

# **HANSARD**

**NOVA SCOTIA HOUSE OF ASSEMBLY**

**COMMITTEE**

**ON**

**COMMUNITY SERVICES**

**Tuesday, March 4, 2014**

**Legislative Chamber**

**Department of Community Services  
Re: Services for Persons with Disabilities Program**

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## **COMMUNITY SERVICES COMMITTEE**

Ms. Patricia Arab (Chair)  
Mr. Brendan Maguire (Vice-Chair)  
Mr. Stephen Gough  
Mr. Allan Rowe  
Ms. Joyce Treen  
Mr. Eddie Orrell  
Mr. Larry Harrison  
Hon. Denise Peterson-Rafuse  
Mr. Gordon Gosse

[Mr. Brendan Maguire was replaced by Mr. Ben Jessome.]

In Attendance:

Ms. Kim Langille  
Legislative Committee Clerk

### WITNESSES

#### Department of Community Services

Ms. Nancy MacLellan,  
Associate Deputy Minister - Strategy & Transformation

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

Ms. Vicki Wood,  
Acting Executive Director - Families & Community Supports



House of Assembly  
*Nova Scotia*

**HALIFAX, TUESDAY, MARCH 4, 2014**

**STANDING COMMITTEE ON COMMUNITY SERVICES**

1:00 P.M.

CHAIRMAN  
Ms. Patricia Arab

MADAM CHAIRMAN: I'd like to call the meeting to order, please. We are the Standing Committee on Community Services. My name is Patricia Arab. I am the Chairman of this committee and the MLA for Fairview-Clayton Park.

Today our committee is going to be receiving a presentation from the Department of Community Services regarding the Services for Persons with Disabilities program. I will have the witnesses introduce themselves a little bit more fully in just a moment. I would ask the members of the committee to please introduce themselves by stating their names and the riding they represent, starting with Mr. Gosse.

[The committee members introduced themselves.]

MR. CHAIRMAN: I'd also like to welcome the members of the public who are watching us today. Just a reminder to you in the gallery that there should be no talking or interactions with our committee. Any questions or anything you would like to discuss can take place after our witnesses have been relieved and our committee has disbanded.

Just a quick policy on should we need to evacuate because of fire or any other emergencies; we will leave the Legislative Chamber, which is the room we are currently sitting in today, proceed down one flight of stairs and exit through the Granville Street doors, then gather in the parking lot across from Province House and remain at that parking lot until further instructions are provided. If there's a fire just follow me, I will be the first one out and I'll know where I'm going.

Today, as I mentioned, our topic is Services for Persons with Disabilities program. We have members of the Department of Community Services here with us to discuss that program. I'd like to introduce our group of three witnesses.

Please, just another quick reminder, if you have your cellphone, if you could just flip it on vibrate or silent, as the proceedings are recorded.

[The witnesses introduced themselves.]

MADAM CHAIRMAN: Welcome. Once your presentation is concluded, the floor will be open for questions from members of our committee. We are due for an agenda-setting meeting so I will be wrapping up questions at around 2:30 p.m., if you could just keep that in mind that would be great. Without further ado, we'll let you start your presentation.

MS. NANCY MACLELLAN: Thank you, Madam Chairman. I'd like to thank the committee for the opportunity to be here today. We've introduced ourselves so you know who we are and what we represent. I'd also like to acknowledge Wendy Lill, who presented to this committee last month and who has been and will continue to be a valued partner in our mission to improve services and programs for persons with disabilities in this province.

Madam Chairman, I believe it has been some time since the Department of Community Services presented to this committee on Services to Persons with Disabilities program so perhaps I'll take a few moments to provide a very brief overview of the work we do to support our clients in this program. When we talk about what our plans are for the future, which will be exciting and transformational for the province, there are more than 5,200 Nova Scotians with disabilities today who rely on Community Services for support. We serve three populations of people through this program: those with an intellectual disability, those with long-term mental illness and those living with a physical disability.

The Services for Persons with Disabilities program is voluntary and individuals have the choice to decide to access the programs and services that we offer. The goal of the Services for Persons with Disabilities program is to provide and promote independence and inclusion in the community for individuals. We've had some amazing successes and we're not where we want to be yet. We know there is a great deal more work to do.

There are members of this committee, advocacy groups in the audience here today and the individuals and families that we serve who all know first-hand the distance that we must travel between what we offer now and where we want to be in the future. In fact, my new position at the Department of Community Services has been focused on initiating and leading the changes that we all agree need to happen.

We do face some challenges. Our province has the highest rates of disability in every major health category and the highest rate of self-reported disability in the country. We have to consider our financial resources and the sustainability of our programs and services. There are wait-lists for our services and for changes in the types of service that particular individuals receive. This is understandably difficult and frustrating for families and care providers.

Some of the more extreme situations have played out in the media. I hope that it is reassuring to hear that we consider every case individually; that every case brings a new set of complex circumstances. Many have been successfully resolved in collaboration with the individuals who are directly affected, their families, clinical specialists and supportive caregivers.

While we acknowledge the challenges, we're committed to implementing a new vision for the services, supports and programs for Nova Scotians with disabilities. The United Nations Convention on the Rights of Persons with Disabilities guides our vision. This vision includes individualized case consideration and funding models that allow the client - with the support of their families, care providers and others - to choose the support that best enables them to be independent and socially included.

In Nova Scotia, the majority of our programs support living in the home and in the community. Of the 5,200 individuals who are supported, about 67 per cent currently live in the community. Our continuum of support does range from the least intrusive direct family support and respite care to full 24-hour support, sometimes three-on-one care in our regional rehabilitation centres. Staff who provide these supports are dedicated, compassionate individuals; this work is a vocation for them. They step in to care for others and augment the support that families are able to provide.

These staff and care providers offer the continuity, support and consistency in the care of their clients, sometimes 24 hours a day, seven days per week, 365 days per year. As just one example, the Breton Ability Centre has made significant shift away from the medical model of the past toward a person-centred approach. They create a customized plan for each resident based on their needs, abilities and goals. They are forging strong partnerships in their local community, opening doors for residents and for neighbours.

Recently, the Community Transition Program opened to provide a unique environment for intense support and clinical services. The intent is to prepare each resident to move into a community setting with appropriate supports. We share this bridging program with the Capital District Health Authority and will be evaluating its progress and outcomes. We deliver many programs in concert with service providers who work with us on a daily hourly basis. It's important that we continue to collaborate as we evolve together.

The range of services that are available in Nova Scotia has evolved over many years to create the situation we find ourselves in today. It took many years to arrive at this point and it will take time and planning to realize the new vision. We will not lose sight of the reality that living independently and in inclusive communities is a basic human right for all persons. A transformative process is underway, including immediate and medium-term changes plus longer-term changes that are expected to unfold over the next decade.

As this committee heard last month, we have a road map to improve the range of supports available based on a person-directed approach. We want programs, services and supports for Nova Scotians with disabilities that offer flexibility and choice. The road map was developed collaboratively with families and advocates, service providers and staff. This road map was championed by the previous government, and the current government endorsed this transformation initiative early in their tenure.

This is about choice. This is about clients having a voice, and to the extent of their ability, allowing them to choose the best option that suits their needs. It's about providing a wide range of service and supports that fit the individual and not forcing people into a few limited options that may be unsuitable.

