

# **HANSARD**

**NOVA SCOTIA HOUSE OF ASSEMBLY**

**COMMITTEE**

**ON**

**COMMUNITY SERVICES**

**Tuesday, May 4, 2010**

**Committee Room 1**

**Department of Community Services -  
Services for Persons with Disabilities**

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**COMMUNITY SERVICES COMMITTEE**

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

[Mr. Leonard Preyra was replaced by Ms. Vicki Conrad.]

In Attendance:

Ms. Kim Langille  
Legislative Committee Clerk

WITNESSES

Department of Community Services

Ms. Judith Ferguson,  
Deputy Minister

Ms. Lorna MacPherson,  
Director - Services for Persons with Disabilities

Mr. Lucas Wide,  
Communications Officer

**HALIFAX, TUESDAY, MAY 4, 2010**

**STANDING COMMITTEE ON COMMUNITY SERVICES**

**9:00 A.M.**

CHAIRMAN  
Mr. Jim Morton

MR. CHAIRMAN: Good morning everyone. I will call the meeting to order. It is nine o'clock, and we have a very busy agenda for the two hours that we have assigned to us this morning - in fact we have three sets of witnesses this morning.

For the first hour, the Department of Community Services will be both presenting and will be available for questions; then the Nova Scotia Disabled Persons Commission will be presenting between the 10:00 a.m. and 10:30 a.m. time period; and during the final part of our agenda, the Kings Regional Rehabilitation Centre will be presenting. So I know that our two hours will be very full.

We do have a little bit of committee business that will engage us at the end of our meeting, so I'm hoping members will stay in their seats for a little bit as the last witnesses leave. I also want to mention, it is quite obvious that we're being taped, at least for part of the morning. Legislature TV is here to pick up a few shots of the workings of this committee, so welcome to them. I'm sure everybody will be interested in maybe seeing the results of that from time to time.

And I'd like to give a welcome, as I usually do, to people who are observing during part of the meeting. I'm glad you are all here.

I think that's the business I need to mention, except please turn off your cellphones if you haven't already done that, and we should introduce ourselves.

[The committee members introduced themselves.]

MR. CHAIRMAN: Thank you, and now I'd like to welcome Judith Ferguson, Deputy Minister of Community Services here today. Judith, would you be willing to introduce, I guess, yourself and the members of your team.

MS. JUDITH FERGUSON: Thank you very much, Mr. Chairman, and I'd like to thank the committee for the opportunity to be here today.

I am Judith Ferguson, the Deputy Minister of Community Services. With me today is Lorna MacPherson, the Acting Director of our Services for Persons With Disabilities program; behind me is Lucas Wide with our Communications Division; also I want to acknowledge Anne MacRae and our colleagues from the Disabled Persons Commission whom you will be hearing from later; and Betty Mattson, our partner in service delivery, the CEO of the Kings Regional Rehabilitation Centre. So everyone is here this morning.

MR. CHAIRMAN: I think you have a presentation to make - I'm seeing on the screen - so if you'll proceed with that.

MS. FERGUSON: Thank you, Mr. Chairman.

Although we've been here a number of times, in speaking to Lorna recently I did note that the last time we were here before this committee speaking about the subject was actually 2007. So I thought that with the committee's indulgence, maybe I'd take a little bit of time and walk through - and really the presentation is an overview of the services that we provide in the department. So I thought I'd walk through a bit of that with the committee before we could start, if that's okay.

MR. CHAIRMAN: That's good.

MS. FERGUSON: So the services for persons with disabilities programs offers services and programs across the lifespan of our clients. It is a unique program and actually serves clients presently from age three to 93. We work with clients across the lifespan and have done a lot of work with respect to aging in place with our clients. There are approximately 5,000 clients being served, and there are three populations of people - with an intellectual disability, with a long-term mental illness, or physical disability. So that's a broad overview.

The SPD commitment - and I think this is important, because this speaks to the vision for our program, and the programs that staff deliver, and you'll hear from Betty in terms of the staff and her facility and the services that they deliver - the goal of the program is that we provide services that offer, promote, and foster independence and inclusion in

the community wherever possible. The intent, Mr. Chairman, is that we help families try to stay together, that we offer support in the least intrusive setting, and that we support independence through community inclusion. We're not all the way there yet, but the goal of the program as we move forward is to provide the right service, at the right place, at the right time for the people who we serve.

In terms of a very brief history, the SPD Program has had a long and somewhat complex history and I'll get into that a bit. In 1996, we had the municipal transfer of social services from the municipalities to the province and the Department of Community Services assumed sole responsibility for service delivery of a number of programs, one of which has become our SPD Program.

