

HANSARD

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COMMITTEE

ON

COMMUNITY SERVICES

Tuesday, January 5, 2010

Committee Room 1

**Department of Health Promotion and Protection -
Youth Health Centres**

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COMMUNITY SERVICES COMMITTEE

Mr. Jim Morton (Chairman)
Mr. Gary Ramey (Vice-Chairman)
Mr. Leonard Preyra
Mr. Trevor Zinck
Ms. Michele Raymond
Mr. Leo Glavine
Ms. Kelly Regan
Hon. Christopher d'Entremont
Mr. Alfie MacLeod

[Mr. Alfie MacLeod was replaced by Hon. Cecil Clarke.]

In Attendance:

Ms. Kim Langille
Legislative Committee Clerk

WITNESSES

Department of Health Promotion and Protection

Mr. Duff Montgomerie, Deputy Minister
Mr. Morris Green, Coordinator - Youth Health
Ms. Heather Christian, Director - Healthy Development

HALIFAX, TUESDAY, JANUARY 5, 2010

STANDING COMMITTEE ON COMMUNITY SERVICES

2:10 P.M.

CHAIRMAN
Mr. Jim Morton

MR. CHAIRMAN: I'd like to call the meeting to order. We've taken just a bit of a break in the midst of our usual committee meeting to change gears. I'd like to welcome our guests, they'll have a chance to introduce themselves in a moment.

I think that because we have made this transition, it would be useful to have introductions. I'm Jim Morton, I'm the MLA for Kings North and I'm chairing this committee. I think we'll start with the clerk on my left.

[The committee members and witnesses introduced themselves.]

MR. CHAIRMAN: Welcome all three of you and welcome to the other people who are in the room today.

I understand you have a bit of a presentation to make, to begin with, so perhaps I will turn the floor over to you for that.

MR. DUFF MONTGOMERIE: Thank you, Mr. Chairman. Any time we have an opportunity to talk about young people it is a good opportunity, so we welcome it.

Certainly I want to highlight right from the beginning that these centres and their coordinators are really doing some extraordinary work. More importantly, our research confirms that and tells us that when young people have access to youth health centres, they tend to make better decisions about their own health.

Members of the committee will know that in 2007 youth health centres were identified as a component of one of the five key strategic directions outlined in the Child and Youth Strategy which you just heard about. The centres are cited as a vehicle for helping youth get some of the health support they need. We're proud of the progress we've made in partnerships, and HPP does nothing alone. Everything we do is in partnerships and this is a prime example with schools, school boards, district health authorities, our youth and other partners across government.

Our work with youth health centres has made us leaders in Canada and we know that the services these centres provide are responsive to the needs of young people, particularly in the areas of mental health and sexual health. Having someone in a school to respond to a health issue is not new; I'm sure most of us can remember a school nurse who was available full time or part time. What is new is the focus on health education and health promotion. The clinical aspect of a youth health centre is not going away; rather, it is being complemented by efforts to protect the health of young people by working with them to provide programs and services that meet their needs and their concerns.

The first school-based youth health centre in Nova Scotia was in Spryfield's J.L. Ilsley High School. That centre was established in 1991 and continues to operate today. The Red Door in Kentville was the first community-based youth health centre and was established around the same time and also continues to operate today, although in a different setting. By the beginning of this decade, there were more than 20 youth health centres across Nova Scotia, operating and managed in different ways but all working to improve the health of youth. Today there are more than 40 youth health centres across Nova Scotia, almost all in high schools, with a few in the community and a few that are based in junior high schools.

I'd like to turn things over to Moe who knows this program inside out and will give you a bit of an insight to the operations of the centre, their finances and our valuation work around them.

MR. MORRIS GREEN: Thanks Duff and thanks for having me here today, folks. Youth health centres today are now managed by the district health authorities through Public Health Services. The day-to-day operations and activities of the youth health centres are determined with significant input from youth and this is in keeping with the youth-centered approach that we feel is integral to the success of our work with young people. As a matter of fact, before Christmas I wanted to do some work with youth at Citadel High School through their youth health centre and the proposal didn't go anywhere until it got a thumbs up from the Youth Advisory Committee.

A provincial Youth Health Centre Advisory Committee, chaired by our Department of HPP, meets twice a year to provide strategic direction for youth health centres and includes subcommittees that look at evaluation as well as monitoring youth health centres and whether or not they can meet our provincial standards. The fact that most youth health centres are in schools is not by chance. We know that more youth will access youth health

services if the point of access is in the school rather than the community. There are transportation issues for many youth, particularly in more rural areas of our province, that leave them at a disadvantage if the centre is in a place other than the school.