So what's happening now? In the short term, we're focusing on some of the programs that affect the largest groups of clients. In particular, we're looking at community living, such as the Direct Family Support program which provides respite funding and special needs coverage. Considering that about 2,000 of our 5,200 clients are cared for by loved ones in their homes, adjustments will very positively impact many families.

We're committed to increasing additional community living options as we go forward. At the Department of Community Services, we're already beginning to make the shift by taking transformation into account as we develop our policies and future decisions. We're looking at what works, we're also looking at what doesn't work elsewhere to inform us. Across the country, provinces are attempting different approaches. Our vision is to be in a leadership position.

I'm pleased to inform this committee that work is well underway on an implementation plan, a detailed analysis of the financial planning and recommended structure is underway. This incorporates the significant wisdom gained from consultations for the report *Putting People First*. We remain in contact with the original Joint Community-Government Advisory Committee that shaped the road map. Next week we're hosting a meeting to exchange information with these valuable and committed advocates and parents.

We're also moving forward with three identified priority initiatives, including implementing policies to enable Nova Scotians with disabilities to better connect and receive the right level of support and services consistent with their needs. We're in the

initial stages to replace the outdated Homes for Special Care Act and we're implementing demonstration projects to help families obtain individualized funding to develop creative living options that are consistent with the principles of independence and choice. Those demonstration projects will inform our longer term program development.

With that overview of where we are and where we hope to go, we welcome your questions.

MADAM CHAIRMAN: Thank you. Are there any questions from our committee members? Ms. Peterson-Rafuse.

HON. DENISE PETERSON-RAFUSE: First, I want to thank you for all the previous work on the road map for people with disabilities. As you know, it was dear to my heart as the Minister of Community Services, and I welcome Nancy to the team.

The question I have - I know you made mention that the distance that we must travel is a long distance, which I agree. However, we do have a plan now so in order for us to start the trip, we need to have fuel. That fuel is funding. My question is, in the upcoming budget, will there be a separate budget line that is dedicated to this road map?

MS. NANCY MACLELLAN: Thank you for the question - a couple of points. First, let me say the budget isn't the budget until it's passed, so details of that we can't speak to directly. What I can tell you is that we have intentionally asked that we not have the funding for SPD transformation included in our operational budget. We've asked it to be held so that we're able to have a gated approach to the work that we're doing. Traditionally in government, as you would well know, departments get funding in a lump sum and they're expected to execute on the work that that's funded.

What we've decided to do - and we think the approach will be effective - is to ask the Cabinet and Treasury Board to hold that money in a gated way, so that at milestones and at important decision points we're able to come back in and say that this is the money we've spent, this is the outcome we've achieved, this is the deliverable we were able to provide, here are some of the decision points right now, and to continually get guidance from those bodies in order to both keep them on the journey with us as we go forward, but also to guide the work and to steward the work and the funding that goes along with it.

The approach we've taken is a little bit non-traditional in that we've acknowledged fully that there will be the requirement for it to get bigger in the initial stages to increase capacity in the marketplace. We want the Cabinet and Treasury Board to be on that journey with us.

MS. PETERSON-RAFUSE: So does that mean that when you say you're taking that budgeting and you're doing it in a non-traditional manner that that portion of

Community Services' budget will not be affected by a proposed cut at all in the department of 1 per cent?

MS. NANCY MACLELLAN: The department is spending a great deal of time, energy and spirit in working through the budget challenges. We're guided by absolutely limiting impact on direct clients in any way, and as you would know from your experience, a very significant portion of our budget either goes into the hands of Nova Scotians or to service providers. We're taking some creative steps to try to minimize the impact to any front-line service delivery while we meet the commitment of sustainability on a reduced budget.

MS. PETERSON-RAFUSE: Do you know what those creative steps will be?

MS. NANCY MACLELLAN: It's pretty early. We are actually brainstorming a number of ideas from which we can choose, and the government can choose which ones to take.

MS. PETERSON-RAFUSE: The budget will be within a month. I have just one other question with regard to persons with disabilities and how the funding is applied. Part of this road map is about community living options, as you know, but a big focus is on individualized funding. Presently, the system has been for quite some time that those with disabilities go under the category of income assistance. We had great discussions, and we were actually starting to look at the split that if you're going to follow this road map as indicated by staff and the minister to be dedicated to it, one of the key elements is to have a different funding formula for those with disabilities - that they're not part of the income assistance funding pot. It just doesn't work because if it's individualized funding, there are individualized needs.

Will that be reflected in the upcoming budget? You would know that now. I know that you're not allowed to discuss specifics, but you would know right now that if we're going to make that commitment, that transformation, that's a key element at the start of this - to have those dollars for individualized funding. Will we see a new budget line in the budget?

MS. NANCY MACLELLAN: There have been a number of budget activities that have been taking place. One of them is a pretty detailed analysis over the last few months of right-sizing the funding in all of our programs. Some programs were under-subscribed; some were over-subscribed and the department in the past has sort of managed within that funding envelope. So part of the exercise has been to do an analysis around what is the right current cost.

The other part of that is, how do we get at initiatives and projects that will help us reduce our overall to meet the 1 per cent budget target? So there will be changes to the budget in terms of right-sizing and reallocating that you will see, and the steps that we have

to take to reduce the budget. With respect to Services for Persons with Disabilities, it's very preliminary for us to talk about what the budget changes would be because we haven't finalized the work plan that will support the road map. So the work that is currently underway is - what are the steps and sequence of activity that have to happen and the costing associated with that so that we're able to articulate what the budget should be in the future?

MS. PETERSON-RAFUSE: So we should probably see something though if we're going to make those kinds of changes.

MS. NANCY MACLELLAN: It wouldn't necessarily find itself in the budget that is about to be tabled because we're at pretty early stages of the implementation plan.

MADAM CHAIRMAN: Mr. Rowe.

MR. ALLAN ROWE: Thank you for your presentation. Certainly, we're already on record as commending the previous administration for their work in helping to kick-start this program and get it off the ground and running. It's clearly very commendable on your part and the work that has been done so far, and it's clearly why our government has made it very clear that we intend to move forward with the road map and facilitate its development every opportunity we can.

With all respect to our colleagues who are certainly far more experienced - or certainly some of my colleagues who are far more experienced - in these matters, perhaps you can help me out and maybe others here with me; why is the road map 10 years and - at the risk of sounding like the kid in the back seat - are we there yet? - why 10 years? What do we need to do over that course of time? Let's start with that.

MS. NANCY MACLELLAN: I would say there is a part of me that doesn't want to say 10 years, to be perfectly honest, because I'm a let's-get-it-done person too, so I don't want anybody to think, oh, we can rest because we've got 10 years. When we talk about 10 years, we say 10 years if we start right now and so this program has been in existence for many, many years and I think has evolved to meet needs as they have emerged, but a comprehensive look at all of the services that are provided in a structured way to approach that has not yet happened.

So when we look at sort of the legislative framework and the policy framework, the operational setting, the service providers that we work with and all of the components that make up what would have to be transformed, we're saying a decade of change. We're saying it's going to take us a long time to be able to establish what will be a new program. While we enable that new program, we will be moving people into new programs and then closing down old programs, and that's going to take some time and some serious energy and effort.

