (OISD) course continues to enable the development of support plans for individuals in institutions and TSAs. The Manager of Training continues to support and ensure knowledge transfer from the Leadership Capability Panel to DSP staff. The manager is responsible for creating and maintaining a high quality and sustainable training program for new and current staff. A Mentorship Program has been established connecting Subject Matter Experts (SMEs) with LAC and IPSC Team Leads to build their knowledge, skills, and confidence to guide and support LACs and IPSCs as DSP expands support planning under the IF model. 	<ul style="list-style-type: none"> 233 - Learning Outcomes Fall 2025 Core Training – First Voice Workshop 234 - First Voice Workshop Overview and Agenda 236 - Role Specific Training Schedule Fall 2025 IPSC 237 - Role Specific Training Schedule Fall 2025 LAC 238 - IPSC Follow Up Training Schedule – Jan 2026 239 - LAC Follow Up Training Schedule – Jan 2026

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	<ul style="list-style-type: none"> • A December 2025 webinar for all DSP staff provided the opportunity for updates and reflections on the Remedy from both Executive Director Maria Medioli and Remedy co-author Eddie Bartnik, helping build the individual and leadership capacity of staff yet to transfer into the Remedy streams. • Other opportunities for access to expertise and leading edge and emerging practice and feedback on the Remedy in the field include: <ul style="list-style-type: none"> ○ Executive Director presentation to, and first voice and DSP staff participation in, 8th International Social Role Valorization (SRV) conference; ○ Membership and participation in the Global Leadership Exchange (GLE), an international leadership community sharing ideas, knowledge and best practice to help spread innovation and change lives. DSP Executive Director has been invited to present a keynote at the GLE Network meeting in Ottawa attended by over 600 international leaders across disability, mental health and substance use, reflecting the widespread international interest in the Remedy. ○ As part of GLE, DSP is hosting a Local Area Coordination (LAC) match in Halifax, bringing 20 international and local Canadian leaders to Halifax on 01-02 June 2026. As a precursor to LAC match, DSP hosted a variety of events on Local Area Coordination, open to first voice, service providers, advocacy groups, and others across government. This included a briefing to the Minister of Opportunities and Social Development and the Executive Deputy Ministers’ Roundtable. • Persons with disabilities continued to contribute to the design and delivery of a range of training as part of a co-production model led by external consultant Anna MacQuarrie • Continued funding to Inclusion Nova Scotia supports awareness, understanding, and capacity-building among family members and caregivers of persons with disabilities to support deeper understanding and implementation of the Remedy, including the key cultural changes required. 	<ul style="list-style-type: none"> • 240 - LAC Self Paced Learning Content Fall 2025-Winter 2026 • 242 - IPSC Mentorship Program Overview • 241 - IPSC Mentorship Program Guidelines • 243 - LAC Mentorship Program • Global Leadership Exchange website: https://gle.world/ • 269 - LAC Match Event Program as of 22 May 2026

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<p>3. Continue implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC).</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • The final three core components of the new planning and support coordination system (intake/navigation, funding, and practice support) were operational as of 31 March 2026. • INTAKE/NAVIGATION - The DSP Connector, operational in January 2026, provides a more streamlined connection and experience for individuals seeking disability support. DSP Connectors refer all new DSP participants to LACs and IPSCs (the new, post-Remedy planning role) as opposed to Care Coordinators in the legacy system. • FUNDING – To better support individualized planning and local area support coordination, LACs and IPSCs can now access: <ul style="list-style-type: none"> • <i>Discretionary/Sparks Funding</i> - a small amount of non-recurring, “one-off” funding that is available for persons with disabilities or community members to expand access to support and/or open doors to community inclusion initiatives (does not require eligibility for DSP funding). • <i>Rapid Access Funding</i> - Emergency funds to address urgent unmet disability support needs. It provides non-recurring funding during imminent or ongoing crises, bridging the gap toward long-term solutions. <ul style="list-style-type: none"> ○ PRACTICE SUPPORT - An LAC and IPSC Mentorship Program has been established connecting Subject Matter Experts (SMEs) with LAC and IPSC Team Leads to build their knowledge, skills, and confidence to guide and support LACs and IPSCs as DSP expands support planning under the IF model. ○ A lessons-learned exercise of the first cohort of training was undertaken in June 2025 to inform and improve training and practice support going forward. ○ An external review of the LAC and IPSC Practice Frameworks and Fidelity Assessment is now underway (see outcome 4.c) and should be completed in Fall 2026. ○ Progress on the peer and technical support for planning is reported under outcome 5 below. 	<ul style="list-style-type: none"> • 244 - DSP Connector Refresher Training • 245 Connector Resource Alternative Call Pathways Draft 21 November 2025 • 246 - DSP Connector Training Resource • 247 - Intake Flip Communications Plan • 248 - DSP Funding Streams Overview 10 June • 249 - Training Lessons Learned June 2025 • 270 - Supported Decision-Making Resource Library • 271 - Supported Decision Making One Pager • 272 - SDM Framework for DSP Planners and EFACs • 273 - Supported Decision-Making Agreement Template

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	<ul style="list-style-type: none"> ○ A Supported Decision-Making Framework and Supporting Tools and Resources have been developed and are included in training for all frontline positions. ● DSP has been actively engaged in a Tripartite Table and process with representatives of the Mi'kmaw and Federal government to support culturally appropriate supports are provided to Indigenous persons with disabilities in Nova Scotia. Collaboration has included joint development of job descriptions and recruitment of Indigenous LAC and IPCS positions and joint transition planning for Mi'kmaw person with disabilities in institutional settings. <p><i>See outcome #13 Year 2 Report</i></p>	<ul style="list-style-type: none"> ● 303 – Mi'kmaw Disability Support and Remedy Pamphlet 										
<p>4. Recruitment and training of new Local Area Coordination and Intensive Planning and Supports Coordination staff as per fidelity criteria:</p> <p>a. Handover commences for new LACs and IPSCs.</p> <p>b. Full complement of 80 LACs and 80 IPSCs operational,</p> <p>i. Total FTE/Ratios to meet benchmarks</p>	<p style="text-align: center;">COMPLIANCE IN SUBSTANCE</p> <ul style="list-style-type: none"> ● As per the Annual Progress Report submitted May 2025, recruitment has been challenging for a variety of reasons, but significant progress has been made due in large part due to the Recruitment Strategy initiated in Summer 2025. Recruitment efforts continue on an ongoing basis to address natural turnover. An international recruitment campaign is not needed at this time. ● As of 31 March 2026, the equivalent of 80 IPSCs and 80 LACs are in place. As outlined in the table below, there are a total of 179 approved front-line positions in DSP distributed across IPSC, LAC, EFAC and Care Coordinators. Modelling confirms that this staffing complement is sufficient to meet the requirements of the Remedy. <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;">DSP Front Line Staff</th> <th style="text-align: center;">As of 31 March 2026</th> </tr> </thead> <tbody> <tr> <td>IPSC</td> <td style="text-align: center;">42</td> </tr> <tr> <td>LAC</td> <td style="text-align: center;">55</td> </tr> <tr> <td>EFAC</td> <td style="text-align: center;">19</td> </tr> <tr> <td>In recruitment (IPSC/LAC/EFAC)</td> <td style="text-align: center;">9</td> </tr> </tbody> </table>	DSP Front Line Staff	As of 31 March 2026	IPSC	42	LAC	55	EFAC	19	In recruitment (IPSC/LAC/EFAC)	9	<ul style="list-style-type: none"> ● 250 - Recruitment Strategy Final Report ● 274 - LAC Fidelity Review Project Plan ● 275 - LAC Community first voice session info sheet
DSP Front Line Staff	As of 31 March 2026											
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<p>1:20 for IPSCs and 1:50 for LACs; Supervisors at 1:8, with</p> <p>c. Independent Review commences with a focus on the fidelity criteria.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;"><i>sub total</i></td> <td style="text-align: right;">125</td> </tr> <tr> <td>Care Coordinators</td> <td style="text-align: right;">53</td> </tr> <tr> <td>In recruitment</td> <td style="text-align: right;">0</td> </tr> <tr> <td><i>sub total</i></td> <td style="text-align: right;">53</td> </tr> <tr> <td>TOTAL frontline staff</td> <td style="text-align: right;">178</td> </tr> </table> <ul style="list-style-type: none"> • While the Remedy assumed that by the end of Year three, 30 Care Coordinator positions would have transitioned to IPSC roles, the transition was delayed because such a significant decrease in the complement of Care Coordinators would have further increased an already unacceptably high caseload size and destabilized supports to existing participants. To ensure the ongoing stability of service to participants, DSP delayed the transition of these 30 Care Coordinators to IPSC positions until Years 4 and 5. The future role and transition timeline have been identified for the majority of individuals currently in Care Co-ordinator positions. • Nine of the new positions were designated and filled by equity seeking individuals as follows: <ul style="list-style-type: none"> ○ Disability – 2 LAC / 1 IPSC ○ Indigenous - 2 LAC / 1 IPSC ○ African Nova Scotian or Visibly Racialized - 2 LAC / 1 IPSC • As of 31 March 2026, FTE/Ratios were met for all positions: IPSCs 1:16, LACs 1:15, Team Leads 1:8. (These ratios are based on <i>active</i> IPSCs and LACs; a number of IPSC and LACs only recently completed training and started being assigned cases, which will be done at a rate five new files per month until the target FTE/Ratio for the position is met.) • As of 31 March 2026, IPSCs were working with 428 participants, including people in hospital (42), TSAs (85), RCFs (124), ARCs (79), RRCs (65) and Long-term Care (14). 	<i>sub total</i>	125	Care Coordinators	53	In recruitment	0	<i>sub total</i>	53	TOTAL frontline staff	178	
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	<ul style="list-style-type: none"> • As of 31 March 2026, LACs were working with 756 participants, including 75 participants on the Service Request List not receiving DSP. • An independent review of the practice framework and fidelity of the LAC function is underway; findings are expected in Fall 2026. • Planning is underway for an independent review of the practice framework and fidelity of the IPSC and EFAC functions to begin in Summer 2026. • First voice engagement, facilitated by Eddie Bartnik, occurred in May 2026 and will continue in July 2026 to support the LAC fidelity review. The objective of these in person and video sessions was to gather information on the lived experience of individuals and families receiving support from Local Area Coordinators to inform and improve the future delivery of services. • This target is labelled “Compliance in Substance” because we achieved the underlying purpose of the requirement (having sufficient human resources to achieve the requirements of the Remedy) using alternative measures (a different mix of front line positions) while meeting the requirement for at least 160 front line planning positions. <p><i>See outcomes #10 & #11 Year 2 Report</i></p>	
5. Continue implementation of new Provincial capability for technical and peer planning supports program.	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> • As per the Annual Progress Report submitted in May 2025, authors of the Remedy recommended slowing down the design of Peer Supported Planning (PSP) to allow time for Local Area Coordinators to become established in their roles and to enable robust regional and provincial community input to better inform program design. Since then, draft program requirements have been developed, which served as a tool to support community engagement held throughout Fall 2025. Feedback gathered through engagement helped inform both program design and recommended service delivery model. 	<ul style="list-style-type: none"> • 251 - PSP Program Requirements July 2 2025 • 276 – Peer Supported Planning Program Description

