

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

COMMITTEE

ON

PUBLIC ACCOUNTS

Wednesday, February 2, 2011

LEGISLATIVE CHAMBER

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

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PUBLIC ACCOUNTS COMMITTEE

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[Hon. Cecil Clarke was replaced by Mr. Allan MacMaster.]

In Attendance:

Mrs. Darlene Henry
Legislative Committee Clerk

Ms. Evangeline Colman-Sadd
Assistant Auditor General

Ms. Karen Kinley
Legislative Counsel

Ms. Annette Boucher
Legislative Counsel

WITNESSES

Department of Community Services

Mr. David Ryan - Acting Deputy Minister
Ms. Lorna MacPherson - Director, Services for Persons with Disabilities
Mr. George Hudson - Executive Director, Finance and Administration
Mr. George Savoury - Executive Director, Family and Community Supports



House of Assembly
Nova Scotia

HALIFAX, WEDNESDAY, FEBRUARY 2, 2011

STANDING COMMITTEE ON PUBLIC ACCOUNTS

9:00 A.M.

CHAIRMAN

Ms. Diana Whalen

VICE-CHAIRMAN

Mr. Howard Epstein

MADAM CHAIRMAN: Good morning, everyone. We'll get the meeting underway as it's just after 9:00 a.m. We're waiting for a few members, but we certainly have the right number here today for continuing. I'd like to welcome our witnesses today. The subject today is Services for Persons with Disabilities and that was a chapter in the last Auditor General's Report that we received in the Fall. We do have our auditors with us today, too, in case there are any questions that we want to place with them.

I would like to begin by having the whole committee introduce themselves and our guests, as well, we'll go right around the room. I should actually stop for a moment and welcome two new members - I'm sorry, we have two new members. We have Michele Raymond joining the committee as a full, permanent member, and also Brian Skabar. So welcome to the committee. We have a new vice-chairman on the committee, Howard Epstein, thank you. If we could, we'll just begin and introduce ourselves for the record.

[The committee members and staff introduced themselves.]

MADAM CHAIRMAN: Thank you very much. We also have with us a couple of representatives from Legislative Counsel in case there are any questions there.

I'd like to now turn the mic over to our guests and to David Ryan, the Acting Deputy Minister, for any of your opening comments. I think you do have a presentation for us. I would just ask - I didn't look to see how long it is, but we try not to go over between five and 10 minutes at the most as a rule. Thank you very much.

[9:04 a.m. Mr. Howard Epstein took the Chair.]

MR. DAVID RYAN: Thank you and good morning. I'd like to thank the Auditor General for his comments and recommendations. We appreciate this opportunity to respond and outline the great work going on at the department. We also welcome any opportunity to help us better serve Nova Scotians.

The Services for Persons with Disabilities Program provides voluntary residential and day programs for over 5,000 individuals with intellectual and physical disabilities, or long-term mental illness. Many of these individuals have very complex needs. Nothing is more important to us than the health and well-being of those we serve.

Our overall goal is to promote and offer a range of programs that help improve the lives of Nova Scotians with disabilities. To that end, the last several years have been busy for the Services for Persons with Disabilities Program.

In 2006, the department implemented three new community-based options programs: the Direct Family Support Program, the Independent Living Support Program, and the Alternative Family Support Program. Two years later, in 2008, we released two reports - one on residential services and the other on vocational and day program services for adults with disabilities.

As you know, the Auditor General released the results of this audit of the Services for Persons with Disabilities Program last year. We are pleased that the recommendations of the audit were consistent with the work that we have been doing over the past several years to strengthen policy standards and procedures and to implement service agreements for all of our SPD programs.

We agree with the Auditor General's recommendations. In fact, 20 of the 29 recommendations were already in progress or being implemented during the audit process. For instance, the department has either completed or is working on a number of improvements around program evaluation and long-range planning. We intend to build on the work of ongoing program reviews and a framework for a comprehensive strategic plan for the SPD Program.

The department's focus has been on implementing our new programs and services and ensuring that the people who need them are getting them. Now that many of these programs and services are in place, we can focus more on program management.

There has been a substantial amount of work done to update all of the SPD programs, policies, and procedures. Small options homes will soon be licensed, and a tremendous amount of work is going into consulting with the sector to better inform regulation amendments and policies.

We have done a considerable amount of work in the last year on the Protection for Persons in Care Act and we will continue to make improvements to ensure residents and their families are treated with the respect and dignity they deserve. A new centralized reporting system designed to monitor complaints and their follow-up will be implemented in the near future. In fact, a recent case has shown that the Protection for Persons in Care Act is working exactly as it is meant to. An anonymous complaint of abuse was made and DCS staff acted immediately. An investigation was conducted, and the department is now looking into why it occurred.

In September, the department implemented new wait list policies, procedures, and forms. Monthly reports are prepared to ensure wait lists in every region are complete and accurate. In addition, a service agreement template has been developed that will ensure service agreements are in place between the department and our service providers.

These are some of the initiatives and improvements that Services for Persons with Disabilities Program staff are working on at the moment. While we would like to be able to do even more, we'll continue to move forward as best we can. We will continue to make improvements to ensure residents and their families are treated with the respect and dignity they deserve.

As I said before, we are pleased with the Auditor General's recommendations. They focus on the operations of the SPD Program and provide a useful road map for us as we move forward.

Thank you for the opportunity to speak here today. We welcome your feedback, it helps us improve what we do and ensures that our programs are effective, sustainable, and in the best interests of the people we serve. I am committed to working with our service providers, staff, residents, and their families, as we continue to improve this program and make life better for families in Nova Scotia. We look forward to providing you with more specific information in response to your questions today. Thank you.

MR. CHAIRMAN: Mr. Ryan, thank you very much for your presentation. Before we move to questioning, I should note that we've been joined by one additional member of the committee, Mr. Allan MacMaster, MLA for Inverness - welcome. Now we'll proceed as follows: each of the caucuses will have an initial opportunity of 20 minutes each to ask questions, and then we'll go to a second round. We'll start with the Liberal Party, Ms. Whalen.

MS. DIANA WHALEN: Thank you very much. We are very pleased to have you here today, so I want to thank you for coming.

When I first saw this report from the Auditor General there were a number of things that jumped to mind. I think all of us as members of the Legislature can relate to - we have constituents that are numbered in those hundreds, in fact, several thousand people that you are looking at in this report. I believe it's 3,452 individuals at the time of the audit who fell under community-based options, which was the focus of the audit that was done. I think all of us over the years have had the opportunity to meet people living in our community, either in small options homes or more independently or getting family respite care, so it does come close to home and ring true for us when we read these comments and the observations by the auditor.

One of the things that strikes me is the vision, really, of the department, which is to help people maintain their lives and be as involved in the community as possible. That is an overarching - I think it's the vision of the department, if I'm not mistaken. It was listed in this report which I don't have right at my hand - here it is. It says of the Services for Persons with Disabilities Program: "To enable individuals with disabilities to live to their fullest potential within their communities."

I think that's a goal that we would all support fully. I'm not sure we're achieving it and that's why some of the questions I want to ask today have to do with how we deliver those services and how we are best able to help people live to the fullest extent within the community.

As I mentioned to you before we started, I wanted to specifically reference one of my constituents whose name is Karen Larsen. Karen has given me permission to talk today at the committee about her case and I gave you a copy of her approval for that, just so you feel comfortable as well - I understand you don't come here prepared to talk about individual cases. But Karen's case to me is something that stands out when I read the report because the report talks particularly about how the department deals with complaints. Complaints is an area that I feel, having followed through with my constituent's complaint, that they were not adequately dealt with.

The case and point that I am referencing goes back to 2008, so it's not immediate. Karen has been moved back and forth a little bit over her adult life. I think she may have started with Community Services, then she went to the Health Department under one of their programs, and in 2007 was moved back to the Department of Community Services for her care and needs. She was nervous coming back because she didn't know if she would lose some of the support services that she had.

In 2008, shortly after she had been brought back, because of a number of circumstances, her care was no longer left in her hands. She had previously found her own caregivers and hired them and brought them into her home to help her live. She was then moved to one of your service providers; the department stepped in to help her find care and did it through a service provider.

I have a couple of financial questions I'd like to ask about the use of service providers, the extent of how much we use service providers as opposed to how many people are in the community who might have some control over the selection of their caregivers. I'd like to start there because that was one of the big changes for Karen, was immediately going with a service provider and having to trust them to find somebody who will work well in her home.

Maybe I could begin there with what the relative proportion is of people who have their own determination for caregivers and those who are under service providers. That question, I'm not sure if it's best, perhaps, for Ms. MacPherson - I'm guessing.

MS. LORNA MACPHERSON: Thank you. There are a number of models of support that we have with the Services for Persons with Disabilities Program. There are programs - the Direct Family Support Program, for instance, is for families that are supporting a family member with a disability at home. The families would select and choose the support people that they have coming in their home.

