

# **HANSARD**

**NOVA SCOTIA HOUSE OF ASSEMBLY**

**STANDING COMMITTEE**

**ON**

**COMMUNITY SERVICES**

**Tuesday, February 2, 2021**

**Via Video Conference**

**Phasing out Adult Residential Centre and Regional Rehabilitation Centre Facilities**

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## **COMMUNITY SERVICES COMMITTEE**

Keith Irving, Chair  
Rafah DiCostanzo, Vice-Chair  
Ben Jessome  
Bill Horne  
Hon. Margaret Miller  
Steve Craig  
Brian Comer  
Lisa Roberts  
Kendra Coombes

In Attendance:

Kim Langille  
Legislative Committee Clerk

Gordon Hebb  
Chief Legislative Counsel

## **WITNESSES**

### Department of Community Services

Tracy Taweel  
Deputy Minister

Maria Medioli  
Executive Director, Disability Support Program

### Harbourside Lodge and Mountains & Meadows Care Group

Joyce d'Entremont  
CEO

### Community Homes Action Group

Wendy Lill  
Chair

Dr. Karen McNeil  
Member



**HALIFAX, TUESDAY, FEBRUARY 2, 2021**

**STANDING COMMITTEE ON COMMUNITY SERVICES**

**10:00 A.M.**

CHAIR  
Keith Irving

VICE-CHAIR  
Rafah DiCostanzo

THE CHAIR: Order, please. This is the meeting of the Standing Committee on Community Services. My name is Keith Irving, chair of the committee and MLA for Kings South.

Just a few housekeeping items before we get started. Please remember to keep your microphone muted until I recognize you to speak. When we move into the Q&As, I'll ask folks to raise their hand to get on the speaker's list and I'll do my best to keep that list as up-to-date as I can and inform members where they stand on the list throughout the meeting.

Let's begin by asking members to introduce themselves.

[The committee members introduced themselves.]

THE CHAIR: We've got on today's agenda the Department of Community Services, Harbourside Lodge, and Mountains & Meadows Care Group, and the Community Homes Action Group. Today we are here to discuss the phasing out of adult residential centres and regional rehabilitation centres.

Maybe we'll just go for a quick introduction from our guests and we'll move into opening comments.

[The witnesses introduced themselves.]

THE CHAIR: Thank you all for being here. Let's move into our opening remarks from our three witness groups. Let's begin with Deputy Minister Taweel.

TRACEY TAWHEEL: Thank you very much for inviting us here today to discuss the move away from facility-based placements to community living for persons with disabilities in Nova Scotia, specifically the phasing out of adult residential centres and regional rehabilitation centres.

As I referenced earlier, my name is Tracey Taweel and I'm the Deputy Minister of Community Services. I'm joined today by Maria Medioli, my colleague who is the Executive Director of the Disability Support Program (DSP) here in the department.

Dignity and equality, choice and independence. Many of these things we take for granted, but for persons living with disabilities, these principles can sometimes feel out of reach. I believe it's fair to say that each of us here today shares the same goal. We want all of our communities to be places where everyone has the opportunity to reach their full potential. We want a province with no limitations, a place where Nova Scotians can work, live, and contribute to their communities without barriers.

It is our overall goal at the Department of Community Services to help build a province where everyone has equal opportunity to fully participate in society and to succeed. Our Disability Support Program is committed to supporting the well-being of people living with disabilities and providing opportunities for growth, whether that's community living, volunteering, or skill building for future employment.

To give you some background on the program, DSP supports over 4,900 adults through a range of community-based residential and vocational day programs. The majority of our participants - over 80 per cent - live in community with the remainder living in larger residential homes. DSP participants have varying ranges of needs. Most have an intellectual disability, followed by long-term mental illness. We also support those living with physical disabilities.

In recognition of the important work done by the Disability Support Program, government has continued to increase our annual budget. This year, our budget is \$389 million.

It is recognized globally that institutionalized residential settings for people living with disabilities represents an outdated model of care. These facilities limit participant choice, independence, community inclusion, privacy, and quality of life. As I know this

committee is aware, phasing out these facilities was a recommendation of the report *Choice, Equality and Good Lives in Inclusive Communities: A Roadmap for Transforming the Nova Scotia Services to Persons with Disabilities Program*.

There are currently eight Adult Residential Centres (ARCs) and Regional Rehabilitation Centres (RRCs) in our province. These residential settings are staffed 24/7 and support 525 high-needs participants.

In recognition of the positive impact community living can have on participants - and, importantly, on communities - government has made the commitment to phasing out these institutions over time. We know that living in a community allows people to be part of a neighborhood, to feel valued for their contributions, and to have the ability to pursue the lives they choose.

The most recent budget contained an investment of \$7.4 million to create 50 new community-based placements this year. Additional placements will be created over the next five years. This investment also includes funding for day programming for these participants. This is a significant investment - not just financially, but in individuals. It is about creating homes for people where they are part of a community and surrounded by the resources that support their needs.

As the committee might appreciate, while certainly necessary, moving people from large settings where many have lived for many years is not a simple endeavour or one that can be rushed. We have been proceeding carefully over the past several years to ensure that this process unfolds in the best interests of our participants. To that end, we have put a tremendous amount of work into research and planning.

DSP has conducted extensive consultation with the sector, including participants and families, to determine the best path forward. We are also working directly with communities to understand what we need to have in place to ensure success.

The happiness and safety of each of our participants is paramount in everything we do. I want to assure the committee that as we plan these moves, we will work hand in hand with each person and in collaboration with their families to honour their strengths, needs, and capacities. We will also maintain existing programming and supports as participants transition into community.

Last Fall, we announced the phasing out of Harbourside Lodge, an adult residential facility in Yarmouth. Moving the 27 residents into a community is expected to take about 12 to 18 months. Our intention going forward is to move participants across all facilities - not just Harbourside - focusing on those participants who are ready and committed to moving.

As vacancies increase in ARCs and RRCs in future years, we will then determine in consultation with partners which facilities should be closed next. I should add that this work does not only benefit DSP participants. Having more diverse communities benefits Nova Scotia as a whole. Everyone with different backgrounds, abilities and interests brings something unique and can contribute to the richness of our province.

We are certainly aware that the timely construction of small option homes is crucial for moving participants to community. Over the past few years, eight new homes have been established across the province. Four of these have opened in New Glasgow, Isle Madame, New Minas, and Yarmouth. Two homes in Milton, Queens County, and Meteghan are built and preparing to begin operations this Winter - this month, in fact. The remaining two homes are under construction in HRM and are expected to be complete by the end of March. These new homes are in addition to the 225 small option homes that currently exist in our province.

We also know that as more participants begin to move, we will need to build even more homes. As part of our planning, DSP is developing a suite of pre-approved designs and plans that service providers can pull off the shelf to speed up the process of building new homes.

Collaboration and partnerships are essential in delivering the best possible programs and services to our participants. We have many partners like the Community Homes Action Group and Mountains & Meadows, volunteers, community organizations, non-profits, and service providers who work tirelessly on behalf of our participants across the province. We sincerely thank them for their work.

Through this work, we are taking concrete steps to ensure Nova Scotians living with a disability have more opportunity to participate in employment, volunteer work, and live in their community. Thank you very much. I'll be pleased to answer any questions you may have after my colleagues have an opportunity to provide remarks.

THE CHAIR: Thank you, Deputy Minister Taweel. Ms. d'Entremont, opening remarks?

JOYCE D'ENTREMONT: Thank you so much, Mr. Chair and committee members, for inviting me here today. Again, I'm hoping that my presentation will educate you all on the role that Diverse Abilities NS plays in this province.

Diverse Abilities is a voluntary, non-profit, member-based association of organizations that work together to support people with varying abilities to reach their greatest potential and to live as independently as possible. Collectively, we support about 525 individuals with complex challenges associated with their diagnosis, including persons with moderate to severe intellectual and physical disabilities, including development disorders like autism, chronic mental illness, acquired brain injury, and dual diagnosis.