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	<ul style="list-style-type: none"> The program’s design has been finalized and which includes having PSP delivered by a third-party coordinating organization(s), funded and supported by DSP to launch and expand access to peer planning support across Nova Scotia. Selection of the coordinating organization(s) is planned for Summer 2026 through a sector wide application process with a strong connection to local regions and their existing and needed peer infrastructure. This target is labelled “Substantial Progress” because we made sufficient progress (the program will be available in to participants in Summer 2026) to anticipate it will contribute to remedying the discrimination in the required timeframe. <p><i>See outcomes #5 & #12 Year 2 Report</i></p>	
<p>6. Complete External Evaluation team report on individual outcomes.</p>	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> As outlined in the 2025 Annual Progress Report (see <i>Challenges</i> section under <i>Procurement</i>), initiation of the External Evaluation was delayed due to delays in the procurement process. This process is now complete, and the project has been awarded to Research Power Inc. (RPI). Work began in October 2025. The Evaluation Plan and Evaluation Framework including: the logic model, theory of change, evaluation questions, M&E matrix (indicators and methods/sources) have been finalized and are in implementation An Evaluation Advisory Committee has been established and includes first voice (3 members), service providers (3 members), family member/support person (2 members), advocates (2 members), and academia (1 member – Dr. Tim Stainton, co-author of the Remedy). The first Evaluation Report is scheduled to be submitted in February 2027. A research study into changes in quality of life for DSP participants transitioning from the current institutional system to community is now underway. Ethics Approval for the study was received from Memorial University on 13 May 2026. The draft tool was designed based on a literature review of similar tools used in the past. A pilot study is 	<ul style="list-style-type: none"> 252 - RPI Evaluation Overview Presentation 253 - Workplan Remedy External Evaluation 277 - Evaluation Framework 278 - DSP QoL Training Material 279 - DSP QoL Survey Draft

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	<p>now in progress to test data collection tools with DSP participants and IPSCs with full data collection beginning mid-June. This initiative will augment (not replace) the external evaluation of individual outcomes.</p> <ul style="list-style-type: none"> • The work of the LAC and IPSC/EFAC fidelity reviews has been scoped in consultation to complement and not duplicate the work of the external evaluator. • This target is labelled “Substantial Progress” because we made sufficient progress (the first evaluation report will be available in February 2027) to anticipate it will contribute to remedying the discrimination in the required timeframe. <p><i>See outcome #18 Year 2 Report</i></p>	
7. Update as to operational procedures to provide that applications that are denied based on eligibility criteria are documented.	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • Applications to DSP deemed ineligible are currently documented in the Integrated Case Management (ICM) system. DSP has access to monthly reporting on those found ineligible, including the documented reason for ineligibility. This supports public reporting of ineligibility details in Appendix B of the semi-annual Remedy reporting. 	<ul style="list-style-type: none"> • Appendix B 31 March 2026 Annual Progress Report
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,	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • As of 1 January 2025, there is a prohibition on new admissions to ARCs, RRCs and RCFs. • As of 1 January 2026, there is a prohibition on new admissions to Group Homes and Developmental Residences. 	<ul style="list-style-type: none"> • 254 - Memo to staff No New Admissions Policy for Group Homes and Developmental Residences 1 January 2026 • Link to DSP policies (see pages 15-16)

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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	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • DSP worked with the Department of Seniors and Long-term Care (SLTC) to draft an updated and amend SLTC’s admissions policy to ensure no new admissions to LTC of young people due to a lack of access to DSP community supports. • The draft updated policy has been shared with the DRC as a draft for review and feedback prior to implementation. Once feedback is received, the policy will be finalized for implementation upon government approval. <p><i>See outcome #19 Year 2 Report</i></p>	<ul style="list-style-type: none"> • 278 - LTC Admissions Policy Proposed Changes CONFIDENTIAL
10. New individualized funding (IF) administrative/ support system in place.	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> • This update has been provided in a separate confidential document, as it requires comment on the status of commercial contract negotiations which are not yet public. <p><i>See outcome #4 Year 2 Report</i></p>	
11. Implement External Evaluation and revision of IF administrative system.	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> • Once the IF backbone is implemented (see above re: delayed timeline), DSP will work with Research Power Inc. (contracted external evaluator) to determine an appropriate timeline for evaluation. • This evaluation and any resulting improvements to service will occur before the end of Year 5 of the Remedy. 	

