

DRC Comments on Selected Indicators: February-June 2023

INDICATOR	COMMENT
<p>4. Establish a Remedy Secretariat including a Project Management and Implementation Team: (a) DCS/DSP to align current Transformation Work Plan and budget to the agreed Remedy (b) Progressively design and build a new Reedy Secretariat/Project Management and Implementation Team to progress urgent tasks such as Communications plan and a Change Management Plan; (c) Progress any new staff recruitments as a priority.</p>	<ul style="list-style-type: none"> Re #4(c): Claimed Exact Compliance, but there is <i>no</i> supporting documentation cited to support prioritization of staff recruitment. The actual recruitment information points in the opposite direction. See, for example, how recruitment was <i>not</i> prioritized in the delayed appointment of the now re-named Director of Allied Health Support.
<p>7. Develop written policy and process to ensure no new congregate or institutional facilities are established for persons with disabilities.</p>	<ul style="list-style-type: none"> Claimed Exact Compliance, but, in fact, this was only done in January 2024—not in Feb-June (this is another good example of why/how the filed Interim Progress Report was both inadequate <i>and</i> demonstrates its importance as an early warning system for the parties and public).
<p>8. Take immediate actions to address any staff ceilings or other barriers to early recruitment of necessary staff – for example to do the early policy and program work required.</p>	<p>Claimed Exact Compliance:</p> <ul style="list-style-type: none"> However, several of the 14 documents cited for compliance (several in ‘draft’ form) date from the last week of May 2024 (e.g., Team Lead Job Description & Posting) even though the end point for requirement #8 was June 2023. The May 2024 appointment of the Director of Allied Health Support (Required for the Emergency Response Teams) illustrates that there has not been exact

	<p>compliance with the requirement to address “barriers to early recruitment of necessary staff.”</p>
<p>9. Develop and plan implementation of Local Area Coordination, including individualized planning and coordination services (navigational) and intensive Planning and Support Coordination (IPSC).</p>	<ul style="list-style-type: none"> • Claimed Exact Compliance, but almost all of the documents cited actually date from May of 2024—i.e., <i>not</i> completed in Feb-June 2023.
<p>10. Commence priority new services such as the Emergency Response team to avoid new institutional admissions and support persons with disabilities in their community of choice. (a) In particular, the Emergency Response team is required to enable a set date for firm prohibition on admission to institutions and LTC facilities</p>	<p>Claimed Exact Compliance, but:</p> <ul style="list-style-type: none"> • Even the Province’s own comments for #10 indicate that ‘priority services’ have yet to commence: e.g., ‘design work <i>commenced</i>’...‘strategy development <i>underway</i>’.... • The ‘priority new services’ (e.g., <i>Emergency Response team</i>) was to have commenced in the Feb-June 2023 period but, apart from re-naming the would-be services, they clearly have not commenced even as of June 2024. • These ‘priority services’ were certainly <i>not</i> done in the required Feb-June timeframe. • Despite the requirement in para. 15 of the Order for documentation to substantiate its status report, <i>no</i> documents in support of the Province’s claims accompany its report. • Even on the Province’s own statement of the situation, this is clearly <i>not</i> Exact Compliance, which, in turn, triggers the obligation on the Province to provide: <ol style="list-style-type: none"> 1. The ‘reasons for the non-compliance’: The Province is in violation of this obligation inasmuch as there is no effort made to provide reasons for being at least one year late in addressing this requirement—and it is still not completed.

