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HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

COMMITTEE

ON

COMMUNITY SERVICES

Tuesday, September 15, 2015

Legislative Committees Office

**Department of Community Services
Re: Disability Support Program**

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Agenda Setting

Printed and Published by Nova Scotia Hansard Reporting Services

COMMUNITY SERVICES COMMITTEE

Ms. Patricia Arab (Chairman)
Mr. Brendan Maguire (Vice-Chairman)
Ms. Pam Eyking
Mr. Bill Horne
Ms. Joyce Treen
Mr. Eddie Orrell
Mr. Larry Harrison
Hon. Denise Peterson-Rafuse
Ms. Marian Mancini

In Attendance:

Ms. Kim Langille
Legislative Committee Clerk
Mr. Gordon Hebb
Chief Legislative Counsel

WITNESS

Department of Community Services

Ms. Lynn Hartwell,
Deputy Minister

Mr. Joe Rudderham,
Executive Director - Disability Support Program

HALIFAX, TUESDAY, SEPTEMBER 15, 2015

STANDING COMMITTEE ON COMMUNITY SERVICES

1:00 P.M.

CHAIRMAN
Ms. Patricia Arab

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

Today we're going to be receiving a presentation from the Department of Community Services regarding the Disability Support Program. I'd like to ask our committee members to introduce themselves but I would also like to give a special

welcome to our two newest members to the committee, Ms. Eyking, and to her very first committee meeting, Ms. Mancini, our MLA for Dartmouth South. Thank you for being here and we'll start our introductions.

[The committee members and witnesses introduced themselves.]

MADAM CHAIRMAN: I'd like to remind everyone - our committee members, our witnesses and those who are watching the proceedings - to please make sure that their phones are switched to vibrate. For our witnesses and for our new committee members the procedure is, if you could wait to be recognized before speaking, it just maintains order and allows proper transcription for Hansard.

Ms. Hartwell, if you'd like to start and we'll get going.

MS. LYNN HARTWELL: Good afternoon everyone. I'm really pleased to be here, along with Joe Rudderham, to talk about our Disability Support Program. We're going to take you through a fair bit of material and we'll try to move it along at a pace that is reasonable. As always, if there's any information that you're missing or things that you would like to know a little more about, we're really happy to talk about this program. We have slides, for folks in the audience to see as well.

As I said, it's a pretty ambitious agenda for today. I'm going to give you a little bit of the background and some of the challenges that this program is facing and why we really are moving in a transformative direction. We're going to talk about how we're moving forward in our transformation and, as well, let you know what we've been able to accomplish, what we have been struggling with and where we're planning on going, particularly over the next couple of months.

We have phased the work which you'll hear about so we're going to talk to you about the phase that we're just come out of and the phase that we've just started. Again, lots of detail and please, if we're using too many acronyms or taking a little bit too much of a dip into the weeds, we'll try to move it along.

I'm going to turn it over to Joe now to give an overview of the program.

MR. JOE RUDDERHAM: Thank you, Deputy Hartwell. It is a pleasure to be here today. This is my first experience in front of a standing committee so forgive me if I start to speak too quickly. I'll try to keep it at a normal pace. I tend to talk rather quickly - a good Cape Bretoner.

Before I get into the background details I wanted to give you a bit of background of who I am. I'm in this role for a number of reasons, the first of which is I have a huge passion for working in the disability community. I've done volunteering at a very young age at a residential facility in Cape Breton, formerly the Braemore Home but now called Breton Ability Centre.

I moved down the French Shore, I worked at L'Atelier de Clare in a volunteer role and I've got very specific work experience working with people with disabilities in the Disability Support Program. I'm here because I strongly believe that we have to support individuals with limitations as much as we possibly can. I'm also here because I'm very confident in the leadership of this department, with Minister Bernard and as well probably more so because we have an exceptional deputy minister by the name of Lynn Hartwell. She's fabulous. I've worked with Lynn before. I was given this opportunity to come back and I pursued it.

The last thing I'll mention is that we have an exceptional staff working in the DSP. Because it's Staff Awareness Week, I want to acknowledge the 20 staff by just indicating their names. It will be in Hansard and I think that's a good thing. They work incredibly hard every day to support persons with disabilities. Their names are: Lorna MacPherson, Judy LaPierre, Anne Black, Erin Christian, Lynn Howles, Alicia Jessome, Josh MacDonald, Lisa Matsell, Liz McKenna, Deb Munroe, Roselyne Orenge, Donna Pettipas, Amanda Pickrem, Jacki Purcell, Jacqueline Rogers, Nancy Simpson, and Angela Zabarylo. As well, in our transformation we have now five specialists reporting through to our DSP program: Donna McNeil, Patricia Swan, Leah Darton, Frank Bensted, Lesa Fraser, and returning to her role is Lisa Fullerton. Thank you for that change.