Community-based youth health centres certainly have some advantages though, particularly for youth who are not in school. The scope of services and activities of youth health centres is broad and covers any topic that you can think of related to youth. They include work around mental health, sexual health, addictions and substance abuse, healthy eating, physical activity, injury prevention, tobacco, and healthy relationships and that list is by no means exhaustive.

How these individual issues are dealt with from a programming point of view can vary widely from one-on-one counselling, to support groups, to peer education, to school-wide awareness projects where the entire school is attempted to be engaged. Some of the work may be health education in nature by supporting students who need accurate and up-to-date information and resources on a particular health issue. Some of the work may be health promotion in nature where there is a proactive initiative to address a particular health issue like impaired driving or perhaps a gay-straight alliance in the school. Some of the work may be clinical in nature where services are offered in the centre or through a referral process to services inside or outside of the district.

[2:15 p.m.]

Whatever the issue is, staff do their best to try to address it. I can't think of any health issue that a youth doesn't bring into a youth health centre where the coordinator doesn't try to do their best to open some door and provide some support.

Staffing of youth health centres is an active discussion that highlights perhaps a philosophical difference regarding their role. Most youth health centre coordinators are nurses, but as we watch the shift toward more health promotion activities we begin to see the range of other skilled people who can fill the role of the coordinator. If you happened to see a recent job posting from Capital Health for youth health centre coordinators you would have noticed a call not just for nurses, but for social workers, occupational therapists, psychologists - those folks could apply as well. A range of professions who can and do fit nicely into a coordinator role.

In most school and community-based health youth centres, the coordinator works full time running programs and making time for individual appointments with youth. If they aren't running programs themselves, they're supporting youth to initiate and run activities for their peers and as I mentioned, some clinical services may happen in the youth health centre or arrangements made for referrals elsewhere.

A very short rabbit trail - I was telling Heather yesterday that one of my colleagues is a coordinator in Guysborough. She was out doing H1N1 immunization stuff for about two months and she was so pleased to know that her youth-led committees were continuing

to operate, continuing to do work in the school which I think reflects the focus on trying to pass on some leadership skills to youth as well through the centres.

A number of important materials have been created during the past several years that we feel are critical to the success of youth health centres. You have these three documents with you today, I believe. A document called *Guidelines for Youth Health Centres in Nova Scotia* was created to help guide the development and day-to-day operations of new youth health centres, but it's also an extremely helpful document for centres already up and running.

Earlier evaluation work identified the need for creating system-wide standards for youth health centres to ensure that services and supports for youth are provided in a consistent manner across the province. As a result, a document called *Standards for Youth Health Centres in Nova Scotia* was produced. Essentially we want to make sure that regardless of where a youth health centre is located in Nova Scotia, the quality of the experience for youth is going to be the same and we hope that the experience is going to be a good one, regardless of whether the youth is an urban youth, rural, or suburban youth.

A document called *Being Youth Centered* was also developed and this is not only useful for youth health centres, but a terrific resource for any organization that is working with youth. These materials are available in English and French and I should also mention that four of our youth health centres are in French high schools, in Dartmouth, Sydney, Arichat and Cheticamp.

I want to talk briefly about some financial information with youth health centres. Our department provides \$800,000 each year to districts to support these youth health centres. I provided a chart for you that outlines how that money is divided. In a district like South Shore Health, the approximately \$64,000 that we give annually is used to support one of the two youth health centres in that district. Contrast that with Capital Health where youth health centres are located in each high school with a total budget exceeding \$1 million of which about \$230,000 is HPP money.

It costs approximately \$80,000 a year to fund a single youth health centre. The single biggest cost, not surprisingly, is labour. Add to that the cost of materials, equipment, travel, computer, telephone and other administration expenses. Most youth health centres are in schools and benefit from not having to pay heating and lighting, but additional expenses including rent may have to be factored in for a community-based youth health centre.

The Department of Education also makes some funds available each year to districts for infrastructure improvements. Districts in partnership with school boards can apply each year for up to \$15,000 for such things as new equipment and renovation costs in the centre.

I mentioned earlier that we have a subcommittee of our Provincial Advisory Committee that monitors youth health centres, in terms of their ability to meet standards. They have calculated the cost required for existing youth health centres to meet and continue to meet the standards. We need an additional \$800,000 a year to do that and most of those funds would provide for more staff to increase the hours that centres are accessible to youth.

Investing in youth health centres is not cheap but we feel it is money well spent and I'd like to take a few minutes to highlight our most recent evaluation.