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	<ul style="list-style-type: none"> This target is labelled “Substantial Progress” because we made sufficient progress (engagement of an external evaluator and development of an evaluation plan that includes the IF administrative system) to anticipate it will contribute to remedying the discrimination in the required timeframe. <p><i>See outcome #4 Year 2 Report</i></p>													
<p>12. The Province will have carried out the following during the year:</p> <p>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</p>	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> As of 31 March 2026, 65% of the population of RCFs, ARCs, and RRCs had either transitioned to community or were engaged in transition planning. <ul style="list-style-type: none"> As of 31 March, occupancy in RCFs, ARCs, and RRCs had decreased by 301 individuals (35% over baseline). As of 31 March, IPSCs were working with 268 individuals in RCFs, ARCs, and RRCs. Of those in active planning with an IPSC, the following breakdown outlines which stage of planning they are currently in: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">Planning Stage*</th> <th style="text-align: center;">% of Individuals</th> </tr> </thead> <tbody> <tr> <td>In Stage 1 (Getting to Know)</td> <td style="text-align: center;">20%</td> </tr> <tr> <td>In Stage 2 (Exploring)</td> <td style="text-align: center;">21%</td> </tr> <tr> <td>In Stage 3 (Planning)</td> <td style="text-align: center;">38%</td> </tr> <tr> <td>In Stage 4 (Moving)</td> <td style="text-align: center;">9%</td> </tr> <tr> <td>Completed Stage 4 (Ongoing Support from an IPSC)**</td> <td style="text-align: center;">12%</td> </tr> </tbody> </table>	Planning Stage*	% of Individuals	In Stage 1 (Getting to Know)	20%	In Stage 2 (Exploring)	21%	In Stage 3 (Planning)	38%	In Stage 4 (Moving)	9%	Completed Stage 4 (Ongoing Support from an IPSC)**	12%	<ul style="list-style-type: none"> Appendix B 2026 Annual Progress Report 194 - IPSC Transition Guidebook (submitted as part of the 2025 Annual Progress Report) 221 - Your path to transitioning to community (submitted as part of the 2025 Annual Progress Report)
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	<p><i>*A description of each planning stage is found in the IPSC Transition Guidebook, pg. 14-43. A plain language guide to the transition planning stages has also been developed (Your path to transitioning to community).</i></p> <p><i>**A portion of the individuals who moved out of an institution were supported by a Care Coordinator and so are not reflected in this figure.</i></p> <ul style="list-style-type: none"> This target is labelled “Substantial Progress” because we made sufficient progress (modelling confirms (see #19 below) sufficient IPSCs have been hired and are working with participants in institutions, and with the introduction of additional supports such as Individualized Funding and Allied Health) it is expected that all RCFs, ARCs, and RRCs will be in a position to close by the end of March 2028 (Year 5) of the Remedy thereby remedying the discrimination in the required timeframe. <p><i>See outcome #3.b Year 2 Report</i></p>	
<p>b. Planning for next RCF/ARC/RRC groups including capacity building and enhanced current lifestyle (estimate n = 217);</p>	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> Planning for next RCF, ARC, and RRC groups will began in spring 2026, once recently recruited IPSCs are fully operational, and as participants transition from IPSC to LAC and staff transition from Care Coordinator to IPSC. This target is labelled “Substantial Progress” because modelling confirms (see #19 below) enough IPSCs have been hired and are working with participants in institutions that all RCFs, ARCs, and RRCs we will be in a position to close by the end of March 2028 (Year 5) of the Remedy thereby remedying the discrimination in the required timeframe. <p><i>See outcome #3.c Year 2 Report</i></p>	
<p>c. Further new 200 ILS plus/Flex independent places allocated</p>	<p style="text-align: center;">COMPLIANCE IN SUBSTANCE</p> <ul style="list-style-type: none"> The intention of this outcome was to quickly provide additional Individualized Funding options and create flow in the system, both of which have been achieved. 	

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	<ul style="list-style-type: none"> • As of 31 March 2026, the number of DSP participants accessing Individualized Funding has increased by 35%, or 998 participants, over baseline. <ul style="list-style-type: none"> ○ As of 31 March 2026, Flex Independent had increased by 98 participants over baseline. It is an uncapped program and therefore available to all DSP participants. ○ As of 31 March 2026, ILS+ was supporting 89 participants (which represents an increase of 89 over baseline as the program is new), a combination of: i) individuals who were living in Small Option Homes who did not require 24/7 support and desired a different living arrangement thereby creating openings for individuals leaving intuitions, and ii) individuals leaving institutions who could live in community with up to 12 hours a day of support. • All DSP participants supported through ILS+ and Flex will eventually work with an LAC or IPSC to transition to the new IF program. • ILS+ and FLEX Independent are now grandfathered programs; all new DSP participants are connected immediately to Individualized Funding. There is therefore no need to allocate “places” as DSP is no longer a placement-based program. • This target is labelled “Compliance in Substance” because we achieved the underlying purpose of the requirement (quickly provide additional Individualized Funding options and create flow in the system) using alternative measures (a different allocation of Individualized Funding programs) while meeting the requirement to increase the number of participants accessing individualized funding by 200. <p><i>See outcome #3.a Year 2 Report</i></p>	
<p>d. 100 new Homeshare options added for a total of 340.</p>	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> • The HomeShare program was officially launched in January 2026, accompanied by a marketing campaign to raise public awareness, generate interest, and attract host families to the program. The campaign centrepiece was a 30- 	

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	<p>second video featuring four Nova Scotians with disabilities, all with different support needs, who were selected after an open casting call.</p> <ul style="list-style-type: none"> • The campaign ran across movie theatres, YouTube, television, and digital channels, and achieved more than 2 million impressions - ensuring widespread, repeated exposure and strong province-wide awareness. • DSP provided grant funding to Nova Scotia Community Living Organizations (NSCLO) to field intake calls, answer questions from prospective providers, coordinate with and support partner organizations, and begin to create a community of practice for HomeShare. • DSP has approved ten HomeShare coordinating organizations, including Mawi Ta'mk Society, an Indigenous (Mi'Kmaq)-led disability support service provider, to deliver the program at a regional level across the province. HomeShare Coordinators are now in place at each coordinating organization. • HomeShare Coordinators are now reviewing provider applications and meeting with potential host families. • Once home studies are complete and providers approved, HomeShare Coordinators will begin the process of matching providers with participants. The resources required to accelerate the take up of HomeShare are in place. By the end of year five there will be sufficient real time data to document the number of people who have moved into a HomeShare, or are in the process of planning. • DSP has been very intentional in its program design for HomeShare and has taken the time required to integrate lessons learned from other jurisdictions, particularly in relation to safeguarding. HomeShare safeguards include: <ul style="list-style-type: none"> ○ Maintaining an ongoing connection between the participant, their family and support network, their LAC or IPSC, the HomeShare Coordinator, and with people in their communities more broadly (like neighbours, local businesses, and recreation providers); ○ Ensuring providers grant reasonable and timely access for these parties to the participant's home; ○ Limiting the number of participants in a single HomeShare to two; 	<ul style="list-style-type: none"> • HomeShare Nova Scotia Transforming Support • What is HomeShare (1:26): https://vimeo.com/1183105539/a5e10f87a0?fl=tl&fe=ec • What is HomeShare (30s): https://vimeo.com/1183105708/c1f92b9e88?fl=tl&fe=ec • Introducing HomeShare (15s): https://vimeo.com/1183105649/d985ca7f25?fl=tl&fe=ec

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
	<ul style="list-style-type: none"> ○ Ensuring Coordinating Organizations complete extensive home studies to evaluate potential HomeShare providers, including criminal record and vulnerable sector checks; and ○ Making quarterly in-person check-ins and monthly virtual check-ins between the participant and HomeShare Coordinator mandatory, to ensure the arrangement is working well. HomeShare Coordinators must meet privately with the participant at least once annually. ● All LACs and IPSCs receive training on HomeShare. It is now being identified to DSP participants during the planning process as a future community-living option to explore. ● This target is labelled “Substantial Progress” because we made sufficient progress (launching HomeShare) to anticipate it will contribute to remedying the discrimination in the required timeframe by providing a new community based living option. <p><i>See outcome 3.h Year 2 Report</i></p>	
<p>e. Young persons in LTC— Shared Services 100% complete with 200 total</p>	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> ● Shared Services is a combination of support and funding from DSP and the Department of Seniors and Long-term Care (SLTC) for individuals with disabilities under the age of 65 living in nursing homes. In June 2025, the leadership and management oversight of Shared Services was assigned to DSP’s Allied Health Supports team. ● Privacy, consent, and access to information issues between departments and service providers created barriers to uptake of Shared Services support in the past. To resolve some of these issues, OSD worked with long-term care service providers to host a series of in-person, on site, Shared Services information sessions for residents and their families. While barriers like IPSC caseload capacity and LTC facilities’ willingness to participate still exist at a high level, DSP has been successful in addressing and overcoming these concerns, enabling progress on this requirement. 	

