

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

COMMITTEE

ON

VETERANS AFFAIRS

Tuesday, June 18, 2019

Legislative Committees Office

**Halifax & Region Military Family Resource Centre (Shearwater) -
Overview of the Organization**

Printed and Published by Nova Scotia Hansard Reporting Services

VETERANS AFFAIRS COMMITTEE

Rafah DiCostanzo (Chair)
Ben Jessome (Vice-Chair)
Brendan Maguire
Bill Horne
Hugh MacKay
Alfie MacLeod
Kim Masland
Lisa Roberts
Tammy Martin

[Rafah DiCostanzo was replaced by Suzanne Lohnes-Croft.]

In Attendance:

Darlene Henry
Legislative Committee Clerk

Gordon Hebb
Chief Legislative Counsel

WITNESSES

Halifax & Region Military Family Resource Centre

Shelley Hopkins,
Executive Director

Trish Dominie,
Veteran Family Program Coordinator



House of Assembly
Nova Scotia

HALIFAX, TUESDAY, JUNE 18, 2019

STANDING COMMITTEE ON VETERANS AFFAIRS

2:00 P.M.

CHAIR
Ben Jessome

THE CHAIR: Order, please. Good afternoon to everybody on this beautiful Tuesday afternoon. I'm Ben Jessome, the MLA for Hammonds Plains-Lucasville, and today I'll be your Chair.

We will be receiving a presentation from the Halifax and Region Military Family Resource Centre. We have a couple of guests who will introduce themselves in a moment. Before we get started, on behalf of the committee, I would just like to send our thoughts and prayers to the family of the paratrooper who died in a training exercise in Bulgaria yesterday.

For those of you who may have not been here before, there is tea and coffee in the anteroom. There are bathrooms. If we need to get out of here quickly, jump out the Granville Street side exit and then up to Parade Square. A reminder for everyone to have their phones set to quiet.

Without further ado, I will request that members introduce themselves, beginning with Ms. Lohnes-Croft.

[The committee members introduced themselves.]

THE CHAIR: Thank you, everybody. To my left is our committee clerk, Darlene Henry, and to my right is our legislative counsel, Gordon Hebb.

I think that's everything from me; I'll be quiet for a little while here. I'll flip it across the table to Ms. Hopkins to begin some introductions.

SHELLEY HOPKINS: Hello, I'm Shelley Hopkins. I've been the executive director for two and a half years, but I've been with the organization for 25 years. Thank you very much for the invitation. I'm happy to be here today to create some awareness about our organization.

THE CHAIR: Ms. Dominic.

TRISH DOMINIE: Hello, I'm Trish Dominic. I'm the veteran family program coordinator with the Halifax and Region Military Family Resource Centre. I've been in this position for almost three years now.

THE CHAIR: Thank you. We're so glad to have you here. Do you happen to have some opening remarks for the committee? Ms. Hopkins.

SHELLEY HOPKINS: No, I think I can just get right to the presentation if that works for everybody. I feel like I'm trying to squeeze a lot of information into very few slides, so if I speak really quickly, please just let me know and I'll slow down.

We were established in 1986. We are actually the first MFRC to be established since then. There is now a national program. There are 32 MFRCs across the country. It nationalized as the Military Family Services Program. I'll go into a little more detail later about how we connect with them, but it was stood up here in Halifax first of all and then about five years later it became national.

The Military Family Resource Centre - really the crux of it is that we exist so that we can help the Canadian Armed Forces be mission ready. Yes, we do family support, but at the end of the day it's to make sure that the Canadian Armed Forces is operational and that their families are cared for, that we can reduce the number of repatriations that were happening. That is really the crux of why they were stood up.

The ability for CAF members to do their job is highly dependent on the assurance that their family is cared for. There is a lot of research to suggest that when members are deployed, for example, and they're worrying about families at home, their minds are actually not on the mission at hand. So we provide a lot of services to support information and programs to connect families with families to make sure that the members and CAF leadership can feel as though families are being well cared for here at home. To do that, we have an incredible partnership with CAF leadership to make that happen.

We are responsive to military operations so if there is an emergency or a situation that we need to be responsive to - whether it was the fire in Chicoutimi or whether it was

the Swissair disaster, we're also there for emergency readiness as well. We like to use the slogan that family readiness is operational readiness.

One of the biggest things that we try to do in creating awareness is that we are a non-profit organization. People automatically assume - because of our affiliation with the military - that we are DND-funded federal employees, and we are not. That is done purposely so that families have an arm's-length connection with the chain of command. Families get to decide for themselves what programs and services they need to meet their needs. They don't want CAF leadership telling them what their needs are and how they should be met. That is done specifically and purposely to set these organizations up in this way.

Our structure is Military Family Services and then Military Family Services program, so all 32 MFRCs deliver some mandated services, and then there's some local unique needs that we get to determine, what those local needs are, and put our own local dollars into funding those. Then of course, they fund the 32 MFRCs. They're run by a board of directors. We're unique in our non-profit board of directors' structure in that 51 per cent of our board of directors has to be serving CAF members. Just last week, actually, at our AGM, we now have in our bylaws that there can be veteran family representation because of the new Veteran Family Program. That ensures that it's the for-families by-families model, that families are governing these organizations and that their voice is the loudest voice.

Then we have staff. Currently, we have 67. I'll go into locations later. We have 27 part-time staff. The range of services that we provide, we also have a whole host of casual staff. Then with any non-profit organization, you have the backbone of a volunteer base to help you do that.

We receive funding from a few different sources. Military Family Services provides us national funding. We receive some provincial funding and some federal funding. That's mostly associated with the fact that we have two child care centres. Those are provincial grants, provincial wage subsidies, those types of things, summer camp grants - basically any type of grant that becomes available that we can apply for.

Then we have a great partnership with our leadership here locally. We receive funding from the base. A lot of that funding supports our deployment, because Halifax, as you all know, is a highly deployable unit here for ships, 12 Wing, the Air Force. We receive funding from both of those, the Wing and the base. All those funds are restricted.

As you know, every time there's a mandated service and a funding pot of money, there are specific parameters set around how you can use that money. That restricts our flexibility. Fundraising is one of the opportunities where we have a lot of flexibility either to expand service or to augment services that we're already providing.

Our mission and our approach is to strengthen the well-being of all those who share the unique experience of military life, as I said. It's a for-families by-families model. The three key tenets that we are working towards always are to be responsive, so to be able to be agile and shift. Families needs may change. Over the years, they certainly have. We're certainly not the organization today that we were 25 years ago or 35 years ago. Things have evolved and changed to be responsive to the current challenges that families deal with. We have to be relevant to the experiences of today including technology and social media and expanding our reach that way, and evidence-based.

In the last three years, some of you may be familiar with the Canadian Institute for Military and Veteran Health Research - they have invested a lot of time, energy, and funds with the support of Military Family Services to do Canadian military family research. In many years before, we have always relied on the research that was done in the U.S. or other countries around the world. Now for the first time, we have a really strong compilation of military family research for Canadian families. We incorporate any of that research and what they're learning about relocation, for example. That's one of the biggest challenges facing military families today. We actively incorporate what we learn from research into how our programs evolve.

Military Family Services, as I said, provides us funding. Their mandated services - basically, they require us to follow these principles. These are the guiding principles of our service delivery, which are a local chain of command relationships and no duplication. One of our objectives, actually is not to duplicate services that are already available in the community. We have a lot of community partnerships that are essential.

In the Veteran Family Program, we could probably speak to a lot of those ones, Trish could. Inclusion, volunteerism, family engagement - these are all of the key pieces. Evaluation and performance measurement - actually, because of the new research, our organization has chosen in the past couple of years to make a full-time investment in evaluating and reviewing our programs to make sure they are responsive and relevant.

Who and where we serve - basically, what we say is any family member who is important to the military member is a family member for us. It's a very loose, wide definition. The mandate has expanded over the years to include parents of the member, for example. In the beginning, in the early days, it was the spouse or even the wife was referred to. Now it's partner, parents of the member, the veteran family. Again, just to be an inclusive organization, it's whoever they care about. Sometimes the person the member cares about is the grandparent who raised them. We'll provide service to that person if that's the person they identify as who they want to access our services.

We basically cover all of the Province of Nova Scotia, with the exception of the Valley, and that's covered by the Greenwood MFRC. We do have a satellite office in Cape Breton manned by an individual because we have a big reserve contingent down there. The Halifax location and the Shearwater locations were full operating sites back in 2006. Up

until then they were operated as their own stand-alone MFRCs. They were amalgamated in 2006, so now it's Halifax and region.

Here are some of the characteristics of what makes us unique in terms of the Halifax Military Family Resource Centre as opposed to the other 32. We are the largest one because we have the largest military base in the country, as you all well know. We serve all three elements. We have a contingent of Army, Navy, and Air Force and the Reservists. The current calculations are about 9,900 members. About 7,000 are sort of regular members, and then the other few thousand are Reservists. We are responsive to the local trends, so certainly health care, employment, youth, francophone services. These are some of the areas where we have been quite active in trying to manage the challenges and ensuring our programs are relevant in these areas.