The formative evaluation that was done earlier in the last decade tells us that there are significant health benefits for teens that have access to youth health centres. Our most recent research validates these findings. Last year we surveyed students across Nova Scotia and interviewed youth health centre coordinators to get a picture of the role our centres play in the lives of teenagers.

We wanted to know to what extent and in what ways youth health centres contribute to youth health. When a school or community has a youth health centre, as Duff mentioned earlier, young people use it and their health improves as a result. Youth find meaningful health services in our centres and I think this speaks directly to the efforts of coordinators to listen to youth and to respond to their needs. Youth would return if they needed more help and they would recommend the centre to their friends.

As a result of youth health centres, teenagers have learned more about health concerns and how to take better care of themselves. The centres have helped youth make changes to improve their health such as reducing alcohol, tobacco and other drug use, protecting their sexual health through the use of birth control and condoms, as well as skills to improve relationships and self esteem. We learned that some youth are eating healthier and increasing their levels of physical activity as well.

The evaluation tells us that youth health centres also create supportive environments for teens and social support networks for young people. This is an extremely important outcome to highlight. Having those supportive environments and networks can really make the difference for a young person if they're feeling overwhelmed and unable to deal with an issue. The evaluation also tells us that youth health centres successfully reach and engage a range of diverse and marginalized youth. Those young people who do feel marginalized feel safer and supported by the centre in their school or community. Again, it's this ability to help create a supportive environment that is so very important to keeping a teenager on their feet, healthy and in school.

The primary recommendations of the evaluation include investing in youth health centres; improving access to youth health centres, and that means primarily increasing the number of hours they're open, so adding to the number of youth health centre coordinators in the province; and facilitating greater sharing and learning among youth health centre

coordinators. Not surprisingly, we're very pleased to see these kinds of results and the full report will be printed later in January and shared with our stakeholders.

I'd like to thank you folks for letting me share those bits of information and certainly look forward to answering any questions you have afterwards.

MR. MONTGOMERIE: In appreciating the time pressure I'll just stop there and welcome any questions, Mr. Chairman.

MR. CHAIRMAN: Thank you very much for that. Mr. Preyra has indicated he has a question.

MR. LEONARD PREYRA: Thank you for that presentation. I must say just from personal experience, having two children who went through J.L. Ilsley and used the services of the teen health centre at a critical moment in their lives there, that it really is a wonderful program. Both in terms of how broadly health is defined there including well-being and education and prevention, but also in the opportunities they give young people to participate in peer counselling - not necessarily kids who need help but kids who are able to counsel their peers. It really is a great program.

I was just wondering, in terms of having had two children who have just grown out of their teenage years - one of whom hasn't yet - whether or not there's any talk of expanding the program to include tween health centres, at junior high, because it seems like most of the problems that the first time they encountered their own challenges was at the junior high level and it would have been great if they had those kinds of programs there. I know you have limited resources but is there any thought of expanding it to reach that group earlier?

MR. MONTGOMERIE: Two answers to that. Our vision, and our wish and desire, is that every teenager in Nova Scotia has access to such a centre, but recognizing that we've gone from two to 20 to 40 and recognizing we're facing a pretty difficult fiscal year, we're going to work really hard to maintain the existing level of service, but, at the same time, continue to make the point to the government as we move and we're able to add resources, that that is our goal.

It is, as a person who was a teacher, as a person who worked in Legion leadership camps around young people for six or seven years and as a parent of four children and six grandchildren, I have a real appreciation of settings for young people, of them having a confidence or the ability to be able to feel safe in asking for advice and guidance in a setting that is away from other pressures, so thank you for your comments.

MR. GREEN: I should let committee members know that, as well in some parts of the province, there are some services for junior-high-school-age youth. It's certainly not in the majority of youth health centres but in some of the centres.

MR. CHAIRMAN: Mr. Glavine.

MR. LEO GLAVINE: Thank you, Mr. Chairman and thank you, Duff, Moe and Heather for being here today. This is, I think, a really critical service, in fact, that's offered to our youth across the province. Just on a couple of logistics at first; the South Shore DHA didn't seem to have very many youth health centres at first and I don't think we could even locate information about where they are standing today on the Web site. I was just wondering if you could kind of update the South Shore.

MR. GREEN: There's a community-based youth health centre in New Germany. It serves the catchment area of the high school and junior high school population. As well, in Caledonia there's a youth health centre, but that's the extent of it in South Shore health.

MR. GLAVINE: I raise that because when you have centres like you know Liverpool, Bridgewater, Lunenburg, it seems like a real deficiency not to have that available there.

The other area where there was, of course, some controversy around the youth health centre was in the Port Hawkesbury area and the Strait school board. I was wondering if that has been resolved. I know you made reference to a couple of Cape Breton centres but they may actually be in the Acadian school board districts, so I was just wondering again if you could update us on that area.