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
	<ul style="list-style-type: none"> • As of 31 March 2026, DSP held four information sessions in LTC facilities for individuals under age 65 and their families and caregivers. In total, 17 people attended. • Another seven information sessions are planned -- six in-person and one virtual. • As of 31 March 2026, 11 individuals have a Shared Services plan and are receiving support from both DSP and SLTC. An additional 18 individuals are engaged in Shared Services planning with IPSCs. In total, 28 individuals are either currently receiving supports through, or in the planning process for, Shared Services. • It is anticipated that uptake of the Shared Services model of support will continue to increase as further information sessions are held and as IPSCs are assigned to support individuals through the planning process. The intention is to continue to host in-person, on site information sessions in every Nursing Home in Nova Scotia who has any residents under the age of 65. • At the same time, the LTC admission policy is in the process of being amended to ensure no new admissions to LTC of young people occur due to a lack of access to DSP community supports (see target #9 above). • This target is labelled “Substantial Progress” because we made sufficient progress (establishing a process and resources to provide an opportunity to provide consent and engage in transition planning to residents of nursing homes under the age of 65) to anticipate it will contribute to remedying the discrimination in the required timeframe. <p><i>See outcome 3.f Year 2 Report</i></p>	
<p>f. Reduction in psychiatric hospitals n= 36 of 48 total <i>and</i> forensic hospital n=21 of 28 total. Year 3 target 20% =</p>	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> • As of 31 March 31 2026 there are 8 DSP participants in a Forensic Hospital and 21 in Psychiatric Hospital (2 of whom moved to community in April 2026) all of whom have had an assessment completed and are being supported by either an IPSC or Care Coordinator. 	<ul style="list-style-type: none"> • Appendix B January 2026 Annual Progress Report

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
<p>further 16 people moved out and provided planning/ capacity building/enhanced current lifestyle.</p>	<ul style="list-style-type: none"> This target is labelled “Substantial Progress” because we made sufficient progress (decreased the number of participants in Forensic and Psychiatric Hospital and assigned all to either an IPSC or Care Coordinator) to anticipate it will contribute to remedying the discrimination in the required timeframe. <p><i>See outcome #3.e Year 2 Report</i></p>	
<p>g. Reduce Waitlist (SRL) “no support group” (baseline of 589) by further 300 to zero through an IF option;</p> <p>i. Planning commenced for new applicants (need estimate from Client Projection model)</p>	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> As of 31 March 2026, there are 231 individuals on the SRL not receiving funding support from DSP. Everyone on the SRL has been assessed and assigned either a Care Coordinator, LAC or IPSC. As of 31 March 2026, 75 are actively engaged in support planning and have access to individualized funding. Individuals on the Service Request List remain there for a variety of reasons despite access to individualized funding: <ul style="list-style-type: none"> There is a cohort living at home with family, who are waiting for a specific location or service provider, and have declined DSP funding while they wait; Some individuals have been contacted and indicate they do not want to receive DSP at this time, but wish to continue to remain on the Service Request List; Some are in hospital and not ready for discharge from hospital, making them ineligible for funding. These individuals have been assessed and assigned a Care Coordinator or IPSC to develop a transition plan that includes access to funding upon discharge; and There is a cohort whose contact information is no longer valid. They remain on the SRL until DSP staff is able to confirm their status. 	<ul style="list-style-type: none"> Appendix B January 2026 Annual Progress Report 255 - Contacting Individuals on the SRL Information Sheet for LACs and IPSCs

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
	<ul style="list-style-type: none"> ○ Guidance has been provided to IPSCs and LACs on the required steps for contacting and maintaining individuals on the Service Request List to ensure the information is current and accurate. ● As outlined in item #3 above, effective 1 January 2026, new applicants to DSP are assigned to an LAC or IPSC and supported immediately. ● This target is labelled “Substantial Progress” because we made sufficient progress (i. everyone on the SRL not receiving DSP has been assessed and assigned either a Care Coordinator, LAC or IPSC, ii. of 31 March 2026, 75 are actively engaged in support planning and have access to individualized funding, iii. A review was conducted to determine why some individuals are not accessing IF) to anticipate it will contribute to remedying the discrimination in the required timeframe. <p><i>See outcomes #3.i & #3.j Year 2 Report</i></p>	
<p>h. 100 new school leavers funded and commence new supports</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> ● 101 School Leavers across the province are currently being supported by an LAC (including 15 in seats designated for Indigenous/Mi’kmaq and African Nova Scotian/Black School Leavers), with support offered in both English and French. Planning for the next cohort of 100 is completed with support commencing with the new school year in September 2026. ● An Early Implementation Review of Year 1 is underway and will include: <ul style="list-style-type: none"> ○ Exploring the clarity and appropriateness of program objectives, identification of eligible students, and early design assumptions; ○ Examining how the program has been introduced and delivered during the soft launch, including any unexpected variations in delivery or uptake; 	<ul style="list-style-type: none"> ● 256 - School Leaver Program Launch Partner Communication ● 257 - GRAD participant letter final ● 258 - School Leavers Transition Planning Guide FINAL ● School Leavers

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
	<ul style="list-style-type: none"> ○ Identifying enablers, barriers, and operational considerations relating to program delivery and coordination across partners; ○ Documenting initial School Leaver and LAC experiences or potential benefits and examining evidence of relevance when possible; ○ Generating evidence to identify lessons for program refinement to inform decisions about the program in later years; and ○ Strengthening evaluation capacity through testing and refining indicators, data sources, and methods to support future evaluation efforts. <ul style="list-style-type: none"> ● In 2025, government introduced an interim measure to support young people with disabilities who graduated from high school prior to the introduction of School Leavers. ● The Graduate Resource Allowance for Development (GRAD) Fund is available to participants to support meaningful daytime activities when they are not returning to school post-graduation. ● Families and participants can develop creative plans for daytime activities to meet their goals and interests. These plans could include attending programs at local recreation centers, building employment skills through job shadowing, and/or volunteering. GRAD funding provides an opportunity to explore and connect to new options within a community. ● The GRAD Fund will provide support to families and participants when transitioning into adulthood and applying for DSP support as adults. <p><u>The Graduate Resource Allowance for Development (GRAD) Fund is for youth age 17 up to the age of 21, who:</u></p> <ul style="list-style-type: none"> ○ are currently eligible for the DFSC or Flex program ○ are not returning to school after graduation 	

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
	<ul style="list-style-type: none"> ○ have a day activity plan to submit for approval ○ Have successfully completed high school <p><i>See outcome #3.n Year 2 Report</i></p>	
<p>i. 20 new Existing (Temporary Service Arrangements (TSA's) converted (n=40 of 83) and 20 new Innovation places.</p>	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> ● TSAs are an interim measure when there is an urgent support need for a DSP participant who would otherwise face homelessness. TSAs are most often created when a service provider discharges a participant with little or no notice, there is an increase in support needs that can no longer be managed in the family, and/or a participant is in hospital but does not require medical intervention. ● TSAs are a tool of last resort and are approved only after all other placement options have been explored and exhausted. ● In the past, many individuals in TSAs would have been placed in an ARC or RRC facility. The moratorium on new admissions to ARCs and RRCs, coupled with recruitment challenges leading to staffing delays, led to a short-term increase in the number of TSAs between 1 January 2025 and 31 March 2026. ● As of 31 March 2026, there were 170 Temporary Shelter Arrangements of which 85 individuals are engaged in individualized planning with IPSCs. Additional transition planning support for participants in TSAs is provided through IPSC participation in the Optimal Individual Service Design course (OISD). ● While not ideal, TSAs are an interim community-based alternative to an institutional setting. ● This target is labelled "Substantial Progress" because we made sufficient progress (the number of TSAs has stabilized and at least half of participants in TSAs are now engaged in individualized planning with IPSCs) to anticipate it will contribute to remedying the discrimination in the required timeframe. <p><i>See outcome #3.d Year 2 Report</i></p>	