We are proponents of the UN Convention on the Rights of Persons with Disabilities. We seek ways to improve the quality of life for persons with disabilities by collaborating with individuals, groups or organizations, and government. We promote the understanding and acceptance of individuals with disabilities. Advocacy plays a great role in what we do.

Our membership of Diverse Abilities NS is made up of all the ARCs or RRCs across the province of Nova Scotia: The Meadows Community in Bridgetown, Breton Ability Centre in Sydney River, Harbourside Lodge in Yarmouth, Kings Regional Rehabilitation Centre in Waterville, Riverview Enhanced Living in Dayspring, Quest in Halifax, Riverview Home Corporation in Stellarton, and The Sunset Community in Pugwash. Many of our organizations also operate various independent living options such as small option homes, community apartments, et cetera.

[10:15]

What we do is provide a continuum of progressive services and supports that are designed to empower people with diverse abilities to make their own choices, participate in decision-making, and to be contributors to and participate in their local communities. We provide independent living services. We do outreach to individuals in the community who are in apartments or different areas, access to employment opportunities, vocational training and skills development, social enterprise, and access to a range of medical health-related and other specific services.

Overall, this range of services is aligned with government's stated vision for DSP programs. They focus on ensuring persons with disabilities receive the services they need to achieve their greatest potential to enable their inclusion and contributions within the community. We encourage our program participants to make decisions on how they choose to live their lives.

Our strategic pillars - we basically have three: supporting the DSP transformation, ensuring that our residents have a voice in where they choose to live, who they choose to live with, what community, et cetera; human resources, the current state - so we know our staff will probably need different skills to support individuals in community-based living; and public awareness, ensuring that our communities are ready and that they have the education to help us support individuals with different abilities in the community.

As the deputy minister mentioned earlier, Harbourside - which falls under my organization - is the first ARC to be phased out over the next 12 to 18 months. We are working hard with the department to ensure we have transition plans that are supporting our participants to be successful in the community. We're also building templates, building lessons learned to support future planning. This is not going to happen overnight. We are

seeing that this is a process that will take time, and we're also supporting our staff through this transition. It's a big change, and change management is important.

I just want to stress it's important to know that the work we do now will build the templates as well as offer lessons learned to inform planning to discontinue the use of large facilities for DSP participants, and we're very excited to be part of this. Thank you so much, and I will be more than happy to take any questions later.

THE CHAIR: Merci beaucoup, Madame d'Entremont. We will now move to Ms. Lill.

WENDY LILL: I'm here to speak today on behalf of Community Homes Action Group, and I'm honoured to be here sharing my time with Dr. Karen McNeil.

First, I guess, a quick background. In the mid-90s, our province placed a moratorium on the creation of small, community-based homes for persons with intellectual or developmental disability, autism, and other developmental disabilities. At a time when other provinces were moving ahead with deinstitutionalization, Nova Scotia ground to a halt, and that's really a key point here.

Since then, the wait-lists for supported community living have just continued to grow. To deal with this, in 2013 a joint government-community committee created a five-year plan called *A Roadmap for Transforming the Nova Scotia Services to Persons with Disabilities Program* to create much-needed community capacity and decrease reliance on institutions. The government quickly doubled that implementation time frame to 10 years.

Despite the former minister's comment in 2015 that wait-lists would be gone by the end of this government's second term, wait-lists have instead grown from 1,100 in 2015 to 1,300 in 2017, and now they're at almost 1,700 people waiting for another living arrangement.

Despite a Human Rights Commission case which found the Nova Scotia government had violated the human rights of three Nova Scotians by not providing the resources needed for them to live in the community, and despite this department's comments right now that institutional living is an outdated mode significantly limiting participating independence, privacy, and quality of life, the wait-lists just keep on growing. There are now 1,700 vulnerable people enduring their days in institutions, waiting in group homes, waiting with aging parents, in inappropriate settings, waiting for that promised right to live with supports in their community.

I'd like to bring in Dr. McNeil at this point, because she sees first-hand the cost to health and well-being of vulnerable people living in the wrong place. Over to you, Karen.

THE CHAIR: Dr. McNeil.



DR. KAREN MCNEIL: Good morning. I'm a family physician of 32 years. I work at a small consultant clinic within Dalhousie Family Medicine in Spryfield, where I see people with intellectual or development disabilities (IDD) from across the province. I have seen and heard of healthy living situations where people are living their best life. I've also seen and heard of situations where people are not living their best life. They, with their families, suffer tremendous frustration as they wait in inappropriate housing or on the dreaded list.

The list is legendary. It is like an abyss. These families are waiting for people like us with knowledge, skills, and privilege to be socially accountable and find a solution.

What is a healthy living situation? COVID-19 has made it clear that our homes are very important to us. These are places of choice, of safety - our own space, not noisy and crowded - where we can be supported and nurtured.

The COVID-19 pandemic has also made it clear that housing vulnerable people in congregated settings, where shared bedrooms and bathrooms exist is not acceptable and is a recipe for disaster.

When people with IDD are forced to live in unhealthy situations, they try to communicate. This is difficult if you only have a few words or no words. Sometimes they communicate very loud. Sometimes they get physical. Sometimes they beat on themselves. Sometimes, out of desperation, they beat on others. We now call this "behaviours that challenge." This term places the focus on people who experience the behaviour - challenging them, challenging all of us to figure out what the person is communicating.

As a physician assessing behaviours that challenge, I feel they are telling us that their environment is not suitable or, in extreme cases, it is oppressive.

How do we respond to behaviours that challenge? We do not have a robust, non-pharmacological approach here in Nova Scotia, so we use psychotropic medication. This is not solution-driven and there are significant side effects. Imagine if you could not report those side effects.

This approach is not unique to Nova Scotia. It is a worldwide problem. That doesn't make it right. To quote the American poet Amanda Gorman, "just is" is not justice.

Better treatment is available. The 2018 Canadian consensus guidelines tell us that first-line treatment is facilitating enabling environments - not medication. Are we medicating people because we cannot provide appropriate environments? From my vantage point - and I'm a prescriber - I think this is the case. I see first-hand the cost of health and well-being of vulnerable people living in the wrong place. It makes me angry that the only tool I have in my toolbox is a hammer.

We can do better. We can do for those who are vulnerable what we would want done for ourselves. Thank you for this time to share my thoughts. I'll turn it back to Wendy to close.

WENDY LILL: To summarize, in the 2020 budget, the government announced it would begin moving 50 people out of RRCs and ARCs in independent living support. We commend them for that and we commend Joyce d'Entremont and Maria Medioli for their work at Harbourside and the plans to support 27 residents to move out of that place and into appropriate community settings, but we're deeply concerned at the rate of the change. These are vulnerable people.

In 2017, the government announced the opening of eight small option homes in the province - again, referred to today. Four years later - yesterday, there was a press release to this effect - all eight of the homes will be finally up and running in the coming months. We're delighted for these individuals and for these families, but how long will the 50 individuals announced in 2020 have to wait? What about the 1,700? How many will grow old and how many will die on this wait-list waiting for a home? We need to see this wait-list going down several hundred a year, not up. We need to offer real hope now and make this a priority. We need leadership, resources and co-operation on many fronts.

You've got our letter in front of you. It's to the Minister of Finance and Treasury Board this year for 2021, outlining some important steps to deal with this crisis. We hope you'll study it and then we hope you'll help act on it on behalf of your constituents and these vulnerable Nova Scotians.

THE CHAIR: Thank you, Ms. Lill. We'll now move to questions from the committee. Just a couple of reminders. Please keep your video on so that we can make sure that we have a quorum. Right now, Ms. Roberts has disappeared on us. If you need to step away, just keep your video on so we do know that people are there and a reminder to do your best to keep your phones quiet during our proceedings.

We'll now move to questions with one question and one supplementary. I've got Ms. Coombes, Ms. DiCostanzo, Mr. Jessome, Mr. Comer, Ms. Miller, Mr. Craig, and Ms. Roberts. Let's begin with Ms. Coombes.