We have Independent Living Support, which is a supported apartment model program. There are a couple of different models: one would be that the individual could hire their own person to provide for their support needs; another, that it would be a contracted model. In terms of the exact numbers, I don't have those, but I could certainly get those and provide them to you. There are various models that include both what you have described, as well as the individuals having the ability themselves to select who they hire and how they pay, and they are considered the employer.

MS. WHALEN: One of the recommendations in here, and I should be able to reference it but it's in the section on payments. It says there's no consistency in your policies that would ensure consistency among what caregivers are paid. I wanted to explore with the service providers how much money you would be giving for their contracting of people to go out and provide that care in people's homes, as opposed to how much money would be given to somebody who is doing it themselves, who is more self-managed. I realize yours isn't called the self-managed care program, but somebody who has more self-determination.

Can you explain a little bit about that recommendation? Right now, I think there is no consistency in the payment schedules.

MS. MACPHERSON: Generally, and actually since the Auditor General's Report was finalized, there were changes to the method of payment. For our service providers and contracted services, there is a provincial salary framework that is based on a standardized hourly rate that residential workers would be provided. Otherwise, for individuals who receive funding to hire their own people, generally it would be the provincial minimum wage.

[9:15 a.m.]

MS. WHALEN: Why is there a difference? You didn't say what the standard hourly rate would be, but I assume it's more than minimum wage.

MS. MACPHERSON: Yes, that was introduced in the province back early in 2000, standardizing the hourly rate. Again, I don't have the specifics but it's basically around \$17.50 an hour.

MS. WHALEN: What would be a rationale for that difference between, say, \$9.50 an hour - we're under \$10 an hour right now for minimum wage - and \$17 an hour?

MS. MACPHERSON: It's two different programs: one with the contracted service providers; the other, the individual has the choice and the provincial minimum wage is the standard wage rate for employees.

MS. WHALEN: I guess just to be clear, the reason I wanted to delve down into this is that in Karen's care, when it broke down after a year with a service provider and she then resumed having her own self-determination on who she would hire, she was given far less money to manage her care needs than the service provider was giving, and I will say the service provider was not meeting her needs. For a full year we paid a lot more money for less service. I would like to understand why we have two very different tiers of cost.

Again, this is not something the Auditor General really looked at, whether that was a rational or a proper decision. It goes back to why I asked how many service providers we are using, and I'd like to understand better their cost model and the agreements we have with them. I realize there are not a lot of your clients who could take on their own care, who can make those decisions themselves, but there are people who are intellectually capable but physically disabled. I think we need to see them as more part of their care.

That's the background, but could you go back then to what rationale there would be? For example, does the service provider take a portion of that \$17.50 an hour and use it for their own management, for a management fee, because they're responsible for hiring and managing that staff?

MS. MACPHERSON: The payment with service providers is done through a per diem funding arrangement. The hourly rate for staff is built into the overall budget. The staff who are hired through the service providers are required to have seven core competencies which are determined by the Department of Community Services. The service provider also provides additional training according to the needs of the individuals they are serving.

The model that individuals are funded to hire their own staff is based on who the individual chooses to hire. There are no requirements other than what the individual would choose, and the department has no control or say. It's an employer-employee relationship.

MS. WHALEN: It's true, but if you give somebody minimum wage to replace the person that they used to get under a service provider, they don't have the capacity to hire somebody with more qualifications because you haven't given the funding to get a higher level of qualifications.

MS. MACPHERSON: They do have a choice based on the funding they're receiving. If they want to choose to pay more and use less hours, then that can be an individual choice to do that. So there is flexibility within that model.

MS. WHALEN: But some people who perhaps have a wheelchair or are not mobile, they don't really have a choice of being left alone for long periods of time, so I think that that choice is limited. I realize the Auditor General's Report said that we need to do assessments on what people's needs are. One of the comments in the report was that the department doesn't look to match, really, and see whether the funding you're allocating or the level of service you've allocated to an individual actually matches what they need. That's a really big gap not to go back and actually see if it meets their needs.

MS. MACPHERSON: We've acknowledged that, and we have said that's an area of work in our overall plan that we will be looking at and addressing.

MS. WHALEN: Is it addressed yet? Has that been addressed? To not go back and double-check that you're actually meeting the needs of the individuals, I think, is really failing those people who are depending on you.

MS. MACPHERSON: We are looking at and we've undertaken an initiative to reassess client needs and it's ongoing on a regular basis, that staff would be meeting with their clients to ensure that their support needs are being addressed.

MS. WHALEN: That takes me a little bit into a different area, but when I was looking at the comments made about the quality assurance and the lack of actually matching whether or not what we've identified as their needs really meets their needs, what I really thought was that there has been no indication that we've ever asked the clients themselves whether they are getting what they need and whether there's any surveying being done or has there ever been any surveying done - that would be my question on services for persons with disabilities - to see whether or not they're satisfied even on a global level, so you get a benchmark and you can work collectively to improve it.

We see that here at the Legislature when groups like the Workers' Compensation Board realized they had a big problem with their client base, they weren't meeting their

needs and they began to survey on a regular basis. Now they come back and tell us where they've improved about things like, are we treated with respect, are we getting timely answers, can we reach our caseworker when we need to - general questions like that. Not the specifics around your daily care, but are you satisfied with the support you're getting from the department.

MS. MACPHERSON: I think those are excellent points and it is around the model of service delivery and it is about clients feeling that they have a voice and can share both what is working and what is not. There is an opportunity that our staff have regularly to meet with clients, with their individual program plans, to get an understanding of whether they are satisfied with their services and support, where are the gaps, what's working well, what's not working, and help to focus on a person-centred approach on what the short- and long-term needs of individuals are, to the extent that their choice and feeling part of those decisions that are being made are very critical and a philosophy of our program.

MS. WHALEN: I would like to suggest today that from what I've seen as an MLA - and I'm not sure about the other members of this committee - I don't think that people are being heard, I really don't. I think that people in care, people who are receiving this kind of support, are very vulnerable and they live in a lot of fear that if they say anything to the department that they will lose services they currently have, that there will be some sort of repercussion. I can definitely say that I've heard that directly from people in my constituency.

In fact, in the case of Karen Larsen, when Karen was very distressed about the care she was getting through the service provider, she was also feeling threatened that she would have no care, that that would be withdrawn, and if she made complaints that maybe she'd end up with less or not the help she needed. So people are very frightened - and it isn't just Karen, it's others as well - that are frightened to come forward and to say there are things wrong in the way their care is being given or that they're not being given the autonomy and the respect that they need in their homes.

I'm struck by the fact that the services you have there are really for three different groups of people. You have people physically disabled - as I said, they can be intellectually, perfectly capable - and you also have people with mental illness and you have people who are perhaps mentally challenged. In the final two groups, those people may not have as much capacity to speak out, but the group that is physically disabled do and yet they're frightened to. They're often mixed in group homes, in small options homes, with people with mental illness, with people with other severe problems, so it's not the best mix for them and yet they have no say. There is a big problem here, and I think it primarily goes back to being able to hear from the people you're serving.

I'm going to leave it that we should definitely be surveying them and developing a survey that would at least give you an overview of whether or not the people you serve

are getting what they need, because they're frightened to tell you things - and they're frightened to talk to MLAs as well, I know that, they don't want their names used. It's a rare client that will be willing to speak out and I think we've seen that with other services, as well, with government. In fact, it's not even that they're worried about or feeling vulnerable, they are, in fact, threatened by care providers at times, that if they don't like it they can leave. How can you tell somebody in a wheelchair that if you don't like the service you're getting you can just leave, it's frightening. As I say, I'm using the case of Karen Larsen because I think Karen had a support network that allowed her to speak out.

I wanted to go back to the dollars on this because I do have an accounting background and I always get interested in the dollars. The contracted service providers - which would be various groups, you have a lot of them - do you give them a per-person management fee? Do you pay them something monthly per client that they're managing, above and beyond the salaries? Maybe that's Mr. Hudson.

MR. GEORGE HUDSON: Just a follow-up question. Are you speaking directly to these clients such as the one you talked about, or are you talking about our service-provider partners in the residential program?

MS. WHALEN: I'm thinking specifically of the case with Karen Larsen where she had a company that was engaged to arrange her care and have people at her home for care. She had a caseworker, or a case coordinator, I think, with that service provider. Would that care coordinator and the company that she worked with have gotten a monthly fee for managing Karen's care?

MR. HUDSON: In those cases what we're talking about is, in many cases, there's a payroll company that is providing payroll services for the client to those employees. Yes, there is a service charge, of course, that that payroll company would be charging as part of the . . .

MS. WHALEN: Would that be a company like - I don't want to name any of the companies here, but you know which ones I mean, there's a whole raft of them. Would that company get that money, or is this an outside contracted payroll service? I'm not really interested if you're contracting for a particular service, I'm sure you're getting value for money on your payroll.

MR. HUDSON: The company or non-profit provider gets funded to provide the service.