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
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.	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • As of 31 March 2026, the requisite program elements to ensure timely access to accommodative assistance were operational. • New DSP applicants are no longer added to the Service Request List to await support. Instead, through the DSP Connector, they are offered support from an LAC or IPSC, as appropriate. LACs and IPSCs in turn have access to a variety of community resources (including Community Living Facilitators and Allied Health supports) and funding streams (including discretionary and rapid access) to create and activate innovative, person-directed plans and supports for Nova Scotians with disabilities. • Collaboration is ongoing with the Disability Rights Coalition to develop measures, targets and reporting mechanisms to monitor the provision of timely access to accommodative assistance. <p><i>See outcome #20 Year 2 Report</i></p>	<ul style="list-style-type: none"> • 244 - DSP Connector Refresher Training • 245 - Connector Resource Alternative Call Pathways Draft November 21 2025 • 246 - DSP Connector Training Resource • 247- Intake Flip Communications Plan • 248 - DSP Funding Streams Overview
14. Update as to development and implementation of new program policies including arrangements for triage and “immediate assistance” once found eligible.	<p style="text-align: center;">EXACT COMPLIANCE</p> <p>See outcome #13 above</p> <p><i>See outcome #21 Year 2 Report</i></p>	
15. Update as to regional review of “eligible but not receiving support”	<p style="text-align: center;">EXACT COMPLIANCE</p> <p>See outcome #12.g above for an overview of the eligible but not receiving support group.</p>	1. Link to DSP policies (see Section 8)

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS																								
<p>group to examine demographics and determine priorities.</p>	<p>DSP has limited demographic information on this group; age and geographic information is presented below.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;">Age Group</th> <th style="text-align: center;">%</th> <th style="text-align: center;">#</th> </tr> </thead> <tbody> <tr> <td>65+</td> <td style="text-align: center;">9%</td> <td style="text-align: center;">20</td> </tr> <tr> <td>Under 65</td> <td style="text-align: center;">91%</td> <td style="text-align: center;">211</td> </tr> </tbody> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;">Region</th> <th style="text-align: center;">%</th> <th style="text-align: center;">#</th> </tr> </thead> <tbody> <tr> <td>Northern</td> <td style="text-align: center;">17%</td> <td style="text-align: center;">39</td> </tr> <tr> <td>Eastern</td> <td style="text-align: center;">9%</td> <td style="text-align: center;">22</td> </tr> <tr> <td>Central</td> <td style="text-align: center;">61%</td> <td style="text-align: center;">140</td> </tr> <tr> <td>Western</td> <td style="text-align: center;">13%</td> <td style="text-align: center;">30</td> </tr> </tbody> </table> <p>This information has not been found useful in determining priorities. Rather, Remedy priorities, DSP Policy 8.0 “Prioritization of Service Requests,” and consultation between Care Coordinators, LACs, IPSCs and their Team Leads is used to determine priorities.</p> <p><i>See outcome #22 Year 2 Report</i></p>	Age Group	%	#	65+	9%	20	Under 65	91%	211	Region	%	#	Northern	17%	39	Eastern	9%	22	Central	61%	140	Western	13%	30	
Age Group	%	#																								
65+	9%	20																								
Under 65	91%	211																								
Region	%	#																								
Northern	17%	39																								
Eastern	9%	22																								
Central	61%	140																								
Western	13%	30																								
<p>16.Remove waitlist for eligible applicants by implementing planning and support/ Discretionary Funding</p>	<p>SUBSTANTIAL PROGRESS</p> <p>See outcome 12.g above.</p> <p><i>See outcome #3.j Year 2 Report</i></p>																									

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
<p>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).</p>		
<p>17. Continue implementation and support of Regional Advisory mechanisms.</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • The first meeting of all four Regional Advisory Committees (RACs) occurred in person in late June/early July 2025. Co-chairs were selected at the first meeting. The RACs have continued to meet. Given the RACs are a new governance model and DSP is committed to creating the conditions for their success, DSP engaged a third-party consultant to support RAC development, including inclusive facilitation strategies and discussion of governance support required. • RACs began operation using a draft Terms of Reference as a starting point to guide initial operations. Updated Terms of Reference are being developed by each RAC, and final versions are expected by Summer 2026. • To provide clarity, DSP will adopt an internal process on inclusive communication practices, including use of plain language and facilitation of meetings. Three supporting documents have been drafted: DSP Commitments, Guidelines on Accessible Information, and Inclusive Facilitation. These three documents provide direction to DSP leadership and staff when developing materials for partners or the public or when engaging individuals with disabilities in meetings or other events: <ul style="list-style-type: none"> ○ The commitment documents the approach and resources used to develop the guides. 	<ul style="list-style-type: none"> • 259 - Regional Advisory Councils Co-Chairs Connection • 285 - Inclusive Communication –DRAFT DSP Commitment CONFIDENTIAL • 280 - Inclusion Communication - DRAFT Accessible Information CONFIDENTIAL • 281 - Inclusive Communication – DRAFT

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
	<ul style="list-style-type: none"> ○ The Accessible Information Guide provides direction on what and how government developed materials will be released in plain language. ○ The final version of the Inclusive Facilitation Guide will be co-designed with first voice. The three documents have been shared with the Disability Rights Coalition for feedback before being finalized. ● DSP is partnering with People First of Canada to fund a “Listen, Include Respect - Train the Trainer” conference for self-advocate members of People First of Nova Scotia in June 2026. This will increase capacity of Nova Scotia’s self-advocates to train others across the province, and support People First of Canada to deliver this training across the country. This project also strengthens the connection between DSP and PFC in a shared commitment to enabling self-advocates to lead others to adopt inclusive practices 	<p>Inclusive Facilitation CONFIDENTIAL</p>
<p>18 Continue implementation of:</p> <p>a. Innovations and Transition funding and allocations through Regional Advisory mechanism and</p> <p>b. Services Transition Development Fund</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <p>a. <i>Innovation Fund</i>: A provincial council has been established with membership from the Regional Advisory Councils and the Director of Regional Hubs. Regional Closure Specialists will share their lessons learned from the implementation of the Service Evolution Fund with the working group. Community Living Facilitators will work in partnership with each regional council managing applications and navigating the review and recommendation of applications to the provincial council. The council has agreed to start with a few project ideas per region to confirm and refine project criteria and evaluation at a manageable scale.</p> <p>b. <i>Service Evolution Fund (SEF)</i>: As of 31 March 2026, close to \$2 million has been awarded to DSP service providers, through SEF, across all four provincial regions. This funding supported 44 DSP service providers delivering 48 distinct projects spanning the following categories:</p> <ul style="list-style-type: none"> ● Professional services ● Community engagement and awareness ● Training and professional development 	<ul style="list-style-type: none"> ● 260 - Advisory Council Innovation Fund Guidelines (Draft) - CONFIDENTIAL ● <u>Service Evolution Fund Supports Remedy Projects Nova Scotia Transforming Support</u> ● <u>Funding for More Remedy Projects Nova Scotia Transforming Support</u> ● <u>Project Funding to Help Service Providers</u>

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
	<ul style="list-style-type: none"> • Temporary support positions <p>Projects were approved based on each organization’s demonstrated ability to implement innovative, person-centred approaches that are aligned with and advance the Human Rights Remedy.</p> <p>As a condition of funding, all successful proponents must submit a final report outlining outcomes achieved and lessons learned. Options are being explored for sharing the lessons learned information. The funding criteria for the fund are also being reviewed based on lessons learned to determine if any adjustments are required.</p>	<p><u>Transform Disability Supports Government of Nova Scotia News Releases</u></p>
19 Update DSP client projection model using baseline numbers and provide assumptions, and outputs of the model	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • DSP continues to update its caseload forecasts using growth assumptions from the client projection model (4% growth per year). The model is being used to support caseload allocation in the Regional Hubs as new IPSCs, LACs and EFACs are onboarded, and to project when participants who are not part of Remedy target cohorts (those not in institutions, not on the SRL, etc.) will be able to transition to the new system. • Under the stated assumptions, the modelling confirms there is sufficient human resource capacity (in particular IPSCs) to transition all DSP participants to a Remedy-compliant DSP program and address requirements of the Remedy by the end of Year 5. <p><i>See outcome #14 Year 2 Report</i></p>	<ul style="list-style-type: none"> • 261 – DSP Client Projection model Output • 282 – Remedy Year 4 and 5 Modelling
20 Continue appointment of External Evaluation Team and report on appointment, activities, reports and	<p style="text-align: center;">EXACT COMPLIANCE</p> <p>See item #6 above</p> <p><i>See outcome #28 Year 2 Report</i></p>	