KENDRA COOMBES: Thank you, Mr. Chair. This is a topic that's very close to my heart. My brother has Down syndrome, and I know many people in our lives who have older adult children with Down syndrome. This is a very close topic to my heart, especially today, so you'll have to excuse any shakiness in my voice.

*A Roadmap for Transforming the Nova Scotia Services to Persons with Disabilities* was accepted by the Liberal government in 2013. The government adopted a 10-year time

frame for significantly increasing community-based supported living options and moving beyond the institutional model to a person-centred approach, a community-based approach.

In 2015, the Deputy Minister told this committee that 300 people living in institutions could be candidates for community living at that time. I'd like to ask the department to explain why seven years into a 10-year implementation of the road map, the government is just beginning to move individuals to appropriate accessible housing.

TRACEY TAWHEEL: Thank you very much for your question and for sharing your personal connection to the work. Thank you very much.

I want to start by making clear that we have been working all along, and we have been moving participants out of facilities during this time period while we plan for the larger phasing out of ARCs and RRCs. In preparation for the full phasing out of ARCs and RRCs, we have conducted a lot of work - working with participants, with their families, with service providers, as well as with advocates and others - to make sure that we have the appropriate foundations in place for successful full phasing out of ARCs and RRCs.

We are the last jurisdiction in the country to phase out large congregate sites and while I wish this had been done a much longer time ago, the benefit of being the last jurisdiction to pursue this work is that we can learn from other jurisdictions. What our interjurisdictional research has certainly demonstrated to us is that ensuring that the foundations, the appropriate supports are in place before you transition individuals out is critical. That period of change - when we're moving individuals who may have lived in large congregate settings for large portions of their lives - that transition phase is critical and can be fraught with problems. We want participants to be successful.

Over this period of time, we have been conducting research, consulting with all the appropriate stakeholders, participants' families. We have continued to move participants out of large congregate settings. We have moved individuals off the wait-list, and the 50 individuals who were announced in the most recent budget to move will move within this year. We are on target to meet the 50 participants who were highlighted in the current year's budget. Even during this period of the pandemic, all of the individualized planning that was required is in place, and we will move 50 participants this year.

KENDRA COOMBES: In March 2019, an independent board of inquiry ruled that the Province had violated the human rights of Beth MacLean, Sheila Livingstone, and Joey Delaney by not providing access to housing options. The board's decision did not address the hundreds of other individuals who have been in the same situation and instead contemplated that those on the Province's wait-list could file their own human rights complaint, and I would say that there are many on the wait-list and there are many who are about to go on the wait-list.

In a 2019 letter to the Premier, Barb Horner, on behalf of the Disability Rights Coalition, said that the Province had a decision to make. It could allow 1,500 persons with disabilities in the province lacking the necessary supports to languish while hundreds will seek to file their own human rights complaint, or it could do the right thing.

As a department, do you believe you have adequately responded to the findings of the Board of Inquiry and of the request made by the Disability Rights Coalition?

TRACEY TAWHEEL: Let me respond to your question, Ms. Coombes. My apologies for losing connection there.

The work that is under way within the Disability Support Program and with the department overall is absolutely geared toward tackling the wait-list as well as working toward all aspects of the road map including, significantly, the phasing out of ARCs and RRCs.

[10:30 a.m.]

It is true that we have just under 1,700 individuals on our wait-list at present. Seventy per cent of those individuals are already in receipt of service and are on the wait-list looking for either a different type of service or perhaps a different geographic location for their service. I think that is important to note - that they are in receipt of service.

We, through the process of phasing out ARCs and RRCs, are not simply looking at the 525 individuals who live in ARCs and RRCs at present. We are using this as an opportunity to look at our system across the board as we look at, for example, individuals on the wait-list who may live in a small option home but who would prefer to live in a more independent living setting.

This is an opportunity to support an individual on the wait-list who is living in a small option home to move to a more independent living situation while freeing up space in a small option home. We are not being narrow at all in terms of how we approach this work. We are using it as an opportunity to look at all of our programs and all of our supports to closely examine the wait-list and to tackle not only supporting participants to move from these large congregate settings, but to also systematically move our way through the wait-list to support individuals who have been on the wait-list seeking either a service or a different kind of service.

We are taking a very holistic approach. Our hope would be that the wait-list, as mentioned by Ms. Lill - that we will begin to move down that wait-list through all of the additional supports, programs, and approaches that we're taking and will continue to take and continue to enhance in the months and years to come.

THE CHAIR: Next up, Ms. DiCostanzo.

RAFAH DICOSTANZO: Thank you for the information so far. I was wondering if we are late or behind other provinces in implementing these transitions. What have we learned from other provinces? If you can give us some examples of how other provinces have been able and how fast they've moved on it and what lessons we have learned. Which provinces have done the best job? If you could. Thank you.

TRACEY TAWHEEL: I will start and then I'll pass it to my colleague, Ms. Medioli.

As I believe I referenced earlier, we have done extensive interjurisdictional scanning and we have tried and have learned from the experiences of other provinces in embarking on this work.

Importantly, one of the most significant learnings is ensuring that the appropriate supports are in place to aid in the transition period. Moving a participant from their home to a new home is a significant change, particularly when we're talking about moving participants from a large congregate setting to a much more independent living circumstance. We know we need to make sure that that transition process is very well supported.

We will be developing and are developing individualized, customized plans that are unique to each and every participant that will move from large congregate sites to make sure that they have all of the supports in place that they need to be successful. We'll work with their families. We're working very importantly with their service providers - those individuals who provide support, love and caring support on a daily basis. We want to make sure that we have factored their perspective into the care that's required as well.

Importantly, these individualized plans strongly feature the component of choice and ensuring that the individuals that we are privileged to support have the opportunity to have a voice and choice in where their next home is. Maybe I'll ask Maria to just augment that with some other further information on our interjurisdictional work.

MARIA MEDIOLI: Thank you, Deputy Taweel. Just building on what the deputy said, we did have the benefit of the experience of other jurisdictions, and I think a key learning really was to make sure that we have the supports in place so that we set people up for success. As Deputy Taweel said, some of these individuals have lived in an institution their whole lives, so you can imagine that they're told when to eat, they're told when to sleep, they're told who they have to live with, so to move to a community could be scary.

The experience has taught us, both from other jurisdictions and even here in Nova Scotia - that transition is called the most high-risk period, when they're moving, and we want people to succeed. We don't want them to be scared, we want it to work out.

In addition to some robust planning of our own in terms of models that we use to support individuals in community, we have a couple of other initiatives. One is a transition diary study, so it would be a diary study where participants who are moving out of institutions keep a diary - the service provider who has been supporting them and the service provider who would be receiving them. That insight will help us refine the transition for those participants that take that knowledge and use it for other participants.

We're also establishing an advisory committee, which I'm really excited about. It's something I've wanted to do for a long time. Half of the people on the advisory committee will be first voice, so half will be participants, and then actually - Wendy Lill and Joyce d'Entremont are other representatives on that committee. That committee will help advise us on those transitions and on the process. We've learned that again from our jurisdictional scan in terms of having that information and the supports.

RAFAH DICOSTANZO: As I'm listening to you I'm wondering, are there any families who are resisting - if they are happy and scared of the move - and how do you deal with convincing them to move? Do you have those cases?

TRACEY TAWHEEL: Thank you for that question. I think, certainly, as Ms. Medioli referenced, change can be frightening, certainly from a participant's perspective, but also from a family's perspective. I guess each participant's needs are as unique as the participant themselves, and likewise there is a full spectrum of both excitement and I guess trepidation about moving to a different facility.

This is where our individualized planning comes in and why it is so important to take a very personal approach and to not simply say, okay, facilities are closed and everyone needs to move immediately. That would not set participants up for success and would not respect their right to choice and support them to move at the speed that makes sense for them to move.

We are committed to the closure of these congregate sites, but we also recognize that we need to work with participants and their families to move at a speed that makes sense for them, and the individualized planning process will play a key role in that.

Perhaps I will invite Ms. Medioli just to augment that with her experiences most recently working with participants who will transition from Harbourside.