MS. WHALEN: Okay. Per person, per client?

MR. HUDSON: Yes. A payroll service, of course, gets a fee for service, but that fee is built into the whole payroll. I'm sure you're aware of how those payroll-service companies work.

MS. WHALEN: So you don't look at it as a per-client management fee? Again, in the case of Karen, she had a caseworker at Community Services, but she was also given a coordinator at her service provider. She was told that if she had any complaints you go to your service provider - don't come to the department, go to the service provider.

When she didn't get satisfaction with the service provider, she went to Community Services to her caseworker. The service provider was annoyed with her for circumventing that hierarchy, I guess, of where you're supposed to take your complaints. My understanding was that the service provider was paid over \$500 a month to manage Karen's care. My understanding was that she should have been the person who would have dealt with the complaints and made sure that the care providers were appropriate and that you would have paid her that money - and I'm saying paid the company that money, the non-profit service provider - under the understanding that they manage Karen Larsen's care. What would they have been paid, is what I want to know? Ms. MacPherson.

MS. MACPHERSON: I can't speak to the specifics of what they would be paid but I can say that regardless of the placement or the model, our care coordinators stay actively involved in providing case management services.

You've highlighted a situation that, in describing it, we do not take that lightly. We want clients to be satisfied, we want clients to be safe, we want clients to feel that they have a voice and that they can share. If they are not receiving the supports that they think they should be receiving, then we want to hear about that. We would never want clients to feel that there would be any kind of retribution as a result of that; that's not the model. It is one that individuals are respected, their voices are heard.

You've also identified the population that is supported through this program, the three populations. It's a very complicated program, there's nothing easy about understanding and when you have three disability groups that we're providing support to and one of the few provinces in Canada that has the three populations, it is through the Auditor General, the report, the recommendations, hearing first-hand from people like yourself - what you're hearing from clients - all this is what we consider in understanding the improvements and enhancements that we need to be making.

[9:30 a.m.]

MR. CHAIRMAN: Thank you. We've finished the first 20 minutes.

We'll now move to the second round and the PC caucus. Mr. MacMaster.

MR. ALLAN MACMASTER: Thank you, Mr. Chairman. Thank you for being here today to give us an opportunity to ask some questions. I'm curious about a couple of things. What would be the incidence of disability caused by - because I know sometimes

people will encounter disabilities in life. It may be because of health reasons, and these would be physical disabilities. It might be due to a lack of physical activity or healthy eating and if people are getting older they might work in jobs that require physical activity and all of a sudden they encounter a disability and they may need to be taken care of by the province. Would you say the incidence is increasing or decreasing there, or is it about the same?

MS. MACPHERSON: In terms of the statistics in Nova Scotia, we do have the highest rate of disability for children, youth, and adults in the country. We're not exactly sure why that is, but the statistics do demonstrate that our province is slightly out of proportion with other provinces.

To your point around injuries and leaving individuals with disabilities, I don't have statistics to speak to that. I do know that children are born today and live who didn't survive five years ago, so the interventions and the medical technology on the front end with birth, leaving babies with lifelong disabilities, there is an increase.

MR. MACMASTER: Okay, that's good to know. I guess I'm thinking about Health Promotion, some of the initiatives they're trying to do for the population and how that might impact your department. There are a lot of disabilities that can't be protected against - it can happen.

What about psychological disability? Have you been noticing an increase or a decrease in the incidence of psychological disability?

MS. MACPHERSON: In terms of our tracking we don't have those statistics, but from working with our colleagues with the Department of Health and Wellness - and we work very closely with the IWK and the district health authorities - we do know that the incidence of youth being diagnosed with mental health issues is on the increase, that there is earlier diagnosis. It's understood, for instance, with early onset of schizophrenia, mental health conditions, they are able to diagnose earlier. Of course, the incidence of children being diagnosed with autism spectrum disorder, that too is increasing - and the ratio is not unique to Nova Scotia, all across North America, but the rate is certainly on the rise.

MR. MACMASTER: I'm going to ask an abstract question and I'll ask you to just do your best with the answer. I know there are a lot of people who are diagnosed with mental illness. Is there any support for them, to help them and to encourage them to still be an active member in society? What I mean by that is that years ago, a lot of these people weren't diagnosed but they made great contributions, whether it be in the field of art or music.

I guess one fear I have when we're trying to diagnose and take care of people is that we might make them feel like they're in a situation that they can't help and maybe instead of just proceeding through life like they had to years ago, they might stop trying.

Are there any supports that the department offers for people, to try to help encourage them that even though they have a disability, they still can be contributing members of society and that we're lucky to have them with us?

MS. MACPHERSON: That's a full question. (Laughter) We're sort of going back and forth. Again, we work very closely with our colleagues in the Department of Health and Wellness and the district health authorities. In terms of supporting individuals in their communities, to be part of, when they're younger there's school and employment. There are a number of community agencies that provide outreach and individual supports. There are employment programs that are provided both within our department and with the Labour Market Agreement programs. So every effort is made to support individuals to be well and to manage with their disability.

MR. MACMASTER: That's great. Can you explain a little bit - I know the client needs assessment, in some cases I think it involves the Department of Health and Wellness and the Department of Community Services, is that correct? If it is, is that working well? If it's involving two government departments, is there good communication between the departments? Is it working well for clients?

MS. MACPHERSON: That's a great question. With Services for Persons with Disabilities, we have our own assessment process for assessing the needs of individuals. It's not solely based on a diagnosis or a label. It is around the functional assessment and what are their needs and what are their unmet needs.

We do have individuals who share services between the two departments to ensure that they have the services and supports that they require. We work very closely with our colleagues in the other department and come together to ensure that the best of both programs and services and departments is available and provided to the individual. We work very, very hard on communication and ensuring that our staff in the field work closely with their colleagues in the district health authorities and it really is to provide a person-centred approach.

MR. MACMASTER: That's great. Are there protective measures in place to ensure that if somebody from the Department of Health and Wellness is working with a client and in the next steps that the ball doesn't get dropped between, say, that person and the person at Community Services who may be next in line to continue the process to help the person get assessed and placed?

MS. MACPHERSON: Every effort is made to ensure that individuals don't fall through any gaps. I'd like to say that that never happens, but there are occasions when it's identified that we can be doing more to support individuals. So case conferences, ensuring that the right people are around the table, with the individual identifying what their needs are, we really do make every effort to make sure that it's a full continuum of services.

MR. MACMASTER: Thank you. My next question - it may be better to actually request a document. What I'd like to see is what the supports are for somebody who's living in a home-based environment versus in more of an - and I don't know if the right word is "institutional" - but somebody who might be living in a home environment that would be with other clients. Would it be possible to get a breakdown of what the client would get in a home-based situation so that all of the supports, whether it's some kind of income support, some kind of subsidy for the living arrangement, versus the institutional supports that would be available to them?

I have had an incident where - not an incident, but a situation where a client is presently evaluating both options and it would be nice to know just what standard supports are in place for each. Would it be possible to have a document that could be given to us all here at Public Accounts?

MS. MACPHERSON: Sure, we could do that, yes.

MR. MACMASTER: Okay, thank you. We talked a little bit about - and I know every effort is made to make sure people don't fall through the cracks and I can appreciate that the department does its best with that. Is there an ombudsman? Would it be considered the Disabled Persons Commission, is that the organization that a disabled person could go to, or their family could go to, if there was an issue that they needed some help with?

MS. MACPHERSON: I'm sorry, could you repeat the question?

MR. MACMASTER: Sure. We just talked a little bit about trying to avoid people falling through the cracks, but if somebody did, is there an ombudsman for them and would that be the Disabled Persons Commission?

MS. MACPHERSON: Actually, there are two ways that an individual could go. The provincial Office of the Ombudsman would be one way to go and the Disabled Persons Commission is another, as well as the Human Rights Commission.

MR. MACMASTER: Okay, thank you. There was an incident at a home in the Cape Breton Regional Municipality recently. I just was reading the newspaper, I suppose like everybody else, and I was surprised that it appeared like nobody wanted to accept responsibility for what had happened. There was an autistic man who was kept in a room, I think it was for 15 days, but what struck me was how nobody really wanted to accept responsibility for it. The management was blaming the staff, the staff were talking about going on strike and I couldn't help but think, where's the humanity in all of this? You would think it would be common sense if somebody was kept in poor condition like that.

It made me think, is there some way that the department, to protect the clients, could have an assessment of people, whether they're managers or staff? I can think of, I know the banks in the financial industry are very careful and a couple of things they do to

ensure people who are working for the banks are treating their clients properly, taking care of their clients, is they have to write tests each year on procedure to make sure they're following the rules. I would think in the case of helping people with disabilities they might write a test each year just to brush up on what they should do in certain situations.

Another thing they do in the banks is they ensure that people have a knowledge of a set of principles, it really comes down to ethics. Sometimes, I suppose, when people are working they might forget - maybe they're busy and they might forget - about the importance of following an ethical practice. This is a way that other industries try to help protect their clients. Is that something the department could look at?