I'll continue with an overview of the Disability Support Program. We are a program that supports approximately 5,300 children, youth and adults with intellectual developmental disabilities, long-term mental illness and physical disabilities. Our program is intended to promote independence, self-reliance, security and social inclusion. We do that through a range of community-based and residential-based support programs and I'll talk a bit about what they are in a minute and it's delivered through a network of service providers. As the deputy indicated, we're in a state of transition and we're trying to change the services, how we do them, how they're designed, how they're delivered and how they're managed.

Just to give an indication of the nature of the clientele that we serve, the participants in our program, they range from what we have in terms of assessment from Level 1 to Level 5. A Level 1 is an individual who requires minimal supports so the person, as indicated in this slide, can live an active life as a participating member of the community, with intermittent support for some daily activities.

Level 3, for example, is an individual who requires high-level supports so the person can maintain and enhance their skills, broaden social and community networks and optimize stability of multiple chronic health issues with high need for assistance, support and structure.

Then we have a Level 5 support which is the most intensive support. That person profiles a person who can develop skills and increase adaptive behaviours and community access with intense levels of support and structure. They benefit from a multi-disciplinary approach for responding to frequent, unpredictable behavioural and safety issues.

The reason why we have a plus sign after Level 5, in fact, the program has evolved that we're actually expected to and having to support clients who are beyond the actual boundaries of our program. These are individuals with very, very significant behavioural, intellectual, physical challenges. So our program is actually feeling the pressure of having to support individuals that may or could or should be supported in another means.

The next two slides are just to give you sort of a composite of some of the profiles of the clients that we serve. These are not real people or real clients in our program, but they're an indication of the challenges. The first two case studies on the slide are really just to give you an indication of sort of the opportunity cost of our program. These are two individuals that probably are or could be in our health care system and in the health care system the cost of providing supports could be as high as \$420,000 a year. In our system these individuals could be and would be able to have options for support in the community or in a residential setting. The range of support for the first case study would be anywhere from \$3,000 to \$9,000 a month. So you see the significant difference, \$36,000 to \$108,000, compared to a \$420,000 cost in our acute care system.

Similarly, the composite named Nancy, again, she would remain in the health system in an acute-care bed at a cost of approximately, again, \$420,000 per year. In a system where we're providing the appropriate level of supports, the right supports for Nancy, the costs would be significantly reduced.

Our last client is a mental health client and again, if that person was to remain in an acute-care bed in the mental health system, the cost would be \$420,000, but with the right level of supports in community, probably living in an independent living type of support option, it could be around \$3,000 a month or \$36,000 per year. That is a good indication of the opportunity costs of what we're trying to do in terms of providing the right supports to our participants in this province.

The next slide is to give you an indication of the growth in cost for the provision of the Disability Support Program, formerly called the Services for Persons with Disabilities Program. Over a 10-year period, there has been a rise of 80 per cent in cost that hasn't been coupled with the same type of rise within the number of clients.

Our clients have risen approximately 4,700 to 5,300 - only about a 12 per cent increase, but that's indicative of the cost of labour in providing services. The high cost of supporting individuals with complex needs - and as people age, their needs will change and in many cases, the needs will be much more significant than they were when the individual entered the program years previously. As I said as well, there is no significant increase in the actual numbers. It's the cost for providing the service to those clients.

The next one is just a brief indication of what our estimates and our actuals were for 2014-15 in terms of our community-based programs - and I'll speak about those briefly - and our residential-based programs. You see it in 2014-15, our actuals were greater. Our estimates in 2015 for community-based programs are what's indicated there. We anticipate that we will have a higher forecast.

The reason why there is a slight decrease in the residential-based programs in terms of estimate to forecast is we're going through an identification of medication strategies and we've allotted a dollar amount to that particular program. It doesn't mean it's going to be actually lower - it's just what we're trying to manage in a very tight fiscal situation.

In terms of the programs we offer - and this is for anyone who doesn't fully understand the programs and the variety that we have - a direct family support program and that's assistance to support families who care for family members, either a

child or an adult. We have almost 2,000 participants in that program. Small options homes - this is support for individuals with four or fewer individuals in the home, and almost 1,200 participants.

The Independent Living Program is providing supports and service to individuals who live in their own apartment or home and they require a minimal level of support, up to 21 hours per week, but these actual services are provided through a service provider. So a service provider manages the independent living supports for the individual.