MARIA MEDIOLI: Back to MLA DiCostanzo's question. It is common for families to be afraid, for participants to be afraid if an institution is all they have ever known. You can imagine. Also, it's kind of theoretical because they haven't seen the home they're going to, if you know what I mean. It's just theoretical - I'm going somewhere in the community, I don't know where it is.

I can share with you that I personally was at Harbourside the day that we announced the closure. I met with families. I met with the participants. I met with the staff. They asked a lot of hard questions. Once we talked it out, we went through the process and we shared with them the input that they would have, I would say there was nobody who was opposed to leaving. There was nobody who said, I'm not going to go.

I'd say the overwhelming majority were, first of all, overwhelmingly excited at the opportunity. These are individuals who never thought they'd live in community. I have to say, it was one of the most touching things I've ever experienced.

Yes, at first it's overwhelming because you don't know what it's going to be like, but that's the experience in other jurisdictions as well. I know that in some provinces, they told participants they wouldn't have to move if they didn't want to, but those who would want to leave could leave. By the end, they were just down to a couple of people because as their friends move and as they see what it's like in community, then they want to go. That's been the experience in other jurisdictions that very few at the end don't want to go.

THE CHAIR: Let's move over now to Mr. Jessome.

BEN JESSOME: Thank you, everyone, for your time and engagement. I have a question for our deputy minister and Ms. Medioli. I'm curious about what the department is doing to ensure that we've expedited the process to build some new small option homes as promptly as possible.

TRACEY TAWHEEL: We are in full agreement that we would like to see small option homes built as quickly as possible. I'm very pleased that the eight new small option homes that were announced in 2017 will all be open and operational by the end of March, even with some of the challenges encountered by service providers in getting these homes built brought on by COVID-19 and lack of access to skilled trades, materials and things like that. They are still able to deliver and persevered, and will have those homes opened by the end of March, which is wonderful news.

In the future - and during this entire process - we've been taking steps to ensure that as we build more small option homes in the future, the process is expedited. To that end, we will have approximately half a dozen designs for small option homes - design plans that are kind of shelf-ready. Service providers will be able to take them off the shelf, thereby cutting out that lengthy kind of design period.

It's important for the committee to know that these designs will reflect the most appropriate construction standards that we must meet for persons with disabilities, but also very importantly, they also reflect the results of a study that we did with participants and staff who work in small option homes, whereby we asked them to tell us what the most important features were that they wanted to see in a small option home.

These designs will incorporate all those features. For example, ensuring that private bedrooms - which is one of our own standards as well - have enough room to have a little sofa and chair in there so that a participant has privacy and can have their family over and have a private conversation and not have to be in a common area all the time if they have people over to visit.

Thinking about things that we might overlook if we don't have these conversations - things like where the office is located for staff who work at the small option home, how you make use of common space, and what it should look like. Things along those lines - all that input will be reflected in these kinds of off-the-shelf designs that service providers will be able to draw from, thereby speeding up the process of building small option homes in the future.

My hope would be that we can expedite that process through this beforehand design work that has been done. We will also pre-qualify a list of builders that service providers will be able to draw from, thereby shortening the process as well to secure a qualified builder who can build a small option home.

BEN JESSOME: Thank you, Deputy. That's helpful information. It's nice to hear that there's going to be some shelf-ready designs that have undergone some consultation with the industry and the people who work and live in those spaces. I appreciate that. That sounds positive. I also appreciate the pending approval of the approved builders. That sounds like a great addition, as well.

What sort of a timeline would we be on to get to that approved builder scenario? Have we gone out to look for requests for those individuals or those organizations? How soon can we expect to have that list of builders available?

TRACEY TAWHEEL: The shelf-ready designs that I referenced are ready now. We have a request for proposal process under way now to secure the pre-qualified, if you will, builders. Having that list of builders and having all the designs ready to go will be completed within this current calendar year.

THE CHAIR: Mr. Comer.

BRIAN COMER: My first question is for Wendy. I'm just curious to get your thoughts on why you think the progress on the wait-list has been so painfully slow. I know the lack of financial resources is a big part of it, but is there lack of execution or are we not consulting with the proper stakeholders? Is there lack of accountability within the department? I'd just be curious to hear, from a public policy perspective, where we prioritize to get these wait-lists reduced as quickly as possible.

WENDY LILL: I want to just mention one thing and that is that between 1996 and 2002, DCS managed to close two large facilities - the Halifax County Rehabilitation



Centre, with 130 beds, and Scotia ARC with 140 beds - so that was possible in a six-year period.

[10:45 a.m.]

I don't know the answer to why we are so slow. I think, clearly, we have to make this more of a priority. We need to, as we said in the road map process, get all hands on deck, get the service deliverers, get different levels of government involved in making this happen.

I also want to say that I think we think too much about bricks and mortar. I think that this is not all about building new places. This is about creating homes. They may be apartments. They may be existing homes already in the community. I am aware that building codes now have become torturously difficult. I know that Tracey is dealing with that and Maria, as are the service deliverers.

This isn't easy but we have to mobilize people around that to make it move quicker. It's just got to move quicker. We know how to act in emergencies. No one's mentioned COVID-19 yet, really, but COVID-19 has shown that people can mobilize and act quickly with some creative and unusual approaches to things.

BRIAN COMER: My second question is for Dr. McNeil. I just would be curious to get your thoughts based on your front-line health care experience with long-term physical and mental health impacts of individuals living in inappropriate environments like you said. Typically, you'd rather not use psychotropic medication to treat a condition that could more suitably be treated by the proper environments. I would be curious just to hear what you see in a day-to-day or what you've read in the literature to maybe describe the long-term impacts of inappropriate environments for individuals with disabilities.

DR. KAREN MCNEIL: As I mentioned, this is not just a Nova Scotia problem; it exists everywhere. For instance, in the U.K. they have a STOMP program. It stands for Stopping Over-Medication of People with a Learning Disability, which is their equivalent to our intellectual and developmental disabilities. This is everywhere. It is cross-Canada and all of our provinces have tried to tackle it.

There are some lessons to be learned from other provinces. For instance, Ontario has community-based teams. I think that's one of the things that we're really missing here in Nova Scotia. For instance, all I have is the psychotropic medications. I work in an academic setting, so I have a little more time than the family doctor in community, so I have a little more time to try to work with tools and try to figure out what the behaviours that challenge are communicating to me. Still, the rules are if someone is being harmed or if the person is harming themselves, that's where the medication comes in.

When I know that this person is complaining about their environment, it's too noisy, there's three of them who are very noisy and are just bouncing off of each other and creating more and more behaviours - the frustrating thing is that there are some super amazing people who work in these group homes, and in our institutions as well. They're amazing. But they're left with trying to decipher these behaviours, the challenge, when most professionals can't do it.

No one can do this on their own. You require a multi-disciplinary team to do this: speech language pathology, occupational therapy, behaviour therapists or interventionists. We have schools that train these people that graduate 20-plus every year. There's no reason why we cannot create community-based teams so that family doctors have resources other than medications to provide to their patients.

By not having this, we are using more drugs. What do those drugs do? They create cardiac side effects, they create things like diabetes because of metabolic syndrome, they also put them at risk of heart attack and stroke. They're not safe medications. To see 20- and 30-year-olds on these drugs, it's just wrong. But that's the only thing we have.

I hope that in the plan to continue our deinstitutionalization process - that somewhere in there, there's a plan for community-based teams that can help with behaviours that challenge. Hopefully, I answered your question.

THE CHAIR: Thank you, Dr. McNeil. That was very helpful. Ms. Miller.

HON. MARGARET MILLER: I have a couple of questions too. One is about the waiting list that Ms. Lill mentioned, about it growing. I'm just wondering about the prevalence of autism. We've seen the exponential growth of autism over the last number of years. It's getting to be that we have a lot of adult children now with severe autism that require a lot of support. How much has this been adding to that list? Is it making it that much more difficult to reduce that list?

TRACEY TAWHEEL: Thank you for the question, Ms. Miller. Yes, I would say absolutely, the increase in diagnoses of autism is certainly contributing to growth on the wait-list.