MS. MACPHERSON: With each unfortunate circumstance like what you're referring to, we look at what we could do and what lessons can be learned from that. It is important to note that we have the Protection for Persons in Care Act and Regulations that in this case did exactly what the legislation was intended to do. When it came to the department's attention, there was very prompt action. Investigators went in, they did a full review and investigation of what was going on. The findings were that, in fact, this individual had been locked in his room. The next step will be for the organization to respond to an action plan to ensure that that doesn't happen again.

In terms of supporting the sector with the work that they're doing, we are having consultations with the sector and looking at what they are identifying, what they need, what kind of support they require and their staff, to provide safe and secure environments. At the end of the day, the main purpose and goal of Services for Persons with Disabilities is to ensure the safety and well-being of people with disabilities. From the incident that you are referring to, we would say that's not acceptable and we need to find out why that would happen.

MR. MACMASTER: Do you think there would be some value in doing an annual test? I use the word "test" but the purpose of it would more so be to ensure that the people who are working with your clients are following principles and have an idea of what they should be doing. If a certain procedure would be called for in a specific situation, that there would be some accountability each year that they would have to show they know, okay, we would do this if we were in this situation. Is that something you think the department should be looking at or would like to look at more?

MS. MACPHERSON: Well, we are and there are additional safeguards that are put in place. We do have a licensing process. We have dedicated staff who go into licensed settings, who review and check that the Homes For Special Care Act and Regulations are being followed, that staff have the required training. The licensing will be expanded to the small options homes that are the community-based, three-person-or-less settings that have always been unlicensed, so there will be additional

scrutiny by expanding to the unlicensed. We will be implementing service agreements with our sector that will be very clear with regard to roles and responsibilities.

[9:45 a.m.]

MR. MACMASTER: That sounds great. I think of people who may be mentally disabled and who may not have family, for whatever reason, and I've seen this situation in not a lot of cases but in a handful of cases. Who would be there to advocate for them if they don't have family members who are kind of keeping an eye on them and checking in on them on a regular basis? Could we appoint some advocate for them or could you have any comment on that?

MS. MACPHERSON: We recently had, jointly with the Department of Health and Wellness, the Personal Directives Act and legislation was implemented. Basically this is legislation that recognizes that those who are competent can make decisions with regard to the decisions that relate to every aspect of their lives.

For individuals who are not competent, it means that there is a formal process for a substitute decision maker. So that may be a brother, a sister, a mother or father, but it recognizes that they've gone through the formal legal process to be identified. When there is no person to take on that role and advocate on behalf of the individual, then there's the Public Trustee who would ensure that every decision would be made in the best interest of the individual.

MR. MACMASTER: Thank you. I've seen incidents where the Public Trustee has - maybe there has not been a lot of communication and I suppose there is an onus, obviously, on whoever the trustee is, but are there any proactive measures that staff who are looking after these clients would take to bring issues to the attention of the trustee, to ensure that the trustee would be aware of what to ask to protect the person they are in trust of?

MS. MACPHERSON: That is now, as a result of the Personal Directives Act, a requirement. It is the duty of service providers, and our staff, too, are working very closely to ensure that each client - there's a period that this will be implemented - to ensure that every individual, either they are identified as capable of making decisions, the substitute decision maker or the Office of the Public Trustee.

This has been a tremendous initiative and there have been additional staff added to the Office of the Public Trustee because they were a very small group prior to the implementation of this legislation.

MR. MACMASTER: Thank you, Mr. Chairman. I know there are only a few seconds left so I'll turn the floor back over.

MR. CHAIRMAN: Okay, well, thank you very much.

We now move to the government caucus. We'll start the round with Mr. Whynott.

MR. MAT WHYNOTT: Thank you very much, Mr. Chairman, and thank you for coming today, giving us the opportunity to hear from the department and talk about the Auditor General's Report as well as other things.

First of all, I do want to say that we, as MLAs, see cases on a regular basis - as my colleagues have already mentioned - for people who are in need of care, especially people with disabilities. One thing that hasn't been touched on yet that I'd like to ask a little bit about is around support for vocational and day programs that we see all around the province. My understanding is it's mostly from non-profit organizations and, in particular, the one that serves the area that I represent which is Anchor Industries Society.

Anchor Industries Society, or AIS as they are known, is near and dear to my heart, not only as an MLA but before being elected. They are a group of individuals; the board members are volunteers and they are very proud of their facility. They are proud to be out in the community. In fact, they have yearly fundraisers where they do get a lot of support from businesses, from individuals who come to their annual auction or their bowl-a-thons. Anchor has served the surrounding areas of Bedford, Sackville, Fall River, Beaver Bank, Hammonds Plains, and Lucasville for almost 30 years. I want to quote their mission statement, which is, "Employment. Community Options. One Person at a Time." I think that plays into exactly what their role in our community is all about.

I have a quote from one of their board members who is actually a constituent of mine, Lauren Emmanuel, and it says, "I feel that AIS is most valuable because it provides its clients the opportunities to be contributing members within a community, as well as the opportunity to gain independence . . . I am very grateful for this!!! This is a partnership we hope can continue as many young adults have benefited." Also, there's a quote from an employee of AIS who says, "I like to work at Anchor and I like the people I work with. I like to make money. I work in the PrintShop."

When I go to Anchor to their Ladle Restaurant, to the PrintShop to get my canvassing card printed, they are just so happy to be there. I just want to touch a little bit on what sort of supports you have been giving to these types of vocational programs across the province. Just start there, what supports have you been giving to them and overall, what is the budget line for those types of organizations?

MS. MACPHERSON: I'll start with this, and actually I'm really pleased that you brought up the adult day program, that's another part of the sector that we have under the umbrella of the Services for Persons with Disabilities Program. I'm familiar with Anchor Industries and enjoyed some nice lunches out there.

We are working with DIRECTIONS which is the umbrella provincial organization that's representative of 28 of the adult service centre organizations across

the province. It is recognized and there was a report on adult day programs that was tabled in June 2008, that this is a part of the sector that too needs a lot of attention. There are various models across the province that are a combination of supporting individuals with very high needs, to providing support and employment services for individuals who need some assistance with job readiness to get out into the workforce.

Their funding in the past has been a combination based on municipal social services that are based on an amount of grant funding, but also recognizes that there are fundraising dollars that the organization also puts into their overall line budget. I don't have the exact figures of what the budget line is for the adult service centres in the province, we can provide that to you. I can tell you that we are working with a small committee with DIRECTIONS Nova Scotia on an overall funding strategy, it hasn't been done in years and years. They remind me frequently, every question that I ask they will say, there's a long answer to that. It has been an historical funding basis for this sector that we're looking at how we can develop a strategy in the go forward.

Adding capacity is important, individuals need to have options for their day programs and everybody needs to have a reason to wake up in the mornings and an activity to belong to. They provide a very valued service in the continuum of services.

MR. WHYNOTT: They remind me as well when I meet with them about the funding formula. It's good to hear that there's a plan in place with the DIRECTIONS Council. My question also is, they did receive an increase or a one-time grant this past budget year, is that correct? Can you talk a little bit about that?

MS. MACPHERSON: Actually over the last three years there has been one-time funding provided to various organizations across the province to address capacity. In some cases there have been buildings that needed extensive renovations, or in one case there was a program that was delivered in the basement of a church and one-time funding was provided so that they could actually build a new site.

Over the last two years we have been able to provide three instalments to the sector to address operational and daily expenses that they have experienced.

MR. WHYNOTT: So does that go to the DIRECTIONS Council first and then they divvy it out? My understanding was that DIRECTIONS actually received - I don't know what the figure was, but let's say \$100,000 or something as an increase to help support them.

MS. MACPHERSON: It wouldn't go directly to DIRECTIONS because they're the provincial organization. It went to each of the organizations based on a formula on what their total operating budget was.

MR. WHYNOTT: So it differed per facility?

MS. MACPHERSON: That's right and it was very well received. We were very open and transparent with how the one-time payments were applied. There was extensive consultation between our staff and the sector, and the feedback was very favourable.

MR. WHYNOTT: When I go to Anchor and meet with the executive director and board members, I often hear about wait list problems for, in particular, Anchor. Are there plans in place to help address that based on what you said to some of my other colleagues around the increasing amount of people who do have disabilities, are there plans in place to help alleviate the wait lists around the province? I'm sure that Anchor is not the only one, but can you talk a little bit about that or is that part of the overall funding formula that you're talking with DIRECTIONS?

MS. MACPHERSON: It is part of the overall funding formula to add capacity and to address wait list issues. It's not a simple solution, it's a long-term plan and it is an example of having representatives from the sector at the table to assist us with what that plan should look like.