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
recommendations of the Team.		
21 Continue to implement Disability Sector Workforce Plan.	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • The first Disability Support Sector Workforce Strategy was launched in January 2025 with 31 actions designed to modernize and strengthen the disability support workforce through four priority areas: awareness and recruitment; learning and development; health and safety; and growth and stability. Of the 31 actions, 20 are completed or underway. The remaining 11 will be actioned in fiscal year 2026-27. • A Year 3 highlight is the introduction of a microcredential on a human rights-based approach to supporting persons with disabilities, co-designed and delivered by first voice. The microcredential was first delivered on a pilot basis, feedback from participants in the pilot was overwhelmingly positive. The microcredential is now available to the DSP sector, and executive directors and board chairs of all DSP service provider organizations are required to complete it by 31 December 2026. 	<ul style="list-style-type: none"> • 262 - DSP Workforce Strategy Winter 25-26 Status Update (to 31 March 2026) • 283 - Advocacy for the Rights of Person with Disabilities Microcredential Overview • 284 - DSP Workforce Strategy – Winter 25-26 Status Update (updated May 2026) • 287 - Disability Support Professional Program Overview
22 Implement new licensing and safeguard standards	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> • An environmental scan and risk assessment have been completed on the current DSP licensing and regulatory landscape to understand the baseline requirements for the successful implementation of community-based housing. The review identified several critical risks: 	<ul style="list-style-type: none"> • 263 - Licensing Safeguarding Executive Summary 25 December 2025

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
	<ul style="list-style-type: none"> ○ current building code and licensing standards that are not aligned with the Remedy, limiting housing options; ○ none of the existing licensing items are fully aligned with future requirements; and ○ oversight mechanisms for unlicensed homes remain undefined. ● The Environmental Scan and Risk Assessment were used to inform the development of person-centred safeguarding standards that were co-designed with first voice in collaboration with the Office of Fire Marshal (OFM), the OSD Licensing Team, service providers and participants. ● In Year 4 the Licensing and Housing Safeguard Framework will be translated into practical, implementable actions across five coordinated streams: <ul style="list-style-type: none"> ○ updating internal DSP roles and workflows; ○ formalizing safeguards documentation, tools, and templates; ○ delivering training for and building capacity among impacted staff; ○ developing and executing targeted communications and sector engagement; ○ supporting launch and post-implementation change management. ● This target is labelled “Substantial Progress” because we made sufficient progress (through the development of a Housing Safeguard Framework that will be implemented in Year 4) to anticipate it will contribute to remedying the discrimination in the required timeframe. 	<ul style="list-style-type: none"> ● 286 - Housing Safeguards Framework v.7
23 Implement new housing strategies	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> ● DSP has partnered with the Department of Growth and Development to explore and design a housing continuum that reflects a range of innovative, person-centred housing models for people with disabilities, aligned with 	<ul style="list-style-type: none"> ● 288 - Project Charter DSP Housing Options

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	<p>Remedy principles. This work will examine tenancy and housing arrangements across different settings—including provider-owned or operated homes and apartments, individual and shared leases, and other ownership models such as trusts or co-operatives—to clarify how tenancy, occupancy, and support relationships function in the Nova Scotia context and confirm participant rights and protections under various housing arrangements, identify opportunities and constraints within existing models, and draw on approaches used in other jurisdictions. An options analysis and recommendation for the future state housing continuum will be completed in July 2026 and implementation plan in September 2026.</p> <ul style="list-style-type: none"> • DSP has partnered with Inclusion Nova Scotia to develop and execute a Housing Pathways Initiative, a province-wide project to inform and accelerate access to community-based housing for people with disabilities and increase awareness of viable living models and local pathway to secure housing and support. Part of this initiative will be a housing themed 2026 Rebuilding Hope Conference in Fall 2026, delivered regionally, that brings together individuals, families, services providers (and possibly developers and other housing-related stakeholders) to raise awareness of different housing models and local opportunities. • Other housing strategies underway -- including HomeShare, ongoing support from Community Living Facilitators in identifying housing opportunities in community, and the development of new licensing and safeguard standards (outlined above under outcome #21) -- will result in expanded housing options for Nova Scotians with disabilities. • This target is labelled “Substantial Progress” because we made sufficient progress (launching HomeShare, undertaking a housing continuum options analysis, and supporting a Housing Pathways Initiative) to anticipate it will contribute to remedying the discrimination in the required timeframe. 	

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APPENDIX I – Status of outstanding requirements from Year 2 Annual Report

REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
<p>3.k DSP Regional Multidisciplinary Mental Health/Health Teams and Supports operational</p>	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> • The Disability Support Outreach Service is meant to work alongside, not replace or duplicate, the existing services provided by Nova Scotia Health, IWK, Health, the Office of Mental Health and Addictions, the Department of Health and Wellness, and other government departments that support people with disabilities. While the health system provides universal access to core services, Outreach Teams will offer specialized, person-directed allied health supports that are integrated with disability services and focused on promoting independence, inclusion, and community living. • Various disciplines may be included in the Disability Support Outreach Service: occupational therapists and assistants, physiotherapists and assistants, dieticians, board certified behavioural analysts, behavioural interventionists, psychologists, social workers, and speech language pathologists. The disciplines and number of team members vary depending on local needs. • DSP has been working with new and existing partners to establish four regional multi-disciplinary, allied health disability support outreach teams, bringing together facility-based multidisciplinary and clinical supports, DSP resources, and health system partners. This approach is intended to be for the benefit of the broader disability community. The Outreach Teams will also work closely with support networks (families, caregivers) and service providers (support staff), offering disability-specific education and capacity-building that extends beyond what is typically available through standard healthcare services. • The mandate, team composition, scope of services, and guiding framework have been established. Additionally, a process pathway and associated tools are operational to enable participants and IPSCs/LACs/Care Coordinators to access the service in the interim and in the future state. • To ensure no participant is denied access to necessary supports, DSP has established pathways to immediate access to allied health supports. As outlined in the supporting documents, this measure ensures access is available to participants even before all teams are fully operational. 	<ul style="list-style-type: none"> • 264 DSP Staff FAQ Allied Health Supports Program 28 July 2025 • 265 – Primary Care Pathway for DSP Participants • 266 – Allied Health How to Connect • 289 - DSOT Connection Form • 301 – Press Release Dalhousie DSOT

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
	<ul style="list-style-type: none"> • DSP has signed service agreements with partners to deliver Disability Support Outreach services in Central, Eastern, and Western regions. In Western and Eastern regions, services will be delivered in community by existing DSP providers (CORE and Breton Ability Centre). The Disability Outreach Team in Western is currently operational and receiving community-based referrals. BAC’s Outreach Team is in recruitment. • In Central Region, DSP has signed an agreement with Dalhousie University Faculty of Health Sciences and School of Social Work to expand upon the university’s existing Social Work Clinic model to include other health professionals and implement a multi-disciplinary approach to service delivery for participants, families, support staff and students. In addition to providing direct allied health services to DSP participants, this model helps build capacity within a participant's circle of support. A highlight of this partnership is that it will provide opportunities for education, training and supervision for university students in the health professions through practicum placements with the team and will support research and evaluation in the field of disability studies. The initiative is a collaboration between DSP, Nova Scotia Health, the Department of Health and Wellness, and Dalhousie University. • In Northern region, DSP is collaborating with the Department of Health and Wellness, Nova Scotia Health and other community-based partners to establish the Disability Support Outreach Team. Two planning workshops are scheduled for May and June 2026. • All teams are expected to be operational by 31 December 2026. • This target is labelled “Substantial Progress” because we made sufficient progress (launched three of four teams, all expected to be operational by 31 December 2026 and interim process are established to ensure access to Allied Health support) to anticipate it will contribute to remedying the discrimination in the required timeframe. 	
3.I) Award new proposals for MH/Health programs	<p style="text-align: center;">SUBSTANTIAL PROGRESS</p> <ul style="list-style-type: none"> • DSP worked collaboratively with the Office of Addictions and Mental Health to help health system partners (e.g. Nova Scotia Health, IWK Health) better understand the current state and future state vision of access to mental health supports for DSP participants transitioning from facility-based living to community. The focus for Year 3 	<ul style="list-style-type: none"> • 290 – Research Report MH Peer Support Program