	<p>2. Neither has the Province taken <i>any</i> steps in order to be ‘compliant in substance’, or even made any effort to demonstrate compliance in substance with the provision of priority services to prevent new institutionalizations.</p> <p>3. Neither has the Province made any effort to state whether, and how, it has a basis for claiming that it will remedy the discrimination within the five-year timeframe.</p>
<p>11. DCS/DSP to continue with urgent new services that are aligned with the Remedy such as: (a) Institutional closure (b) development with the Remedy such as Shared Services, and new ILS places</p>	<ul style="list-style-type: none"> • The Province merely cites a Facility Closure Strategy and an RCF Transition Strategy: both of these forward-looking documents actually date from April 2024 even though the end point of this period was June 2023, and • Re ‘eligibility for those residing in LTC but eligible for shared services’: The DRC is extremely concerned as to whether a meaningful supported decision-making approach has been relied on in the outreach to LTC/nursing home residents under age 65. At least one of the documents cited by the Province (Public Document #49) appears to have simply been a form letter with a check list of questions asking “To indicate your interest in Shared Services please check the appropriate box below and sign Section C at the bottom of this form. <input type="checkbox"/> YES, I want to be assessed to possibly participate in Shared Services.” • There is no indication in the status report or disclosure that <i>any</i> of the approximately 25 or so persons in LTC institutions who have expressed interest in community-based living have, in fact, been offered living situations.
<p>12. Appoint a Clinical Lead to the planning and development of the Multi-disciplinary Allied Health teams and inter agency development work.</p>	<ul style="list-style-type: none"> • While the Province <i>now</i> claims Exact Compliance for the Feb-June 2023 period, however, in its very partial, January 2024 <u>Interim Progress Report</u> regarding that early period, the Province claimed only “Substantial Progress”. This demonstrates the problematic character of the Province’s reporting generally along with its lack of supporting documentation.

	<ul style="list-style-type: none">• Most importantly, however, the very recent appointment (May 2024) of the Clinical Lead is actually one year late.¹• This is another good example of why/how the flawed January 2024 Interim Report was inadequate and highlights its importance as an early warning system for the parties and public.• The delay in hiring the Director of Allied Health Support (aka Clinical Lead) significantly impacted the operational capacity of the Crisis Prevention and Community Response Strategy (aka Emergency Response Teams).• This, in turn, has led to the Province missing the deadline to adopt and implement its ‘no new admissions’ Policy.• This means that persons with disabilities will continue to be subject to damaging institutionalization—potentially, for several years.• Given that there has clearly not been Exact Compliance, it was incumbent on the Province, to provide reasons and to demonstrate, by documentation/information, why this appointment could not have been achieved. It has failed to even attempt this.• Moreover, the Province is also obliged under the Interim Order to demonstrate (with information) how the five-year timeline can still be met. Beyond making a bare assertion, it has failed to do so.
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¹ The Province cites document #75 to demonstrate ‘compliance’, but even it states that the Director of Allied Health Support (aka Clinical Lead), didn’t begin employment until late May 2024.

<p>13. Establish “no new admissions” policy once Emergency response capability in place.</p>	<p>Claimed Exact Compliance, but:</p> <ul style="list-style-type: none"> • To repeat, the Appendix A requirements for Feb-June required the Province to: <ul style="list-style-type: none"> i) “commence priority new services such as the Emergency Response team” in order to avoid new institutional admissions...&...<u>enable a set date for firm prohibition on admission to institutions</u>” (#s 10, 12 & 15), ii) Appoint a Clinical Lead to create, <i>inter alia</i>, Emergency Response teams (#s12), iii) Establish ‘no new admissions’ policies all within the Feb-June period. Bartnik et al., pages 80-82). • The ‘no new admissions’ Policy cited by the Province (Public Document #75) dates from late May 2024 and is actually very late. • The Province states that the 2025 date is to ensure ‘the resources required are in place’. However, the agreement between the parties and the Order, make clear that priority is to be given to recruitment, with the removal of any internal bureaucratic barriers in order to ensure compliance with the Order. • The Province simply asserts without “demonstrating” why at least some Emergency Response capability couldn’t have been in place.² • Re separate/delayed ‘no new admissions for GH and DRs’: The Province’s almost two-year delay in the implementation of a ‘no new admissions’ policy for Group Homes and Developmental Residences is: i) an unauthorized unilateral change to the Order and, ii) is simply asserted with no reasons, let alone any attempt made to demonstrate how this will achieve compliance within five years.
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² For example, Bartnik expected the Emergency Response Teams to be at least 50% operational by November 2023 ([Bartnik](#), page 86).