MR. WHYNOTT: I do appreciate the time and I'm going to share my time with my colleague, the member for Halifax Atlantic, but I do again want to say thank you for supporting Anchor because it's such an important part of the communities, not only my constituency but the constituencies of the Minister of Communities, Culture and Heritage, the Minister of Economic and Rural Development and Tourism, and we try to support them as much as we can and I'm glad to hear that there is a potential glimmer of hope in the future that we will be able to help them, as well, as far as meeting the needs that they have. Thank you.

MR. CHAIRMAN: Ms. Raymond, you have 10 minutes remaining.

MS. MICHELE RAYMOND: I really appreciate the chance to hear a little bit more about the work that you've been undertaking, particularly in the wake of the Auditor General's Report. One of the things, of course, that we're all so terribly aware of is, as you mentioned, Nova Scotia has these extraordinarily high rates of disability, of chronic disease, with, of course, an aging population. We know that there's a huge amount of stress on all of the systems which go to support those members of our population who are in need of a little bit more support.

One of the things that I'm really pleased to hear about is, in fact, that you're tackling the question of wait lists. Sometimes in my dealings with people with disabilities and the families of people with disabilities, one of the most stressful things that comes about is the question of what are we going to do - not what are we doing right now but what are we going to do? - when a child, perhaps with a chronic disability, leaves the school system and is going to need more support over a lifetime? What are we going to do as we grow older and our adult children need the support that we can no longer give them?

[10:00 a.m.]

Consistency of wait list management, policies, procedures and training and so on is incredibly important, but I would also say that what is equally important is that these things be understood by those people who are waiting for placement and their families. I was wondering, could you tell me a little bit about how wait list management is communicated to those who are in wait lists?

MS. MACPHERSON: That's a good question. It would be communicated through the care coordinators directly to the individual. The whole area of wait list management, which was highlighted in the Auditor General's Report, we have been doing a tremendous amount of work within the program to clarify and put in a standardized wait list process so that we could be assured that the numbers that we had were accurate, that we were able to track the choice of individuals and what they're looking for, what services they require and actually, it's now done in a way that there can be three different choices of what the individual may be looking at.

Ours is a voluntary program which is maybe not understood by everybody, but what that means is that the individual has a choice to accept or not what we can offer them. With the new wait list process we do have the accurate data that indicates what services, what supports an individual needs, where they can be best met, and what service the individual would prefer to have. What would be communicated to the individual would be information like, this is where you are right now on the wait list. The priority of addressing wait lists would be if an individual is deemed to be an adult in need of protection, that's the top priority. If an individual is in hospital and is coming out and is going to be discharged with no place to go, that would be a top priority.

We have families, for instance, that are caring for a family member at home but have said to their care coordinator, not right now but in a couple of years we would really like to talk about a placement. They will go on the wait list but where they would fall, in terms of the priority, would be based on the wishes of the family. This is all information that we now have that is updated on a monthly basis, that staff have been trained in the new process and they will be communicating it with the individuals, the families.

MS. RAYMOND: Okay, thank you very much because, as I say, this is one of the most important pieces of it for people who are waiting. I can only imagine that the training is almost as complex as the needs.

Just for clarity, is it a single intake procedure and you look at a variety of parameters, including geographical desires as well as needs and choices of program, or do you have separate regional wait lists? Do you have wait lists which are separated by type of facility? How does this work?

MS. MACPHERSON: We now have a centralized wait list which is great. The process is the same, staff enter the information. We previously could have the same person on four different wait lists in four regions, that is no longer the case.

MS. RAYMOND: Wonderful. I guess another question that I had - well, I have lots of questions, but have you yet reached the point of being able to establish some target wait list times for people who are on these priorities? You don't have to say what they are but have you at least been able to do this? I realize this is a very new process and, in fact, it sounds as though for a long time there hadn't even been wait list management. Have you reached the point of being able to establish target lengths of time?

MS. MACPHERSON: We don't have them but that's certainly something that we would consider in our overall strategic plan, that that would be an objective that we would be striving towards. Right now currently the capacity in our program is very, very - there is no capacity but in the long term I can see that that's what we would be wanting to do.

MS. RAYMOND: Do I have time for one more question?

MR. CHAIRMAN: Yes.

MS. RAYMOND: This will be difficult to answer quickly but the question is just around the people with complex needs. You have mentioned that there are people - I mean obviously almost everybody has intersecting concerns with the Department of Health and Wellness, and they may move back and forth, depending on the sort of crisis level of their health needs at any given time.

I have had a couple of instances of dealing with constituents who, because of their disabilities, have previous involvement with the justice system. Now do you have any kind of protocol for working with the justice system and for ensuring that people who have previous justice system involvement can, in fact, find placement if that's what is needed? I'm thinking particularly of a couple of cases of people with intellectual disability, combined with emotional disability, which has led them to difficulties which have been, you know, if they have finished their involvement with the justice system, however, it is still there and there remain concerns around supervision and so on. Do you have a particular protocol for working with the Department of Justice as well as the Department of Health and Wellness?

MS. MACPHERSON: We do have a protocol with regard to complex circumstances. Just so that everybody understands what we mean when we say that, it's really individuals whose support needs exceed the eligibility for the Services for Persons with Disabilities or with continuing care. That may be because of extreme behaviours and violence, it may be because of a past history of sexual abuse, it may be issues with the

justice system and they've been discharged and there has been violence and harm to other people, so it's not a typical individual who would meet the criteria of our programs.

We have a couple of situations where there has been full representation from both the Department of Health and Wellness and the Department of Justice to come up with a support plan for an individual, everybody acknowledging their own roles and responsibilities; Justice's role is to ensure the safety of the community and if it's an individual who is under probation, then that is the role of Justice, to ensure the individual stays within the terms of the probation.

On our end, with the SPD, we have the responsibility to ensure the safety and well-being of both the individual and those who the individual may be living with. So it may be that the plan is one that is coordinated through the protocol that we have in place but acknowledging who has what responsibility.

MS. RAYMOND: So primary care could, in fact, fall at different times in a person's life into any . . .

MS. MACPHERSON: Exactly.

MS. RAYMOND: Okay, thank you very much.

MR. CHAIRMAN: You have one minute, if you want to use it.

MS. RAYMOND: Okay, wonderful. The main questions, of course, were around this and wait list management and the psychological importance to family members and support. Do you have any sense at this point - you talk about the capacity just not being there and given the growing numbers in any way, do you have any sense of what the demands may be on the system in five years, 10 years from now?

MS. MACPHERSON: We do, and the Auditor General's Report had made the recommendations around future planning and we do have more information now than we even did when the report was released and it has been referenced with an aging population, there will be more demands on the Services for Persons with Disabilities Program. It's really the only program that I am familiar with in our province.

We provide services across the lifespan and that literally means that families with children age one, two or three could start to access our program through the Direct Family Support. We have individuals who are 95, 96, who are in residential settings. So we have the challenge of offering the continuum of supports, options that people have a choice, an aging population of parents who have been able to care for their family member with a disability at home but they are 60 or 70 or 80 years old.

We have data from the reassessment initiative that demonstrates what individual needs are now and what they are going to need over the next three to five years, so aging

population in our residential settings. We know the numbers who are ambulatory now and very mobile but over the next three to five years their mobility is going to be an issue, so if they're living in a two-storey group home now, the planning for three to five years would entail where could they move and how could they best be accommodated. This is information that we just in the last six months have been able to enter and the data hasn't even been fully assessed and analyzed but it is information that will help us with our planning. It's daunting but we will be making informed decisions.

MR. CHAIRMAN: I had better stop you here, for two reasons: one is we're cutting into the time of the next round; and second, of course, our focus is on past spending, not so much on the future.

I'll move now to the second round, there will be 13 minutes for each of the caucuses. I'll move again to Ms. Whalen.

MS. WHALEN: Thank you very much, Mr. Chairman. I wanted to first go back to the line of questioning I was on and speaking both of Karen Larsen's case and also in general, the service providers and the agreements with service providers. I really don't think the question was answered about whether or not there is a per-person fee for the people who are in care, under the care of service providers. So I would like to ask - and I have a list of things I'd like to ask you to provide later because I don't think a 13-minute round will allow us to get anywhere near some of this information, but I know if we haven't a chance to see it then we can deal with it later.

I would like to know how much was paid monthly to the service provider who was managing Karen Larsen's case in 2008; I would like to have a copy of the contract that would have outlined that; I would like to have a list of the service provider companies and the number of clients under their care; I would like to see the breakdown of contracts for that; I'd like to see what those companies are being paid for the care that they provide, and I would hope that those contracts also show the performance requirements that you can go back and see whether they are meeting the performance requirements; and I would also like to know how the companies are selected, whether there is a proper RFP and how they're selected for contracts.

Just to go to one further thing on Karen's case particularly, Karen had made allegations and told her story about what happened during the year that she was under care with a service provider. That was looked at by the department and I have a letter that came back some months later saying - in fact, it was more than a year later - that they looked at the allegations and they found - it says: It has been determined that the allegations you made concerning the support you received are founded.