As one of the largest, we are often engaged in many different pilot programs and many pilot projects. For national initiatives, we're one of the first to put our hands up, or they're the first to knock on our door to ask, is this something that you want to engage in? Again, because of our large population and the fact that we're over three elements, we're able to offer quite a unique perspective on many of our pilots. One of our most recent pilots has been the Maple Virtual Health program, which I can speak to a little bit more. We are a pilot for the Veteran Family Program, which I'll speak to a little bit more later.

Outreach requirements - because we have that large geographical footprint from here all the way to Cape Breton, we have to be really unique and creative in some of the ways that we reach out to families. Families don't necessarily come into our brick and mortar, so we have to be a little bit unique in how we're reaching out to them. We have made investments in virtual programs and the virtual world for things like holding CO's briefings, which are now available virtually, and those types of things.

We have a very strong partnership with the Canadian Armed Forces here. I myself meet regularly with the base commander and with the wing commander. They are very active in our centres and in our organizations. The base commander even shows up on McHappy Day and helps us flip burgers when we have proceeds from McHappy Day from a couple of those McDonalds locations. That's a fantastic partnership.

One of the uniquenesses is that we have unit family reps. We actually have a military representative in each of the units so that we're doing information-sharing. If there are things happening within the units, it's a way for us to reach the member to reach the family with information.

We're the only MFRC that operates a 24-hour information line. There is a national information line, the family information line, which runs out of Ottawa. We have decided, even though they instituted that a few years ago, to retain our 24-hour information line. That's mainly because of the back-to-back operations of the Navy here. Years ago, we would share the naval deployments with Esquimalt, so there would be a six-month

deployment. Then it would be sent to the West Coast, and they would have a six-month deployment, and it would come back. The last three years, Halifax has been back-to-back naval deployments.

Because of that, we feel like our 24-hour information line is still pretty well utilized. We want to make sure that service is available for families. You get a live voice. You don't get a recording. Somebody will answer the phone at 2:00 a.m. on a Saturday if that's when they're calling. We feel that's a really important service.

[2:15 p.m.]

We're the only MFRC that has a padre who is actually embedded and works right out of our location several times a week. That's quite unique and, in fact, something that they're looking to duplicate across the country.

As I said earlier, we invest in evaluation and learning. That's really important to us, to make sure that we are on-trend with what's happening for families.

People hear us say all the time, unique characteristics of the military lifestyle. These are the three unique characteristics of the military lifestyle. What makes it different than a Canadian family is that military families manage mobility, separation or absences, and risk. The programs and services we provide, we make sure they are seen through the lens of these three characteristics. Our programs support relocation - we are about community integration, and transition, for example the Veteran Family Program, spousal employment, separation or absences. We're about connecting families and decreasing their social isolation. Deployment would be a great example of separation. For us, deployment doesn't mean it's just a six-month deployment. We are also supporting deployments for people who are deployed in what we call onesies and twosies. They're just one person or two people who are in Kuwait or other parts of the world, those operations.

What we find is sometimes people are moving, and they're new to the community. Then you're off on a deployment, and social isolation is a real challenge for many people to meet people as adults. How are you getting out and meeting people if you haven't yet entered the workforce? That's how most people build adult friendships and relationships. For us it's really important to create opportunities for people to meet each other and to share the unique components of the military lifestyle so that they can support each other and build their own social network. Then risk - there is an inherent risk. Illness, injury, and casualties are a real risk that military families face. We have a mental health team.

One of the other main things that we do here - again because of that duplication of service, we don't duplicate what's in the community. We have to make sure that we have really great partnerships and the wisdom of our community agencies and our community organizations. For example, Autism Nova Scotia, we know that one of the challenges for families is coming in with children with special needs and needing intervention support.

Families always end up on the bottom of the waiting list. One of the things that we do is, we're the constant. People who work in Military Family Resource Centres are the constant. We build those relationships, and we try to ease their transition.

We already have the relationship with Autism Nova Scotia, and we know those teams of staff. When families come in and we know that they maybe need to connect to early intervention services, we can connect them directly with a service provider rather than them having to go through a Google search and all those types of things and find those resources. But then they have to build those relationships. We can basically bridge the service and help them get a little bit ahead of the game in terms of building those relationships. We even do some cross programming. Autism Nova Scotia actually offers a peer support group within our organization so military families get a chance to meet other military families and, again, build that connection and that social network.

A large part of what we do is community integration. I could go through an entire buffet - we call it the menu - of all the deployment education support that we provide, all the community integration support we provide. The information and referral - we have an entire team of staff who really concentrate on information and referral and making connections for families to different resources in the community. Child, youth, parenting, mental health and well-being - we have four family counsellors on staff. Very few organizations can say that you can see a counsellor within 24 hours. We don't have waiting lists. One of the biggest challenges is that people aren't always aware that we have those services available, but we do have a mental health team that is able to provide you service within a 48-hour period. Again, there is just a range of services under each of these categories. I don't have time to go into all of those.

Veteran Family Programs - we were a pilot for this program that was launched in 2015. It was a partnership with VAC and Military Family Services. This program is funded by VAC through Military Family Services, which provides the funding to us to deliver the parameters of this program. They came to us. We are in the business of family support, so it didn't make sense for them to reinvent the wheel on family support for veterans when we're doing it for military families.

The other thing that was very smart about doing this is that one of the things we often hear from families is, I could spend my whole entire life becoming accustomed and learning a military lifestyle and adjusting. Military families are some of the most resilient families you will ever meet. So they have a military life that they are very accustomed to. A lot of their social relationships - some families relocate, yes, but they're very resilient in that relocation. They adapt. They become used to that lifestyle and then the day that their spouse releases, all those services end.

So as much as we would - not that we kick you out - maybe you were coming to the coffee program, maybe you were coming to a program like the autism peer support

program. Technically, you are no longer allowed to have access to those services anymore, you are no longer a military family. But for them, they'll always be a military family.

What this program did - and again, we never turned anybody away. We never said you could no longer come to this program, but they didn't feel the same way about it. They felt like they shouldn't be in that program - that they were taking up space for military families who needed that program. So with this program what they were able to do is now they could continue on because now they were a veteran family member and those services were now available to them - they can continue coming to those programs, accessing any services they needed. So that was really smart about this.

In 2018, after the successful trial of three years with this pilot, it's now in every MFRC in the country. What comes with that program is a veteran family coordinator like Trish here. So far, just in our location, we have connected with over 3,000 members.

Technically, this program is the medically-released veteran - that's sort of the terminology that you will hear. That's who we serve. Again, our philosophy is we don't turn any family away that needs our support. Part of the consistency and the continuity is that military families are already accessing our services and as they're preparing for release - particularly with medical releases, which can take a couple of years by the time you check all the boxes that they need to check in terms of a medical release - Trish is able to get them started and get them connected to already transitioning into what services are going to be available for them from a veteran family perspective.

This program has been highly successful, based on the partnership building within the community. The veteran organizations and the veteran agencies that already exist - it's really important to us and all of our work with our community partners that we stay in each other's lane and that we know what our lanes are and that we refer when it's appropriate. So building relationships and really understanding the veteran organizations that were available was really important to us.

We've been pretty successful in building some really great relationships - whether it's with Legions, VETS Canada, all those types of organizations. They have access to all the mandated services. I use the terminology "mandated services" because as I said before, there are some local services which we refer to as site-specific, which are locally funded and often through fundraising efforts, or child care. We have two large child care centres and so they wouldn't have access to our child care centres - because the waiting lists are so long for military families that to open it to another group was just not feasible.

The successful areas that we've seen in terms of the uptake in this program has been absolutely our mental health services. That goes part and parcel for many different reasons - not just because of the traditional things that people think about like PTSD - but like I said before, just about the idea of letting go of a military lifestyle and trying to find a new way of living within a community where it's quite different. It's very different. We hear a

lot of people saying that the transition from military to civilian life is very sudden and quite shocking for the member and the family.

We have short-term accommodation. These are six apartments that we have through Canadian Forces Housing Authority and the base. Two belong to the Canadian Forces Housing Authority and four belong to the base - they basically are available to us that we can support families through short-term stays, whether those are emergency stays - for example, the fires that happened about 10 years, I understand, it's the anniversary coming up - if families needed a short-term stay.

One of the things that we do see in terms of the veteran uptake is there are a lot of veterans living in Cape Breton and so they're coming up to receive medical support at the hospitals or we have other military families from other places in the Atlantic Provinces and they're coming in to go to the IWK for support for their children. So rather than dealing with huge hotel bills, they can come and stay in our accommodations, so it's a great service to provide. They're basically fully furnished accommodations. Then of course we have Trish who provides a range of one-on-one support.

So these are some of our trends that we're actively supporting and managing amongst all of the other things. I really do feel as though I haven't even given you the opportunity to really hear about the buffet of things we do. These are some of the highlights - challenges accessing health care, no shock, I'm sure. We worked really closely with a base commander who was Captain Paul Forget a few years ago - I worked closely with him - to look at the ways that we can actively support families in terms of child care even to the point that we were almost close to setting up a family clinic, but the provincial and federal health bureaucracy prevented us from being able to proceed any further with that.