I guess I would like the committee to know that we are working in partnership with Autism Nova Scotia to develop a range of homes and supports for individuals with autism. We certainly recognize that Autism Nova Scotia has extensive specialization in this area, so we're very happy to be working in partnership with them to come up with a range of options to support Nova Scotians who have been diagnosed with autism spectrum disorder.

In short, yes, it is contributing to growth on the wait-list. It is not the sole contributor to growth on the wait-list. Certainly, and back to my earlier point, individuals on the wait-list - there are many who are already receiving service through this process and the phasing

out of ARCs and RRCs. Our hope is to tackle that wait-list and start to bring those numbers down as we phase out ARCs and RRCs and as we work on unique partnerships, such as the one we have with Autism Nova Scotia to develop a completely new kind of range of options and community-based supports for individuals with autism.

MARGARET MILLER: There's a group in Hants East that gets together to meet, or have been getting together to meet, and they all have adult children with special needs. I know that CCOA does a lot of work with that group - the Corridor Community Options for Adults have a work site. They also have support for in-house day programs. They also have the small option homes and plan on building a couple more in the new expansion programs because there's such a need in this area.

I'm seeing, too, that there are a lot of adult children who are being looked after at home with a lot of support in those homes. One child may have two or three support workers in that home. Do you feel that, in some cases, is that care better allocated, possibly, to have them in small group homes? Would they, perhaps, do better in that kind of a setting? I don't know who could better speak to this, but possibly Dr. McNeil?

KAREN MCNEIL: I think I am hearing from the deputy minister that they are looking at the restructuring and reallocation of resources. I'm glad to hear that. I do think that we spend a lot of money and we're not getting good results in a lot of situations, so it is important to re-examine how we're spending our money and what's the most effective way.

I'm not sure of the circumstances you're talking about where there are three service workers in one home. I certainly know of situations where we have two-on-one support because of behaviours that challenge. Again, that's just trying to restrict that person: trying to subdue that person without really asking, what is that person communicating?

I do think that we do need to look at that. I don't think two-on-one is the best way to go. That's where you need your skills. That's where you need your occupational therapists and your behavioural insights (BI) experts to figure out what the person is saying.

Yes, to answer your question, I think that all needs to be looked at. In some instances, it might be the family's preference. I'm not sure what your circumstances are, but I do think that there is a better solution here and it does involve community-based resources. Parents and group home workers can't be charged with looking after these behaviours that challenge. We need experts.

THE CHAIR: Just for the committee's information, I've got Mr. Craig, Ms. Roberts, Mr. Horne and then we'll move into second round with Ms. Coombes and Ms. DiCostanzo.

We've got about 50 minutes left. We'll continue with one question and one supplementary until I get a sense that we're running out of time based on the list that I have.

Let's move now to Mr. Craig.

[11:00 a.m.]

STEVE CRAIG: Thank you very much for being here today and answering the questions of the committee members on this very important topic.

As one of the newer, although not so new, members who have been elected to the Legislature, I have found my awareness and my knowledge in this area has greatly grown. I recall almost two years ago meeting with Ms. Lill and getting her insight and her commentary about what the challenges were. Since then, there have been many people and organizations who have approached me and my office who are running into family situations trying to support their loved ones: those with mental and those with physical disabilities; many young men and women who are living in long-term care facilities because there is no other option and they're trying to get out; aging parents who have had those who have been with them since birth and are now in their 30s and 40s and in some cases their 50s who are looking for assistance for their loved ones.

So it's with some disappointment - and a little bit disturbing to me - that we find ourselves in this position, albeit realizing that we do have a global situation. We all have varying capacity and abilities.

I want to talk specifically to the deputy minister and the director about why it is that we are just now after, let's say arguably, eight years coming up with a standard for a structure - a building - for a community-based home. It seems to me as though the other aspects of moving out of adult residential centres and rehab centres - we're talking about the physical layouts, in some cases - we still have to do all those other things. We still have to have the support workers. We have to have the behavioural conventions. We have to have all of that. We also have to have the questioning about what it's like to not only move from a residential facility, but even from home into disability support programs.

So I was a little bit taken aback by what it is that we need to do to realize what it is that a person needs, because I would assume that we're doing that for all persons who are on the wait-list or the service request list. Those are my opening thoughts.

My specific question is around building these homes: where it is, what's best, how do you make those decisions, why are there four bedrooms rather than five? How do we get these support workers in there? Specifically, in a low vacancy rate that we've seen coming for years, how is it that we are only now talking about the actual housing - the

actual building? What are the costs associated with that that you've seen that have increased over the years?

Putting out the new standards, I suspect there would be fire suppression systems, communication systems - all of those things that you need which are contributing to the cost, and to be able to go to developers out there to have them in this very high - people are looking for homes. What are you doing to ensure that we can get this and move this on as quickly as possible, knowing that the current vacancy rates in this province are virtually less than one per cent?

We have a housing crisis. How much is this impacting your ability to speed up the movement from those service request lists and from the adult residential centres and the regional rehab centres? How is it that you're going to speed up what I think is being - in Ms. Lill's terms - glacially slow? How are we going to speed this up, knowing that there are many other factors that may not have been there when we first entered into this eight years ago?

THE CHAIR: I think I heard seven questions in there. I'm going to challenge Ms. Taweel to answer seven questions in one answer.

TRACEY TAWHEEL: Thank you, Mr. Craig. Hopefully, I captured all seven. I was scribbling furiously so I captured all seven questions.

I guess I will start first of all by clarifying that while we are going to have pre-approved designs and pre-qualified builders, I don't want for a moment to imply that there have not always been standards in place all the way along for the building of homes. There absolutely have been.

As referenced earlier by both myself and my colleague, Ms. Medioli, our learning from looking interjurisdictionally has shown us what best practice really does look like in the building of small option homes, right down to things like your question around why four bedrooms, not five. Four bedrooms is a best practice and is shown interjurisdictionally to net the highest level of success for participants in terms of being able to provide them with both the independence that they need, as well as the supports that they require to be successful.

We've been learning all the way along and throughout this process. I don't want to imply for a minute that we have been kind of sitting still and that these are new revelations. They are not at all. We've been learning. This is an iterative process. We've been working our way through it all on this path.

Additionally, I think it is important for the committee to be aware that there are 225 existing small option homes in this province, many of which were built many, many years ago. Many of which are not even accessible. The work that needs to be done to also retrofit

some of those small option homes - some of that work has been taking place over this period of time as well.

I don't want to leave the committee with an impression that the department, and the staff working in the department, along with all of our partners, service providers, and others that we're working with have been sitting still. Quite the contrary. There has been a tremendous amount of work being done on both the infrastructure needs of our participants and also in terms of landing on a process to expedite the building of new homes.

One piece that is new is the B3 construction standards. I believe Ms. Lill referenced that. That is a new element to our work and is part of the reason why it is really important that we pre-qualify builders so that we know they can meet those B3 standards and that they understand them so they can come up to the level that is required.

To one aspect of one of your questions, you also talked about inadequate levels of housing. Again, this is another reason why we need to pre-qualify builders and have them on a list that we can draw from so that, hopefully, we can secure their services. As service providers are funded to be able to build new homes, they have that pre-qualified list that they can draw from.

Additionally, right now we are in the throes of renovating and replacing four small option homes that required significant work to both bring them up to the B3 standard but also to make them more accessible for participants. That work is under way.

There are a number of pieces of work that are well under way. Not for a moment do I want to leave the committee with an impression that the team has not been working hard. I've been in the department just about 18 months now. I can honestly say I have never seen a team - both in the regions and here out at the head office, if you will - who work harder and are more dedicated to the participants that they serve.

Every piece of work that has been undertaken prior to my arrival and since my arrival has been human-centred with the participant at the heart and has really driven all of the decisions that are being made. The staff have rallied around the phasing out of ARCs and RRCs. I can honestly say that when the commitment was announced in the current year's budget, there were more than a few people here in the department crying with happiness over that happening. I take umbrage to the assertion that we are moving at a glacial pace. We are moving in support of participants and we will move as quickly as we possibly can.