MR. ROWE: Subsequent to that then, we're really early in the journey, we're early on the travel. You kind of went through them very quickly there during your presentation, but if you could just help me again with where we are right now, what are the priorities right in front of us at this point in time?

MS. NANCY MACLELLAN: The first four components that we're working on right now, the first is the legislative review, so the Homes for Special Care Act which has been in place for a really long time, full recognition that amending and tweaking that is not going to enable the kind of sustained change we're talking about. So we're conducting a review with our legal counsel who are going to take the road map and say, okay, what does modern legislation look like and what of this road map should be in legislation and what of this road map should be in regulation and what of this road map should be governed by policy which is a more declining scale of flexibility in terms of your ability to amend and change.

Modern legislation really provides an enabling environment and is less sort of directive and prescriptive, and the regulations that follow tend to define more closely what the direction will be. So that whole piece of just looking at the legislation and what modern legislation would look like is going to be the first kick at the legislative project.

The second, which we've talked about, single-entry access or direct access which was talked about quite a bit in the last year. I come from the Access Nova Scotia world so I've been on a little bit of journey with single-entry access. We used to talk about a single place for customers to go in order to get service, and I would say on that access journey maybe eight to 10 years ago we said, that's probably not realistic in that one person won't be able to provide every service that a person might need. We shifted the thinking a little bit toward maybe there's no wrong entry point. What if we worked with our colleagues at Health or Justice and said, why don't we use the same tools no matter where the client enters the system to make sure that we're serving the whole client. That's really the approach that we're talking about when we talk about single-entry access.

So how do we work with Health on harmonizing policies, assessment and intervention so that whether the client presents themselves in a health facility or whether they present through at one of our offices, the person is getting the exact same information and options presented to them?

The third area of focus right now that I would point to is individualized funding demonstration projects; that's relatively new for us to actually talk about how we would structure funding to enable choice by our clients. What the team has been working on is what's the criteria against which we would assess what that model should look like and how do we determine where there are some projects where we can type-trial this and see what works and evaluate it and inform the longer-term plan for individualized funding for all of our clients. Those are the three sorts of ones that have been highlighted.

The fourth one that I always point to and try to point to is, the road map that was endorsed and collaboratively developed is an incredible piece of work, really informed by advocacy groups, customers and clients of this service and staff and service providers and everybody who works in this program. It provides a really good aspirational framework for where we want to be.

What we're doing now is we're taking that and we're saying, okay, if you're going to implement a road map like this what does the work plan look like? What are the projects and pieces of work that we have to put in place in order to achieve that vision? What are the costs associated with that? So that work is underway now and that will inform really what our future direction is - how long it will take and how much it will cost, all of those things will be informed by that work plan.

MR. ROWE: Last question on that, Madam Chairman, if I can, are we satisfied that we're progressing at the right speed? Are we hitting our mile markers at the right speed?

MS. NANCY MACLELLAN: Well, with my vast 10 weeks of experience, I would say I haven't met anybody who doesn't want this to move faster - staff, service providers, clients, parents, caregivers, support people, we'd all like it to move faster than it's moving. We also want to make sure that we take steps that are deliberate and planned.

MR. ROWE: Exactly. Speed is fine but as long as we're making the right decisions along the way.

MS. NANCY MACLELLAN: Exactly.

MR. ROWE: Okay, fair enough.

MS. NANCY MACLELLAN: I will tell you I am really happy with the way the work is progressing on the four things that I mentioned, in terms of getting that work plan and having it be a solid document that we're able to point to, that people are able to see what the steps are and what the journey looks like.

MR. ROWE: Thanks very much. Thanks, Madam Chairman.

MADAM CHAIRMAN: Any other questions? Mr. Stephen Gough.

MR. STEPHEN GOUGH: Thank you, Madam Chairman. I have a question - whoever can answer it, it doesn't really matter. I'm just wondering how is the road map's report already influencing decision-making at the Department of Community Services?

MS. NANCY MACLELLAN: I certainly would invite my colleagues to answer as well. What I have observed and what I think is going to continue to happen is, wouldn't it be great if we could all shut down the work we were doing while we planned for the new

work that was coming? We have a number of things that are already in flight under the old system and in order to make sure that we have a continuity of service provision to these client groups and the care providers are able to have some predictability in their work, we will have to make some choices to invest in the current system while we're creating the new system.

I have observed on a number of occasions - particularly when we talk about how our budgets are allocated, how we're going to be able to transform while we're retooling the plane while we're over the Atlantic - I think I have seen us sort of make some deliberate choices to work within using the road map as a litmus test to guide our decision-making as we go forward. So our budget initiatives when we talk about them, we continue to go back and say, is it consistent with the philosophy of the road map, is it consistent with the direction that we're going. Certainly we are endeavouring to make sure that's the case.

MR. GOUGH: Thank you.

MADAM CHAIRMAN: Any other questions? Ms. Treen.

MS. JOYCE TREEN: My question to you is, what are you thinking or hoping is going to be the first thing you actually see in a reaction to this road map report, besides analyzing and planning - what is the first actual thing you hope to have people with disabilities and their families actually see happen?

MS. NANCY MACLELLAN: I would say we have 5,200 clients in this program and the needs of those 5,200 people are as unique as the people themselves. Then you layer the families on that, who also have their own unique brand and the care providers.

I'd love to be able to say we're going to have some big bang, that people all of a sudden are going to see something that is great and new. I more think that we'll be in a situation where client group by client group or group of clients by group of clients will see some transition and change for that client group and hopefully those folks will be happy to help us celebrate those successes and inform the next set of changes.

I'd ask Lorna if she has some things to add.

MADAM CHAIRMAN: Ms. MacPherson.

MS. LORNA MACPHERSON: I would say that what we would hope to see would be that there would be more individuals with disabilities speaking on their own behalf, providing information to their support people - what they want, where they want to live. We want opportunities for more choice, we want to ensure that people with disabilities have a strong voice at the table. In that way we are starting to make changes and edits to policies we have right now that are reflecting the language and the guiding principles of the road map.

It is person-directed, it is focus on living in the community. We want to see communities asking themselves how we can be a more inclusive society. So it's not just the work of government or the Services for Persons with Disabilities Program. It is our own neighbourhoods and communities that we want to see them get involved and start to ask questions themselves.

MADAM CHAIRMAN: Mr. Jessome.

MR. BEN JESSOME: Two questions, if I may. Firstly - and this is kind of inspired by something that I heard in your presentation - you talk about the number of people living with disabilities in the province currently. Is that reflecting people moving to the province to get care, because it's a more likeable place for people with disabilities, or are people who are native to Nova Scotia making up that population?

MS. MACPHERSON: It's probably a combination. We do have - as was stated in our presentation - the demographics are such that our province has the highest rate of disability; not exactly sure why. We have an aging population and we have people who are diagnosed at an earlier age with a variety of different things, so our numbers are growing. Our program is one that has not had a major overhaul like we're talking about right now, so we're tweaking and fixing along the way. Our numbers are growing and the aging population, all of this adds to pressure on a program that requires a whole transformation.

MR. JESSOME: The second - this is on behalf of my colleagues because I wasn't here in previous meetings - is there a moratorium on small options homes, as has been stated in past meetings?

MS. NANCY MACLELLAN: There's no moratorium on small options homes.

MR. JESSOME: Okay, thank you.

MADAM CHAIRMAN: Mr. Gosse.