MR. GREEN: Yes, as far as I know, there are still no youth health centres in SAERC, I'm not sure. Heather, do you have any information on that, historically?

MS. HEATHER CHRISTIAN: Certainly in the Strait region, there are some youth health centres. What is happening is the plan, again, was to roll it out as resources would allow. So there was, I think, some initial but I think that there is a strong support for youth health centres in the Strait Regional School Board.

MR. GLAVINE: Just one further to Heather, as we have a short time to share her today. I know Duff has had a lifetime involved with youth and with health promotion and education of young Nova Scotians. I'm just wondering how you see youth centres in terms of providing and developing and fostering a culture of wellness which very often in Nova Scotia we have neglected, I think. We kind of have a stream around physical education but the youth health centre opens up a whole new dimension of looking at a child and their development and growth. I'm just wondering how you envision that role?

MR. MONTGOMERIE: That's an excellent question and I think the Office of Health Promotion and Protection was created at a time when a government was looking to balance a budget and was reducing programs because they felt health care costs as we know them are not sustainable. I see the same support and so on from the present government. If we don't make those fundamental changes of how we approach our health, and young people are a very key part of that, then we'll continue to have the highest chronic disease

rates, we'll continue to be behind the eight ball. We are an older population anyway on the East Coast as opposed to the West.

I think part of our responsibility as a department is to continue to show government decision makers that if you make these kinds of decisions then we have the evidence to prove the results that, in fact, you're reducing health care costs, you're reducing the pressure on the mental health side which is a serious issue for young people. Deputy Cochrane tells us constantly he has seen more scenarios around mental health in the last eight years than he had seen in decades in education.

As a deputy minister, your ideal would be that you'd like to have all of these services, but what I do respect is we've had a lot of support to get where we are - to go from 20 to 40 youth health centres around this specific program. As applications come in we will evaluate them and where we're able to do additional ones we will. I must be honest, I think in the next year it will be maintaining the existing level.

MR. GLAVINE: Thank you.

MR. CHAIRMAN: Next I think will be Mr. d'Entremont.

[2:30 p.m.]

MR. D'ENTREMONT: This is sort of going from where Leo was as well, we moved down to South West Health and South West Health shows one health centre, I don't even know where that one is so I am going to ask where that is. (Interruption) Shelburne, okay. So that means there are two other counties that aren't even represented in that one.

My next question really falls into, how does one or how does a community get a youth health centre? How do they apply? How does that grassroots - does it come from the community or does the department identify something? I'm just wondering what that process is.

MR. MONTGOMERIE: It's a combination of things. Basically a community can identify - and almost every one would - the need for a health centre, work with the district health authority and the district health authority would work with us in the business-planning process and then we would go from there. Actually, I don't think - Moe and Heather can correct me - we haven't had a real formal application from that district around it. I'm not encouraging that if we had it tomorrow we could respond to it affirmatively, but that's the process.

Again, we, as a department, don't want to go to a community and say you should do this. We would prefer that they do the work, get the support, have the district health authority fight their battle within their own business plan to say, that's why this is important to us. Moe highlighted that Capital Health does spend more money in youth centres than

others out of their business plan because that's a choice they've made in their overall business plan approach and we support that.

MR. GREEN: And there are discussions, Mr. d'Entremont, among staff down there about wanting a youth health centre. Word of mouth too, principals really like to have these youth health centres in their schools and that news spreads.

MR. D'ENTREMONT: It's the fight of which one does it go in, does it go in Yarmouth High. Even in my riding I have two high schools, so which one does it go into and that doesn't even include Digby County, so I understand.

MS. CHRISTIAN: I think the point is really important though in that it is using very much a community development grassroots approach, that it comes from the communities. Look at J.L. Ilsley and the Red Door. Those were community-based, groundbreaking things that happened in communities working together to identify issues, concerns and potentially how could we move forward to support the young people in our communities. It just so happened that the model that they looked at was youth health centres. In other areas they may look at other models of service for youth.

While there may not be a youth health centre in Yarmouth or perhaps in Bridgewater, you do need to look around and say, what other models of service and support are there for young people and then how do they identify together how they can support. It's not a cookie cutter approach and it does mean that we need to look at different modalities, but it is a really promising modality that our evaluation is definitely showing there are huge positive outcomes in youth health in all facets of health in relation to the youth health centres support that has been provided to young people in Nova Scotia.

MR. CHAIRMAN: Thank you. Again, there have been a number of hands, but Ms. Raymond would be next.