In 2003, the department embarked on a comprehensive review of the program. During this time we consulted with Nova Scotians, clients, stakeholders, families, and the community at large and we did this through a number of mediums. We had a discussion document, we had an e-mail site, we had a 1-800 number, and we had face-to-face consultations. As a result of that, three new programs were introduced from the review. They are the Direct Family Support Program, the Alternate Family Support Program, and the Independent Living Support Program. We'll speak to those in more detail in a minute.

In terms of the continuum of support that the program provides, this slide shows the continuum, the option range from least intrusive - beginning with direct family support - to full 24-hour support. So you see at the beginning of the continuum the direct family support - and I'll go into detail of each of these pieces - ending with the highest level of support which is our regional rehabilitation centres. So we have a range of support across the continuum for our clients.

In terms of the range in services, they are designed to support families, provide community-based support, and ensure that we comply with the Homes for Special Care Act, and also provide day programs for our clients who are adults, so that is the basic range. We have two kinds of community-based support and these are what we call our community-based support programs. I will spend a few minutes just very briefly highlighting the overall characteristics of each of these.

The first would be our Direct Family Support Program and, as I said, this is one of the newer programs that has been started in the department as a result of the review that we provided. This program primarily provides support through respite funding to families. We want to provide financial assistance for the family unit to stay intact, for families that are able to keep their family member at home with them, and provide the support for them to be able to do that. We currently have approximately 1,900 families that have accessed this program, so obviously this is a very important piece of the continuum and a relatively new piece that we've been working a lot through the department, and with our families we serve, and I think has become a very key, important part in the continuum.

In addition to respite funding, we also provide special needs and this is financial assistance to families to purchase approved items of special requirement that assist them in keeping their family member at home with them. So that is Direct Family Support.

The next level is our Independent Living Support Program. This provides up to 21 hours a week of support and services to persons with disabilities who are semi-independent and require minimum support in their own home or apartment. This has also been a positive program to individuals who require the least amount of support and can live, work, and socialize in their community. We have approximately 700 individuals across the province who use this program.

I'm sensitive to the time, Mr. Chairman, so I'm going to go through this relatively quickly, but obviously we can go back to any pieces of this through questions that people may have. We also have an alternate family support program and this provides support and supervision for up to two individuals in an approved private home and this was the last piece. There were three pieces to the new programming that was introduced over the last number of years - direct family support, independent living support, and alternate family support.

This offers a family setting for individuals with varying support needs. There is an extensive amount of work required to recruit, train, and approve alternate family support for families and we've worked with our colleagues in other provinces - when we instituted this program and who had this program with them - and that was very helpful for us in terms of developing the program. This is a relatively unique option and it really is around assessing the family and the person's care needs and ensuring that we have the right fit that works for everybody - we currently have approximately 200 individuals in this program in the department. Next we have our small options homes and these are staffed residential settings for up to three individuals who require assistance in a number of aspects of daily living - 602 individuals currently live in small options homes across the province.

Next I would like to spend a few minutes talking about Adult Service Centres - these are a very important part of our overall continuum. They provide a variety of programs, support work activities and, in some cases, retirement programs for clients in our program. The services range anywhere from pre-vocational services to supported work opportunities, and there's a wide range of skills and opportunities offered by our Adult Service Centres. There are about 1,950 individuals currently accessing 30 centres across Nova Scotia, and I would like to add that we are currently working with the service providers through the Directions Council, which is the umbrella organization that represents the Adult Service Centres, to look at a new funding model for this sector. That work has been ongoing for some time and is still in progress.

We also have Homes for Special Care and these are residential settings that are licensed by the department under the Homes for Special Care Act. These are homes that are required to meet all of our licensing criteria and the clients are assessed and placed in these according to their assessed level of need - and the admission to the home is contingent

on the applicant's approved level of support. So that is the next level along in our continuum and that's for more than three people.

Now, I'll just spend a very few minutes talking about each different kind of Homes for Special Care, because there is a range. The Homes for Special Care range from developmental residences to regional rehabilitation centres. So our developmental residences - we have approximately 88 developmental residences across the province, and group homes, and they provide support to approximately 500 individuals. They provide support for persons with intellectual disabilities who require enhanced to specialized support, and staff are required to have training in the seven new core competencies to be hired to work in one of these types of residences.

Next we have Group Homes, and Group Homes are for persons with disabilities who require minimal to moderate support and supervision. So that is the next step up from our developmental residences. We also have Residential Care Facilities and these are for people primarily with long-term, stable mental illness who require minimal support and supervision. Many of the individuals who reside in our Residential Care Facilities have some form of employment or volunteer activities, and there are approximately 23 residential care facilities across Nova Scotia.