What we did do is - Maple Virtual Health is a virtual health program. There were three main challenges that families were telling us about: access to immunizations; access to specialist referrals; and access to prescription medication. Some of the military stories were that they were relocated here and had no idea that the state of health care in Nova Scotia was what it was, and they ended up having to go home or back to their previous province - it wasn't even necessarily home - where they had a family doctor, to receive their ongoing treatment because they couldn't get the specialist referral here.

We do a lot of education and work to help people understand that even by us being able to get relocation information into the hands of families before they arrive, maybe their specialist in Ontario can make a direct specialist referral to Nova Scotia. For us, it's about trying to help families to be preventive and be prepared before they get here. That was one of the challenges that we were trying to overcome that we heard a lot about. That's a huge financial burden on families, to have to fly back home to receive treatments, or not necessarily home but to their previous province.

The other one was not being able to come and get prescription referrals. Maybe they were diabetic. You can't get access to a diabetic specialist, and you can't get access to your ongoing prescriptions.

Continuity of care - these are not new words for all of you, I'm sure. Continuity of care for a military family - the biggest challenge with military families is just when they're maybe settled and there's a little bit of a hope that they're going to get a doctor, they're gone again. The military families constantly find themselves on the bottom of the list, wherever they go. They never get a chance to rise to the top of the list, whether that's early intervention services, whether that's elder care - which we're also seeing a new trend in - or whether that was health care. They're just always on the bottom of the list, and just when they're about to make headway, chances are, they're off again.

We started a pilot project with Military Family Services, who funded a virtual health program. It was a one-year membership for families to be able to log in or call in and speak to a doctor. The turnaround time is about two minutes. It dealt with really basic health things, like colds, flus, rashes, and those types of things. They could do some really basic diagnosis of about 15 different things. The other thing that they were able to set up is that they were able to get access to a specialist referral through this service. They were able to get prescription renewals through this service.

The one service they couldn't provide, obviously, was immunizations, but we contacted Public Health and made some inroads in terms of getting information to give to families about where they could get those services. Some walk-in clinics do it, some don't. We provide those in a different way.

This was able to solve two out of the three issues that military families were facing. That has now been expanded into Cold Lake, and I know that they would like to the service nationally. It's really meant to be a stopgap. It's not meant to solve the problem. It was meant to get them in, get them a one-year membership where they could get access to their health care.

The other thing that this service did is maintains their records. Even after their one-year membership, they could always have access to their records online through Maple, forever. That continuity of care and family history was being addressed through this program as well. It's something we would love to see nationally, even as a stopgap. It was allowing families to come in, get on the waiting list, at least for the family doctor. Maybe you would get one before you headed out again, and maybe you wouldn't, but at least it gave them something.

Supports for children with special needs, I have already gone into. The Strong, Secure, Engaged - the defence policy - families are dedicated an entire chapter, which we were thrilled about, in the defence policy that was released two years ago. Some federal money became available. Of course, we knew that this was also one of the biggest

challenges families were facing, so we hired a special needs and inclusion navigator. She would be the one who acts as a liaison for families to help them navigate the supports, the example, like I said to you, with Autism Nova Scotia. She also helps children integrate into our programs that may need supports.

[2:30 p.m.]

The other trend that we're seeing around that is parents are now moving with the member so often now, they're the main caregiver of the parent - so the dependent is not the child, the dependent is the parent. It's a new trend we're just starting to see.

Mental health supports - access to mental health in any community in the country is a challenge. We have four family well-being counsellors. One of them is referred to the family liaison officer because they are a partnership that they work half time in the Military Family Resource Centre and half time in the transition centre - so again, that military partnership piece. They provide support directly to the families of the ill, the injured, and the fallen.

Again, there's no wait-list and there is no cost for our mental health services either. Mostly what we see there is couples counselling. There are financial hardships that are impacting families, and of course, the stresses of military lifestyle - deployment and those types of things, adolescents.

We do know that from the new research that came out around relocation, that 16,000 youth, adolescents, are posted every single year. Adolescents are the most impacted by relocation. That's a significant thing that we're looking at this year: to incorporate and enhance our youth program.

Thank you for the opportunity to be here today because one of the things that we find is our greatest challenge is, although we've been open since 1996, a lot of families still hear about us for the very first time. It's not unusual for a family to walk in our door last week, this week, next week and say, I had no idea that you were here, I had no idea that you provided this, this, and this; that you had access to mental health services; that you actually had a 24-hour information line; that you provided support around deployment. I didn't know that I could log in and take this program at eight o'clock at night because I couldn't come to the centre.

We hear it all the time so one of my objectives for this year is, we are creating an entire awareness campaign around just that we're the Military Family Resource Centre of today, responsive to today's needs, because often what we also hear is that families may have tried another MFRC maybe 10 years ago and didn't get a service that they needed, but that doesn't mean that service doesn't exist today.

Then the need to expand our reach - those 16,000. We do school outreach, the virtual - making sure that we're in the virtual world as much as we are offering those services in the traditional ways in the classroom.

Access to child care - we offer a range of child care. Military families will always say, as most families will, child care is one of their main challenges and frustrations. We offer a range of respite, emergency, relocation child care and we have two large child-care facilities as well.

THE CHAIR: Ms. Dominie, would you like to add anything?

TRISH DOMINIE: This was my first time seeing this new brief, so it was very informative for me to see how she relates everything that we do in those slides. From the Veteran Family Program perspective, I've seen a lot in the last three years from the initiation of the pilot to where we are today, and it has grown tremendously. The people that have accessed our services, not just through me, but through the rest of the centre, has grown - as you can see on the stats that I gave you - in a tremendous way.

The biggest part that I hear from veteran families is the navigation of the systems - what's out there, who do I go to, where do I go, when do I go - all of those things. As our inclusion coordinator - as Shelley mentioned, my role is, I'm the one doing the research. I'm knowing what's out there. I do a lot of outreach within our communities from Bridgewater to Sydney to know what's out there for our veteran families and to be able to provide that information.

THE CHAIR: Thank you. What I would like to do is not dissimilar to what we usually do. We'll proceed around the table - start with the Official Opposition to the NDP, and then we'll move over to the government. We'll have a question and a supplementary. I will remind everybody that for our friends over at Hansard, try to wait to be acknowledged by the Chair, please and thank you.

We will begin with the Official Opposition. Ms. Masland.

KIM MASLAND: Thank you for that great presentation. You mentioned through the Veteran Family Program, the short-term accommodations. Is that a free service for veterans coming in, that they can access? My other question is, is there a length of time that they can stay?

SHELLEY HOPKINS: That service actually was available before. That is something that we have had available. It didn't come just with the veteran program, but it's certainly available to them. We had many military families staying there too, even for domestic violence cases. It could be a number of different reasons why they're there. There can be a small fee. Sometimes it's waived.

That's mostly because, again, as a non-profit organization, we're doing a bit of cost recovery to keep up with the maintenance. We don't have the infrastructure cost associated because they're granted by the base and CFHA, but the replenishment of supplies and so on is up to us to do. We charge a small fee, maybe about \$25 a week, that kind of thing.

Sorry, the other half of your question?

KIM MASLAND: What is the length of stay that they could stay?

SHELLEY HOPKINS: Typically, it's a maximum of two weeks. The reason for that is, we only have six. We could have large periods of uptake, so we want to make sure that we're able to meet everybody's needs in some way. Again, they're meant to be a stopgap service just to kind of get them sorted and sent on their way in terms of a longer plan. But we will extend. For example, sometimes we have had people who have had a house fire. They are going to take a little bit longer to get things in order that they need to get in order. We have had people stay up to three months, but that's extremely rare because of the tempo and the usage. Generally, the average is no more than a month.

TRISH DOMINIE: Those apartments are not used in regard to homelessness for veterans. We have community partners that we work with. As we said, we stay in our lanes. We would refer to VETS Canada, or the Salvation Army has apartments for veterans who are homeless. That's who we would refer to for longer periods of time. In case of a veteran member with, say, an OSI, there are retreats as well that they can go to specifically for that purpose.

THE CHAIR: Ms. Roberts.

LISA ROBERTS: I would like to hear a little bit more about the process that led to the establishment of Maple. You referred to going down a path exploring with the base commander a goal at one point of actually establishing a primary health care clinic. I wonder if you can share a little bit more about why you landed on that goal, what the barriers were to moving towards it, and whether you still feel like that would be the better option. Maple sounds very innovative and definitely better than nothing. I would be interested if you could share more of that work.

SHELLEY HOPKINS: Yes, it's a rather long story, so I'll try to shorten it. The base commander at the time, Paul Forget - he was the predecessor to the one that we have now - when we meet regularly, I told him one of the greatest challenges we were hearing from families was exactly what I referred to before, those three main things - access to immunization, access to specialists, and access to prescription medication - were sending people either back to their previous province, and that was causing financial hardship, we were hearing from families, or that people were refusing postings, which means refusing promotional opportunity and, again, that financial hardship on the family, potentially.