MS. RAYMOND: Thanks and actually on a personal note again, I have to speak for J.L. Ilsley and the teen health centre. I think in answer perhaps to your question a little bit it seems to be very much something that arises from the community. My experience in the early years of the youth health centre was, it was something that the community was very concerned about and there was a lot of initiative. It also has served to galvanize an awful lot of other activity in the area.

Also I should personally say, having a daughter who went through the J.L. Ilsley program, accessed the services of the youth health centre, I knew about it only much, much later and I realized that it serves a very important transitional period when children leave the pediatrician at the door. They turn 16 and they are out of that system if that is the case, so it really is a critical time for young people to find their footing in the health system. I'm glad to say that that has gone on to be the case.

I have a couple of questions. One of the things I'm very interested in, the experience at J.L. Ilsley has been that a big part of their activity is actually in cultivating volunteerism among youth and that's not something you mentioned. Does that fit into one of the particular rubrics? Mental health or community engagement?

MR. GREEN: It touches on a number of different health issues. There's active work in the area of injury prevention in volunteers to do things like that in their community, so it touches a number of different areas and it absolutely is something that's happening.

MS. RAYMOND: So is that sort of a core part of the youth health centre agenda?

MR. GREEN: Oh yes, so much happens outside the boundaries of the centre and the coordinator is not doing a lot of that stuff, but it's volunteers from the youth population who are running those programs and in some cases initiating those programs.

MS. RAYMOND: So that's the sort of leadership development part of it as well?

MR. GREEN: Absolutely.

MR. MONTGOMERIE: I referee basketball on the weekends and I'm in schools and see signs "youth smoking meeting", such and such or "youth healthy sexuality meeting" to Moe's point. These are kids who come together and help each other, support each other around sound health principles.

MS. RAYMOND: I know we're facing an awful lot of financial challenges here in this and I know you say the future of the centres is probably something you'll be looking at in financial levels, but you have been able to make the financial case for their continued existence, I take it, in terms of health access to sort of critical care health services in youth?

MS. CHRISTIAN: I think it's safe to say that that information is looked at and it is available certainly on a case-by-case basis and across the province. There is the monitoring and evaluation subcommittee that Mo spoke of as a provincial level and giving some guidance around that, certainly the information is known. It is just how do you make that happen and be fiscally responsible at the same time?

MS. RAYMOND: Health promotion is usually a pretty good investment.

MR. CHAIRMAN: Just because of my own history, your question prompted me to think - and I'm not sure that this has been said so clearly - that one of the ways these services are delivered is through a collaborative process among many departments, which is something we were talking about in our last hour.

I think that takes us to Ms. Regan.

MS. REGAN: I was just looking at the figures on the last page of the handout. I noticed on the second page it talks about approximately \$80,000 to fund a single youth health centre and then on the back page I'm seeing health centres that are funded for \$64,000, \$67,000, \$78,000, \$73,000 and \$49,000, so how does that work?

MR. GREEN: Again, that's just the provincial HPP contribution to the districts.

MS. REGAN: That's what I'm wondering, where else do you get money from?

MR. GREEN: From their own DHA budgets, that's where they're finding the money from.

MR. MONTGOMERIE: And Education provides support of the facility. So the key is the business plan of the DHA to us, plus our normal contribution of \$80,000 and then we work it out with them as the best way. Some of them will not do five days of service, some of them only do one day. In Cape Breton, for example, they use that model a fair amount that they move people through different schools for a day only. Our goal and preference is five days quite frankly.

MS. REGAN: So, in fact, some of these numbers where it shows that we have youth health centres, they're not open five days a week?

MR. MONTGOMERIE: That's correct.

MR. GREEN: You may have one coordinator in charge of four schools perhaps spending a day to a day and a half in each place.

MS. REGAN: Okay.

MR. CHAIRMAN: Mr. Ramey.

MR. GARY RAMEY: Thank you, deputy, Mr. Green and Ms. Christian. I've learned quite a bit here today and thank you, members for Argyle and Kings West, because I had those questions on my mind as well. As you know, Bridgewater, 7,600 people, two big high schools, blah, blah - I don't have to go on. I know how you get the ball rolling, though, so that's basically what I had to find out there.

I should mention, too, the one in New Germany, the youth centre in New Germany - the MLA for Lunenburg has her office in the same location, which is kind of a good thing.

MR. MONTGOMERIE: All kinds of counselling. (Laughter)

MR. RAMEY: And that's where we're going to leave that, right? Anyway, I really have a couple of short snappers here and I really will be short with these. I noticed when Mr. Green was talking, you were talking about the evaluation that was sort of conducted

and you mentioned there's a report coming, I think in January or something. Because my head quantifies things, in terms of percentages, did you have a percentage of how many people you surveyed said it was great? Do you have a number like that, between zero and 100?