Then next we have our Adult Residential Centres. These are for clients who require a more significant level of support - there are seven Adult Residential Centres in the province and they provide support to approximately 470 individuals. Each client is given the appropriate level of support to meet their needs but also to support their individual level of independence. I guess I would say at this point that in any of the options that we provide in terms of the residential options that we provide in the department, the goal always is to work with the people that we serve to ensure that they are in the option that provides them with the opportunity to gain the most independence. The goal would be that as people acquire more independence they are able to transition through to less intrusive options of care. So that is always the goal within the program.

Finally, our highest level of care would be in our regional rehabilitation centres, and I know Betty will speak eloquently to this when it is her opportunity. These are for people who require our highest level of needs and specialized support. We have four RRCs in the province and they serve approximately 186 clients.

I know I went through that rather quickly, but I just wanted to give people a bit of an overview of the options that we provide.

In terms of accessing services, regional staff meet with individuals and their families. We have an assessment process that we go through, and I do want to stress that the assessments are not just a diagnostic test. It is a full assessment of the overall needs for the client's daily living activities, and if they're found to be eligible, then we work with the individual and their family to determine the appropriate range of services that is available.

Our Services for Persons with Disabilities Program is a voluntary program and the individual does have the choice not to access the programs and services that are offered. So unlike some of the programs in the department, which are automatically available if you're eligible, this is a voluntary program, which makes it somewhat different from some of the other programs that are offered in the department.

[9:15 a.m.]

So people would meet with our SPD staff in the department. We would have a look - there are financial eligibility requirements and there are also functional eligibility requirements, and we would review all of that with the clients and their families before making a decision around whether or not the person is eligible for the program.

In terms of a snapshot of where we were in the program, if you look at the continuum of supports that I have just gone through - where we are in 2010 - we have about 332 community-based options or homes supporting approximately 3,427 individuals, and you will notice that our total licensed service options or our largest settings support less than half of the total population of clients that we serve in residential options.

In terms of where we are, there has been a lot of work going on that we're very pleased about in our SPD program. We've introduced new assessment and support planning tools. We've introduced a number of new policies, standards, and forms to update the program to reflect the needs that we're currently facing in the program and to try to make our program more client-focused and move forward in a way that works better for the clients and families we serve.

There is currently a wait list for the program and we have been working very hard with all of our staff and our service providers to institute a provincial wait list procedure to ensure that we manage it in way that is equitable and fair across the province. We've recently gone through a licensing transformation that has also impacted our SPD program and a number of other programs in the department. This has been a large project that's just underway and we feel will significantly help in terms of making sure that the licensing piece works in conjunction with the program piece.

For a number of months, we have also had a client reassessment project to really go in - now that we have the new assessment tool - and look at the clients that we're serving and ensure that we're providing, as best as we can, the services that really meet the needs of the clients.

We are also developing service agreements with our partners on a number of levels to look at all of the pieces of the program that are going on. I think service agreements are important with anyone we fund in government to ensure that people understand the obligations, but also that people know what they can expect of government so that it is clear, it is transparent, and it is a process that everybody understands.

We have been doing a lot of work with our partners in the sector to ensure that we are understanding all of the issues. This is a large program. This is a program that we don't do alone. We deliver the program in concert with the service providers who work with us on a daily basis, and it is important that we collaborate with the sector, with the stakeholders, and with the clients on an ongoing and continual basis to make sure that we're understanding the challenges as best we can and that we can address them.

Just a continuation, we've also been working on the implementation of the Personal Directives Act, the Persons in Care Act. We've had an ongoing provincial residential rate review which is really a look at how all of the service providers in this sector are funded. We've really been going forward to work together with the sector to ensure that we have a process that's understandable, that's transparent, that is client focused.

We've also been working on a management compensation review in concert with our colleagues at the Department of Health. We've really been looking at opportunities to increase our capacity in the program because that remains one of our largest challenges - the amount of capacity that we have and not only the amount of capacity but ensuring we have the right kinds of capacity to do the best we can to meet the needs of the clients that we serve. That is something that we'll continue moving forward as best we can.

With that, I'll stop here and open it up to the committee.

MR. CHAIRMAN: Thank you, that was a comprehensive overview. Maybe I haven't been attentive enough, but are there people who are ready for a question?

MR. GARY RAMEY: Thank you very much for coming in again - you come in here a lot. (Laughter) I do appreciate it and your staff as well, thank you very much.

A few months ago there was some talk about a home here in Halifax, the L'Arche home in Halifax, not being open. I was always unclear of what the issues were around that and I was just wondering, is it still not open and what are the issues around that if you could just fill me in there?

MS. FERGUSON: The L'Arche home is open and I believe it opened in January, yes, and the clients have all been moved into the home, very, very pleased that has happened.

MR. RAMEY: Me too.

MS. FERGUSON: We worked very closely and continue to work very closely with the board of the L'Arche home. There were a number of funding issues that had to be resolved before the home could be opened. They were challenging, both for the board and the department. We had ongoing meetings with the board and I'm very pleased we were able to resolve those issues in a way that worked for the board and the department.