STEVE CRAIG: Ms. Taweel, thank you very much for the work you and your staff are doing. My comments are meant to be constructive and I hope they came across to be, because you are not in this alone. We are all in this together and we all want to move forward. I can tell by the emotion in your voice your dedication to your job and that of your

staff. My concern is that we support you as best we can. These comments are all to be constructive.

To that end, I will ask this: having said what you just said, I'm assuming that the department is funding the organizations that are actually undertaking renovations or new construction. Fifty is a good number. It's a number. It's a start. How is the budget going to grow to finance the renovation of existing community-based homes? Also, to provide financial support for those wanting to build the additional ones that we so desire?

This is going to be quite a sum of money that is required. Part of me says that, notwithstanding the staff involved but the Legislature, how much do you think you could come up to meeting and accelerating if you had more money to put into this?

TRACEY TAWHEEL: Thank you for your supplementary question, and thank you for your comments leading into that. I absolutely know that every member of this committee and all of the witnesses present today, that we are united in a common goal, so thank you very much for that.

First of all, from a content perspective, I think it is important for the committee to know that the Disability Support Program budget has grown steadily over the last five years, and in fact has increased by \$70 million over the last five years.

As I referenced in my opening remarks, we currently have a budget of just under \$390 million annually. As Mr. Craig very correctly noted, in the current budget year, we do have investment to 50 participants from ARCs and RRCs along with the stated commitment to the phasing out of these facilities. In upcoming budgets, at that point we will see what the budget investment will be, and I would like to assure the committee that working within our current allocated budget, we will do the very best we can to support participants, and as I referenced earlier, to look at the wait-lists, for example, and if we have an individual who is living in a small option home who is on a wait-list to move to a more independent living setting, those more independent settings are often less costly than the more intensive supports that are provided through a small option home.

I believe working even within our existing system, by examining on a participant-by-participant basis, we may actually be able to reallocate funding in order to support participants differently and arguably in a way that better suits their own personal choice and their own desire. I thank you very much for that question.

THE CHAIR: We'll move now to Ms. Roberts.

LISA ROBERTS: My first question is for Ms. Lill with the Community Homes Action Group. I wanted to ask you to elaborate a little bit on a part of your letter to the Minister of Finance and Treasury Board where you spoke about the toll of the slow pace

that we have taken. I'm not going to judge the reasons for that, but we have moved slowly down the road map as it was originally talked about in 2013.

You talked about the toll that is taking on service deliverers as well as on families and individuals. Could you elaborate on that?

WENDY LILL: My battery is just about dead, so I may run out.

I have spoken with service deliverers. We're talking about the people running the group homes, running the small option homes. They are feeling very much worn out over the last number of years just by the - they feel underresourced as they try to manage the challenges they're facing.

[11:15 a.m.]

We are seeing a lot of pretty complex behaviours, as Karen McNeil has talked about. I think they feel that their management and administrative ratios are inadequate, and something we have not talked about today but we all know, there is a chronic and growing problem with staff recruitment and training and retention, and that has been made worse by COVID. What we're seeing, in fact, is that the service deliverers who are out there now - and they are doing fantastic work and are the backbone of this system - are under stress as well.

I just keep going back to the cost of the pace. Mr. Craig, when we visited that day, you brought me into a greater awareness to the whole concept of places of safety. There are an awful lot of people who are in emergency situations and end up in places of safety - they can be hotels, they can be some kind of unit where they are being supported by several staff a day - at a very high cost. Emergency care and living is expensive. Again, there's the economic cost of not moving more quickly and there's also the human cost.

LISA ROBERTS: I will direct my supplementary to Dr. McNeil. Your presentation to the Department of Finance and Treasury Board mentioned, like you mentioned earlier here today, how behaviours can become more complex because of inappropriate living conditions. At the same time, there's a lack of health professionals within the community with the scope of experience needed to work with persons with complex needs.

You did talk about those teams - those community teams. Can you elaborate on how those would be stood up? Do they exist at all? Do you know that they exist in other jurisdictions? If they were to be resourced here, where would you envision those teams operating out of?

KAREN MCNEIL: I have heard of teams in Ontario and I have spoken to people who work on them. My understanding of them is that they are in various districts within the province. We have our districts here in Nova Scotia, so I would imagine each district -



Central, Eastern, Western, Northern - would have their own team. From the Ontario experience, I'm told that they're kind of populated with different skill sets so that they can borrow from each other.

You might have one team with an occupational therapist, a physiotherapist, and a nutritionist. Another team might have a physiotherapist, a psychologist, and a speech language pathologist. That seems to work quite well. They have to be accessible by primary care physicians, I think. They have to be accessible to families and the people working in group homes. As I said, we cannot charge people with this daunting task of figuring out what people are communicating. We need these multidisciplinary teams.

That's the way I would picture it. I've heard of it in Ontario and I've also heard of it in Ireland, where they have a very good system, as well. The interesting thing about Ireland is that they - and I think Ontario might do this as well - are not just for people with IDD, which makes it cost-effective.

There's lots of populations with behaviours that challenge. Think about our geriatric population, our pediatric population, our mental health population. A lot of people have difficulty communicating what's going on inside of them, so they act out. If we have teams that can piece this together and meet the need rather than medicating, we'll be way ahead.

THE CHAIR: Thank you very much, Dr. McNeil. Mr. Horne.

BILL HORNE: It has been a very difficult program to try to get your head around. I'd like to ask Ms. Medioli and the deputy minister, how do you approach the patients, the families, the community that may take on a small option home and the length of time to try to get agreements or at least an understanding of what's happening?

TRACEY TAWHEEL: I'll attempt to respond to your question. If I haven't responded, please just elaborate further, if you wouldn't mind.

We work in partnership with a number of service providers right across the province, many of whom already operate small option homes. When we have an opportunity to either renovate or build new small option homes, we work in partnership with those service providers to determine who can best meet the needs in the geographic area where we will be building that small option home.

Working as a service provider involves having very explicit service level agreements put in place, as well as criteria around the number of participants who will be served, how that small option home will be staffed, and a number of other considerations that relate back to some of my earlier comments in terms of the standards to which the home must be built, the operating costs that will be covered once the home is built. There

are a number of factors that come into play as we partner with and work with service providers in the building of small option homes.

I'm not sure if I answered your question, Mr. Horne, or not.

THE CHAIR: Mr. Horne, if she hasn't, you can clarify and then add your supplementary.

BILL HORNE: Yes, I was thinking more on the personal dynamic that goes in place to get a participant to want to move into the small option homes rather than being where they live, and maybe in a large number of apartments or community. Just go through that, how your team would try to evaluate and determine the length of time to get that person with their families to agree to moving into a smaller home. Maybe it's outside your area, maybe it's not. There are all kinds of issues that could come up, so I'm just wondering if you can just add to that in your comments.

TRACEY TAWHEEL: Thank you, Mr. Horne, for that clarification and supplementary question. I'm going to start and then if I might, I believe Ms. d'Entremont may actually have some really valuable input to provide to this in terms of she's working every day with participants, and certainly is working with participants who will soon transition. I will start just by reiterating my earlier comments around the importance of individualized planning and to working at the speed that participants want to work, asking the appropriate questions, really understanding their wants, their desires, that of their family, their life experience, what has brought them to the facility where they currently reside, their path to get there, what their hopes and dreams and aspirations are for the future.

It's a very fulsome process and a very fulsome conversation. I believe as Ms. Medioli referenced earlier, while people may be fearful of the unknown, and it really is unknown, because it would be the same as you or I moving to perhaps another part of the province that we're completely unfamiliar with. It is theoretical, it is a bit in the abstract, until we can actually make it more concrete and show participants where they may actually move, help them as they meet perhaps some of the other individuals who could live, for example, in a small option home.

It is a very comprehensive process, but I would suggest that perhaps Ms. d'Entremont would have a very valuable perspective to provide to this question.

THE CHAIR: Mme. d'Entremont.

JOYCE D'ENTREMONT: Service providers, we work with our residents on a daily basis. The foundation of everything we do is trust.