When he heard the level, he was quite surprised at the actual extent that families were experiencing this, particularly when people had to use their own financial resources to go back and get treatments, some of the stories we have heard around mental health treatment or even cancer treatments, to go back to your previous province to get cancer treatment. Families often felt blindsided. They got into the province, and they didn't know, and they didn't have any idea. It would have made an impact on whether or not they were going to come, had they known, when you're in the middle of treatments that are that severe.

Once he heard that, he really wanted to expand and hear a little bit more. He made contact with Dalhousie Medicine to see whether or not that was something maybe because of students - there's Dalhousie Medicine so is there an opportunity here. What could we do? Could we start some conversations?

So, that's what we did. We entered into some conversations and we incorporated the Military Family Resource Centre, Colonel Harris as the director. We brought him into the conversation and let him know that we were going to explore some things locally. So we ended up - took quite a path, started with Dal Medicine, got referred to some different people, had some meetings, ended up having conversations with the Dalhousie Family Medicine Clinic.

I learned more about health care in Nova Scotia than I ever thought I would learn in the first year of my role as executive director - I couldn't believe it - the collaborative care model that Nova Scotia was working towards and could we be on the cusp of something that Nova Scotia was already doing? Was there an opportunity for us to maybe partner and stand up a clinic that could maybe be on DND property, so some infrastructure could be provided - some of the barriers in why we didn't proceed, because we had some extensive conversations.

There was a chance to even have some conversations around who would fund it and if it's on DND property. That's where we got into - what's the provincial zone and what's the federal zone because it's on DND property, so you've got federal lands, but you've got provincial health care. These were some of the challenges we really started to encounter. We even looked at some of the infrastructure within our own building and whether or not to convert it, so we got that far - that we were actually looking at space options. That was one of the biggest challenges: federal lands, provincial health care.

The other part was management of the clinic - who was going to ultimately take responsibility for management of the clinic. Certainly the executive director of a Military Family Resource Centre was not in a position to manage doctors and administrators. So figuring that out with Dal Family Medicine and whether or not that could be something that could be done - but that wasn't really the model. They were more of almost like a prefab; we set it up but you guys staff it, type of thing. We sort of help you in the process, but you would take over the management of the clinic.

Once you start to kind of unravel the details, then the opportunity for Maple came along. So as we were having these conversations, Maple was proposed to us and we just felt like that was more immediate. It was something that was going to give - like you said - to families something better than nothing. So we decided that we would go with Maple. We would test that out as a pilot project, see if families were responsive to it before we took that path down to medical clinic, which was going to be 5 to 10 years, probably, in terms of infrastructure, management - all of the pieces that needed to happen. We were looking at the earliest, five years. Maple just presented an opportunity, so we just decided to go there, rather than explore the idea of the clinic.

What I will say is that I was just in our executive director meetings at the national level, and the deputy director of Military Family Services did say that they are still exploring that idea here in Nova Scotia of standing up a clinic at the national level. That's under Seamless Canada - is everybody familiar with the terminology around Seamless Canada? That's obviously one of the things being discussed. It was our provincial meeting last week where they had representation from all the provinces talking about Seamless Canada. Health care was the topic of the meeting last week.

There are some different initiatives that have been stood up across the country at different MFRCs or for military families. One of the ones that they are exploring is a clinic here in Halifax. So that idea is still there. It's just no longer being pushed at the local level anymore.

LISA ROBERTS: I guess I'm interested to know for the families who are accessing Maple, where are they still finding gaps? Is it effectively the case that families that are arriving for a period of time in Halifax are going to be reliant on walk-in clinics for everything else that you really can't do in an online kind of fashion? I'm thinking about delivery of babies. There's still a lot of medicine which pretty much requires an actual in-the-same-room-together relationship.

[2:45 p.m.]

SHELLEY HOPKINS: That's exactly it. Military families are 100 per cent still relying on - Maple is great. It's convenient. I can tell you we receive great feedback. There's a rating system that Maple provides with a report. It has four and a half out of five stars. Families like it. One of the stories that we hear is, if you have a spouse who is deployed, and you have three children, and it's a Saturday morning, and you need a check-in with the doctor, you don't have to take your children to the emergency room. You can just log into Maple, and someone's going to provide you with a prescription. It can even be delivered to your home if you need it to be. They really, really like those types of conveniences, but they are still 100 per cent reliant on walk-in clinics and emergency rooms. You're right.

There are about 15 diagnosed things that you can do virtually: the common cold, the rash. There's a level of convenience in not having to drag your three children to the emergency room or even sitting in waiting rooms for those smaller things where you may just need a prescription or someone to diagnose something or a renewal for a prescription. Like I said, they can order bloodwork or those quick things that you don't have to go and sit hours in a waiting room. If you need that one-on-one care for anything that's above the basic health need, you're still going to emergency rooms and walk-ins.

THE CHAIR: I'll just jump in here. I think it should be noted for the record that there is local advocacy for that initiative ongoing. I can speak for myself. I know that through our caucus office, through a number of MPs' offices, the local representatives; that's all to my knowledge. There are legs behind that initiative and certainly some advocacy coming from a local level.

Mr. MacKay is first on the list.

HUGH MACKAY: Thank you for being here today. Like a number of MLAs, some here and certainly many more in our caucuses, who are in more rural parts of Nova Scotia, outside metro and not necessarily in the CFB Greenwood area, there's probably a greater population of veterans than active members or reservists.

I believe I have six Royal Canadian Legions in my constituency. I'm wondering if you could tell me a bit more about outreach through the Legions or other means of outreach for our veterans and how potentially I can help you as an MLA.

TRISH DOMINIE: Mr. MacKay, can you refresh my memory - Chester? Beautiful Chester-St. Margaret's?

HUGH MACKAY: Beautiful Chester-St. Margaret's - to my colleague Ms. Lohnes-Croft's chagrin. (Laughter)

TRISH DOMINIE: In regard to the outreach specifically with Legions, I recently have completed service officer training with a number of branches. There were 13 in the Truro area that came from the HRM-surrounding area for that training. Then in Liverpool, there were another 25 service officers who came for that training. I provide the brief. I connect with them on a quarterly basis to talk about the workshops that I run specifically under the Veteran Family Program. Our veterans have access to the MFRC host of programs, but under the VFP - short form - they have access to specific workshops as well. I put information out there about that so that they can share that with the population within each branch. I'll come, and I'll do a brief at a general meeting and talk to them there.

As well, I'm closely connected with the UN/NATO veteran organization, which has a population of about 800 members in our province alone. They have some spread across in the more rural areas. We connect there, and we spread the word there.

Any opportunity that you might have, that you know of veterans that I can come and visit, let me know.

HUGH MACKAY: I know a fair number of veterans, everybody from the barber who cuts my hair to my pool-shooting buddies at different Legions and so forth. One of the challenges that Legions face is that there is a declining number of veterans who actually go to the Legions. Does Veterans Affairs Canada work with you through outreach or for outreach?

TRISH DOMINIE: I can't speak to Veterans Affairs and what they do in regard to outreach - only what I can do within this program. It's pretty extensive, the outreach that I can do - whether it's coming down to your local area - if you had somebody who was a veteran that needed support going to a VAC meeting, I can do that. If you needed a veteran that was going back to school after 30 years, I could go and tour a campus with them to help support that transition, whatever it might look like. But I can't speak to what Veterans Affairs does in regard to outreach.

SHELLEY HOPKINS: What I can say is that we have great partnerships, so the transition centre, formerly known as the IPSC - the Integrated Personnel Support Centre - is now renamed the transition centre.

One of the things that Trish is involved in - and also our staff member Charlie Reid, who is in our Cape Breton office - is we do what we call the mental health road show every year. We go into those communities. Exactly that - those are the rural communities - going into those communities. That's a great partnership. At the transition centre you have representation; somebody from VAC is there. Our family liaison officer - FLO - who supports the ill, injured, and families of the fallen, she is part of that. Trish is part of that. Charlie is part of that. OSISS is part of that. All the community partners that are supporting veterans would go into those communities and do an entire briefing with all those service providers, providing information and talking about whose lane and which services.

One of the things that we find is that families can often - as much as I'm saying we want to promote and them being aware of the services - in many cases, there are so many services and a buffet of services, particularly around what I learned when we took over this program and started our pilot in 2015, is just the vast number of services available. Families are really overwhelmed in many cases so by having this platform where they go out and do - whether it's Truro or all those communities along the way, whichever Legion is willing - they go out and do these mental health road shows. Our family counsellors are there as well.

It's great for them to see that all the community partners do overlap and work together to the best of our ability that we try to stay into the lane and we do cross-referrals. I hope that answers your question in terms of some of the partnership we have with VAC - when there are opportunities, definitely. Then if we have events or things in our

organization, whether it's our relocation and our community welcome events, those types of things - we reach out to all of our community partners and say, come be a part of that event. We're trying to do cross-referrals with each other, trying to get both of us to cross-promote.