MR. RAMEY: Excellent. I don't want to hog too much of the time here, but when you were talking about adult service centres across the province, I think in my area the ARC facility in downtown Bridgewater is one of those particular facilities and it's just an unbelievably great spot. What the staff have done there is they've introduced a music program, a nutrition and exercise program. I go there quite a lot because on their music days, I usually show up and sometimes I play as well.

One of the things I've noticed in talking to the staff there is that a few of those folks are teachers by profession. If they were to teach, they would do extremely well compared to how they do in their current occupation. But they refuse to leave because they are dedicated to the people that they serve. You said something about funding - I wasn't sure if you were talking about the funding of the actual place or funding of the staff, but are there any plans to try to get some of those folks who work very hard and do a great job a little higher up on the pay scale?

MS. FERGUSON: I'm really glad you raised the Adult Service Centres. They are truly a fabulous piece of the continuum and the work they do with the clients is truly incredible work. What I am really pleased to say is, we have been working with the Directions Council - which is the umbrella organization for the Adult Service Centres - and we are working with them on a number of funding pieces for the Adult Service Centres. That work is not completed, but it's underway and there's certainly a recognition that there are some funding issues within the adult service sector and we're looking at those.

MR. RAMEY: Do you have any timeline? I realize that's probably an unfair question, but do you know when you might be able to make a decision?

MS. LORNA MACPHERSON: No, that a fair question. Actually, I met with the committee that is comprised of probably five executive directors province-wide Adult Service Centres and we have outlined a time frame for our work and our terms of reference. It will likely take 8-12 months to come up with a funding strategy, which will include, as you say, the compensation for staff. Currently it's a combination from old municipal practices that are like 25 per cent fundraising, 75 per cent funded by the province.

It is very complicated, which is what the representatives of the sector have said to me, and after our meeting last week, indeed, it is complicated, but we have agreed to terms of reference and a timeline to come up with recommendations on the funding for adult service centres.

MR. RAMEY: Thank you very much, both of you, and I won't take any more time right now.

MR. CHAIRMAN: Thank you, Mr. Ramey. I think that takes us to Mr. Glavine.

MR. LEO GLAVINE: Thank you, Judith and staff, for being here today - becoming a frequent flyer in here, actually. Anyway, as I look through the myriad of services, and

some trying to be narrow and specific to meet needs of physically and mentally challenged Nova Scotians, do you ever think that perhaps - almost like a patient navigator could be a good way of dealing with a family in a comprehensive manner who know this? I've had two or three really challenging cases in the past year and they almost seem to have gone through a cycle. You also have self-managed attendant care now, Department of Health issues associated with it, and I just wondered about it because you get that movement from one area of support to another - let's review the case again - and we don't seem to get to the desired outcome.

MS. FERGUSON: Yes, I guess I'd say a couple of things to that. First of all, we have been working very closely with our colleagues at the Department of Health to try and ensure that as best we can - where we cross over services with clients - we develop our programs from a client-centred perspective. We've made strides in some areas and we still have work to do in others. Where we have made strides, I think it's less necessary that you actually have a navigator because we are doing a better job in terms of the service delivery. Because the programs are put together that way, it enables the staff to do a better job in terms of the service delivery piece.

I guess the first thing I would say is, I think we need to continue to focus on the service delivery so that the clients don't have to worry about the interface between departments. I think as we get better at that, then our staff are able to deliver those programs between departments in a seamless way. If that happens, like I said, I think the need for navigation diminishes. However, where the cases are more complex because of the needs - and we are certainly seeing a number of complex cases that cross over between the community services and the health boundaries - I think there are opportunities to ensure that when we're working with those clients and families we're doing a better job of advising them of how these services are progressing.

I think it could be a combination of ensuring that our own staff really are working with the families more closely, and perhaps we could have a navigator, but I still think that our programs in government should be delivered in a way that we should be able to make understandable to the client. I guess that would be our goal, but if we can't, then I think that's always the kind of thing that we could look at.

MR. GLAVINE: Maybe I'll bring my toughest case directly to you and let you have a run at it.

MS. FERGUSON: Okay.

MR. GLAVINE: Thank you, I appreciate that. In terms of numbers of wait list - you were talking about a wait list for persons with disabilities. For example, in the Valley we have two or three tremendous facilities: the Flower Cart, the Plank N'Hammer, and in my area, Beehive. I have families who call, who knock on my door, and just in the past six months, three brain-injured adults who will probably never be able to return to their normal work world.

What kind of a wait list do we have and are we able to get some of those people into an environment like at least two of the places which are, I think Plank 'N Hammers is, and I think, Betty, you can correct me, I think it's pretty well directed towards those within the institution, okay, so it's open to those who live in small options and community as well. (Interruption) Great, thank you, I wasn't 100 per cent sure of that.