MR. GORDIE GOSSE: Thank you for being here today. I'm probably going in a little bit different direction, but the Department of Labour and Advanced Education last week said the proposed changes to the LMA would have like an \$8 million impact on the programs and affect up to 10,000 people - according to the Department of Labour and Advanced Education. How many of those clients are persons with disabilities who receive the LMA funding currently?

MS. NANCY MACLELLAN: I don't know the answer to that question, but we can certainly get it.

MS. MACPHERSON: We do have Adult Service Centre programs that are receiving a combination of funding options, so the question as to the number of individuals

who would actually be receiving that through the SPD Program, we don't have those exact numbers.

MR. GOSSE: I'm not talking about, like, the Horizon Achievement Centre or the Prescott centre. I'm talking about persons with disabilities that are actually - I forget the name of the group that met there. I think the Collaborative Partnership Network had said that around 200 clients across the province receive funding from the LMA. The reason I ask that is that with the federal government moving forward with the Canada Job Grant program, these clients who were recipients of community services who are in this program will possibly no longer be in the program. Has the department budgeted anything for these clients to come back for the upcoming year if the program falls through?

MS. NANCY MACLELLAN: As far as I know, those discussions are still underway in terms of what the support will be for the clients affected by the changes to the funding.

MR. GOSSE: Discussions with the feds? I know the three-month window has been extended until July 1<sup>st</sup>, but preparing after that, if there are actually no changes in where the federal government is going with their Canada Job Grant program, we're going to have clients who were recipients of community services - people with disabilities who are out working now at jobs with the supports - they'll have to come back to the department. So in this year's budget, or the upcoming budget, is there anything set aside to look at that possibility?

I think the presentation that was done for our caucus - it could cost the province \$3.8 million or so to come back when they come back and receive the services that they're currently getting now with the LMA. So I just want to know if there are any precautionary - any kinds of talks right now, or in the budget for that to happen, if it does happen. That's quite a cost on the Department of Community Services' budget.

MS. NANCY MACLELLAN: Yes, we're in constant communication with our colleagues at the Department of Labour and Advanced Education on a number of programs that overlap both our client group and their client groups. I know they are very actively in discussions with both the folks at the Treasury Board office and with the federal government. We do have staff who are participating in those discussions to make sure that we understand fully the implications for Community Services.

MADAM CHAIRMAN: Mr. Harrison.

MR. LARRY HARRISON: Thank you, Madam Chairman. First of all I want to commend you for the work that has already been done and for the plan you have in place now. I guess my concern with all programs is that the programs will start out with good intentions and then, all of a sudden, the bureaucracy kicks in and what were guidelines turn

out to be absolutes, which leaves little room then for the personal growth, personal contact and so on. Are you at all afraid that bureaucracy might step in and interfere with your plan?

MS. NANCY MACLELLAN: It's not something I've thought about as being a concern. What I would say to you is that one of the reasons why we think that the gated funding model is such a good one for us is so that we all keep our eye on the ball of what we're trying to accomplish as we go forward on the journey.

I think one of the things when we talk about change, this is a huge change management exercise for both our clients and for our service providers and for us as well, in terms of making sure we hold each other accountable for the principles under which we're operating.

I would also say, and this was a bit of an "aha moment" this morning when I was talking to some folks about coming here, we talk about the Services to Persons with Disabilities program like it's a program, like it's a program of government. I come from the RMV world and from Residential Tenancies and those are government programs; you set up some parameters and you say here are rules under which we're going to operate and it's a little bit more black and white.

This is really not like any other government program in that the needs are so individual to the clients we serve. I think that alone, as we talk about choice and we talk about people choosing the supports they want to enable them to be independent in the community, those voices will remind us that this is about the journey of the individual and less about the program rules.

MR. HARRISON: That, to me, is terrific, it really is. I wish that philosophy would extend to all the community services because everyone is an individual, no one has the same set of circumstances. I'd just like to see everything as guidelines instead of absolutes, that way people will really get what they need to get in vital services. I hope you just hang on to where you are, don't lose it.

MADAM CHAIRMAN: Ms. Peterson-Rafuse.

MS. PETERSON-RAFUSE: Thank you very much. I just wanted to follow up on what Mr. Gosse said about the LMA because I'm very concerned about that. We don't have a lot of time on our side with that, I believe, because negotiations have been going on for quite some time.

We did see which way it was going so that's why I'm a bit concerned with respect to the answer that there are still discussions. I know that discussions will go on for a little bit but I'm not hearing of a proactive plan being in place in case those agreements aren't settled. It doesn't look like it and we've known that for quite some time in the negotiations.

I'm wondering - I know that the collaborative partnership network had asked for bridge funding for about three months of about \$112,000 to help them be able to move forward. Part of the issue is you have employers who have individuals hired and it has taken time to develop relationships and network with those employers, provide them with the supports they need to have a person with a disability and to support the person with the disability. There's great nervousness around this, so what is the plan for Community Services if LAE does not provide that bridge funding?

MS. NANCY MACLELLAN: I had hoped to give you a more satisfactory answer, but we are working with our colleagues at LAE in their negotiations with the federal government and all of the implications on all other government departments and the impacts to our clients are being considered, of which the folks in the disability community are a significant and important part. To answer your question - probably not very satisfactorily - while we're figuring out what the negotiation looks like with the federal government and while our colleagues at LAE are working diligently on that, there are folks who are talking about if this doesn't work and the extension doesn't prove a satisfactory resolution, what the next steps are for those people and how we can make sure they're taken care of.

MS. PETERSON-RAFUSE: Have clients, employers, and family members been contacted by Community Services - I don't know if you would know if LAE did - to have that conversation because there is great stress and concern presently not knowing. I'm hearing the departments really do not know either; no one knows where this is going to go, probably not in a good path, unfortunately. I'm just wondering, have you reached out to those clients and addressed the concern that not to worry, we will have a safety net for you? As you know, many of these clients are absolutely proud of the work that they do for these employers and suddenly they're going to be faced with going back on Income Assistance, suddenly the family is going to be faced with the individual not getting up in the morning with a smile on his or her face going to work. What kind of communication level has taken place between the Department of Community Services and those individuals and families?

MS. NANCY MACLELLAN: What I would say to you is that it would be premature for us to contact anybody at this point; we don't know what we would tell them the plan would be. At this point, the first week of March, we do have the extension until the end of June and that's certainly working with our colleagues at LAE to determine what the next steps will be and how we will make sure that those folks are not adversely impacted. We certainly share your view that having those folks connected to the job market and connected to their communities and happy and productive people, obviously we share that vision and we certainly will do everything we can to make sure that's sustained.

MS. PETERSON-RAFUSE: I understand what you're saying, but I guess what I'm saying is, wouldn't it be proactive and very important for those clients and family members and employers to have the department reach out to them and say, we know that if this doesn't work out your only other option is to go back on Income Assistance? It may be

premature in giving details, but I don't think it's premature to give them comfort that there is a department that's ready to assist them if this does not work out.

I don't want to be hogging all of the time, I have a couple of other questions; one is with respect to Aging in Place. We know how important that is for any Nova Scotian and what we're facing there with the fact that we're a very aging population and we have to be ready for that. I want to make sure that we're ready for that, but for persons with disabilities where we've been so far behind the eight ball before we were able to come in and in a very short period of four years create a plan with community and advocacy groups because that whole area of people with disabilities unfortunately was quite neglected. We can't neglect the fact that Aging in Place is critical for people with disabilities also.