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
	<p>was on capacity building, establishing communication and accountability structures, and planning for new direct-care mental health services. The collaborative approach builds on healthcare transformation work underway to address system-wide gaps for all Nova Scotians, including DSP participants.</p> <ul style="list-style-type: none"> • As a result of this collaboration and planning, DSP and OAMH secured funding for 2026-27 for the following new mental health services: <ul style="list-style-type: none"> ○ expansion of the Community Outreach Assessment and Support Treatment (COAST) program to communities outside Halifax, including upskilling of existing community mental health staff and crisis prevention and response training; ○ expansion of clinician consultation services; ○ creation of a Mental Health Peer Support Model (jurisdictional scan and engagement has been completed); and ○ development of crisis response outreach teams. • DSP initiated a cross-jurisdictional knowledge exchange event confirmed for June 2026 with Community Living British Columbia, which includes DSP staff along with key staff from the Office of Addictions and Mental Health and provincial health system partners. • This target is labelled “Substantial Progress” because we made sufficient progress (requests for new services have been submitted, approved and funded) to anticipate it will contribute to remedying the discrimination in the required timeframe. 	<ul style="list-style-type: none"> • 291 – Engagement Report MH Peer Support Program
<p>3.m) Province wide Critical Response Team/capability fully established</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <p>The Crisis Prevention and Community Response Strategy continues to be implemented through:</p> <ol style="list-style-type: none"> i. <i>Individualized Planning</i> - IPSCs and LACs are required to execute a collaborative, person-directed process for developing a safeguard plan, led by the individual (or substitute decision-maker, if applicable), with their 	<ul style="list-style-type: none"> • 223 Crisis Prevention and Community Response Strategy 31 March 2025 • 197 Crisis Prevention and Community Response

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
	<p>individualized goals at the forefront and ensuring all people (i.e. professionals and/or personal support networks) identified as part of the safeguard plan understand their role.</p> <p>ii. <i>Training</i> - DSP regional service delivery staff and all DSP-approved service provider support staff supported to access to training in trauma-informed care, human-rights based approach and dignity of risk approaches. Safeguarding training provided to all IPSCs and LACs as part of core training.</p> <p>iii. <i>Access to Rapid Access Funding</i> - emergency funds to address urgent needs that cannot be met by existing support during imminent or ongoing crises, bridging the gap toward long-term solutions;</p> <p>iv. <i>Urgent Staffing Supports</i> - provides 24 hours a day, 7 days a week on-call staffing response for DSP participants who experience unexpected gaps in their regular support network (e.g., support staff, family, friends). An application process is underway to engage service provider(s) to deliver the support.</p>	<p>IPSC Training Scenarios 13 January 2025</p> <ul style="list-style-type: none"> • 198 Crisis Prevention and Community Response LAC Training Scenarios 13 January 2025 • 292 - USS Service Provider Webinar Slides • 293 – Urgent Staffing Support Program Description • 294 – Urgent Staffing Support Service Provider Application Form • 295 – USS Service Provider Support FAQ
<p>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</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • A Supported Decision-Making Toolkit has been developed and used to support training for all new hires. • Training for staff is based on the presumption of capacity secured in Nova Scotia Law. • DSP is undertaking work to further enhance Supported Decision-Making and align it with the new system of Individualized Funding with a focus on self-determination, choice and control. This work will build on existing legislation, new work within the Department of Justice, and the principles and philosophy of the Remedy. 	<ul style="list-style-type: none"> • 270 - Supported Decision-Making Resource Library • 271 - Supported Decision Making One Pager • 272 - SDM Framework for DSP Planners and EFACs

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
<p>term) on the presumption of capacity secured in NS law.</p>	<ul style="list-style-type: none"> • The Department of Justice completed a review the legislative framework surrounding adult capacity and decision-making in the province and explored the possibility of implementing supported decision-making legislation that would enhance autonomy, dignity, and inclusion for adults with varying levels of decision-making capability. This project is part of a response to recommendations resulting from the statutory review of the Adult Capacity and Decision-making Act (ACDMA) completed in 2022. • The review included three key components: <ul style="list-style-type: none"> ○ A legislative review that examined nine Nova Scotia laws and civil procedure rules that govern adult capacity and substitute decision-making. ○ A jurisdictional review that examined supported decision-making frameworks across Canada and internationally to identify legislative models, best practices, and implementation considerations. Methods included review of documents and information as well as three key informant interviews. ○ A public engagement process to hear feedback from Nova Scotians which included 17 sessions with 101 participants and 24 written submissions. Participants were adults who use or may use supported decision-making, family members/caregivers, and others such as service providers, lawyers, healthcare staff, and advocacy organizations. • The recommendations are being reviewed by the Department of Justice 	<ul style="list-style-type: none"> • 273 - Supported Decision-Making Agreement Template • 296 – Report FINAL2 Supported Decision Making DOJ CONFIDENTIAL
<p>25. Housing rental costs assistance review complete.</p>	<p style="text-align: center;">EXACT COMPLIANCE</p> <ul style="list-style-type: none"> • DSP’s Excess Shelter Policy allows the provision of additional financial assistance (over and above the Standard Household Rate) to ensure a participant’s housing enables them to pursue the goals identified in their support plan. • The Excess Shelter Policy has been updated to uphold the principle that a person meeting the criteria will receive the excess shelter expense amount as per their household size. 	<p>297 – DSP Excess Policy Revision Request Excess Shelter</p>

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REMEDY REQUIREMENT	STATUS AS OF 31 MARCH 2026	SUPPORTING DOCUMENTS
	<ul style="list-style-type: none">• Excess Shelter is currently being provided to over 1,000 DSP participants. Excess Shelter is frequently approved in recognition of the challenges persons with disabilities face when it comes to finding appropriate housing.	

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APPENDIX II – Status of Year 2 Monitor Recommendations

Monitor Recommendation Year 2 Annual Report	Status
1. That for Year 2 and subsequent years, the Province’s responses to each of my Recommendations be collected together and include focused explanations with specific and contextual information. (page 16)	Addressed in this table
2. That the Executive Director of the Remedy work with the Disability Rights Coalition, People First of Nova Scotia and Inclusion Nova Scotia to develop and implement an action plan for the routine production of plain language documents related to the Human Rights Remedy. One possibility would be for DSP to contract with People First and/or Inclusion Nova Scotia to work with provincial officials along with the Disability Advisory Committee in producing accessible documents. (page 24)	Draft Inclusive Communication and Facilitation Guidelines (Confidential Documents 280, 281 and 285) developed and submitted to DRC on 07 April 2026 for review and feedback. Once feedback is received documents will be finalized and implemented.
3. That the Province report on what mechanisms have been put in place to replace the Service Request List; and, that the Province collaborate with the DRC to ensure the alternative is fully transparent and in alignment with the Remedy and human rights principles more generally. (page 27)	Proposed Service Request list replacement measures and targets (Confidential Document 298) submitted on 07 April 2026 to DRC for review and feedback. Once feedback is received Service Request list replacement will be finalized and implemented.
4. That the Province integrates the Human Rights Remedy and human rights principles more generally in its update of Disability Support Program policy manuals. To do so by: incorporating information about the Human Rights Remedy in policy statements; referring to guiding principles and values of human rights in the policy objectives; identifying specific rights and duties relevant to the specific procedures and practices; and, referring directly to the Remedy, noting pertinent outcomes in the accountability sections. (page 30)	Proposed updates to Disability Support Program Policy integrating Human Rights principles (Confidential Document 299 and 300) submitted on 07 April 2026 and 15 May 2026 to DRC for review and feedback. Once feedback is received policy updates will be finalized and implemented.
5. That in order to accord with the Remedy, the Excess Shelter Policy should uphold the principle that a person meeting the criteria will receive the shelter expense amount, as per their household size, as a right to accommodative assistance. (page 30)	Policy has been updated see document 297
6. That the Province commit to consultations with the Disability Rights Coalition on all major aspects of workforce strategy and activities, including recruitment, training and staffing decisions. Consultations could address hiring qualified IPSCs in a timely manner, balancing the workload of new roles (the LACs and IPSCs) with the workload of existing programs, meeting	Consultation with DRC occurred on 09 June 2025, 20 October 2025, 21 November 2025, and 16 March 2026 additional supporting documents provided and reviewed including modelling assumptions and methodology, more detailed recruitment timelines, LAC assessment and scoring guide. It was also agreed