I would add one more thing. The virtual programming that we do in terms of - we did hear from families that it is restrictive. I live in Chester. I'm not coming into the MFRC at six o'clock at night to take that program, so Trish is one of our newly trained virtual trainers - so being able to put that platform where you can sit down with your cup of coffee at eight o'clock at night and your kids are in bed and still participate and get the information. We're hearing those programs have been hugely successful.

THE CHAIR: We'll move across the table to the Official Opposition with Mr. MacLeod.

HON. ALFIE MACLEOD: Thank you for your presentation. I apologize for being a little late. The road from here to Cape Breton seems to be a little longer today than normal. (Laughter)

I'm very interested in what you had to say about families and access to doctors because one of the things we've heard many times is, the military personnel will have actual access to a doctor, but their families don't necessarily have access to a doctor. So when we're talking about Maple and other programs, I'm just curious: Does that work for the family members or does it include the spouse and the children in that way?

SHELLEY HOPKINS: Yes, Maple is available to - basically one membership would get access for the entire family. So if it's one membership, it's the spouse and whoever lives in the home - three, four children, again, if it's a grandparent that lives in the home, anybody. You are correct and actually that's a myth that a lot of Canadians believe, that military families actually have their health care with the military doctor system. Not true. The military member has a doctor in the military, but the family, yes.

When the relocation happens, it's all for the member's career and then the family is sort of left to figure out their own health issues. The military is not taking care of that piece, which is why they're stepping up to do things like Maple to help to support families and ease those transitions.

The other thing that we're hearing is, again with the veteran, they are releasing from the military and they don't have access to a doctor. So with Maple and our community, learning about Maple, one of the things that we've been asked is, if the veteran can access the Maple program. Not yet. Right now we're really trying to solve the issue mostly around relocation and coming into communities and not having access to a doctor.

We're targeting our Maple program specifically to the relocating families, but certainly we know many veterans are putting their hands up and saying - because back in the day, they used to just kind of go on the list and be with their spouse's doctor - work in the reverse. It doesn't work like that anymore. The spouse's doctor is saying, no, I'm not taking any new patients, including your spouse. So we're finding that veterans are leaving, and some with very complicated medical issues, which is probably one of the reasons the release process is taking so long. Until you can hand them off and they have that continuity of care, that's an issue they're also trying to address.

ALFIE MACLEOD: Thank you for that. You also mentioned about mental health services and that you don't have a waiting list. Are the mental health services available just to members of the military or to the whole family?

SHELLEY HOPKINS: Our services are available to the military family, but in the context of serving the family, if a member - so if you need to do couples counselling, for example, obviously we would include the member, but again, it's about staying in the lane. The member has services through CF health services, so they're going to get their mental health services through that.

In the context of serving the whole family - if a child had a behaviour issue, for example, the member and the family, the spouse, they would all be involved in that counselling process with us. Really our services are available to the family directly - when it comes to mental health services, the member would go through CAF health services.

THE CHAIR: We'll move to the NDP with Ms. Roberts.

LISA ROBERTS: I'm the housing spokesperson for our caucus. In my own constituency, I have constituents who live in military housing, and I also have constituents who are military families who have found homes that they've either rented or bought in my constituency. I'm wondering if you can maybe give us some sort of national perspective even on how what we're seeing in the housing market is particularly affecting military families.

I'm sensing an incredible level of stress for many people in terms of finding adequate, reasonably affordable housing - not just for people who are at the very low end of the income spectrum, but just for regular folks. There seems to be a lot of pressure from short-term rentals, taking units off of the market, from just increased prices in general. What are you hearing and how are you assisting families, if you're able to?

SHELLEY HOPKINS: That's a great question. Particularly around relocation, we do know from the research that's just come out, the number one challenge families are facing is relocation, and some of the key issues around that is financial hardship related to housing and housing prices - spousal employment, which again relates to housing, funny enough.

Coming into Nova Scotia, one of the challenges that we do know that they have - we have a full-time spousal and education coordinator. One of the things that we often hear her say is people come in, they buy homes, and then they realize that the spouse is going to probably make a lower wage than they would have anticipated. So financial literacy is what some of the research is actually showing, that we need to do a better job nationally with military families in terms of some of the financial literacy.

The financial hardship is - sometimes it's a sense of urgency. They're coming. They're coming on house-hunting trips. They've got a short period of time to purchase a home. They're trying to do their research, thinking that the spouse is going to come and make the same wage that they made in the same position - coming in and finding out that they actually can't work here because their credentials - again, this is the Seamless Canada initiative. One of the other key components of that in terms of health care is also education - education for children, accreditation for a variety of different professional accreditations. That's a major problem. They're coming and they think that they're going to come in and make the same wage and that their credentials are going to meet the same standards to learn that they don't. Then they have to maybe spend a year getting up to Nova Scotia's credentials, so there's a year that they didn't plan on not working, so financial hardship.

I guess it's not as straightforward as just a housing issue. There are so many underlying issues that are going into it. The housing market where families are coming in and buying homes and not being able to sell them two years later, depending on where the market is - that's certainly an issue. We know for many years that families are bridging two mortgages. In the relocation research, financial hardship is showing as one of the top three challenges for families right now.

[3:00 p.m.]

LISA ROBERTS: What is the status of military housing? Maybe this is really more a base question, but I see properties in my constituency, which includes Windsor Park, and it's not always clear if they're full and if there's life there or if there's not. Is the basic policy that any family that arrives - who can be housed there? I guess that's my question.

SHELLEY HOPKINS: CFHA, the Canadian Forces Housing Authority, would definitely be the authority on the housing situation, but I can tell you that there are about 304, I want to say. I could be off - don't quote me on the exact number. There are over 300 residential housing units in the Shearwater community. Those still have waiting lists. Interestingly enough, the military got out of the housing market some time ago and started selling off their properties.

One of the challenges that we have as a family resource centre - before, military families were all living in communities and living in military housing, but they're not anymore, they're living out in the community. In Windsor Park, there are still some apartments that are there, that are military residential housing units, but I'm not sure of the

numbers in Windsor Park - certainly not in the Halifax area as much as there was many years ago. The largest is definitely in the Halifax area. I believe there's still some in the Newport Corner area.

Again, I don't have the numbers on that. That's pretty much all I can speak to around the housing of military families.

THE CHAIR: We'll move to the government caucus. Ms. Lohnes-Croft.

SUZANNE LOHNES-CROFT: You mentioned that getting the word out is a big issue for you. You just finished saying moments ago that at one time, you lived in communities. I remember Shannon Park - going across the bridge looking down at Shannon Park. Then one day, I go by, and it's a park. The Shannons are gone.

Anyway, I'm from rural Nova Scotia too. When I saw your map of where your services lie, how do you get your message out? Coming into this meeting, I really thought you were metro-centric. I didn't realize you had satellite service in Cape Breton, and I commend you for doing that. How can we as MLAs help you? I'm sure there are schools that don't realize that you have this service, and they have veterans, and they have reservists in their communities. Even where I am on the South Shore, we're a little over an hour's commute from the city, we have a lot of military families living in our communities and commuting. I don't know if our schools even know - I have worked in a school, and I didn't realize that there were services like that. How can we work with you to get this message around that there are these services?

SHELLEY HOPKINS: I think there are several ways. We do have a school outreach program, but you're right. I think that there is a perception that we're more HRM, this footprint, but no, we extend. It's a challenge. I'm not going to say it's not. It's a huge challenge. That's why virtual has been very, very successful. Someone maybe not coming into Halifax to listen to the CO of the *Toronto* give a briefing on a Sunday afternoon but can log in and participate has been great.

Any time, if you're offering a community event, you're organizing something in your community, and there's an opportunity for us to have an information booth - we do briefings within units and those types of things, but even community events, community organizations. Like I said, we're taking our own organization of the mental health roadshow. If there's an event in any of your communities, whether you're setting it up at a Legion, or anything where you feel like there's probably going to be a presence of military or veteran families, and you think that that's an opportunity for us to get the word out, please just send us an invitation. We're more than happy to come down.

Even just when you're in your communities and you're having conversations, just mention that the Military Family Resource Centre is there and it exists. It's truly shocking to us that we have been in existence for over 30 years and there are families that have no

idea we exist. One of our greatest challenges is that the member is the gatekeeper. We don't have access to family information unless the member provides it to us. That's a huge miss. Families believe that we know who they are, that we get a list of who they are, and that we know when they're deployed. That's actually not the case. Unless the member says, yes, you can have access to my family information, and this is their contact, we don't have access.

We're constantly in this push-pull of education, even with the families themselves who are calling and saying I didn't hear from you when I arrived. We know from research that they want to hear from us before they get here, and they want to hear from us when they arrive.

The more that you can push information out by any means possible or invite us into any type of opportunity to speak where there's going to be an audience of military veteran families, we would welcome that opportunity. Like I said, one of my main goals this year and in the coming years is to really increase awareness and to break down some of the myths of things that existed before in the way that we operate today.

SUZANNE LOHNES-CROFT: Do you have a social media presence that we can be part of and share, or a link to your website that we could possibly put on our own websites?