<p>15. Commence work to remove waitlist for eligible applicants by establishing a human rights compliant client pathway that ensures timely access to accommodative assistance. For the purposes of this Interim Settlement Agreement, “accommodative assistance” means social assistance, including supports and services, that meet the different needs of persons with disabilities.</p> <p>(a) This to include such elements as alignment with an enhanced DSP Intake and triage function, referrals to LAC/IPSC/Care Coordination/Emergency Response Team/other services and supports such as health and housing. (b) The pathway to also identify where additional support may be provided to streamline DSP eligibility determination.</p>	<p>Claimed Exact Compliance, but</p> <p><i>Re Establishment of ESIA Disability supplement</i></p> <ul style="list-style-type: none"> • The Province relies on its <u>very recent (April 1, 2024) introduction</u> of the Income Assistance Disability Supplement of \$300/month. however, this was <i>not</i> an initiative that took place between Feb-June 2023. • Moreover, it should be understood that the Disability Supplement is basically <u>an increase in the rates for the Province’s main social assistance program</u> (the <i>Employment Support and Income Assistance</i> program). That is, it is <i>entirely</i> separate from the DSP and the Remedy itself. Persons with disabilities on the DSP waitlist have <i>always</i> been able to access the main social assistance program while waiting to be provided DSP services. <p><i>Re Implementation of ILS+</i></p> <ul style="list-style-type: none"> • The Province cites a document called “ILS+ Policy” in support of what it claims is <i>exact</i> compliance. • Once again, the undated Policy document cited appears to be a draft policy with no indication as to whether/when it will become <u>formal DSP Policy</u>. Whatever its status, it certainly is <i>not</i> a Policy that formally became part of DSP Policy in the Feb-June 2023 period, or, even, <u>current DSP Policy</u>.
<p>16. Approve and implement eligibility and key DSP policy review and update, including rescinding Eligibility policy sections 9.3 and 9.4.</p> <p>(a) Scope review of Licensing and standards.</p>	<ul style="list-style-type: none"> • Despite the comprehensive introductory wording of #16, there are no revised <u>eligibility</u> and key policy documents mentioned or cited. • Re rescinding Policies 9.3 and 9.4: this was only done in January 2024 <i>not</i> Feb-June.

<p>(b) Review and address situation of individuals previously denied.</p>	<ul style="list-style-type: none"> • The Province cites a Community Supports Charter—unclear how this relates to #16, but in any event, it dates from December 2023 • Re addressing individual previously denied under 9.3 and 9.4: The Province claims “substantial progress” but even the cited headway was only done in May 2024 rather than the Feb-June 2023 period.
<p>17. Support Adult Capacity and Decision-making Act (ACDMA) review process by linking DSP to the review. Focus should be on using the presumption of capacity in NS law and on the practice of Supported Decision Making</p>	<ul style="list-style-type: none"> • The Province cites the DCS involvement in the Review (Public doc. #97). However, the Review was released in February 2022—before the Technical Experts had even been appointed. The Province cites no further “support” it has provided for linking a Remedied DSP to the Review process. • The last recommendation in the February 2022 Review calls for engagement “with a diverse group of stakeholders to examine options for recognizing formal supported decision-making arrangements in legislation.”—there is no indication in the compliance report that this has taken place
<p>19. Coordinate Seniors and Long-Term Care (SLTC) and DSP to work collaboratively on the development of consistent structures for Individualized Funding (IF) programs.</p>	<ul style="list-style-type: none"> • The Province claims Exact Compliance but then cites a Confidential draft document which is dated late December 2023: It is very late given that it was due in the Feb-June period and is still only a draft RFP.
<p>20. Review and align current DSP work on developing enhanced supports for children. New efforts should be consistent and complementary to efforts outlined in this report. Respite options could focus on Homeshare approach that fosters relationships and networks as the child grows.</p>	<ul style="list-style-type: none"> • The Province claims ‘exact compliance’ but cites no documents at all in support of this claim.
<p>21. Establish a working group (DSP, IWK, Office of Addictions and Mental</p>	<ul style="list-style-type: none"> • The Province claims ‘Compliance in Substance’ yet the only document cited is dated April 2024—not from the Feb-June period.

<p>Health, Nova Scotia Health – NSH) to develop shared purpose and language on mandates, connection to the current process of development of a universal mental health and addictions system, partnering in case coordination between DSP and NSH for Complex Cases, and address outstanding eligibility issues.</p>	
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