I know the others are but other facilities like that, and I know they have a little bit of economics, finances generated with the work they do, it's probably not self-sustaining obviously but I'm wondering what kind of percentage they may help towards keeping those facilities going and is there a look at meeting more needs of clients like that? I go into two of those three on a fairly regular basis and they're unbelievable atmospheres. The staff are amazing.

MS. FERGUSON: Yes. To go back a little bit to the question, too, that Mr. Ramey talked about and the answer Lorna gave around the Adult Service Centres - part of the discussion that we're having with the Adult Service Centres around the funding is also around looking at capacity. So that will be an issue that we're going to look at over the next eight to 12 months with the Adult Service Centres and in terms of the programming that you're talking about.

I think in terms of the wait list, we have approximately 240 people on the wait list with no programming. So that is part of the issue that we're going to be looking at and talking about as we go through this review with the Adult Service Centres and, again, part of the piece around the income that they generate and bring in is part of that. We'll be looking at that too because it's because, again, a lot of the funding is different because it was brought in as part of the municipal transfer. So we'll be looking at that overall and seeing what that means and the capacity to build within the sector.

I don't think there's any question that we would like to look at increasing capacity within the sector. We'll have some of those discussions through the review, look at what that means, and then we'll have to consider that down the road in terms of the department's capacity to be able to do that. That discussion is ongoing and will be part of the recommendations that come out of that group. I think it's fair to say that any program we have in the Department of Community Services, we could certainly do more with additional funds. But I think the really important thing that we are trying to focus on right now is making sure that the money we have, that we're really spending it in the way that we can access the largest amount of services for the clients that we have. That remains our focus, but this is certainly an area that we're going to look at in the review.

MR. GLAVINE: I could keep going but I know I've got to share my time.

MR. CHAIRMAN: Sharing is a value we would like to continue. I know you could keep going, Leo, but I think that takes us next to Mr. d'Entremont. Mr. d'Entremont.

HON. CHRISTOPHER D'ENTREMONT: Mr. Chairman, I have a couple of little questions here and one of them sort flows off what Leo was talking about when it came to the connection on that continuum of care and the connection with health. I'm just wondering how that's working at this point because a lot of the services, you know, as individuals age, and I'll have a bit of an example for you as well - I'm just wondering how that connection is going and then I'll ask you the more specific question.

MS. FERGUSON: I'd say that we started a number of years ago working with our colleagues at the Department of Health to look at the programs across departments and really tried to look at developing them and delivering them in a way that was client-focussed as opposed to department and program focused. In some areas we've made significant progress and in other areas we still have work to do, but what I can say is the relationship between the staff, right from the front line all the way up in the two departments, has exponentially improved as a result of the work that we've done. The staff work very hard together to try to work on it from a client service perspective.

So we've done a lot of work, for example, on Aging in Place in our SPD sector. Previously when clients turned age 65, generally they would be transitioned from the Department of Community Services to the Department of Health. That's no longer the case because, as we know, for a lot of the clients in our SPD sector, these are their homes and if they don't require nursing care at age 65, we've been doing a lot of work to keep clients in their homes throughout their lifespan.

So that's one example of the work that we've done with health. I think there still are some areas that we need to work on, but I think now there's an understanding and an awareness that we need to work better together, and as we have opportunities to look at new programs, particularly from a service-delivery focus, we do it very much from the client-centered approach.

I wouldn't say that there aren't still some struggles - there are - but I think the difference is we're aware of them and people come to the table to try to address them as best we can. We still have some work to do, but I think people are very prepared to continue on that path and do that work.

MR. D'ENTREMONT: The second part to the question is basically - the individual that I have, he's about 60-odd years old, very high functioning, but does need the support of his family, his brothers and sisters, to watch finances and stuff like that. He survives on a small disability pension, but he's getting to be a bit of work for the family where he needs to come to Halifax for health issues.

They're wondering if we could move him to an RCF, for example. Well, the nearest RCF for this individual would be Yarmouth, out of an Acadian area, out of a francophone area - that's who he is. Even though he is high functioning, his mother tongue is French and he does survive in French, so the challenge is to move him into another area. The only

RCF that we do have belongs basically as an independent who isn't a part of SEA within the Department of Health. There is nowhere to move him within his own community.

We're coming into some of those challenges where maybe some of the positions we have, the seats we have or the beds we have, are not available in the right places. So I'm just wondering if there's a move to work with some of the RCFs that we do have and try to free up beds - I don't exactly know the correct way, but sort of place them in more appropriate places?