We have an alternate family support program. This is probably not the right example, but it's almost like a foster-type of program. It's where individuals will go into somebody else's family home and be provided the supports and services through that home. Up to two individuals who are unrelated would be in that option.

Group homes and developmental residence primarily for youth with a diagnosis of intellectual disability and long-term mental illness or physical disability - the younger adults with a diagnosis of intellectual disability or a dual diagnosis.

Residential care facilities - these are primarily for-profit enterprises in our system, but it's for the more ambulatory or semi-ambulatory individuals who require minimal supports and supervision. In our previous slide where we talked about the levels of support, these would be the individuals who are primarily Level 1, maybe Level 2, but not higher. So the intensive supports required for those individuals are higher - that's the reason why you'll see the costs are a bit lower for RCFs.

We have adult residential centres, and these are for long-term structured supports and services to individuals with disabilities to enhance their development of interpersonal, community-oriented skills and activities of daily living. There are about 369 individuals in that program.

The regional rehabilitation centres are the larger facility providers in the province. These are individuals with disabilities who require intensive level of support and supervision related to the complex behavioural challenges and skill development needs. There are 189 individuals. In the larger facilities in this province there are 558 individuals in care.

The next slide gives you an indication of the community-based programs on the left and in the blue an indication of the numbers, and on the right-hand side it's the residential-based supports. So you'll see the various options and the costing. For example, direct family support, the average funding requirement for a participant is \$15,000 and change. For small options, it's up to \$85,000 and change. Independent living is about \$32,000, and alternate family support is about \$27,000.

When you look at our residential facilities, you'll see some significant differences. Group homes and developmental residences, just over \$106,000 per participant. Our residential care facilities - again, these are the facilities where you have Level 1 mostly or Level 2 - about \$28,000 per participant. At adult residential centres the average cost to deliver service is about \$103,000. For the regional rehabilitation centres - again those centres that are providing a high, intensive level of service to clients - it is approximately \$183,000 per client.

MS. HARTWELL: I have to say that I always struggle with this, starting off talking about the numbers and the funding. I would be lying if I didn't say to you that that is a significant driver in our transformation.

The reality is, as you can see from what we've gone through - we have a system that we can't sustain. We can't sustain the 80 per cent increase over the last 10 years. More importantly, the system we have is not the system we need going forward, so not only we can't afford it, we need to change it. We have a lot of dollars - many millions of dollars - tied up in our current system, so transforming it to be the system that we want is really the challenge.

Again, to be truthful, I think it is one of the greatest challenges that we'll have to face because we're dealing with and trying to support and create lives of dignity and inclusion for people who are vulnerable, who may have had lots of reasons to not necessarily be able to make choices for themselves, and families who are frustrated and at their wits' end. It makes a climate that is very difficult to have conversations about transformative change and strategic change because it's a very personal and very important context. We'll try to keep going and let you know how we're approaching this challenge we have.

Keeping with the litany of things that we're struggling with, there isn't a cohesive legislative regulatory framework. I have said in the past that this is not a system that was designed - no one designed this, no one could have possibly dreamed this up. It is a system that has developed over many decades through many levels of government, municipal transfers, non-profit, for-profit. We've had a whole bunch of people involved in the making of this system so it is a system that now we are trying to sit down and consciously design.

We have a wait-list of 1,083. You'll see 363 people on that wait-list who have no service. The remainder of the folks are receiving some service but it's not the service they want or the service that's appropriate. We have people who are being significantly overserved, and I say that with some hesitation but they are in a placement where it's too structured, really, for what they need. They could probably have a less structured environment and live close to the community but we may not have the community supports available to them. Similarly, we have people who probably need a greater level of support and we don't have that available.

We are grappling with how we allocate and pull from one area where there's less demand, which is not the area of the future, how we pull the resources to areas that we do want to develop. I would say that the complexity of cases, while people are always inherently complex, we are seeing individuals and trying to support individuals and their families who have incredibly complex medical behavioural needs.

As you see, we have 19 people in the province who we support whose annual cost of care is over \$250,000. We have several people whose cost of care is over \$0.75 million for one person and we have the young person who I am thinking of in particular who has been supported recently in an \$800,000-a-year placement. He is in his early 20s and we have no reason to think that he's not going to live a long life, and we hope that for him. The support we are providing is for him to live in a one-person placement with people coming in who are paid to take care of him, with very little programming. I'm not sure that when we talk about community inclusion that's actually the model that we meant. Certainly the money is a conversation we have to have, as much as we have to have the conversation about outcomes because our system is reaching such a tipping point.