MR. GREEN: The vast majority of students, youth who use the services of the youth health centre have nothing but great things to say about it. A real short snapshot of the youth we surveyed, close to 90 per cent of the youth in schools knew about a youth health centre and about half that number use the youth health centre. But I think it's important to qualify again because not everything happens within the boundaries of the youth health centre, it's a little bit more difficult to quantify the effects it's having on students who never even step in the door of the youth health centre, with the initiatives that students may run in the school.

We have about close to 15 per cent of the students surveyed who are multiple users; people who would use the centre and the youth health services on a regular basis. That's a really important piece of information to learn. These are some folks who are coming with some really complex problems and the youth health centre has been a real lifeline for these youth. Some of the qualitative information we receive from that evaluation is really compelling, it almost makes you want to kind of sob, actually. For some folks, this is the only lifeline they have in their life. Some youth have told us that their life would have been torn apart without the youth health centre, so this is really making a significant difference.

MR. RAMEY: Super, okay. Then I guess my supplementary to that is, of the existing youth health centres that we talked about - about 40, is that correct?

MR. GREEN: A little over.

MR. RAMEY: How many or what percentage of them have full-time coordinators, roughly?

MR. GREEN: Well, I would say it would be at least one-third. I'd have to get back to you on the exact number. In Capital Health for sure, these would be full-time coordinators in the schools. Again, Cape Breton is probably the best example, where you may have several youth health centres under your belt.

MR. MONTGOMERIE: If I could comment, it's another example of the district health authority in their presentation to us saying, in Cape Breton we will rotate among schools and have a day, take a day and a half versus if we can only have five days in two or three places. Our preference would be to get them to the five days but, at the same time, we respect that's their community approach.

MR. RAMEY: Right. And providing services to kids who aren't in school, young people, is there a plan on that of some kind?

MR. GREEN: Well, it's part of the mandate for a youth health centre coordinator to be able to serve the needs of youth who are not in school, even if they're in school-based youth health centres.

MR. RAMEY: And how do they reach those kids?

MR. GREEN: Well, it's word of mouth, they know the centre exists. Sometimes there's some finessing with individual principals or school boards about how that's done. Teen Place in New Germany is a perfect example - it serves youth who are not in school, sometimes older than 18 as well. So that is something that's on the radar screens of all coordinators and all of us who are working in this area, how to better reach out to those youth who are not in school as well.

MR. RAMEY: Thanks for your indulgence there too. Sorry, I asked more than one question but I do appreciate it, thank you.

MR. CHAIRMAN: Well, you did say they were short snappers. (Laughter)

I think in the order that I've heard, Mr. Zinck would be next.

MR. ZINCK: Thank you, Mr. Chairman. Thanks again for coming in today. In keeping with the previous theme, the Child Youth Strategy, I just want to reiterate the point that Leonard had made around the junior high possibilities. I think with the increased numbers of mental health cases we're seeing in our young people, youth crime, substance abuse at the age of 12, these are formative, decision-making years for our young folks, and in particular in some tougher parts, communities that are struggling, it would be a great avenue to have those in our junior high levels so that they're prepared when they go on to high school for even bigger decisions. So I'd encourage you to stay committed to that and hopefully we can get to that point when the fiscal situation changes.

How effective would you say teen centres have been so far in engaging diverse communities, or the diverse populations in our communities, or marginalized youth that might take in the services?

MR. MONTGOMERIE: I'll ask Moe to respond from the survey perspective, but part of it is - and I'll go back to the settings point - it's like anything else. If the leadership in the setting and the setting is strong and the leadership is strong, people will be drawn to it, from different backgrounds, different needs and so on. So that's where, from my experience with young people, I really view this as a success story because young people tend to show a certain amount of trust in that particular set-up.

The other thing I'd like to comment on is your excellent comments on the youth strategy because the other part, you should understand, is that five departments and five deputies have very hard-nosed discussions around what is the best approach to meet some

of the serious issues around young people. Of course we obviously view teen health centres as one of the critical ones. Sorry, Moe, I might refer the question to you.

MR. GREEN: I think probably the best example of reaching marginalized youth has been the gay-straight alliances that you have in the high schools and the youth health centres. That not only sets up a positive environment for those youth who identify themselves and are open about themselves being part of the lesbian, gay, bisexual and transgender community and use the services, but it also speaks to the probably significant number of youth who are still in the closet and don't want to say anything but because there's a gay-straight alliance in the school, they simply feel better.