There was never any follow-up to Karen about what was actually found, the actual investigation and what was determined. What she did receive was a longer report about all the changes in policies, bylaws and practices for the service provider, but that

report didn't even reference her by name and it was the outcome of her complaint. Again, it goes back to what the Auditor General said, there's no way to close the loop on those complaints and I would like to see the report that was generated internally that would have said that her allegations were founded.

That is my list of things I would like to ask for for the future, if you could, to this committee. Thank you.

MR. CHAIRMAN: Could I ask, Ms. MacPherson, if this is material you feel you can provide us with?

MS. MACPHERSON: Yes, I feel certain we can provide a response in detail to your request.

MS. WHALEN: Thank you. You also mentioned earlier to me that if possible you would meet with Karen Larsen afterwards and Karen has joined us today despite the weather, she's with us here today, so I wanted to mention that.

[10:15 a.m.]

MS. MACPHERSON: Thank you, I would be pleased to meet with her.

MS. WHALEN: Thank you, I appreciate that, I really do. I'd like to go on to another section which really follows on from some of my colleagues' questions about supports for adults. We talked about the day programs that are available and the work-ready programs, but there is a segment of the population that is not being served and I'd like to just reference that another Nova Scotian is with us today.

His name is Andrew Belliveau and he is in the gallery. He has a daughter with severe needs and there is no programming available for her. She is a young woman, she's 21, and as you know a few years ago the Legislature - I think it came through the Legislature - asked the Department of Education to keep children through the age of 21 - this is children with severe disabilities - and they have done that in school boards across the province.

They now keep children in school until they are 21, where they are severely disabled and that can be anything from being blind, tube fed, in wheelchairs, and yet they are getting a day program, some programming through the Department of Education up to the age of 21. When they get to that point, again, the support for parents and families that are caring for their loved ones at home is not there because they're a category that is not getting job ready, they're not looking at the workforce and there's a tremendous need to provide some kind of day programming for those individuals. My questions would be along that line.

I think it's worth mentioning, too, that at this point families are being told that nursing homes are the option, if you don't want to care for your children at home then you can put them in a nursing home. Again, we don't feel that that's appropriate when you have loving families that are willing to make the many sacrifices that are required and want to keep their child at home. What I'd like to know is, why isn't there more support for the children who are in that category?

MS. MACPHERSON: Thank you. Further to my response, this is a population in terms of leaving school and requiring a day program and those are the very discussions that we have been having with DIRECTIONS Nova Scotia, how we can expand capacity in the day programs to provide support to individuals who in the past may not have even been utilizing adult service centres like Anchor Industries, but recognizing that there is a gap in those services and how we can support the sector and what they need to do to be able to expand their capacity to accommodate individuals, even with the very high-care needs.

MS. WHALEN: Are you suggesting that places like DASC Industries and Anchor and so on would then have a new part of their facility that would be for people who have higher medical or maybe lower functioning and couldn't do the production work that they're doing, but could have some programming through DASC or through those types of industry places?

MS. MACPHERSON: Actually, there are organizations across the province that do accommodate individuals who require full support with all activities of daily living. We would want to hear from the sector what would they need to do to be able to expand that capacity so that they are offering a full range of day programs and services, not just for individuals who require assistance around employability but also for individuals who do require a day program. Similarly there is an aging-in-place population with adult day programs of individuals who really want a leisure program, they're at retirement age, what that should look like so that it's not a one-size-fits-all, but rather a range.

MS. WHALEN: Are there any programs right now, today, that would serve a young person with severe disabilities who really is not going to ever be going to work? Any day programs now that a family can access and that the department is willing to pay for?

MS. MACPHERSON: Yes, there are day programs that provide supports for individuals who will never go to work.

MS. WHALEN: Are they very difficult to get into? Is that why many families are coming to us saying, we can't get any help?

MS. MACPHERSON: There are wait list issues, that's right.

MS. WHALEN: Can you give me any idea how long it would be in metro to get into one of those programs?

MS. MACPHERSON: No, I could get that information for you, but depending on the profile of the client and the programs that they offer, there may be a vacancy in one program but it may be an employability program; whereas there may be no vacancies in a program that is a pre-vocational, which is full support.

MS. WHALEN: Is there any effort to work with the school boards so that you can transition these young people as they're leaving the school resource centres and coming back into their homes with no daily activities outside of the home?

MS. MACPHERSON: We work very closely with the Department of Education and, in fact, their student services policy requires transition planning. My colleagues with Education could speak in more detail about that, but transition planning should be starting in high school, and even before, on what life will be following graduation for students with special needs.

We do have a couple of programs that we are partnering on with the Department of Education and the school boards. One is here in metro, it's the Access to Community Education and Employment Program, ACEE . . .

MS. WHALEN: Would that help somebody who was severely disabled?

MS. MACPHERSON: No, that program is geared toward supports toward employment.

MS. WHALEN: I'm really looking at what might be a narrow band, maybe a small number in terms of your total number that you support, but can we talk about the people who are going from the school resource back into their homes and they don't have other options? Their families are left with their full care and they don't have other options. In speaking to Mr. Belliveau, our staff was told that the only option offered to their family was a nursing home for their 21-year-old daughter. It's not the route that they want to look at, absolutely not.

MR. CHAIRMAN: Excuse me a moment. I should remind the department that the member having named a potential client or an actual client to the department doesn't relieve you of the obligation to be circumspect with respect to clients. Thank you.

MS. WHALEN: As I said, I'm using it as an example of that type of client and what we are doing, so that we don't go into talking about geriatric care when I'm talking about young people.

MS. MACPHERSON: It's a good point and it goes along with the discussions that we are having with the sector.

MS. WHALEN: Perhaps you'd have a minute to meet with Mr. Belliveau - if not now, perhaps you could set a time to meet with him. That might be helpful as well, I think, in terms of where we go with that.

MS. MACPHERSON: Certainly.

MS. WHALEN: I think you're aware that the wait lists are tremendous and perhaps you weren't able to tell me exactly in metro what the wait list is, but I think the committee would be interested to know what kind of wait lists there are to get into both the day programs and the small options homes. I understand there's a tremendous backlog on small options homes as well. I don't know if you keep that separately on your list but I'd like to know both of those, if we could, as a request.

I think that is the reality for many families, that they have been very happy with the help from the school boards and the school boards have really risen to the challenge of accommodating these young people longer in the schools. That has given structure and variety in their lives and without that, their life becomes much more narrow. The families would like to see them have more activity and more stimulation and just more in their lives, so that's the point of raising that issue particularly.

I had a couple of other issues, as well, around the quality assurance issues and I think I have, what, a minute?

MR. CHAIRMAN: One minute.

MS. WHALEN: Quality assurance issues - it said very clearly here that you had no requirement that the service providers should let you know what complaints and concerns had been raised. I want to know if that has now been addressed. It did say in here that there was no complaint and incident monitoring: "The Department does not have processes in place to ensure service providers report all complaints and incidents." That's on Page 38.

So are we doing that now because, again, that's a huge vulnerability for the people who are in our care but we're giving that authority to someone else?

MS. MACPHERSON: The reporting of incidents and complaints is a process that is in place and there will be continued work with both the sector and our staff on standardizing the overall process.

MS. WHALEN: But they must report complaints to you now, and incidents and concerns?

MS. MACPHERSON: Yes, they do. They must report those and under the Protection for Persons in Care Act, they are required - there is a duty to report. So any of

the licensed settings are required, under the Protection for Persons in Care Act, to report any allegations of abuse or neglect.

MS. WHALEN: Can I just ask one question? No.

MR. CHAIRMAN: No, I'm afraid we have to move to the next caucus, sorry.

We move now to the second round with the PC caucus, Mr. MacMaster for 13 minutes.

MR. MACMASTER: Thank you. Michael Kendrick, the Massachusetts consultant, had written a report for the province 10 years ago and I think it was last week he came out and said that the province should look to move towards a system to help people with autism that would have them placed in smaller homes versus institutional care. What did you think about the ideas that he's presenting?

MR. GEORGE SAVOURY: Thank you very much. Well, first of all I should say that Mr. Kendrick is recognized as an expert and we have reviewed his report and recommendations. In fact, a number of the initiatives that we put in place over the years like the Direct Family Support, the Independent Living - which was formerly called the Supervised Apartment Program - and the adult foster program, all of these initiatives would coincide with a more community-based approach and we'd have over 3,000 clients who would be living either with their families with support or in community-based options.

As you are probably aware, we did close a number of facilities about 20 years ago now. We closed CTCs - children's training centres - we closed the Halifax Regional Rehabilitation Centre, and we have continued to develop group homes in various locations throughout the province. Of course, Port Hawkesbury was a recent development. So we do very much believe that if an individual can live in a smaller community-based setting - which is our goal and desire, of course - we have to look at opportunities to support the individual into a more community-based setting but based on our resources and opportunities, we do believe that the individuals should have those opportunities.