I'm just wondering, there was a pilot project initiated when we were in government and that was with Bonny Lea Farm in the Chester area, to do a project looking at Aging in Place for persons with disabilities and what resources and what plans, is that continuing? Is that still taking place?

MS. MACPHERSON: We are doing some great work with our colleagues - the Department of Health and Wellness and the district health authorities - to rely on their services and resources to support individuals who are aging. So if there are nursing care needs that people may require, it means that they can stay in their own homes and the services come to them, rather than having to be assessed and referred to a continuing care nursing home. We have made great progress with the collaboration, working together to ensure that the services come to the individuals, the individuals don't have to go to the services.

MS. PETERSON-RAFUSE: So that means a person does not have to leave their home in order to, if they were - for example, you know the case of the person who was at L'Arche who wanted to pass away at L'Arche. At that time the rules said, no, and we changed those. Is that continuing - that if a person with a disability is in a community option program like L'Arche and if they're dying, that they have that choice to stay there and we would wrap around those supports for them to stay there?

MS. MACPHERSON: The individual choice and ensuring the safety and well-being of the individual, as well as those who are living there, it would be the same as any of our family members living in their own home and making sure that the right menu of services are there to enable them to stay in their own homes. So Aging in Place is certainly a philosophy that we continue to embrace and focus on the needs of the individual and how they can best be supported.

MS. PETERSON-RAFUSE: And just quickly, is the Bonny Lea program still supported?

MS. MACPHERSON: That's my understanding, yes.

MS. PETERSON-RAFUSE: Can I ask another question? I kind of know this stuff a little bit inside out.

People with brain injuries, as you know, that is another area that has been a challenge and needs change and it needs to be changed as you're looking at the transformation, the road map. The fact is, those who have a brain injury, the only financial support they receive is through Income Assistance, so basically they have to go to a doctor and have a doctor write a statement that they have an intellectual disability rather than a physical disability, which has been very problematic.

I'm just wondering where that is in terms of changes being made. That's why it is so critical for this road map to work; there has to be a split in how funding is provided. Once again, that's where brain injury clients would sit. They need to be under the pot of money that looks at them as an individual and what those individual needs are. We do very well in terms of when there is a brain injury and the immediate care is fabulous in this province. It's the after-care that is terrible.

So I'm just wondering - that brings me right back again to the funding and actually making that split. Now you said you couldn't give us all the details on the funding, but can you confirm today that the department is actually making a split in the funding system in this year's budget for persons with disabilities, to support them individually and to support those with brain injuries individually?

MS. NANCY MACLELLAN: I can't tell you that the split will occur in this budget. I think we're looking now, as I said, at translating the excellent road map into a work plan, and that will drive how we articulate the work that we do, how we cost it and how we fund it. It would be very premature for us to make those changes absent knowing what that work plan looks like.

MADAM CHAIRMAN: We have a few more questions. Mr. Rowe.

MR. ROWE: I'd like to shift gears just ever so slightly, if I can, and go back to some of the things that I saw in the distribution that you gave us prior to the meetings here today. The labour force - the number, if I draw them up correctly - I think 2006 is the last numbers we have. Approximately 49,000 Nova Scotians with disabilities do not participate in the labour force. Now that was 2006 - eight years ago. Can you give me a sense at all, how many of those 49,000 are just not able to participate? I want to ask that question first - or can you even answer?

MS. MACPHERSON: Sorry, I don't have those figures with me, in terms of your question.

MR. ROWE: Okay, I was hoping to have some sort of rough idea as to how many. Can we at least give an answer as to what's impeding these people from entering the

workforce? What's the chief reason that a lot of these people are not able to enter the workforce?

MS. MACPHERSON: I would say that there are a number of barriers for people with disabilities to enter into the workforce - it's training, support to be able to be matched with an employer, there are post-secondary programs that individuals with disabilities would like to participate in. The focus around the labour market participation is one that is really a very key focus because it's an untapped resource. People with disabilities can and should be employed and are a huge asset.

I don't have the exact figures, though, and the specific details on the work that is involved.

MR. ROWE: Exactly, and never mind "can" and "should", I know you all know they want to be employed, I think that's probably the biggest key to the whole thing. So where are we now in the development of that, helping these people get into the labour force? Where are we in terms of the road map?

MS. MACPHERSON: With regard to the whole road map and the plan, the recommendation very clearly is an employability focus. With our analysis and our planning right now, the overall implementation where that lands over the next little while and a focused attention to that is still in the works to be planned.

In the meantime there is work underway within our own department and the Department of Labour and Advanced Education on how we can be more proactive and support individuals to transition into employability.

MS. NANCY MACLELLAN: I may also just add to that that the lens is not just on paid work but also on volunteer work and community-based connections that could extend beyond even the labour market for services to persons with disabilities.

Our department also is leading the accessibility legislation project on behalf of government and we see a lot of linkages in terms of the research that will go into what are the barriers to employment with respect to accessibility so those pieces of work will be linked and connected and inform each other.

MR. ROWE: Madam Chairman, I have one more question if I can. This is completely off-topic and it's really to satisfy my own curiosity more than anything else. Of all the discussions we've been having here today and questions that have been posed to you, is there any sense of pessimism or negativity that we're not moving forward? I think from what I see of things, I think things are extremely positive, that we are moving forward, that we are progressing along the road map, but that there are things happening that are causing us concern. Is there a reason to be pessimistic or negative that negotiations

aren't doing the right things or we're not moving ahead at the right speed or we're not going where we want to go?

MS. NANCY MACLELLAN: I would say that every place I go I see optimism about what is taking place. I would say I've been involved in a few change initiatives in government. We can't underestimate the people side of the business, in terms of bringing people with us, whether it's service providers or within the department.

Lots of times you initiate a change in initiative and there are folks who are really committed to the way things have always been. That has not been my experience in this program, I think the people that I speak to internally are equally passionate about change, as are the parents and care providers and the clients themselves.

The only pessimism I would have, what would keep me up at night or what might wake me up at 4:00 a.m. is managing expectations that this does take some time for us to get to where people want us to be. Nobody wants it to move fast more than we want it to move quickly and we want to make sure we get it right.

If I were to worry about anything it's that folks let us take the steps to do the plan so that everybody has a level of predictability about what's next and hold our feet to the fire in terms of getting done what we said we were going to get done. That's also what I really like about the gated funding and going back in and reminding government, Cabinet and the Treasury Board what we said we were going to do and bringing them on the journey with us as well.

MADAM CHAIRMAN: Ms. MacPherson, you wanted to add to that?

MS. MACPHERSON: If I could just add that we stay in close contact with our colleagues across the country. There is not a jurisdiction that is not working on either a transformation or trying to figure out the best way to enhance and expand supports. There are parts of the Nova Scotia picture that other jurisdictions are looking at and saying, we really like what you're doing with that program. So it's comforting to know that we're not alone and that not everything is wrong, there are some parts of it that are really very good. We want to pay attention to what has happened with other jurisdictions and not remake the mistakes that they would say they had made and that we continue to build on some of the good work that's going on now but that we start to, as we've said, make those changes and unbundle parts of the system that haven't been working so great.