SHELLEY HOPKINS: Absolutely. We are on Twitter, we are on Facebook, and we have a website. We have a social media team, definitely. I would be happy to forward you links for that.

THE CHAIR: With the indulgence of the committee, before we go to our next round of questioning, I would invite Ms. Hopkins to share a little bit about the Seamless Canada initiative. I participated in both meetings. I think that in terms of the conversation we're having today, it might add some value and might pique the interest of some of the members.

SHELLEY HOPKINS: I'll try my best. The Seamless Canada initiative is from the CDS, so there are trickle-down impacts for us, which is great, through the comprehensive military family plan, which we're waiting on. There are 46 action items for military family support in terms of relevancy and moving forward. That's why we're really interested in Seamless Canada.

To speak in the broad context, again, Seamless Canada is the military-driven initiative, but there are aspects that will impact the family. Once again, it came out of the defence policy and the commitment to families and the commitment to improve the lives of Canadian Forces members and their families. The concept is not necessarily that they should get more or be more privileged than the regular Canadian citizen, but they shouldn't be disadvantaged by serving - in situations like health care, always being at the bottom of the list; like children with special needs or family members who have exceptional

circumstances, always finding themselves there. They are in some ways at a disadvantage more than the regular Canadian.

What they're looking for is to see if they can take a national approach to some national standardization and national policies for some of the provincial barriers. I spoke already about the credentials. Can we have a national licensing body for military families and spouses who are going across the country? Again, it's not to give them a leg up. It's just to even the playing field. That's the whole concept of Seamless Canada in a nutshell.

Education - we have children who are coming out of Nova Scotia, going into the Ontario school system, and then going into the B.C. school system. They're going up and down in grades. They're being financially burdened once again because - I did not know this - if you're in a province and you're applying to a university in your province, your fees are different than if you're out of province applying to that university. You may have spent all or most of your school career in Nova Scotia, then all of a sudden you get posted to Ottawa and then you want to apply to be in Dalhousie or SMU, the costs are higher out of the province.

Again, it's just trying to level the playing field in health care, in education, in employment. One of the things that they did do that was successful - that I believe there's only one or two provinces that haven't done it, is waive the 90-day health card period for military families. Nova Scotia was one of the first ones to really get on board and do that.

Those are sort of small barriers. Some of the smaller things - the low-hanging fruit - would be a licence. Every time you go to a different province you have to - the fees that you incur having to redo your licence and even whether it's a licence for your credentials. Whether or not they have this sort of national standard for military families moving from province to province, they're operating in some kind of system where they've got a level playing field. Those are some of the key issues.

Health care is definitely on the agenda. Actually, I thought you'd probably ask me that, so I did bring a little bit of information - education. I think I covered them: health, child care, education, employment. It's really just to create that level playing field.

I can tell you that the two representatives at the provincial meetings are Jenny Langille and Angie Batstone, special adviser with the Department of Health and Wellness. The idea is to have all provinces there, all vested, and seeing what they can do to break down some of those provincial policies to maybe make a Canadian standard policy that supports military families - not to give them an advantage, but to make sure they're not disadvantaged.

THE CHAIR: Thank you. It certainly seems like great work and Ms. Langille and our representative from Health and Wellness were at this round of meetings. I personally attended the first two rounds in December and July last year. I think it's great work and I

think there's a role to play for us provincially. Hopefully we can collaborate and get along to get things moving ahead. Mr. MacLeod.

ALFIE MACLEOD: I'm just a little curious about the training that you mentioned earlier, Trish. You talked about going out and doing training in different areas. Do you go as far as Cape Breton? When you go, do you do a district command group? How do you organize it, or do we have to approach you?

TRISH DOMINIE: I normally go up to Cape Breton at least once a year. I try to be there twice a year - more so if clients or families need me. Along my route, I call all the Legions and I make appointments - can I stop in and can I meet with somebody, at least one person from your executive to share this information with you. I would ideally love to gather everybody together, but I know that they're spread out much farther than some of Nova Scotia. I'd love to get together with them and provide the brief. I talk a lot about the individual things that we can do in regard to support with the veteran.

Yes, I'd love to be able to do that so if you've got a connection - because I connect with Legion Command here in Nova Scotia and try to work that out. If you have another connection, I'm happy to contact them.

ALFIE MACLEOD: We'll talk more about that. I have four Legions in my constituency as well. I'm very proud to say that I'm an honorary patron of all four and an honorary president of one. The groups, as you know - Atlantic Canadians make up about 40 per cent of the military in our country. It's not just a job for most Nova Scotians - it's a calling and profession. Anything we can do to make the transition better - because one of the concerns that I think is more and more on the horizon is our modern-day veterans and what's taking place there. Some of the programs you're describing are things that I think you're going to see a bigger and large need for as we move forward, so it's great.

I know from having military in the family, we've had an opportunity to use some of the facilities here when we had somebody in the hospital who was having surgery and quite frankly couldn't find a place to stay. It was one of those times of the year when everything was busy, so we ended up staying, and it was a godsend to say the very least.

I want to congratulate you on the work that you are doing as a group and what you have been doing over a number of years. You used to have a fellow with you by the name of Ray Doucette, I think. He used to stir the pot every now and then. He was another great ambassador for the organization. I want to thank you, and I want to say, as we've heard from my colleagues on the government side, if there are things that you think this committee can do - because this committee is very rare. We're the only Veterans Affairs Committee in any provincial jurisdiction in the country. Anything you think we can do to help you promote what you're doing to help our veterans, I think it goes without saying, that's why we're here.

Thank you so much for your presentation. Thank you for what you're doing, and anything we can do to help.

[3:15 p.m.]

THE CHAIR: Ms. Hopkins, would you like to respond?

SHELLEY HOPKINS: I think we continued with the outreach not only with the military family but with the veteran. Normally the way that our organization works is that we're very grassroots. The need presents itself, and then we address the need. We try to figure out ways that we can - many different ways that I have just explained, whether it's a health care issue or child care issue or spousal employment, whatever it might be. The Veteran Family Program came to us in the opposite. They came and said, we know that this is probably a service that families need, so can you deliver it? This was very foreign to us. The need didn't present itself and come from veteran families. It came top-down instead. It took a little while, honestly.

I think Trish was our fifth veteran family coordinator. Outreach was the key to our success. When we say if you're in community events and there are things we can do - we know that presence, especially in some of these rural communities, is key to our success. When Trish came on, she did the partnership building and just learning about the veteran agencies. I think we printed out a list of over 250. The goal was to connect with each one of them. It was amazing, but it took us a good three years of the pilot. We're in a good position now where we feel like the word is starting to get out there in the past year. We still continue, so anything that we can think of, I will definitely let all of you know in terms of your work as a committee.

I do think it is about leveraging those opportunities when you know you're in those community events or you're going to be standing in front of groups where families are going to be in the audience. They really sometimes have no idea of the range of services that are available to them. Like Trish said, the navigation of those services, who's offering what - we can help them with that too.

Again, we stay in our lane, but we are aware of all the other different community organizations. We just know that families come to our door and they say, I had no idea you existed, and wow, I really could have used you five years ago. That's not what we want to hear. We want to hear, I heard about you, and this is where I heard. If we can say I heard about you because this person held a community event in Chester or Lunenburg, that's great.

THE CHAIR: Ms. Roberts.

LISA ROBERTS: I want to follow up a little bit on navigation, and you mentioned 250 veteran serving organizations in Nova Scotia. I had a conversation with somebody

working on the accessibility legislation and the implementation of the accessibility legislation. We were having this conversation about non-profits because there are also several different organizations representing people with disabilities and family members and service providers. In his analysis, a proliferation of non-profits shows that government is not doing its work. People are continually creating another thing because there's a gap.

I'm really curious because military families are coming from other jurisdictions - sometimes I'm not sure if we should be viewing the proliferation and the very robust non-profit sector in Nova Scotia as an advantage or a disadvantage. Does it show that we don't have enough services, or does it show that we have a really vibrant civil society? Does it show that education and health care are not adequately responding to our needs, or does it show that people care about each other and want to contribute to people's needs being met by becoming involved?

That's a big philosophical question, but I'm just curious, based on your conversation with many people who would be seeing Nova Scotia with a bit of an outsider's or comparative perspective. How do you see it?

SHELLEY HOPKINS: That's a huge question, one that I think would be a great research topic. It really would be a great research topic. What I will say is, because we are a charity and fundraising is really important to us, the proliferation of non-profits means that we are all competing for the same dollars. That is a tremendous challenge for us right away.

In terms of whether or not they would - I don't know. I don't know if I could answer if they feel like they're being stood up all the time because there's potentially a gap. The nuances of the needs are so unique. Trish can definitely speak to this more than me. You have VETS Canada, and again they have a very specific purpose and a specific lane. We try to stay out of each other's lanes. Then you have Guitars for Vets, I think it is. There are so many different types of things that are serving different types of needs.