The other thing I should say is that where we have done renovations to facilities, we have moved towards more private rooms for the individual, created more opportunities for families to sit down in private with the individuals - I'm thinking of Riverview, we have three new group homes there as part of that renovation initiative there. So even when individuals do live in a larger facility, there's no reason why they shouldn't have the kind of space and environment that you and I would want to live in.

MR. MACMASTER: Would costs stand in the way? Is it cost-prohibitive to be trying to place people in smaller homes or within their own home?

MR. SAVOURY: Well, I guess if there was unlimited funding, there's all kinds of things one could do. We have to operate within an envelope of funding. Right now, we spend around \$240 million annually.

Interestingly enough, if you look at our expenditure in the year 2000, we started to see the growth in expenditure for community-based options starting to exceed what we were spending for larger facilities. So that's where we've been putting a lot of emphasis and we'll continue to do so. We also have individuals who have very, very complex needs and we want to make sure that we have a continuum of supports throughout our province. So that has been where we were going.

I should say as well, in terms of our wait lists, we have folks on our wait list - over 400 - who are currently getting a program or receiving a program. They may be in our Direct Family Support Program but the family can no longer care for them and they need a group home placement, for example. But included in that over 400 would be individuals who may be in a larger facility who wish to move to a group home setting. Our desire, and we will keep moving on that whole area as resources permit and vacancies occur in our community-based options, we'll move individuals there, obviously with their input and the input of their families.

[10:30 a.m. Ms. Diana Whalen resumed the Chair.]

MR. MACMASTER: Thank you, and you mentioned there was more money being spent on sort of the group home model or the smaller home model. Is that on a per capita basis or did you mean the department is shifting its investment towards that model as opposed to the institutional model?

MR. SAVOURY: I think it has definitely occurred, starting in the year 2000, as we put more emphasis on community-based options, the Direct Family Support Program. Our expenditures now for community-based options is outpacing what we're spending on larger facilities.

MR. MACMASTER: Thank you, and you had mentioned the new home in Port Hawkesbury, the Shalom home, which has been very well received. I was at the opening myself and I know the residents there are very happy. The community is proud and the community put money into the facility, as well, to make it even better.

I guess we've talked about this, it sounds like that kind of model is starting to be encouraged more now, is it? Would you say that's the case?

MR. SAVOURY: For sure, I mean we've seen group home developments in HRM with L'Arche opening. There's one under construction in Antigonish that L'Arche is the provider, as well, and of course you mentioned the one in Port Hawkesbury. These are just three of the ones that have developed.

The other thing that I should mention that was very positive in terms of the Port Hawkesbury one was that in addition to the group home aspect, it also has a respite bed, as well, and two individuals also have an apartment-type setting which can be used to transition individuals back into the community. I think that's a very positive development as well.

MR. MACMASTER: If a community today in Nova Scotia was looking at putting a facility like that together - and I can appreciate that some of it would relate back to the community and the volunteers involved - about how long do you think it would take to take a project like that from start to finish?

MR. SAVOURY: It varies and, of course, first of all it would have to be included as part of the budget process and funding would have to be identified. Most of these facilities are built now with a board getting a mortgage through the Nova Scotia Housing Development Corporation and the department building money into the annual operating budget to cover the monthly mortgage payment.

Generally, it takes probably a couple of years from the time we know we're going to move forward in an area with one and by the time issues around land, which can be straightforward - I think of Riverview. They were built on property that the municipality owned, so that expedited things. If you have issues around the property, that can make a difference. It also can make a big difference in the cost, as well. I think the one in Port Hawkesbury, you're looking at close to \$1 million to build a property like that. Again, in Port Hawkesbury we had the benefit of a donation in terms of the property.

MR. MACMASTER: Would it be like two or three years do you think?

MR. SAVOURY: Generally, I would say it has probably taken us a couple of years with the planning and discussions with the individual board and who they wish to serve and then by the time they do bids for proposals and get estimates. However, we've seen it occur quicker where everything lined up in terms of land, et cetera. Of course, obviously, we would need budget approval before we could ever proceed.

MR. MACMASTER: Thank you. I often think about families that are helping a family member who has a disability. Is there any outreach to families? I know over time if they're caring for somebody, as time goes on they may become exhausted because it takes a lot of their energy and resources. Does the department have any outreach for families that they know about, that are caring for a disabled person?

MS. MACPHERSON: Our staff would make every effort to be responsive and attentive to the individual needs of the family. Primarily it's respite that families need to get a break and to be refreshed from caregiving, so they would work with the family, identify resources that would be available to them and any other support services that would help them be connected to the community and appropriate resources.

MR. MACMASTER: Is that done in a proactive manner? Do they touch base once a year with the family specifically to see how they're doing?

MS. MACPHERSON: Minimally, annually, they would be in touch with the family, but for the most part our staff, who are supporting families that are caring for a family member at home, it's individualized. Some families seek support more frequently than others, but a minimum of once a year staff would be in touch.

MR. MACMASTER: Okay, thank you. We talked a bit about the wait lists today and I think you're going to provide us some statistics on the wait lists across the province, is that the case?

MS. MACPHERSON: Yes, I can provide the wait list information. Currently I can tell you that there are 208 adults with disabilities on the wait list for supportive living or residential options. There are an additional 448 who have requested a move to an alternative living arrangement. In some cases that may be one with more supports or it may be an arrangement with less supports. We have 15 children with disabilities who are on a wait list for residential placement, so this is very accurate information.

MR. MACMASTER: I just have one other quick question because I think I'm getting close to the end of my time.

MADAM CHAIRMAN: Your time is really over now.

MR. MACMASTER: Can I just ask a quick one? I have an individual who has moved from one location to another location in the province and it happened some months ago, but he seemed to get lost in the shuffle. As soon as he moved with another family member, they weren't going to let him be placed back in his original location. Is there protection for people in situations like that, where the department recognizes that if they have to go on a temporary basis to live with somebody that they can still be placed in the area where they intend to be placed?

MADAM CHAIRMAN: If you could make it quick.

MS. MACPHERSON: I will make it quick. The staff would work with the family. The individual, if they are competent and able to make a choice and a decision, they would be key to what the plan would be.

MADAM CHAIRMAN: Thank you, Ms. MacPherson.

I'm going to turn the floor over now to the NDP caucus. Mr. Skabar, you have the next 13 minutes.

MR. BRIAN SKABAR: I understand that there are different types of licensed homes for special care. Are different options set up to provide services for people with different, specific needs?

MS. MACPHERSON: We do have a full range of services in continuum and licensed settings based on the adult residential centres, regional residential centres - those are the larger settings and their programs are to support individuals with higher, more intensive supports. The small options homes, which will be the new settings that will be brought in under licensing, are the community-based home in the smaller settings, so there is a full range.

MR. SKABAR: If I understand correctly - and I think that I do here - the whole range of clients or target population for these facilities range from those with physical disabilities and others who are mentally challenged, for example, who are not able to survive on their own. What's the crossover? One particular case I'm thinking of is a home in Tatamagouche, primarily intended for people with physical disabilities, but if there's an opening there, how likely would we be to put in a younger person with mental disabilities whose family is no longer able to take care of her?

MS. MACPHERSON: That's all part of the planning, it needs to be a primary consideration of matching who the individuals are in the home: is it a good fit, is it of benefit to the individuals to live together? So there are many factors that would go into filling a vacant spot in a residential setting, based on who's living there, compatibility, ensuring everybody is safe, that it's a positive experience.

MR. SKABAR: This would be done on a one-off basis, depending on the particular circumstances of the facility and the potential client to move in?

MS. MACPHERSON: Yes, there is a lot of planning around the placement itself so that the individual and their family would be part of that, our care coordinators and then the service provider, to ensure that it's a good fit, a good placement.

MR. SKABAR: In the Auditor General's Report they noted a number of procedures and programs that have been prepared, developed and implemented since the review of Services for Persons with Disabilities began. Can you tell me a little bit about the programs and the procedures?

MS. MACPHERSON: I'm sorry, can you ask that question again?

MR. SKABAR: Back to the Auditor General's Report. A number of procedures and programs have been prepared, developed and implemented since the review of the Services for Persons with Disabilities began. I would just like to know a little bit about these programs and procedures.

MS. MACPHERSON: These would include the whole wait list process and procedures and the training . . .

MR. SKABAR: That is for the wait list?

MS. MACPHERSON: Exactly. The reassessment, to gather current information on individuals and what their support needs are going to be.

The policies that have been prepared that we'll be rolling out to staff, this is work that was underway when the auditor's report, when the field testing was being done. The placement needs of individuals and the future needs of individuals, that is information that we've been gathering to help inform us for the next three to five years. The rollout and the implementation of service agreements, that is work that was underway and that will be happening this year. That will give you an idea, I hope that answers your question.

MR. SKABAR: Actually that's part of it, certainly. Now one other little part, just by way of - something clicked with me when Mr. MacMaster was asking his question, as well, in terms of how important geography is in terms of a placement. If one particular family - the closest centre would be Pugwash, for example, but there are far more family supports near Tatamagouche. Can we work around that easily enough or are we fairly firm?