MADAM CHAIRMAN: Mr. Jessome.

MR. JESSOME: Just quickly, you talk about engagement from the community and its importance on the overall outcome. I'm just wondering who specifically do we pass, I guess, our testimonials along to?

MS. MACPHERSON: Sorry, could you say that again?

MR. JESSOME: Who should I reach out to if I have engaged members of my community who want to add value to your cause?

MS. MACPHERSON: You could forward their names to me or any contact information.

MR. JESSOME: Thank you.

MADAM CHAIRMAN: Mr. Gosse.

MR. GOSSE: I'm glad to hear the former government and this new government is committed to the *Putting People First* document. At the last committee meeting we heard from Wendy Lill who said they have dedicated individuals who are hired to work directly on moving this document forward. I think she also said that we can't have this being done on the side of anybody's desk; it has to be a dedicated staff person. What can you tell me about your plans to have dedicated staff to move this document forward?

MS. NANCY MACLELLAN: First I'd start by saying that my joining the department was probably the first step on that journey. It's early days for us yet in terms of form following function, so as we figure out what the projects are and what the translation of the road map into an actual work plan is, we will be assessing what we need to do in order to make that come to life and have a sustained operational life. I observe folks who have full-time day jobs that are more than full-time day jobs, trying to move forward transformation agendas and it just isn't effective and nobody gets the results that they're looking for.

I do envision that we will see some kind of a transformation project office that will help guide that work so that the experts can provide their expertise, but they are able to give that to somebody who is able to manage that and move it forward in terms of getting the work done. We don't really know what those arms and legs look like at this point, but we do fully acknowledge that doing this work on the side of your desk is not going to make the kind of change we're talking about, despite the high-quality people that work there.

MR. GOSSE: Most certainly, it takes a special person to do that so I understand that. In the document *Putting People First* I think there were some key changes to pieces of legislation that needed to be changed. I think in the document the legislation was the Homes for Special Care Act and the Occupational Health and Safety Act. With that, is there an update or anything on when these legislative changes are in the process or in terms of timelines or substantive changes as to when we can look forward to these pieces of legislation being brought here to the floor of this Assembly?

MS. NANCY MACLELLAN: The work that I spoke to a little earlier around an evaluation of the legislation is underway now to kind of take the road map and say, what of this should be in legislation, what of it should be in regulation and how we can shape that transition, fully recognizing that it will be new legislation and not a tweak to the old legislation.

We're expecting that work to take place over the next couple of months, to be able to point to what the steps are to get there and we'll have more definitive information about a timeline that folks can expect legislation.

MR. GOSSE: My final one - a little quick one. With the persons with disabilities and the individuals that are getting away from institutionalization, in this year's upcoming budget, has there been discussion in the department with the federal Affordable Housing Strategy and the provincial strategy to build units for people with disabilities?

MS. NANCY MACLELLAN: Yes, there have been a number of activities going on with respect to the housing strategy, and the folks in our department who are with Housing Nova Scotia have certainly been speaking about what the next steps are in terms of that work. We also, as I mentioned, have a number of projects in flight where we've got repairs and work replacements for some of our existing facilities, and all of those are being looked at in the lens of the road map and whether or not our decisions are consistent with the direction of the road map.

A component of the work will be, where are the spots in community and how do we increase that capacity in the community so that we're able to have folks move into those spots that are ready to do so and for whom that's the choice that's most appropriate. So, yes, building capacity for folks in community is a key critical success factor for us in terms of moving forward with a transformed program.

MR. GOSSE: Most certainly, and I thank you very much.

MADAM CHAIRMAN: Mr. Harrison.

MR. HARRISON: Yes, another question. Some disabilities are well-handled within our system now - for instance, the Speaker being allowed to get up on that podium there to conduct the House here - but there are other disabilities that people have a difficult time either understanding or whatever, like the news reports of the police intervening when there is challenging behaviour in place. I've heard parents say, if we have this kind of disability in the schools, it takes away from my child. There is a whole area of education that needs to be done within the communities, within the system. Is that a huge part of what you're about as well?

MS. NANCY MACLELLAN: I would say all of those points that you raise, and more in terms of communities being ready to welcome persons with disabilities into their

community and what does the municipal infrastructure look like so that is able to happen. I would see that very much as part of the work that we're doing in terms of education and awareness and appreciation for the value that having folks who have disabilities being part of a community brings to those of us who are fortunate not to have disabilities.

MADAM CHAIRMAN: Ms. Peterson-Rafuse.

MS. PETERSON-RAFUSE: The question I have is with respect to the road plan. I respect the fact that it is a road plan and it will take time, it will take funding, and it will take co-operating. One of the key elements I feel, though, is to have an overall understanding of the total cost of the project, so you can see it from the big picture and then what mini-steps have to be taken and when those steps need to be taken and when you align the finances with those steps.

Has the department done a total financial analysis of the plan so you're able to say, if we accomplish this plan in 10 years - and I know plans change as you go along and there will be other paths that you'll need to take that you can't anticipate now, but looking at it today - what the overall cost would be for the plan?

MS. NANCY MACLELLAN: It's premature to cost it at this point. Some of the work that we have underway right now is this notion of translating the road map into a work plan. Costing is a component of that - costing out those steps and seeing what it would take. As I said, we really are talking about almost kind of a bridge financing where you have to sort of create some capacity and you have to get a little bit bigger before you get right-sized or smaller and moving folks into that new capacity while you close down the old program. I can't speak to a number, in terms of what it's going to cost at this point.

MS. PETERSON-RAFUSE: Looking at the plan now, when do you hope that you may have a number? Are we talking a year from now? Two years from now?

MS. NANCY MACLELLAN: Oh, I would say this year.

MS. PETERSON-RAFUSE: This year at some point that there would be . . .

MS. NANCY MACLELLAN: A sense, yes, with the outlying years being less black and white, so I think we'll be able to see the costing for year one, year two, probably it may be a little fuzzier on year three, a little fuzzier still on year four because, as you say, you learn more as you go through this and your experience will indicate whether or not your assumptions were correct but we will have a target costing this year for sure.

MS. PETERSON-RAFUSE: I certainly understand the complexity because I always used to say it's like a ball of yarn and as you unroll it you find another knot, then you have to take that knot out and go on.

You said that there isn't any moratorium on community option homes. How are you going to address the present pressures - we know how difficult this is. For example, I know there's an interest with L'Arche - they're all ready to go to build another home here in the city - so how do you deal with those pressures, those financial pressures of today when you're also trying to deal with the financial pressures of the future? That is one of the areas - we don't have options for community living because it was neglected very badly in the past and there was no strategy or planning, so you can tell people we'd like to have options but we don't have the infrastructure to offer those options.

I would like to hear how you're dealing with those pressures and those needs today because you do have quite a long wait-list, as we know.

MS. NANCY MACLELLAN: Yes. One of the things I would point to would be we have a number of projects that would be in flight right now, in terms of replacement homes or repairs to existing facilities, whether for occupational health and safety reasons or whether for maintaining our housing for folks it is a critical component, making sure that we maintain it.

As those projects that are in flight are coming through, we're actually looking at them with a lens of, is replacement of this 12-bed home consistent with the road map? Maybe it is, maybe it isn't. If it isn't, can it be built in such a way that it could be converted to something that's more a community-based or smaller option - if it can or if it can't.