MS. FERGUSON: We would always try to provide the person with the option closest to their home community. That would always be our goal. We can't always accomplish that simply because of the availability of beds in certain areas and the required level of services that client might need, so we're not always successful in doing that, but that is always where we'd like to be. We've had opportunities where if a bed wasn't available and someone immediately needed that type of placement, they've gone into that, and as other beds free up, try to transition that person back. I take your point; we're looking at that on a continual basis. It's always what we would try to do first, but sometimes for reasons within the system, we aren't able to do that.

MR. D'ENTREMONT: Basically the final question is, we were talking about the adult service centres. We have a phenomenal service centre in Yarmouth, the Kaye Nickerson Centre - and I've heard this secondhand, so whether it's complete fact or not, I don't know. They are into their first taxation year - they are being looked at as a commercial enterprise and therefore have to pay commercial taxes for the first time. If you remember correctly, they were sharing a building with the Lions Club, so the service club was helping them out with that.

Now that they're in their standalone, they have to pay a substantial amount of taxes. Now I don't know the number - I've heard as high as \$20,000, I've heard as low as \$10,000 - so we're in that kind of yucky range where you're going to be taking monies away from services that are being offered to their clients. I'm just wondering if you've heard anything like that, if this is happening in other places too? They make pallets, they make lawn furniture, so they're being considered a commercial venture, a business, instead of the service centre that it actually is.

MS. FERGUSON: I haven't heard of this, but we're very prepared to look into that and we will and we'll get back to you.

MR. D'ENTREMONT: Thank you.

MR. CHAIRMAN: Mr. Smith.

MR. MAURICE SMITH: I'm going to start by making a pitch, a special request, on bended knee if I have to. We have a L'Arche home in Antigonish, as you know, several of them, but we're trying to get another one up and running. Like my colleagues, I've met

twice with parents who are at the stage where they've kept their people home as long as they can and they're burning out. The angst and the stress is just hurting people badly. I know it's in the works and all the rest of it, but do your best, please - get it done.

I just have some general questions that I wanted to ask, and I might be off topic from what I thought I was going to ask when I came in but I was really interested because I hadn't heard of this before - there are actually families, almost like foster families, who are out there that are taking people in. That's news to me, I didn't know about that. You said that there are 200 people who are being served by that. Is that component filled or is there a wait list for that as well?

MS. MACPHERSON: There is no wait list. The program itself is for individuals who could benefit living with another family home. The response that we have received, is that they are really enjoying the families that they are living with, and it works beautifully. It is not an option for everyone. As individuals are identified that may be suitable for the alternative family support, then work goes into finding a suitable match for them, and a family that is very - as Judith has said - very carefully screened and go through a very rigorous process.

MR. SMITH: Sure. So you have people waiting for people? You have families that are able to take people and you haven't matched yet, was that it?

MS. MACPHERSON: I'm not sure what the numbers would be, but if there are families that are available, then the care coordinators would be working towards making a match between an individual and a family.

MR. SMITH: Geographically, are they throughout the province?

MS. MACPHERSON: They are throughout the province, yes.

MR. SMITH: So am I right, there is no actual wait list for that part of your component? I think, deputy, you said that there were 240 people on a waiting list across the province, is that for all of your programs?

MS. FERGUSON: Yes.

MR. SMITH: Okay, that's not a lot when you think province-wide for all these programs. I mean I know it is a lot, but again, for this particular one there is no waiting list for it?

MS. MACPHERSON: It is my understanding that there is not.

MR. SMITH: And you say, they're spread around the province?

MS. MACPHERSON: Yes, the program, the Alternative Family Support Program is offered in every region, the four regions of the province.

MR. SMITH: Okay. I wanted to ask - and this is all from your presentation, that's where these questions are coming from. The 19,000 families that are accessing the respite program, I think that is what you said, 19,000 families?

MS. MACPHERSON: 1,900.

MR. SMITH: 1,900, okay, all right, yes, sorry. Are they income tested?

MS. MACPHERSON: The children's program, the families are income tested, yes. Up until the child is aged 19. Actually there are two programs: it is the direct family support and then it is for children and adults with disabilities.

MR. SMITH: In the adult situation, I can think of someone who has an adult person living at home with them, but they've been doing that day in and day out for 5 years, and they get a chance to go to Disneyland or something, I don't know, and they want to get a break. Is it the adult handicapped person or disabled person whose income is tested?

MS. MACPHERSON: That's correct.

MR. SMITH: That's good to know. I am anxious about accountability in some of these homes. They're not all - the province supports these homes, but some of them are independent in the sense of a CACL home. Some are up in Cape Breton for instance, they get funding per diem, based on the people who are living with them. What accountability do those people give to us, or to you, or the department of the province? If there is a problem in a home, they don't come to you with the problem, or do they?

MS. MACPHERSON: It would depend on the problem. But our staff work very closely with all service providers, regardless of the size of the organization, and whether they are a licensed setting or an unlicensed setting. So there are requirements that need to be met, and in terms of supporting the individuals in the home, the care coordinators on our staff work very closely with the individual and their support system as well as the service provider.