In other schools which have a very diverse population from a cultural/ethnic point of view, there are some peer support groups that are set up around some health issues. There are connections with new immigrant programs at the YMCA and things like that. I guess the bottom line is that youth health centre coordinators are extremely creative about trying to help and support and connect and open some doors for those youth.

[2:45 p.m.]

MR. ZINCK: That's really good to hear, you know, having the confidence for a young person to come into that situation - be it a different culture, coming from a different culture or from a marginalized family background.

How would you say that teen centres act as a social support system for students? Going through the education system can be trying sometimes, and we've talked briefly about the SchoolsPlus program and some struggles that students might find. What kind of benefits have you seen there?

MR. MONTGOMERIE: I guess I'd characterize it as teenagers, young people, have all kinds of issues they face, in school and without school, and a lot of personal things they wrestle with every day. Really what the teen health centre helps them with, if they should go through the door, is how they can make better decisions around some of those challenges or how they may get some other resources or help for some of the serious issues that they may feel they're seeing or feeling. Again, I'd leave it to Moe, who is the front line, to elaborate on that.

MR. GREEN: Well, I visited a lot of youth health centres across the province and what you find time after time is that at different times during the day, these centres become little drop-in centres for youth. That's a social support network in itself, especially if you're feeling disadvantaged or marginalized or carrying some past baggage from a particular health issue.

So there's no doubt that when there's a youth health centre in the school or Teen Place in New Germany that has Friday night drop-ins, these places become very important

locations for youth to sit down together and feel safe together, and hopefully become healthier together.

MR. ZINCK: Thank you.

MR. CHAIRMAN: I think that we will go to you.

MS. REGAN: I'm just wondering sort of about the physical layout of these. Are they sort of set up on a medical practice kind of . . .

MR. GREEN: They can look different from place to place. We now have a partnership with the Department of Education where we've worked with an architect in the department that there's a model for new school construction but youth health centre coordinators are very clever about this and very conscious about issues of confidentiality and privacy. You see them in different places in the school. Some are more remote than others and some places have even a little back door if a student wants to come in for a particular clinical referral. There's a lot of thought into layout, that's for sure.

MS. REGAN: So currently the employees, do they do physical exams on-site? I'm just sort of wondering, do they sort of fulfill the role that the school nurse used to in some ways and yet more?

MR. GREEN: In some ways, yes, but in other cases there could be partnerships in the district so, for example, a local nurse practitioner may come in one day a week to do some specific clinical services. In Amherst, for example, a local family physician will come in once every two weeks, I believe, and do some clinical services, so it really depends on the district and the partnership agreements that have been set up by that particular centre.

MS. CHRISTIAN: The one thing that you'll see in the standards is it talks about how they're set up, again depending on the services and supports in your community, so it may look different. There's no cookie-cutter approach, very intentionally. Standards are basically set to make sure that services and supports meet the needs of the young people who are at the centre.

MS. REGAN: I'm just curious about the standards for new builds. Can you just tell us a little bit about that because I have a new school going in, I think.

MR. GREEN: Some of it has to do with, if there is going to be a place where clinical work is done, to make sure it's in a very private area and as unobtrusive as possible, a remote part of the centre, itself.

MR. MONTGOMERIE: One of the points that was made earlier was that we're leaders in Canada. One of the reasons why we are is for this very reason, our Department of Education and ourselves are very collaborative, and the school boards. The very fact that

we're now looking at school construction and public health centres, that they're done right, speaks volumes for that kind of collaboration.

MS. CHRISTIAN: I think built into the standards it talks about having the young people part of that as well. It's really, truly not tokenism, it's youth engagement from the get-go, it's their governance structure, what their centre looks like. Does that always work? No, it's like anything, it doesn't always work, but where it can the young people, the coordinator and others in the school community are working together around looking at the requirements for the youth health centre, itself.

There is a structure, I forget what you call it, but anyway if somebody from Education was here they could tell you, the form, but the architects have come up with a plan that looks at standards, square footage, from a privacy perspective, sink from a hygiene perspective, you name it so, if you did need to do a clinical exam you could. Not all would have clinical examinations performed in them because it may be more of a Health Promotion nature. That would all be taken into consideration when the architecture was drawn up for each school.

But at a very minimum, there are minimum standards you want to look at. Everything from making sure that they've got proper wiring for computer access, or if there's proper outlets for equipment that has to be used. So safety and confidentiality is at the centre, of the centres.

MR. CHAIRMAN: Thank you. I know we've had a round of questions, but Mr. Preyra was also looking for a second opportunity so I think we have time for that.