Again, it would be incredible research. I'm not really sure that there's a lot of duplication of effort going on out there. There might be 200. Many of those are Legions, by the way. There might be that many out there, but they're serving a different need for a different reason. The equestrian ones, for example, stood up for a different need for a different reason for a different group. Paws Fur Thought - there are so many different ones.

I don't know that I would necessarily see it as families seeing it as a lot of services doing the same thing. There's just a lot of opportunity and a lot of options. What we hear is that families just don't know what they don't know. They're not necessarily looking for an agency that's going to deal with equestrian therapy. That's what we're dealing with. Sometimes they're flooded, and helping them to navigate and even know that service is available to them is mostly what we see. I would definitely be interested in that as a research

study. Perhaps maybe Deborah Norris at the Mount would be someone who I could suggest that to.

LISA ROBERTS: In my own office, we recently invested in building a more robust website with a community resource link, and I will go back and ensure that you are on it. We did list you when we did a bit of a feature on family resource centres in a paper newsletter that was developed and delivered to all my constituents. I don't know if it was the winter one or if it was the last summer one.

I initially expressed some reluctance to invest in a community resource list on my own website because even that felt like it might be duplicating 211. Then we felt that we were able to have a more nuanced and local accessible list of resources that we could add something different to.

I'm interested to know, do your families use 211? Are you in connection with them and making sure that they're aware of you? Is that helpful and a piece of the navigation puzzle?

SHELLEY HOPKINS: Definitely the title "resource" in our name - we definitely use 211. We maintain a resource list of all kinds of things, whether it's a veteran program. Every single coordinator within our organization has a part in all their actual job descriptions that is about community development of partnerships, whether they're military partnerships or civilian partnerships. We do maintain an extensive resource list of services not only locally but even nationally, because again we do help families transition coming in from other communities and going out to other communities. You're right - it can be an extensive, exhaustive list. What we find is that we see the trends. We know what families are mostly going to be asking about or needing.

Like I said before, these are the trends of what we're seeing today, so if there's a new resource available in mental health, we want to know about it. Our mental health team is responsible for making sure that they're current and up to date on those types of things. Certainly 211 would be something that we would definitely use.

Trish, did you want to add anything?

TRISH DOMINIE: Part of our role as coordinators was to create a specific veteran family community map. Of those 250 connections that Shelley mentioned, some are military connection, some are non-profit connections, widespread; 211 is definitely on our list, but we do provide, within that list, nationally as Shelley mentioned. We have families that may be moving to B.C., and we need to connect them with a coordinator out there and what resources they have. I might work with them and do some preliminary stuff surrounding that. You need a welcome coordinator in that area, or you need to partner with special social supports. We would look into that. We have access to that database prior to them leaving. It's very important for us to do that veteran community map prior.

THE CHAIR: We'll move across the table to Mr. Horne.

BILL HORNE: I'm quite impressed and feel very good that you're here today and also are able to help the community people that you deal with in Military Family Resource Centres across Canada. In fact, one of my questions you would probably answer the same way, about how you deal with your clients here who are moving to another resource centre - you've answered some of that. Maybe you can go into more detail of how you coordinate yourself with all the other resource centres across Canada, either a new person coming in or a family coming in and those that are moving out.

SHELLEY HOPKINS: As I said, with Military Family Services, there are several mandated services that families could access from all of us across the country. As Trish said before, it could be just making that actual introduction. For some families, if we know that they're relocating from Halifax to Esquimault, we would reach out and say, this person is coming - or being able to say to somebody, here you go, reach out to Scott in Esquimault. Here's his card, here's his contact information. Our role is to ease the transitions as best as we possibly can. There is so much stress and anxiety, whether or not you're transitioning out of the military or you're transitioning into a new community. That's one of the main functions.

Executive directors have a national conference once a year. It gives us an opportunity to connect and share. In this day and age on social media, you have those platforms where you can share ideas. We're not out there reinventing the wheel. We're connecting.

One of the really great examples of how this would work is even morale mail. In Halifax, we have those six-month back-to-back deployments for the Navy, but a lot of those family members don't live here. The mother or the father is somewhere else in the country, or the sister. They can go in and drop off the morale mail to their local MFRC, and it will get shipped and make sure that it goes into the fleet mail office here in Halifax.

We have those opportunities to connect because we have gotten together, whether it's national conferences for VFP or national conferences for employment education. It's building those networks across the country of the staff working in Military Family Resource Centres, having that list of mandated services, and then reaching out and connecting them in person. We'll often do that either via email or saying, here's the person you should speak to.

Being familiar with each other's resources is one of the great benefits. We just had the national conference for the executive directors last month, and we spent an entire afternoon just doing best practice sharing so that people could hear about the different initiatives if you maybe wanted to attempt that initiative yourself. That's key because all of that is almost like a mini Seamless Canada, making transitions for families. If we're all doing things in a similar way - we all say we're the same but different because in each

community, there are local nuances. Many of us, the way we stand up and do family support is very family-centric. There's lots of opportunity for us to do that.

THE CHAIR: Mr. Horne.

BILL HORNE: I would like to get you to talk a little bit more about the relationship with the Legions. I'm an associate member of a Legion in the Fall River-Waverley area. It's the only one I have. There is one in Beaver Bank, but not as active.

[3:30 p.m.]

I was wondering if you could explain a little bit more your relationships with the Legions, if you don't mind.

TRISH DOMINIE: I have a great relationship with Legion Command over in Burnside. Stephen Tedford and Ken George - I refer clients to them all the time who need support with VAC documents, because that's a "stay in your lane" type of thing. As well, I provide a context to the local branches, if people would like to go there for VAC support.

I do briefings. I've been out to your Legion actually and done a briefing. I was there for a town hall session when Darrell Samson came in and helped support that initiative.

So I've done all of those sorts of connections, and as I say, there is a quarterly newsletter that comes out for me to remind that these are the upcoming veteran family workshops that are happening, and these are some other things that have come across my desk - whether it might be National Peacekeeping Day on August 9th is happening and it's here, reach out, go and visit - that sort of thing.

There is always connection back and forth. The service officers have my number. So if they have an individual that needs some support, they can contact me and I can do a direct referral to anybody on our team.

THE CHAIR: Are there any further questions from committee members? Ms. Roberts.

LISA ROBERTS: I just wanted to follow up related to the programs for youth. I had the opportunity just last night to go to a change of command ceremony for cadets. I was just wondering if youth who are themselves part of military families are actually able to participate in cadets. The gentleman who was exiting as the commanding officer had been with the same unit since he was 12 years old, and he's 29 and he was just finishing as commanding officer.

It struck me that it actually might be kind of difficult to get engaged with even cadets, which is one organization of many different options, if your family is actually

moving every two to three years. I'm just curious about that and curious about what you're thinking of. Certainly, if you needed any connections with existing youth programs in the city, I would know many of them.

SHELLEY HOPKINS: We have a really extensive youth program. In Shearwater, we actually have a youth centre - the Henderson Sweetman Youth Centre, named after two pilots who had died in the 1980s.

The school outreach component about connecting youth, having a space where they actually can come together as a group - one of the things that we know from research is that youth really thrive in being able to create their own identity. They've just relaunched the re-branding of the youth centre with a mascot and an Instagram and that kind of thing. We actually feel pretty strongly about youth engagement, and we have a pretty strong youth program.

Cadets, surprisingly, are pretty engaged with us. The cadets use our buildings, particularly in Shearwater, five nights a week and on the weekends, so we're providing them with some infrastructure support. In return, one of the things that they do is they actually engage with us as volunteers in setting up and helping out with our community events. Again, we try to connect with youth in as many ways as possible.

In terms of youth and whether or not they would maybe not join these types of organizations, it depends on the element. Air Force families tend to be the ones that move the most - every two, three years, those kinds of things. Navy families - most of those moves are East Coast-West Coast or to Ottawa, but you can really be in Halifax for maybe 10, 15, 20 years - your entire career even in some cases. Senior leadership with Navy seems to be the ones that are moving more East Coast or West Coast, but all roads lead to Ottawa it seems sometimes.

I do think that there is a huge military engagement actually in the cadets and a fantastic program in terms of youth leadership development. We have nothing but great things to say about the cadet program.

THE CHAIR: Any further questions? Hearing none, may I inject a question myself? Are you familiar at all with the protocol or the package that a serving member of the military would receive going to a new placement? I find it hard to believe that the MFRC is not a go-to - you referenced on several occasions a need for outreach, a need for education about the fact that you're there and what services are there. I find it hard to believe that there's not a directive to get in touch with your local MFRC when you're placed in a new part of the nation. Can you comment on that a little bit?

SHELLEY HOPKINS: I can. In fact, I'm surprised that I haven't mentioned it up until now because it seems to be the thing I talk about the most lately, access to family information.

There actually is a directive - a CANFORGEN for the military - that states that units are to provide contact information. The problem is that the CANFORGEN was written in 2005. We're a different organization now. There's a couple of things that the military does to support that CANFORGEN. They provide us information related to the postings. The issue with that though is that there are only four pieces of information that they're asking them to provide us in that CANFORGEN, that a unit is supposed to provide. One of the challenges with that is the turnover. There are hundreds of units within these three elements that we deal with here.