They all have different backgrounds. They come to us sometimes in an emergency placement, and over the weeks and months and sometimes years, we work with them to

build a relationship of trust, and if you remember one thing today, remember that. Because of where they're coming from and the baggage they may have with them, trust is something that they may not have for individuals.

We work with them, we build relationships of trust, we sit down, we talk about their goals, what they want to accomplish, how they see themselves giving back to society, just like we would do. That includes discussions with their families at the same time and really building on that. I can tell you from Harbourside, there was not one participant or one family that did not embrace transformation. I was there the night it was announced with Maria Medioli, and we were having a party. The participants were so excited: can I choose the colour of my room? Yes. Because of the trust they have with us, they know who I am, even as the CEO. I know my residents. They know my staff. The staff are there, and for many of these participants, the staff are their families. Some have no family.

Because of that transformation for Harbourside, I think it's going to be easy for the participants. It will be a little bit harder for staff because it's change, and change management is important. Having those individualized support plans, having their voice always at the centre of everything we do is the key, and the relationship of trust. Again, if you don't trust somebody and they come and tell you you're going to move to a brand new, beautiful home, well, you're really a bit skeptical.

If you've got that relationship with the participant, and we talk about this with them all the time: their goal. What do they want? I think the language has changed as we provide support for individuals. I hope that answered that question.

THE CHAIR: We're moving into the second round now. I do have quite a few folks on the list. I want to wrap questions up about 11:45 a.m., so we have a few minutes for each of the three witnesses to make some closing two- or three-minute comments.

We'll just be doing single questions. I've got six on the list with 18 minutes, so I'm not sure if we'll be able to make it. Let's keep questions concise and answers as concise as possible. Ms. Coombes.

KENDRA COOMBES: I just want to say one thing first. The wait-list has been mentioned many times in this meeting, and for families talking about this, it is terrifying. All they ever hear is wait-list. You have to be on the wait-list for this, you have to be on the wait-list for that. They spend all their time on wait-lists, and from the day their beautiful child is born, they spend their whole time on these wait-lists in the fear that when they are no longer able to take care of their children, or they're not there to be their advocate, who's going to do that on their behalf?

One of the slides from your presentation shows that the department will spend \$75.5 million on Adult Residential Centres and Regional Rehabilitation Centres. That to me is a lot to spend on an outdated model. In addition to the well-being of individuals and human

rights concerns, isn't there a financial argument for the more rapid expansion of community housing options, considering not only do we have people who are in large facilities, but we have people who are living at home with their families who are waiting as well?

TRACEY TAWHEEL: Thank you for your question. I could not agree more, and I will try not to get emotional about this myself, but it is heartbreaking to have people on a wait-list, and my heart breaks every day for families and participants who are waiting. I want the committee to know we are working as quickly as we possibly can and will continue to do so.

The investment that is made in ARCs and RRCs on an annual basis, you are correct as pulled from our presentation. I think it is important for the committee to know, however, that moving to community is not a less expensive option. In fact, it will more than likely be a much more expensive option. The reasons to do this are not financial. The reasons to do this are because this is the right thing to do. As we continue to evolve in our thinking not just in this jurisdiction - I think Dr. McNeil has mentioned this as well in terms of how other jurisdictions are struggling with some of the same challenges.

[11:30 a.m.]

As our thinking evolves, as we get better, as we put more and more supports in place, we will continue to evolve the system and we will move as quickly as we can both to provide some peace of mind to those families and those individuals who are on the wait-list, but also to successfully transition participants from these larger congregate settings where they are living to more independent living options within the community.

I think it is really important for the committee to be aware that it will not be a less expensive option. In fact, it will likely be much more expensive.

THE CHAIR: Thank you, DM Taweel. I have Ms. DiCostanzo, Mr. Craig, Ms. Miller, Ms. Roberts, and Mr. Jessome if we have enough time. Fifteen minutes, Ms. DiCostanzo.

RAFAH DICOSTANZO: Ms. Taweel or Ms. Medioli, if you can just maybe clarify the investment that we're making this year of \$7.4 million that was announced recently. Can you give us a breakdown of how this will be allocated and spent? What is urgent right now that you're looking at?

TRACEY TAWHEEL: The \$7.4 million investment will support the transition of 50 participants from large congregate settings as well as will help us draw individuals from the wait-list to transition to community-based placements. Included in that \$7.4 million - actually on an annualized basis, it's \$11.4 million - it will provide for the financial supports those individuals will need in the community. Whatever level of care they will require, it will cover those costs.

As well, I believe I have referenced earlier, it will provide them with financial support to pursue day programming, whether that is through one of the service providers that we partner with or perhaps through a community recreation program that they now may be able to access which they would not have been able to access before. The \$7.4 million will provide the supports required for those 50 individuals.

I think it's important to note this is not a one-time investment. This is an annualized cost to continue to support, in this instance, these 50 individuals to be successful in community for as long as they remain participants in the Disability Support Program.

THE CHAIR: Mr. Craig, you're next.

STEVE CRAIG: I wonder if I could ask - because there have been so many questions around the wait-list, or I think you term it "service request list" - I think they're interchangeable - one's more formal - is it possible that we could get a better breakdown of that, perhaps, by month?

In the conversation earlier, I heard that included in that number could be people waiting to move from long-term residential facilities into a community-based home or from a community-based home into independent living. Could we have something like that that would be more informed rather than a big number of 1,900 or whatever it might be?

TRACEY TAWHEEL: Yes, we can provide a bit more of a breakdown. The numbers on the wait-list do change on an almost daily basis, but we can certainly provide a breakdown.

As I referenced earlier, 70 per cent of individuals on the wait-list are receiving some other form of service. When they are on our wait-list, they have three choices of what they would like to receive, so we can certainly provide a bit more of a breakdown with the caveat that it does change very, very regularly. It's absolutely a point-in-time snapshot, but it will give the committee a bit of a flavour in terms of what comprises that wait-list.

THE CHAIR: Ms. Miller.

MARGARET MILLER: I was interested in hearing Ms. d'Entremont's comments on some of the issues that had been going on. We haven't heard too much from her yet. I just wonder about some of her opinions in relation to her own facility.

JOYCE D'ENTREMONT: I have two ARCs. I have one in Yarmouth and I have one in Bridgetown. The one in Yarmouth is the one that's slated to be phased out, so we're working with the department quite closely on doing that. The one in Bridgetown, we're doing great things. We have an adult protection bed that we admit residents or participants to who might be in crisis. We have very well-educated staff. They know when residents

start to escalate how to de-escalate them. We have very low incidents of aggression. We monitor our use of psychotropic medications. We always strive to use the lesser amount.

We are on top of this. I think we are leaders in this province. We know because our participants and their families tell us. We support our residents extremely well. We have run youth day programs. These would be for kids who are in school and in the Summer there are breaks. These kids tend to be bored. The last two Summers, we've run youth day programs. This year, we're eager to get going again. We're going to start a program quite soon and then we'll run another one during the Summer.

There is a lot of movement. Again, it sounds like things are not moving fast enough, but from where I'm sitting, there is a lot of movement. We're really advocating with the department for our residents, so when we see somebody coming in at the ARC that could thrive in the community, there are calls made. We start working with those participants and we start educating them and supporting them through transition to community.

I believe I have 18 clients now in the community - I am trying to be quick, Mr. Chair, because I know we're running out of time - who are very well-supported by staff who do outreach. I have an apartment building with nine individuals there. We call it our place of transition. At the ARC, once we see somebody has grown in their skills and are really getting ready to transition back to community, they move to the apartment first, and then they move to community.

We've had great successes, as the Premier loves - he is my MLA in Bridgetown. He often talks with a lot of pride around Willow Vale Apartments. I think we need to do more of that.

I work closely with Maria. Any time we have out-of-the-box ideas to support our clients, I have had nothing but support. I am a big fan of transformation. I want it done yesterday, but I do realize individuals who have been in large institutions all their lives, it takes time to move them. If we move them too fast, we will not succeed.

I hope I answered your question. I could talk about this all day, but I know we're limited.

THE CHAIR: Ms. Roberts, you're next.