MR. PREYRA: Well I didn't think I would get it; thank you Mr. Chairman. I have actually two questions and I'll ask them together because I know he'll cut me off if I ask them separately. (Laughter)

A question about after-hours. I know we're talking about five days a week and that's a huge challenge in itself, but you know, my kids go off wandering at midnight - they go for a walk and come back - and I'm wondering if especially in the downtown area there's any plan for after-hours particularly as it relates to partnerships with the schools, Citadel High in particular. I know that they used to play basketball there at one time at 2:00 a.m. and it was well subscribed to. That's one question, after-hours.

The other is that when I was a critic, one of the things that seemed to come through at the end, one thing I brought away from that job was that there seems to be a real problem with attachment. That kids have a very hard time attaching - I mean kids at risk - to their schools and to their communities. One of the great benefits of this program is the opportunity it offers them to reconnect with their communities and it gives the communities a sense of ownership to the issue itself. Has there been any talk to doing things like family group conferencing and expanding it to bring other community partners to deal with issues,

other than using teenagers themselves to help with those situations? Two separate questions, I know, and I don't expect an answer but . . .

MR. MONTGOMERIE: I'll deal with the last one first and then ask Moe to respond to your first one. I think the beauty of the youth strategy is for us to have those kinds of discussions. The children at risk, you're absolutely right - they're the ones that don't form attachments, they're the ones who don't have the confidence or whatever to seek help sometimes. So we have to look at different ways and innovative ways and that's what I call focussing in on, through Community Services, Education, Justice and ourselves, how do we better enable that, so those are part of our ongoing discussions. Moe, I'd ask you to respond to the . . .

MR. GREEN: I'll mention a couple of things briefly and then ask Heather if she wants to provide some feedback as well. I think there are active discussions about how these centres can be hubs for other activities, and I think that's a discussion that's going to take place and continue and see where that goes. There are opportunities for volunteers from the community to do work in youth health centres, and it's actually part of the standards about how those volunteers are recruited and the appropriate checks they would have to go through to be able to help out.

In terms of hours, again, these are active discussions and there have been some experiments across the province in different youth health centres about hours - evening hours, summer hours and things like that. I think it's fair to say that they're always looking at what will be best for the youth and how they can facilitate that given their centre and their staff. Heather, I'm not sure if you wanted to add anything to that.

MS. CHRISTIAN: I think that's fair. I think the answers are in having conversations with many people, really to Duff's and Moe's points, those conversations are happening, they need to happen even more with the young people giving us some real good guidance on how that might look - so some of the youth advisory groups and youth health centres, as well as some youth advisory groups outside of youth health centres, really putting their heads together to look at the services. Through the Child and Youth Strategy there's a group called Leaders of Today, an advisory group that advises many government departments and service providers across this province, so we need to tap into their wisdom a whole lot more.

MR. CHAIRMAN: Okay, thank you. I don't see any further questions and we've reached close to the end of our time. We do have one other piece of business so I'm hoping committee members might just delay themselves for a moment.

I'd like to thank Mr. Montgomerie, Mr. Green and Ms. Christian for being here and providing us with information on a very important development that's unfolding across our province. I want to thank those people who have been here to observe and assist with this process as well. Thank you.

MR. MONTGOMERIE: If I could, Mr. Chairman, first of all it's great to be somewhere and not be talking about H1N1. (Laughter) I certainly want to thank the committee because it's not often that as a department that is involved in a myriad of things, that we are able to sit down with decision makers around a small program called youth health centres and celebrate what's good about it, so we thank you for that opportunity.

MR. CHAIRMAN: Thank you. The other piece of business that we need to deal with in the five minutes that we have left has to do with the selection of additional witnesses and time always seems to pass very quickly. We have two committee meetings scheduled, one for January 20th and one for February 2nd for which we have witnesses, but we don't have anything confirmed for dates beyond that.

I know that Kim and Kim, who are moving around the room, have lists of those ideas that we had presented previously. What I'd like to suggest, rather than have us take time to discuss these today, is to take away this list and perhaps give it some further contemplation in advance of our next meeting, and we are meeting on January 20th - January 19th, sorry. I would suggest that perhaps by that date any additional thoughts about future witnesses might be forwarded to Kim Langille to put on a list. You may not have anything further you wish to add or as the last few months have passed, there may be additional ideas that have begun to emerge so it will give us a chance, either on January 19th or on February 2nd, to discuss how we move forward with those ideas. So if you can use the January 19th, I think that would be helpful.

If there is no other business then I would like to thank Kim Langille for all of the work she did in putting this committee together and again to thank everybody here for your participation this afternoon. The meeting is adjourned.

[The committee adjourned at 2:57 p.m.]