What we've tried to be is really deliberate about - we will probably make some decisions that are inconsistent with the road map because of things that are in flight. We just want to be deliberate about that and know when we do it and why we do it and have a very solid rationale, because we are taking care of 5,200 people and because we can't stop their needs while we're building the new program. It's very much a lens by which we look at all of our decision-making now.

MS. PETERSON-RAFUSE: I want to ask about - and this is another challenge that I saw - we're in a situation of being reactive instead of proactive and it is very challenging to change that course and that's part of what this road map will do and I think has already done through conversations.

It's the challenge of our elderly population who are looking after a loved one who has a disability. You get into circumstances or situations where the individuals are trying to plan, be proactive, so they're saying that their son or daughter should actually be placed in a community option home now because we are getting older and we do not want to wait until we have a heart attack or we're sick. Then it becomes crisis mode and the pressure is on the department and the staff. Everything at that point is being reactive.

I'm just wondering, looking at the road map, how are you trying to address those situations? Right now it is still totally on a reactive, crisis-management level and we're

trying to encourage the public to work with us. However, those same people are saying, look, I need to have my son or daughter in a place now, not three years down the road, because our health isn't well and we can't look after him or her anymore; I don't want to have a heart attack and die and not know where my son or daughter is going to be. Can you address that?

MS. NANCY MACLELLAN: I completely agree and what you're articulating very well is exactly why the cases all have to be assessed individually and why individualized funding and individualized models are so critical. I share your story in that I went through a situation where we were placing my father and we put him on a waiting list because of exactly the kind of thing that you describe - not that he was ready, but because we knew the time was going to come and actually took a placement probably prior to when he really needed it because the bed was there. That's exactly what we're talking about with respect to transformation and actually creating the capacity.

We know there are people in the system who are underserved and we know there are people in the system who are over-served. How do we right-size the care that we're giving people to suit their ability to be independent? That's what we're talking about when we're talking about building up some capacity and getting a little bigger before we right-size so that we're able to transition folks to the right level of care and thus creating the capacity in the old system.

What you're pointing to is exactly the kind of assessment that we need to do with each individual case to make sure that we aren't just dealing with what's happening today, but we do have some predictability about what will happen six months from now and two years from now and five years from now. We completely agree on a number of points - not the least of which is it's always best if folks are in their own homes and with their own families, if that's an option. So to the extent we're able to provide that for people, that would be our goal.

MS. PETERSON-RAFUSE: I would like to say thank you to the three of you and all the staff at the department. I know that, Ms. MacLellan, you're new and I hear your enthusiasm and your dedication. I know the other two staff people, how dedicated they are to make these changes. So I want to express here today that this is a key road map and all political Parties have to be working together to ensure that it happens. It's about people - not the politics - and so we will work from our perspective.

As I said, I do know the challenges of the finances, but we do have to put the money where our mouth is at some point. That's the one thing that I'm very concerned with and we'll be watching that, but we'll certainly be supporting you every step of the way. Thank you.

MADAM CHAIRMAN: Ms. MacPherson, did you have anything that you wanted to add?

MS. MACPHERSON: I was just going to add that the other piece that we're really working on is, again, the individual choice, but those front-end programs - we have the Independent Living Support Program, the Alternative Family Support Program, and the Direct Family Support program. They're not programs for everyone, but it's not always about a placement option.

There are aging families and aging caregivers, but we do want to focus on the individual themselves - what is it that they want? Where do they want to live? What are their interests? Do they have a friend that they want to share a place with? Those discussions are underway right now. Placement is always in the range of options that are available, but we don't have all the answers and we need to make sure that the individuals themselves are at the table and doing their own planning.

MADAM CHAIRMAN: Mr. Rowe.

MR. ROWE: Just a quick point of clarification, and my apologies if I missed it. What are we looking at in terms of numbers of persons with disabilities as we move forward? Are we expecting it to increase and, if so, is there a percentage over the course of the 10 years?

MS. MACPHERSON: I don't have the exact figures, but if we project based on the growth that we've had, yes, our numbers will continue to grow. We know that there are individuals who have very complex needs that we need to work more collaboratively with, with our colleagues. It's not just an SPD service that they need, but more broadly, what that looks like, and then of course the aging population.

So the demographics are the demographics, and continuing care deals with this with the Department of Health and Wellness, the Department of Education and Early Childhood Development, with their numbers and students who have special needs. Planning is important because the numbers will continue to grow.

MR. ROWE: Thanks so much and thank you, as well, for your presentation today, it was most informative.

MADAM CHAIRMAN: Ms. Peterson-Rafuse.

MS. PETERSON-RAFUSE: One of the privileges that I had also as the Minister of Community Services was to announce the new provincial program to help hundreds more low-income seniors get wheelchairs - you'll know about this. Can you tell me the success of that particular program for our senior community with respect to the Wheelchair Loan Program? The second part of my question is, are people aware of it, has there been a communication campaign to let people know that it is available? Will the budget be still set aside going forward for that program, I believe it was like \$1.4 million?

MS. MACPHERSON: We have continued to have ongoing meetings with our partners with the Easter Seals, the wheelchair program. You're absolutely right; it's a very successful program. Families with children with disabilities that are in the Direct Family Support program get the benefit of the program, as do adults. In terms of the budget, the new executive director, we've had meetings with him and we seem to be in a good place with the budget for the wheelchair program. It's an excellent partnership and a really good example of the department and the community organization working together.

MS. PETERSON-RAFUSE: Do you know what the uptake was for the senior population? I know that the program was initially for young people with disabilities and then we expanded into like a senior component.

MS. MACPHERSON: We have the adults up to age 65 and then the Department of Health and Wellness just started the senior wheelchair program, which I believe is with a different community partner. I don't know those numbers and I don't know the exact numbers where we are right now with our funded program with the Easter Seals, but I can get those.

MS. PETERSON-RAFUSE: Thank you, I know you can.

MADAM CHAIRMAN: I think this might be a good opportunity to break and maybe we will thank our witnesses. We really appreciate all of your time, and not just for coming here today, but everything that you do in this amazing department. It's very dedicated work and we appreciate every hour that you spend above and beyond. You are free to go.

Our group will break for five minutes and we'll come back to do agenda setting at about 2:25 p.m.

[2:18 p.m. The committee recessed.]

[2:25 p.m. The committee reconvened.]

MADAM CHAIRMAN: All right, if we could call the meeting back to order, please.

I guess our first piece of business that maybe we should discuss is the continuation of these meetings once the House is in session. Typically when the House is in session Community Services still meets, only instead of being on Tuesday afternoons they would move to Tuesday morning from 9:00 a.m. to 11:00 a.m. April 1<sup>st</sup> is our next meeting date, which will be within the first week of the House being in session - it's not April Fool's. (Laughter) That's going to open ourselves up to a lot of interesting things, especially since we're meeting in the morning, that's great.

Keeping that in mind, are there any objections to us keeping the April 1<sup>st</sup> meeting date, only moving the time for the meeting to 9:00 a.m.? Mr. Gosse.

MR. GOSSE: Are the witnesses able to show up at 9:00 a.m.? Have we contacted the next witnesses?