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<p align="center">Monitor Recommendation Year 2 Annual Report</p>	<p align="center">Status</p>
<p>the facility closure timelines with adequate support planning capacity and options for individual moving into community. (pages 38-39)</p>	<p>that a first voice representative sit on hiring panels for Supervisor and above position in s DSP.</p>
<p>7. That given the lack of a comprehensive overview of the governance landscape for the Human Rights Remedy, the Parties work together to produce a map, perhaps accompanied by a guidebook in plain language and available in alternate formats that would identify and describe briefly the roles and relationships. In addition, this information could indicate how human rights principles are present in mandates, processes and practices. (page 44)</p>	<p>Dependent on finalization of items #2 and #4 above.</p>
<p>8. That to ensure continuous and timely progress for the Disability Support Outreach Teams model, the Province identify deliverables and milestones and publish timelines for the three phases and for the intended outcomes of effective and equitable provision of supports across Nova Scotia. (page 46)</p>	<p>See Appendix I in Annual Progress Report Table</p>
<p>9. That the Province develop an explicit policy statement on admissions to Long Term Care facilities for adults under 65 that is consistent with the Human Rights Remedy and human rights principles more generally. (page 47)</p>	<p>Proposed amendments to admission policy to Long Term Care facilities (Confidential Document 278) submitted to DRC on 29 April 2026 for review and feedback. Once feedback is admission policy will be finalized and implemented.</p>

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APPENDIX III – Year 2 Targets, Location of Compliance Status Reporting

#	REMEDY REQUIREMENT	MONITOR'S ASSESSMENT
1.	Update as to status and work of the Roundtable.	EXACT COMPLIANCE
2.	Leadership and Capability Panel established and has operational plan to advance training recommendations.	EXACT COMPLIANCE
3.	<p>The Province will have carried out the following during the year:</p> <ul style="list-style-type: none"> 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 c. Planning commences in November for next groups including capacity building and enhanced current lifestyle (n=208) d. 20 of 83 Existing TSA's converted e. Plans for people in Psychiatric Hospitals and Forensic Hospital to return to their community of choice including: <ul style="list-style-type: none"> a. 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. b. Minimum of 78 individuals currently identified on Service Request List. Target 20% = 16 people moved out in Year 2. f. 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. g. Planning/capacity building/enhanced current lifestyle for those in other systems (Shared services and psychiatric hospital/forensic) Baseline versus: estimate numbers n=16. h. Increase of 50 in DSP Homeshare options in community of choice, by region (n= 50): 240 total Homeshare. i. Reduce DSP Waitlist (Service Request List) "no support group" (Baseline of 589) by 289 through IF options. 	<ul style="list-style-type: none"> a. SLIGHT PROGRESS <i>Updated status in Year 3 Table under item 12.c</i> b. SUFFICIENT PROGRESS <i>Updated status in Year 3 Table under item 12.a</i> c. SLIGHT PROGRESS <i>Updated status in Year 3 Table under item 12.b</i> d. SLIGHT PROGRESS <i>Updated status in in Year 3 Table under item 12.i</i> e. SLIGHT PROGRESS <i>Updated status in Year 3 Table under item 12.f</i> f. SLIGHT PROGRESS <i>Updated status in Year 3 Table under item 12.e</i> g. SLIGHT PROGRESS <i>Updated status in Year 3 Table under item 12.e and 12.f</i>

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#	REMEDY REQUIREMENT	MONITOR'S ASSESSMENT
	<ul style="list-style-type: none"> j. Planning and support and Discretionary Funding for DSP Waitlist (SRL) “no service” group—estimate numbers n=350 k. Four new DSP Regional Multidisciplinary Mental Health/Health Teams and Supports operational, and Integration of Multi-disciplinary outreach teams complete. l. Award new proposals for MH/Health programs. m. Province wide Critical Response Team/capability fully established. n. Commence planning for School Leavers (n =100). 	<p>h. SLIGHT PROGRESS <i>Updated status in Year 3 Table under item 12.d</i></p> <p>i. SUFFICIENT PROGRESS <i>Updated status in Year 3 Table under item 12.g</i></p> <p>j. SLIGHT PROGRESS <i>Updated status in Year 3 Table under item 12.g</i></p> <p>k. SLIGHT PROGRESS <i>Updated status in Year 3 Table APPENDIX I</i></p> <p>l. SUFFICIENT PROGRESS <i>Updated status in Year 3 Table APPENDIX I</i></p> <p>m. SUFFICIENT PROGRESS <i>Updated status in Year 3 Table APPENDIX I</i></p> <p>n. SIGNIFICANT PROGRESS <i>Updated status in Year 3 Table under item 12.h</i></p>
4.	<p>Full implementation of new individualized funding (IF) infrastructure system/administration and support structure:</p> <ul style="list-style-type: none"> 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. 	<p>SUFFICIENT PROGRESS <i>Updated status in Year 3 Table under item 10</i></p>
5.	<p>Person Directed Planning (PDP) tender awarded for Province wide Peer and Technical Support Program.</p>	<p><i>SUFFICIENT PROGRESS</i> <i>Updated Status in Year 3 Table under item 5</i></p>

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#	REMEDY REQUIREMENT	MONITOR'S ASSESSMENT
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.	SUFFICIENT PROGRESS <i>Updated information in Year 3 Table APPENDIX I</i>
7.	Continue development and implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and Intensive Planning and Support Coordination (IPSC).	EXACT COMPLIANCE
8.	Approve and implement fidelity requirements (see Year 1 for requirements/criteria).	EXACT COMPLIANCE
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).	EXACT COMPLIANCE
10.	Recruit, train and have fully operational 50 new LACs and 65 new IPSCs in accordance with approved fidelity criteria. <ul style="list-style-type: none"> 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 	SLIGHT PROGRESS <i>Updated status in Year 3 Table under item 4</i>
11.	Recruit next 30 new LACs and 15 new IPSCs (ex Care Coordinator FTE).	SLIGHT PROGRESS <i>Updated status in Year 3 Table under item 4</i>
12.	New Provincial capability for technical and peer planning supports program operational.	SLIGHT PROGRESS <i>Updated status in Year 3 Table under item 5</i>
13.	Local Area Coordination (LAC) staff commence disbursing discretionary funding.	SUFFICIENT PROGRESS <i>Updated status in Year 3 Table under item 3</i>
14.	Update DSP client projection model using baseline numbers and provide assumptions, and outputs of the model.	SLIGHT PROGRESS <i>Updated status in Year 3 Table under item 19</i>
15.	Disability Sector Workforce Plan approved, and implementation commenced.	EXACT COMPLIANCE

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#	REMEDY REQUIREMENT	MONITOR'S ASSESSMENT
16.	Regional Advisory mechanisms commenced.	EXACT COMPLIANCE
17.	Innovations and Transition funding commenced and allocated through Regional Advisory mechanism and Services Transition Development Fund commenced.	EXACT COMPLIANCE
18.	External evaluation team commences individual outcomes monitoring with agreed new tool.	SUFFICIENT PROGRESS <i>Updated status in Year 3 Table under item 6</i>
19.	Updated DSP policies and practices consistent with eligibility of shared services participants.	SUFFICIENT PROGRESS <i>Updated status in Year 3 Table under item 9</i>
20.	Update efforts to remove waitlist for eligible applicants by establishing a human rights compliant client pathway that ensures timely access to accommodative assistance.	SIGNIFICANT PROGRESS <i>Updated status in Year 3 Table under item 13</i>
21.	Update as to development and implementation of new program policies including arrangements for triage and "immediate assistance" once found eligible.	SLIGHT PROGRESS <i>Updated status in Year 3 Table under item 14</i>
22.	Update as to regional review of "eligible but not receiving support" group to examine demographics and determine priorities.	SUFFICIENT PROGRESS <i>Updated status in Year 3 Table under item 15</i>
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	EXACT COMPLIANCE
24.	Report back on implementation of operational procedures to provide that applications that are denied based on eligibility criteria are documented.	<i>EXACT COMPLIANCE</i>
25.	Housing rental costs assistance review complete.	SUFFICIENT PROGRESS <i>Updated status in Year 3 Table APPENDIX I</i>
26.	Review of National Building Code adjustments complete.	EXACT COMPLIANCE
27.	Licensing and standards review complete / HR principles embedded.	EXACT COMPLIANCE
28.	First review of new governance structures.	SIGNIFICANT PROGRESS <i>Updated status in Year 3 Table under item 20</i>

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