Appendix C

DRC Comments on Selected Year 2 Indicators: Status of outstanding Requirements from Monitor's Year 2 Report

(June 2026)

Remedy Requirement	COMMENT
3. (k) Four new DSP Regional Multidisciplinary Mental Health/Health Teams and Supports operational, and Integration of Multi-disciplinary outreach teams complete	The Province claims '*substantial compliance'*: • It will be recalled this this requirement was also addressed in one of the Monitor's Recommendation from his second Report (#8 on page 46) which resulted from apparent concerns the Monitor had vis-à-vis implementation of the Allied Health Services and Outreach Teams. • However, it is important to note that this is a Remedy obligation—for Outreach Teams in **all four** regions—which was meant to be fully achieved by March **2025**. • Because of their crucial importance in carrying out other Remedy requirements, the delays in getting these teams operational will have contributed to the delay in de-institutionalizations, conversions of TSAs and relocations from LTCs. • The Province points to its intended partnership with Dalhousie University related to the development of an Outreach Team in the Central region which was only announced recently (May 28, 2026). It is *expected* that it will be operational by the *end of 2026*.

	• The same announcement (above) also noted that: "planning is underway for services in the eastern and northern regions." • In addition, the Province's submissions on this Year 2 requirement, fail to squarely respond to the Monitor's recommendations that it "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." • The **Conclusion** is that these vitally important teams were not operational in Years 2 or 3 and may not be even by the end of Year 4 • This is not '*substantial compliance'.* • Separately, the DRC is also concerned that staff from the former RRCs (Breton Abilities and Kings) who are now centrally involved in Outreach Teams may not have been required to participate in both the Supported Decision Making and Human Rights Microcredentials trainings so that they might have the capacity to bring a fresh, more human rights-based approach to their work under the Remedy. • Finally, the DRC understands that a lack of Allied Health Care services available to IPSCs is one of the barriers they encounter in their efforts to assist persons to relocate from institutions.
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	The Province claims 'exact compliance'. However,

efforts (in the short term) on the presumption of capacity secured in NS law.	• There is no indication that staff members now employed at the former Breton Abilities Centre RRC and Kings RRC (now CORE) and who have recently assumed new roles under the Remedy have been required to participate in supported decision-making training. Similarly, there is no indication that these staff members (from the pre-Remedy world) were required to participate in the human rights Microcredential program to ensure that they, too, would be able to bring a fresh, human right orientation to their work.