MADAM CHAIRMAN: Yes, I believe so. We can get our clerk to double-check. We have the Human Rights Commission scheduled for April 1<sup>st</sup>; they will be our witnesses that day. Pending any unforeseeable issue and assuming that we're still sitting in May - as long as the House is sitting we'll plan for 9:00 a.m. on Tuesday.

That being said, April 1<sup>st</sup> is our next meeting date. As I said, the Human Rights Commission is our witness. Our time for that will be from 9:00 a.m. to 11:00 a.m.

We received two letters of correspondence at our February meeting that I would actually like to address today. There was a letter from the March of Dimes and a letter from Delores Feltmate. I do not have those letters in front of me at the moment - oh, yes I do, I apologize.

From Judy Williams, March of Dimes Canada:

“For over 65 years March of Dimes Canada has provided programs and services to people with disabilities, their families and caregivers. As well, March of Dimes Canada has and continues to advocate for accessibility for all Canadians with disabilities.

On behalf of March of Dimes Canada I wish that we be placed on the list of organizations able to appear and present before a Standing Committee relating to all matters of disabilities and accessibility.

We would like the government of Nova Scotia to be able to hear from an organization that helped implement the Accessible Ontario Disability Act (AODA) and to express our experience related to the implementation of this act as well as creating accessible communities, cities and provinces.

Please advise me of hearing schedules that we would be able to make arrangements to either attend a committee meeting or prepare and send a submission.”

Our next letter of correspondence - maybe we'll deal with them together and then if there are any objections we'll single them out:

“The Child Welfare Boards of Nova Scotia are strongly in favour of amending the almost twenty-five year old Children and Family Services

Act. We also join voices with others in the province who are calling for a broader more robust Child Advocacy Office.

We would appreciate an opportunity to present our position to the Standing Committee on Community Services. April would be our preferred date, but we would accommodate a date at your convenience. Included is some background information on Child Advocacy in Nova Scotia.”

Mr. Gosse.

MR. GOSSE: They’re already on the PC caucus list. I think they are second on their list there, the list that we have. I think they’re already on the list. (Interruption)

MADAM CHAIRMAN: That’s correct, No. 2. Okay, that’s great. So we already have our April 1<sup>st</sup> date set and we have somebody scheduled for May as well. After those two meetings are done, every caucus would have had an opportunity to have somebody up here from their list.

Is there anybody who would move to add these two groups - the March of Dimes and the Child Advocacy Society - to try to schedule them for the next two meetings? Mr. Rowe.

MR. ROWE: Madam Chairman, I would certainly move that we accept the request by the March of Dimes Canada and the Child Advocacy Society to be added to the list of potential witnesses.

MADAM CHAIRMAN: Is there anyone opposed to either of these groups appearing before us? Ms. Peterson-Rafuse.

MS. PETERSON-RAFUSE: I just want to make a clarification. You’re talking about the next meeting will be the Human Rights Commission, and then following that could be . . .

MADAM CHAIRMAN: So for April and for May we have witnesses scheduled for both of those meeting dates. What Mr. Rowe just moved - was that for June? For after May’s date, June and July or June and September, whatever - we’re going to have to discuss the summer dates as well - but for all intents and purposes, after our May meeting, the next two meetings will be represented by these two groups.

MS. PETERSON-RAFUSE: I just wanted to clarify that. Thank you so much.

MADAM CHAIRMAN: It’s the non-sitting in the summer. It’s hard to believe that we’re actually only two meetings away from that. Mr. Gosse, you had a question?

MR. GOSSE: Who is the May group?

MADAM CHAIRMAN: The May group is the Fairview Family Resource Centre. We will ask our clerk to reply to both of these letters and find dates in our schedule that work best for them. We'll put them on the list.

Since we're talking about four meetings in advance, it might seem a little bit pre-emptive, but I think it might be in our best interest to go around as a caucus again and pick our next choices. If for some reason these two groups cannot meet on those dates we can then just fall back to our caucus choices.

As it stands now, the Department of Community Services - Services for Persons with Disabilities - that was our presentation today and that was the first choice of the PC caucus. The Human Rights Commission will be April 1<sup>st</sup>, and that is the NDP caucus choice, and then Family Resource Centre will be in on May 6<sup>th</sup>.

After that, and after March of Dimes and our Child Advocacy Society, I suggest that each caucus picks two more that we have to work with; if we could start with the Liberal caucus, if you could give us two choices for witnesses for you. Mr. Rowe.

MR. ROWE: We would propose Housing Nova Scotia. As well, I think there is value, given the amount of information that was presented today, and the fact that there is a road map in place, that we want to continue to move forward, I think it wouldn't hurt to actually have the Services for Persons with Disabilities back again.

MADAM CHAIRMAN: Mr. Harrison.

MR. HARRISON: Our first choice would be the Collaborative Partnership Network. The second one would be the Entrepreneurs with Disabilities Network.

MR. GOSSE: So the two letters received today - I'm just trying to clarify this - are one of those organizations going to be June's meeting?

MADAM CHAIRMAN: Our intent is to book them as soon as possible, so that would be June and then September, but taking these choices is under the assumption that those dates don't work for these groups. These are back-ups. Then when we meet again in September you can pick another choice. Everything changes - it's always in flux - so we won't hold you to these.

MR. GOSSE: No, I understand that - I'm just saying, the two letters are going on right away and there are other caucuses that have a whole list that were before the two letters. That's all I'm saying. Like the Progressive Conservative Party just picked their two, but they actually had the Cape Breton Victoria Child Advocacy Society on that, so are we going to schedule them for June because they're next in the rotation?

MADAM CHAIRMAN: Our hope is to have March of Dimes and the Child Advocacy Society be our witnesses prior to these choices that we're currently making.

MR. GOSSE: I'm just looking at rotation of the way you started as the Chair, like Liberal, Progressive Conservative, NDP in that rotation.

MADAM CHAIRMAN: The reason I started that way is because there were . . .

MR. GOSSE: It's perfectly fair.

MADAM CHAIRMAN: Yes, but also, when Ms. Lill's group came that was another one of the original asks and we deemed that anybody who makes correspondence with us doesn't go against somebody else's choice.

MR. GOSSE: So if you make correspondence, you get on the list quicker?

MADAM CHAIRMAN: Well, we can decide about that. That was why I just asked if you wanted us to . . .

MR. GOSSE: Okay, that was my question on that. I'm just saying you're going to get a lot of letters. As the Chair you will be receiving a lot from Canada Post. (Laughter)

MADAM CHAIRMAN: Hansard, retract that statement. (Laughter)

MR. GOSSE: I'll put two names forward: the TEAM Work Cooperative and WorkBridge - that was one of ours - and the other one we submitted was the South Shore Big Brothers Big Sisters. They were both put on the list.

MADAM CHAIRMAN: In all actuality, Mr. Gosse, we will have another agenda setting meeting before any of these choices come through, and that will be in the Fall. It's just that I don't want the meetings to be held up, if for some reason these two - we have April and May's dates booked and if for some reason we can't book somebody for June, I just wanted to make sure that we have a choice.

MR. GOSSE: Have them on standby.

MADAM CHAIRMAN: Yes. Can I have a motion to approve the agenda as set?

MR. GOSSE: I move that we accept the agenda.

MADAM CHAIRMAN: Excellent. If there's no further committee business, I move that we adjourn. Thank you.

[The committee adjourned at 2:36 p.m.]