So if there is a concern by the service provider, if there is an issue with a family that they are not able to have resolved, then they may contact the care coordinator. If there is a more serious occurrence, then they are required to report to the regional office and if appropriate, there would be further review or an investigation on behalf of staff. Where it is a licensed setting, then there is the protection of persons in care, which is a formal process that service providers are required to follow that would start with making the call to report the incident.

MR. CHAIRMAN: You've come to the end of your line of questions? We have some others on the list so are you read to pass, Mr. Smith?

MR. SMITH: Yes.

MR. CHAIRMAN: Thanks, Mo. I think that takes us to Ms. Conrad.

MS. VICKI CONRAD: Thank you and thank you for being here. This is my first time sitting on this committee. I'm filling in for a colleague but I'm very pleased to be here. I just want to sing some praises first for the Queens Association for Supportive Living in the riding of Queens. I was fortunate enough about 10 years ago to be a residential counsellor in one of their first group homes that was built around that time. Over the last 10 years I spent two years in one of the group homes and I must say that working with the staff and residents there, it was not only humbling on some days but absolutely rewarding in so many ways.

I have nothing but praise for all of the staff and the clients who participate in the activities of the adult group centre or the Adult Service Centre. The director, Murray Kirkpatrick, has been just a wonderful person in terms of not only understanding the needs of people with many different types of disabilities, but he has certainly been a pioneer, I would suggest, in so many different directions.

Recently they purchased, as you are probably most aware, the Mill Village general store. I happen to live in the community of Mill Village and for the last couple of years many of us in the village were wondering what would happen to this beautiful, old general store. Murray came to me some time back and said, I have this great idea. He said, I want to expand and we really need to have some support in offering our clients service for the next many, many years and into the future. Funding is always a difficult piece of the puzzle for services that are provided through service centres. He recognizes that so he took on the challenge of taking his idea of purchasing this general store and having clients of the service centre participate in the renovation of this old store. When I am at home and I drop in to see the progress, clients are beaming, staff are beaming and the store has come to life again, so it is really positive to see what direction he has taken QASL.

I know that the department did offer and continues to offer support for this type of initiative but it is kind of new and breaking ground. It is outside of the mold of Penny Lane Enterprises or Adult Service Centres, building pallets or working in other aspects in the community. This is a new uncharted territory, in some respects.

How will the department continue to support this type of initiative? Is it an initiative that the department will encourage other Adult Service Centres to look at, to offer clients not only the mentorship and all of the good things, the skills that they'll develop? I know funding is an important piece of the puzzle here. Can you just give me some - I guess offer some suggestions of what type of support QASL will get over the next couple of years as they see this project move forward?

MS. MACPHERSON: I am familiar with the project, yes, and I'm familiar with Mill Village and it's right on the river and it's beautiful. I think that you've made some excellent points and we work very closely with Murray Kirkpatrick and he should be recognized for a great idea. I'm very pleased that the department has been happy to support that.

Those are the types of conversations that we're having with executive directors around some creativity and it really is about person-centered and what individuals need. In this case the opportunity for a corner store in Mill Village enabled Murray to move some individuals into that program and also free up space in other parts of the programs that are delivered. While we have the responsibility, obviously, of working within the budgets we do have, that should never, ever interfere with creativity and developing some new ideas and working together on what is in the best interests of individuals.

That is really the basis of discussions that we're having. We have people like Murray all over the province who we're not always able to provide the funding to, but if there is some flexibility within funding that is there, the bottom line is offering programs. If we're adding capacity, which is a real focus for our program to do, then we would want to be at the table having those discussions.

MS. CONRAD: That's so good to hear, the point you made about being able to be flexible within the envelopes the department has. It allows creativity and a chance to build capacity. Thank you.

MR. CHAIRMAN: Thank you, Ms. Conrad. Mr. Ramey?

MR. RAMEY: From the statistics that you showed us earlier, obviously the Department of Community Services is responsible for the welfare and safety of quite a few people. It's my understanding, although I may have this wrong, that many of these programs are administered locally by volunteer boards of directors and folks like that.

When an issue comes up regarding any one of these facilities, how does the department understand the balance of responsibility between the volunteer board and the department? Could you just elaborate on that a bit? I could see that as being tricky to maneuver through.

MS. FERGUSON: Maybe I'll start and then Lorna can fill in, and I know Betty will have a perspective too when she talks. I guess the first thing I would say is, this is a program that government cannot deliver without our service delivery partners, so we really need to have a good relationship with the boards and the executive directors of these organizations, because we are all delivering the program together. So that's the perspective that we take in the department first of all, and we all work very hard to try and maintain those relationships on an ongoing basis so we know exactly what's going on. We have regional staff across the province, and a big part of our care coordinators' job is to go out and maintain ongoing communication with all of our service providers so we know exactly

what's going on, we can provide support where needed, and we can help deal with complex issues.