Up until last summer, for the past eight years, we have been receiving posting messages. Of course now, with social media and the privacy rules, people are cracking down on the privacy rules and those kinds of things. The CANFORGEN certainly needs another look, making sure that we can have access to family information without there being a perception of privacy laws being broken, which I think is the challenge that we're faced with, that it's the perception. We guard families' information. We have our own privacy Act and privacy protections that we follow with military family services. How we use that information is very protected. We're just sort of crossing over because we're a non-profit. We're not DND employees. Those two things are not matching up at the moment.

They provide us four pieces of information, which are the member's name, the member's contact information, the member's email, and the member's address. It's all about the member - again, I need the member to respond. What we would do is reach out to the member. We would get that information. We would reach out to the member via email. Not every military member - some of them are working on a flight line or on a ship, so not everybody has access to email.

When I said that they're the gatekeeper, we're relying on the member to forward that information about relocation information, about health. We would craft an email about the MFRC and all the different services that we can provide, the things about supporting children with education and schools; the state of health care; if you have children with special needs, some of the things that we can do to support and ease your transition; things about housing; things about employment - all those things coming into Nova Scotia that you're really going to want to know before you get here.

That's the type of information we would put out as well as MFRCs and locations and what we do, putting that into that initial email contact with the member, but the member has to be willing to share that with the family, or they have to be at their desk to receive that information. These are the types of real challenges. It's not that there isn't a willingness or that that policy doesn't exist. The policy and its relevance to 2019 is the challenge that we're faced with.

THE CHAIR: No further questions? Would the two of you like to make some closing remarks, please? Ms. Hopkins.

SHELLEY HOPKINS: Thank you very much for the opportunity. I honestly feel as though I only scratched the surface today. I feel like I could spend another hour and a half or another 20 hours with you. I would really encourage you, if you're interested, to come for a tour of the centre. We will certainly put you on the list to invite you to our annual general meeting next year and those types of things.

We really are trying to get the word out - access to families, making sure that they are aware of what we're now calling the menu of services that we provide and all the multitude of ways that we can ease their mobility, their separation and their risk. Those are the three key tenets of what we do and how we support families in their unique lifestyle.

It really is a unique lifestyle. Military families are the most resilient families and many of them, the research shows they're doing really okay. They're really great, but it's really nice to give them a leg up by helping to ease some of those transitions and making it a little bit easier. If there is anything you can do to help us to increase the awareness - even opportunities like this today is really helpful. I do feel as though I've only just scratched the surface in telling you all the things that we actually do.

TRISH DOMINIE: I would like to reiterate. Thank you very much for the opportunity to come and speak before you and answer the questions. I look forward to the opportunity to connect with some of you and further those outreach goals some. Please feel free to stop into the MFRC, as Shelley said, and take a tour and see what it's like. It's a very interesting place.

THE CHAIR: Thank you both so much. Is there any further committee business? We'll take a brief recess to allow our guests to take off and then we'll convene at 3:44 p.m.

[3:41 p.m. The committee recessed.]

[3:44 p.m. The committee reconvened.]

THE CHAIR: Order, please. I call the meeting back to order. I believe Mr. MacLeod would like the floor.

ALFIE MACLEOD: There is a subject that has been going on and I think it's a subject that would really have some impact on this committee and a discussion should be taking place by us as a committee. Most of you have heard in the last week or so about the family of John and Irene McCabe - a couple's heartbreaking story that became very public. Despite the fact that there are empty beds at Camp Hill, Mrs. McCabe didn't have the option of moving into the facility with her husband because of Veterans Affairs issues that are in place.

People who are not veterans are allowed in the VMB on a short-term basis as they wait for long-term care somewhere else, but veteran spouses aren't allowed to live at the

facility, even if they've been approved for long-term care. Sadly, Mrs. McCabe passed away at the end of May.

[3:45 p.m.]

The issue is, when somebody is together as long - if you're a veteran and you're married and you're together for 50, 60 years and then at the end of your lifecycle there's not an opportunity to end it together, I think that we as a province should be looking at ways to make it easier for those people to do that.

When we asked them to do service for us, they never questioned what we wanted them to do and they never questioned what they were supposed to do. They went and did what they needed to do, and that makes it possible for all of us to sit around this table. So there is an opportunity for us as a group to talk about this policy, see that we can help formulate a change. Although we're only a committee, I know, but it has to start somewhere.

I would move that this topic, while it's fresh in our minds - the policy on separating senior couples who need long-term care, especially at the Veterans Memorial Building - we have a discussion at our next meeting or as soon as we can to talk about how we can promote the idea of veterans who are in Camp Hill or wherever it happens to be and there are beds there, that their spouses should be allowed to stay and live with them. They should be able to die together if that's what's going to happen. We know that's the route we're all taking.

I really think that instead of just saying that's the way it is, as people who are involved in making changes, we should be looking at if we can help implement that change.

THE CHAIR: Mr. Maguire.

BRENDAN MAGUIRE: I just want to clarify for my own thought process. Are you talking about a discussion within the group or are you talking about bringing witnesses in? Are you talking about maybe potentially sending a letter to our MPs and to the federal government? When you say, let's discuss this in the next meeting, are we talking about putting off the witnesses that are coming in or just maybe extending the time that we're here to have a round table conversation?

ALFIE MACLEOD: The first part of the strategy as I see it would be for us to extend the next meeting and have a discussion on what we may be able to do - how we may be able to put some ideas forward. I just think that it's a case where if we don't start talking about it, it's just going to continue on and there are more and more people that are going to be affected by it.

So an extra half hour to maybe help. Maybe we can ask staff to see what information they can get and bring forward about what the real policy is and get a better understanding of the policy. Who is it that can make the difference?

THE CHAIR: Ms. Roberts.

LISA ROBERTS: I feel like this situation was clarified quite a lot by the last witnesses that we had at this committee who were from Veterans Affairs. They said that there is no reason why - as I read it, and I'm actually going to look at the Hansard record. But as I read it and heard it, they basically said that there is no reason why a spouse cannot be there, except that the province will not and does not pay for long-term care beds at the facility. So it's not a policy - it's a budgetary issue.

It's the fact that since 2013, only in this last budget has there been any investment in new long-term care beds. Effectively, if they decided they would pay for spouses to be housed with veterans at Camp Hill, that is effectively an investment in a new long-term care bed.

I would certainly be interested to hear - we could call the folks from the Department of Health and Wellness who are responsible for long-term care. I think it's actually a provincial issue; it's not a federal issue. The witness was quite clear that across the country, they do this in other facilities, but Nova Scotia does not pay for any long-term care beds in that facility.

THE CHAIR: Indeed, I was also going to note that we did go through this thoroughly. It's not fresh in my mind right now with respect to what the particulars around it were. I would also note that, I have seen it happen in two instances through my office where the veteran was placed at an outside location with their spouse. Without predetermining what the committee's business will be, I will say that I believe that there are mechanisms out there that make it a reality that the couple can spend the remainder of their life, but in this case, it doesn't appear that that is Camp Hill specifically.

BRENDAN MAGUIRE: Do we want to make a motion?

THE CHAIR: Mr. Maguire, I believe there is a motion on the floor already. Can I ask Mr. MacLeod to repeat that motion?

ALFIE MACLEOD: The motion is that this committee look into the possibility of making it easier for veterans and their spouses to be together in the facilities that they need to be in. If that is Camp Hill, then that is Camp Hill. That's the motion.

THE CHAIR: Just to clarify, there is a mechanism for them to be together outside of Camp Hill. Are we talking specifically about Camp Hill? If not, there is a mechanism in place for them to do that.

ALFIE MACLEOD: We're talking about Camp Hill. We're talking about the facilities that are available now to veterans who are using them, like the McCabes, and there have been many others. I'm sure we have all dealt with them. Just to say there's a mechanism in place, I'm sorry, doesn't work for me. What we need to do - and what we should be driving to do - is make sure that we're doing the best we can to make this work for the people who did the best they could for us when we needed them.

BRENDAN MAGUIRE: I'll second the motion. Let's just vote.

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

The motion is carried. I'll leave it up to the clerk to schedule that meeting.

My next comment was going to be that our next meeting date is tentatively scheduled for September 17th with the Canadian Youth Remembrance Society. I say tentative because it's that time of year again. With the committee's blessing, I will leave it in the hands of the clerk to schedule the next meeting. I believe that, with the consent of the Chair as well, we can move that along as per the directive of the committee. Is that cool?

ALFIE MACLEOD: If I could, part of what I believe we discussed briefly was that we could extend the next meeting for a half an hour or whatever the appropriate amount of time is to have this discussion or at least to begin this discussion. Mr. Chair, I would move that the next meeting be extended by a period of time to allow this discussion to start.

THE CHAIR: I don't think we need a motion for that - I think we're agreed on that. Again, tentatively our next meeting is September 17th with the Canadian Youth Remembrance Society at 2:00 o'clock.

Is there any further committee business today? Negative.

We're adjourned.

[The committee adjourned at 3:54 p.m.]