MS. MACPHERSON: It's always a consideration, and a primary consideration, that individuals be close to their families. However, we don't have all programs in all parts of the province. We have four regional residential centres in the province. Those are settings that provide support to the highest needs, the most complex individuals. So we can offer a placement to a family based on the assessed level of need of their family member; it's really the choice of the family whether they accept that or not. We do not have these programs in all cases in close proximity.

MR. SKABAR: Another concern there, of course, is if they took something that opened up more quickly, then they get off the list for some place that they really want and they can't be on a list if they're already placed.

MS. MACPHERSON: No, we would, if they were offered a place that was outside of the jurisdictional preference of the family, when an option became available, they would be offered a placement closer to their family. It's not that a placement is made and that's it, that the work is finished, it really would be with a commitment to have the family member and all united as close as possible.

MR. SKABAR: Okay, I'm going to share my time with Mr. MacKinnon here for a moment but I'd just like to also mention that the ARC in Pugwash, Sunset Industries, I've been there a number of times, half of my kids' furniture comes from there as a matter

of fact, and could hardly be more impressed with both the management and staff and the whole business model of the centre as it is and the residents all cheerfully working on their - well, they do the laundry for the salt plant and are just a fine model.

[10:45 a.m.]

MADAM CHAIRMAN: Mr. MacKinnon.

MR. CLARRIE MACKINNON: Thank you very much. I didn't know if I was going to get some time this morning or not but I am delighted to. I was the lead at the last Public Accounts Committee and was very pleased. How much time do I have?

MADAM CHAIRMAN: You have about five minutes.

MR. MACKINNON: I had a very heartwarming experience last Sunday in Riverview. I had gotten a call from one of the residents in the Riverview Residential Centre. The three group homes were just occupied, the last one last Thursday. I was taken by the hand in those facilities to look at the new room: my new bed, my new bureau, I'm getting a TV of my own tomorrow. It was just such an uplifting event in my recent life. The fact that we had 24 who were going to be selected to go into that new group home setting in the three new group homes and we do have 33 who have actually gone in. I'm just wondering about the selection process that took place there because there were, in fact, approximately 100 residents in the Riverview Residential Centre itself, and certainly there was a detailed selection process, but I'm just wondering how that worked.

MS. MACPHERSON: You're correct, it's a very detailed process and actually it continues to be a work in progress. The three group homes will provide a level of support, they're a group home model, so the individuals who are moving in there now, some may be long-term residents in the new homes, some may go back into the main building when the renovations are done in the building. The detail around who moves is based on the level of support of the individual. We've had to develop both an interim plan and a long-term plan because the three new homes are just part of the overall plan for Riverview. I know that they're beautiful homes and everybody is very, very excited. We are very pleased that we've been able to move forward and that the outcome with the new homes is just the beginning of good things at Riverview.

MR. MACKINNON: Yes, I know there is more to come there and that is in my constituency and I'm so excited about what is taking place there. I noticed that two of the group homes required less staff and a level of care that was less than the third one. What are the different levels? I guess there are three levels maybe within group homes, are there?

MS. MACPHERSON: There are and then individuals are assessed according to their level of need. As George Savoury had indicated, as an individual's support needs reduce we would hope and be planning for them to move into environments that are

appropriate. You said exactly the lower staff ratio indicates that individuals are more independent, they are more active in the community, they are able to be out and about more frequently without support, and those sites are staffed accordingly. It is very involved and our staff and the management of Riverview have all been part of that planning.

MR. MACKINNON: I have to comment on Summer Street Industries because Anchor and others were mentioned this morning. Summer Street Industries is a superb facility. I have a first cousin who is a client there, Gordon MacKinnon, and to see him in that setting is a good experience for me. I had the occasion to make an announcement with Peter MacKay in that facility last week, and certainly I'm in there very regularly.

One of the things that I'm also pleased with is that you revamped the wait list scenario last September and that wait list, the changes are going to be beneficial, I think, to Summer Street and other facilities. Any comments?

MS. MACPHERSON: We're really pleased with the work that we've done with regard to the wait list and accurate information. It is all about the goal and objective to offer timely services in the most appropriate way for individuals. The feedback has been very favourable and I'm also pleased that you referenced a couple of programs this morning, because it highlights that there is really excellent work that is being provided across the sector, with the organizations that we work very closely with, to ensure that clients are receiving the right supports and they're treated with respect and dignity and offered the freedom of choice.

MADAM CHAIRMAN: Thank you, Ms. MacPherson. Your time has elapsed, Mr. MacKinnon, I'm afraid to say, we have committee business. So I would like to turn it over to Mr. Ryan if you have any closing comments for us.

MR. RYAN: First I would like to thank all of you for providing this time and forum for us to provide answers to questions and to talk about our programs. Your questions were all very good, as well as your comments and they will inform us as we move ahead with our various initiatives and strategies and in our response to the Auditor General.

I would like to thank the Auditor General for the report and guiding us forward for the coming year. I would like to thank our minister and our staff here today, and maybe especially Lorna who provided a lot of the responses. I would like to thank you all and we'll make sure that the information you've asked for will get back to you and that it will inform us as we move forward. Thank you.

MADAM CHAIRMAN: Thank you very much, Mr. Ryan. We will have our clerk send you a list of what we had agreed upon today, but we appreciate that you will be

sending that back to us and give us an opportunity to look at it then. Thank you for being with us today.

We have some committee business which should hopefully take the rest of the hour, which is not too much time. You have on your agenda, I think it's called the "Record of Decision" which is from the Subcommittee on Agenda and Procedures. The subcommittee met and agreed on four items that are before you. Those items were agreed to unanimously by the representatives of the three caucuses on that committee. I am looking for a motion to adopt that.

HON. KEITH COLWELL: I so move.

MADAM CHAIRMAN: Thank you, Mr. Colwell. Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

Thank you very much. That means we have four new subjects for us to schedule. With that in mind we are hoping to have the next meeting next week on February 9th, I think that will be possible, so we'll move ahead with it. It should be the Department of Education, the first one on the list, for next week.

There is a little discussion around some breaks in our meetings. One is that during February 11th to February 25th, really the same time period the Canada Games are on here in Halifax, we will not be able to have any Hansard services either here or at the Legislative Committees Office because they're revamping that. So it was the subcommittee's recommendation that we do not meet in those two weeks. We're hoping that you all agree with that.

MR. HOWARD EPSTEIN: So moved.

MADAM CHAIRMAN: Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

Generally we're very determined to meet on a weekly basis as much as we can.

The next question is March break because that falls on March 14th to March 18th and that means Wednesday, March 16th would be during March break. Traditionally we do not schedule that week either and I would like to get some direction from the committee. Mr. Colwell.

MR. COLWELL: I move that we don't meet on that date.

MADAM CHAIRMAN: Okay, to maintain what we've done in previous years, I would concur with that.

The motion on the table is that we don't meet on March 16th. Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

The third item, which is not on your agenda but I have a note on, was to again raise the issue of the conference that Nova Scotia is hosting. We have several new members of our committee, so I would like everybody to be aware that August 28th to August 30th, here in Halifax, we're hosting our counterparts, the other Public Accounts Committees across Canada and the federal government, as well as concurrently the Legislative Auditors meet at the same time.

The conference is called CCPAC/COLA, which the PAC part of it is Public Accounts and the COLA are the Legislative Auditors. That is a conference that, unlike any other committee, there is a conference annually in Canada for Public Accounts Committees. Since it is being hosted here I'm hoping members of the committee will take an active role. We are in our planning committee and I'm working jointly with the Auditor General's Office, specifically with Evangeline Colman-Sadd who is with us today. We are looking for volunteers if you want to be involved in any of the planning. I know our new vice-chairman will be joining us on the planning committee as well. I would just like you to think about it and look for more information, if you'd like to know a bit more about it, to ask either myself or Evangeline. Mr. Epstein.

MR. EPSTEIN: Just one additional procedural point. Since the subcommittee met, our caucus has made arrangements to have an out-of-town retreat. That will mean that none of the NDP caucus members of this committee would be available on Wednesday, March 2nd, so I would ask that when the witnesses are being sought for the different topics we not meet on March 2nd.

MADAM CHAIRMAN: All right, we'll take that into account because that is a courtesy that we do for all of the caucuses and we recently had one for the other two caucuses. We will make note of March 2nd, that still leaves three Wednesdays in March because actually there are five Wednesdays in the month of March, so that's very good, thank you.

Again, I hope you'll get some information on that conference and, certainly at a minimum, plan to attend because there are two days of sessions where we talk about the work of the Public Accounts Committee and how important it is in helping the auditors get their word out to the public as well.

Our next meeting will be confirmed by the clerk, but I expect it to be next Wednesday. Thank you.

We are adjourned.

[The committee adjourned at 10:58 a.m.]