The other piece is that the paramount and driving force of this program is ensuring the protection of the clients who we are providing services to - that's the number one goal. We work very hard on a day-to-day basis to do that. We also work hard with the board organizations to make sure we have good relationships with the boards. Our regional staff, again, are broken down into four regions in Community Services. Each region has a regional administrator who is the top civil servant in those areas of the province. They would also go out and meet with the boards on a regular basis and check in and know what's going on. There's a lot of information going back and forth.

In addition to that, there's a big piece around facilities that are licenced and the licensing requirements and the criteria and what goes through that. Then there's a piece around ongoing policies and requirements of all of our service providers, licenced or not, for information that has to come forward to the department.

Overall and for the most part, we are able to work very well with the boards when issues arise to ensure there are resolutions that are in the best interests of the client. At some times in the rare event there are some challenges with that, we've worked with that and we now have legislation like the Protection for Persons in Care Act, which assists everybody because it gives very defined guidelines around what everyone's obligations are. I think that's been very good for everybody and very helpful for everybody.

We provided training when that Act went out. The service providers all attended and did a lot of work with all of us around that. There are a number of safeguards. I'd say it's at a number of levels, it's ongoing, and clearly the driving force is to ensure that we're providing the kinds of services we need to provide to our clients and that the clients are safe.

Again, it's on an ongoing basis, we have legislative requirements, we have policy requirements and then we have the ongoing discussions that we would have with the service providers across the province. I'm not saying that sometimes there aren't difficult discussions. There are difficult discussions and I think that happens but we work very hard to have open and transparent relationships with our boards and to resolve those issues.

MR. RAMEY: Clearly it would be a major difficulty if you didn't have volunteers who want to be on those boards and want to serve, right?

MS. FERGUSON: That's right and certainly our experience is that the people who sit on those boards are there because they are interested in the clients that they are serving and that's their motivation for being on that board. They are wonderful people across the province who volunteer to sit on these boards who are very much concerned about the clients that they serve.

MR. RAMEY: It's my understanding that the department contributes funding or somehow funds the Easter Seals program for wheelchairs and that sort of thing. Can you just tell us a bit about how that program works and how people access that?

MS. MACPHERSON: I'm glad you brought that up. The Easter Seals program, actually our partnership with Easter Seals is just, I think, a wonderful example of the department working with a community organization to better serve individuals. The funding is provided to Easter Seals, we work closely with them but they deliver the program. The individual can contact Easter Seals or contact their worker or it could be their occupational therapist or physiotherapist who would contact Easter Seals on their behalf. The application is administered by Easter Seals, they assess the need for the wheelchair. It is a program that started several years ago as a small pilot program for children who were in need of wheelchairs. The department worked with Tom Merriam and his staff and it was developed to a pilot for adults.

Actually, Burke MacCallum is sitting there and Burke provided a great deal of jurisdictional research in helping to inform how this whole program was developed and is now no longer considered a pilot. We have an excellent working partnership with Easter Seals and continue to look at ways that the program can be improved. What it has effectively resulted in is single-entry access for individuals who are in need of wheelchairs. They provide new wheelchairs as well as recycled wheelchairs. As it continues to develop, what we're seeing is that as Nova Scotians who meet the eligibility criteria need wheelchairs, we would hope that in a very timely manner they have the mobility device that they need.

MR. RAMEY: I had a very severely disabled person in my riding who was able to get a power wheelchair but because of the nature of rural area in which she lived, for getting outside it just wouldn't fly. I worked with her and with the Easter Seals people to see if we could get her a scooter, which is really what she needed and they were fantastic. The program does work, it wasn't really even that long and I think it was a reconditioned one but it worked just great and that woman thought she had Christmas in October or whenever it was she got it. She was just absolutely thrilled so it does work and that's great.

MR. CHAIRMAN: I know Leo, I had you on the list next, I'm concerned about time and I think we need to make a transition. Ms. Ferguson, are there any final comments you might want to make?

MS. FERGUSON: No, thank you, Mr. Chairman, we appreciate the opportunity to come and talk about the program, to answer questions. I would say to you or any of your colleagues, if there are any questions that people had that they didn't get a chance to ask, we'd be more than happy to answer them at another time.

MR. CHAIRMAN: Well I want to thank you again for being here, Ms. MacPherson. I know you have been here frequently over the last months and I know we appreciate each

of those visits and thank you Ms. MacPherson for your contribution. I know that Ms. Ferguson needs to leave to deal with other responsibilities so thank you.

[9:58 a.m. The committee recessed.]