LISA ROBERTS: I wanted to ask for some feedback from Deputy Minister Taweel and her colleague. I had the experience of trying to advocate for a constituent who is caring for an adult child with intellectual disabilities and whose daughter was interested and willing - and the family was interested and supportive of her forming basically a friend household with three individuals all receiving disability support at home with their parents in the community independently, but with supports, and possibly, I'm not sure, the level of support, whether that would have required overnight support.

Effectively, we weren't able to secure that support, but I'm wondering if there is potential or I guess openness within the department for community-proposed solutions for some of the people on the wait-list, because all of those people would be on the wait-list, and they thought that they saw a way of coming together to get the services that they felt matched their needs and their wants and their hopes.

Is there openness in the department, or a mechanism in the department for entertaining those sorts of proposals? I ultimately felt that I did not succeed on behalf of those constituents.

TRACEY TAWHEEL: I guess my short answer would be yes, absolutely there is openness to proposals like that within the department. In fact, within our Flex independent program, there is a possibility of having participants pool resources to make sure that they get the supports they need to live independently. I guess I won't belabour my response, other than to say yes, there is the possibility of looking at things like that, and we are very open to having those conversations.

We want to be as creative and as flexible as possible and recognize that, to the comment that a member made earlier, this is not just the work of the department. This is the work of community and participants and partners and service providers and participants. We all have a common goal. The short answer is yes, we would absolutely be open to conversations like that.

THE CHAIR: The final question will go to Mr. Jessome.

BEN JESSOME: What support and what staff members potentially do service providers have with respect to managing new builds? I say that with respect to building homes. Service providers maintain the ability to conduct the business of a small option home day-to-day and maintain the relationships and responsibilities for the clients. In terms of project management with new builds, what supports are in place for service providers in that regard?

TRACEY TAWHEEL: Certainly, service providers would have a board of directors in place that would help oversee new builds, and they would have staff members that they may assign to be involved in the new build.

We also provide them with funding to make sure that they have project management support as appropriate, and we work in support of and in partnership with service providers when they are embarking on a new build of a small option home. That is why we are looking at simplifying this process as well so that it is not as onerous on service providers and they don't feel they're starting from scratch each time we embark on a new small option home.

The pre-approved designs, the pre-qualified builders - that will make it a more seamless and quicker process for all involved, and importantly, a quicker process for participants to be able to move into a renovated or a new small option home.

THE CHAIR: That concludes our time for questions and answers. I'd like to offer up the floor to our three parties for some closing comments of two or three minutes. Maybe I'll do it in reverse order and ask Ms. Lill, and you can share your time with Ms. McNeil if you choose, for a few final comments. Ms. Lill.

WENDY LILL: I have a question to Ms. Taweel, and I'm sure the committee would like to know the answer to this too. I did sit on the Roadmap committee, and at that time we were given grids of the cost of each level of service. Certainly, it's my understanding that RRCs and ARCs were \$130,000 or \$140,000, group homes I think were about \$90,000, and small option homes were about \$120,000, Independent Living Nova Scotia much, much lower. The service deliverers told us that within small option homes, there was a range of levels of care required by individuals in each one of those homes ranging from \$40,000 up to \$120,000. Of course, there are some that are much higher than that depending on the level of need.

[11:45 a.m.]

I think it would be very helpful for this committee to see that grid updated. That was done in 2013. I have seen another one in 2015. Deputy Minister Hartwell presented one with Joe Rudderham and actually made a mistake on one of the costs and I called him on it.

I'd love to see that update. I hate the idea that everyone is sitting out there thinking that it's going to cost way more to move 565 people out of the institutions into the community and another 800 or so off the wait-list. I don't want that to be left out there in the world. I don't think it's correct.

I'll give it over to Karen for a sec, but I guess my point is just simply the cost of not moving any faster on this is incredibly high in terms of the health and mental health and also financial costs. I, again, direct you to our paper on this. Thank you.

THE CHAIR: Thank you, Ms. Lill. Dr. McNeil, a quick comment?

KAREN MCNEIL: Again, I agree with everything that Wendy Lill has said. I will say that this has been a learning experience for me. It is nice to hear how the deputy minister and Maria Medioli are reaching out to our partners in community. I'm thrilled to hear about Joyce d'Entremont's bright light. We need to drag that bright light right across the province. I really think we just need to keep our feet to the fire on this one. Thank you.

THE CHAIR: Thank you, Dr. McNeil. Mme d'Entremont.



JOYCE D'ENTREMONT: I just want to thank the committee for inviting me today. I hope you guys didn't see how nervous I was. This was a brand new experience for me, so thank you so much. It was very interesting.

I just want to say on behalf of Diverse Abilities NS, we are committed to the Roadmap. We are committed to transitioning individuals with different abilities to community settings. That is something we talk about at every meeting. Our heart is with these participants and we have a lot of passion.

I just also want to thank the department for really trusting some of the crazy ideas we bring forward to you guys and just being so easy to work with. We value that relationship. I also see us very much as an advocacy group, so I look forward to continuing my work with my colleagues here today with me. I just really want to thank the committee and Mr. Chair. Thank you.

THE CHAIR: Thank you, Mme d'Entremont. Final comments from DM Taweel.

TRACEY TAWHEEL: I'd like to thank the committee and the other witnesses here today for the opportunity to share information on a very, very important topic. If I might, in my closing remarks, I'll just take a moment maybe to address Ms. Lill's comment. I have not seen the table that she is referring to. I'd be very happy to take a look at it.

I do want to emphasize one point that some of those costs were, I think, related to individuals who already reside in small option homes. In transitioning participants of ARCs and RRCs to small option homes, we are overall talking about highest-needs individuals within our program. As such, the costs to support those individuals in community will be higher than the costs currently incurred in ARCs and RRCs.

I just referenced that because I think it is very important for the committee to be aware of that. It is not what I want to leave everyone with. What I want to leave the committee and my colleagues with on this call is – it is important for the committee to be aware of that, but it is not what I want to leave everyone with. What I want to leave the committee with, and my colleagues on this call, is that we are committed to this work. It's the right thing to do. We are open to creative, new ideas. We want participants to succeed, we want families to have peace of mind that they are living their best lives. We're dedicated to seeing this work through and we'll do it as quickly as possible.

I guess the last thing that I would say, and I hope it came through my comments: the staff that work on this work, that work with participants, that work with Joyce, that work with Wendy and Dr. McNeil, people like Ms. Medioli, are some of the finest people I've ever worked with, and they will see this through. I'm counting on members from this committee to also be advocates and champions and cheer on the work of this department and our commitment to serving participants well.

THE CHAIR: Thank you very much, DM Taweel. Thank you to all of our witnesses today. This was a very important discussion, and we covered a lot of ground with a variety of questions, and there was a lot of emotion here today, which was fair. It's an important topic.

As Ms. d'Entremont said, there's a lot of passion and heart in this subject matter, and as MLA Craig said, we're all in this together. I think we should leave the table with that spirit of us working together. It's important work, we all want it to move faster, and we do know that DM Taweel and her staff are working extremely hard on this. We are moving in the right direction as fast as we can.

Thank you to all of our witnesses for joining us here today. You can excuse yourselves from the world of Zoom, and the committee will be dealing with a few items of business. Thank you very much.

All right, committee. We have one piece of correspondence. I just want to ensure everyone has received the Department of Municipal Affairs and Housing's response to correspondence from our December 8<sup>th</sup> meeting, so if that's permissible to everyone, we'll receive that. We're agreed on that. We see no problems there.

The next meeting will be March 2<sup>nd</sup> at 10:00 a.m. and the topic is the overrepresentation of Black and Indigenous peoples in the justice system. Our witnesses there will be the Elizabeth Fry Society of Mainland Nova Scotia and the African-Nova Scotian Decade for People of African Descent.

If there's no more committee business, I would now like to adjourn the meeting and thank you all for joining us on a stormy Nova Scotia day. We all made it here through the snowstorm, so congratulations. Thank you all. The meeting is adjourned.

[The committee adjourned at 11:53 a.m.]