I guess the facility infrastructure, aging, costly to maintain. You saw from the earlier slides that we do have bricks and mortar buildings that we're maintaining in locations all across the province. We have people who work there who are part of their communities. We need to make sure we understand what the future is for those facilities, how they can be repurposed, what they can be, but still maintaining them and making sure that while people are in them that they are living safely and with dignity. All of that adds up as well.

I had the distinct honour of being part of a group of government and community folks who gathered together in 2013 to develop a road map. We chose that wording deliberately because basically we knew where we were and we had some strong, shared ideas on where we wanted to go. Not all consensus, I don't want to say it was all rosy, but we knew roughly where we wanted to go and we were certainly informed by the UN declaration so we certainly knew what we wanted to aspire to. We chose, how could we get there, and what are the paths we could take?

We developed some principles. I won't read them all to you but they are certainly consistent with what I would see as the best-practice principles globally, what we want to do. I would say the reality is we have some challenges in moving forward in that.

As part of that group I can say that - and there are some members who are sitting behind me who contributed greatly - there has been frustration with the pace at which we're able to move, and I think the road map itself has raised expectations around how fast we can move. We've learned a lot since we started it, so while it is our hope that we will eliminate wait-lists, we haven't been able to in the past year. I don't think that being able to change in the short term but I think the long term, as we restructure over the next couple of years, I see that as a goal.

Absolutely the movement from the larger facilities, which are the regional residential centres and adult rehabilitation centres, some really ambitious timelines outlined. We began to move some clients who have the support of families and clinical supports, moved them into community. Some of those are the very costly placements that I mentioned. You can't sustain moving people one at a time at \$0.5 million per time, so we have to develop the community supports that make that a sustainable model.

Again, money aside, our real goal should be that people are integrated and included in their community. They're not going to be able to do that unless we have the community-based supports that are available for them so they can take part in recreation, they can take part in all the things that we get to choose to take part in - that we create opportunities for them to have choice.

The underlying thing of the road map, which is not often discussed, is I think there was a consensus that we can only move as fast as we can do so in a manner that's safe and respectful. We are moving at a pace that is in line with the resources that we have available and in a way that we believe will ultimately be respectful and inclusive.

This document which we've shared with the original group - I'm not sure if it's up on our website, it might be, but I can find out - because we wanted to be really transparent about what the road map said and where we are now. This doesn't mean that we're saying we're changing direction, a one-eighty, but it's a reflection of what we can do with where we are now. For example, the very first recommendation - replace all programs with a single DSP program - we went back and started to dig a little bit deeper. We found that really if we were able to invest a little more in some of our current programs - for example, the Direct Family Support Program that Joe mentioned - we actually could start to serve more people. So we set a target of reallocating resources into that program; rather than work to completely redesign, let's get some people off our wait-list, let's get some people moving forward.

If you go further down it says: create new DSP legislation - there was no timing identified with that. We are committed to new legislation. We actually had a group working on it and then really realized that there are a whole lot of foundational pieces that we need to make sure are in place. So the legislation that we now tentatively - we're going to aim for Spring 2018. It's not that we don't think it's important to have a legislative framework, we do, but it has to be one that actually supports the direction that we're going.

Again, I won't read through all of these but we have, where possible, identified some of the challenges that we're facing now and what's realistic for the short term. For me, short term is the next five years.

We've included this slide - a little bit of a sneak peek in terms of the larger Community Services transformation. We'll mention the larger pieces of transformation of our entire department later, but our programs are so intricately linked with our income assistance and the links for people with disabilities and people with a disability in the links, for children with special needs. It has become very important for us to identify clearly, what are the outcomes for Community Services? What should all of our programs be striving towards and how should the department work?

So you'll see here that we would like to move to a place where all Community Services clients have greater control over their own lives and that they are able to meet basic needs and they are safe from abuse and violence and they are included in the community and they are attached to the labour market - and that's regardless of which program they're in. So those statements will be the driving force of us moving forward.

Then on the other side, you'll see that we need to have services we can sustain. I don't want to build our waiting list because we can't afford to bring new people in and have families waiting for years to have a placement. We need to be able to sustain and afford what we're doing. We need to be efficient and we need to be using our resources as wisely as possible.

We need to be focusing on prevention. There are a lot of times that we are only able to step in once a family is in crisis, and if we could have provided an earlier intervention, not only would it have been more cost-effective - that's great - more importantly it would have had a more meaningful impact on the client and the family.

We have to work with our delivery partners. This is a sector that is very much maintained and vibrant through the incredible network of service providers and organizations that we have. I would say like every other department, we are facing a very challenging fiscal environment and so making decisions in that context to support the service providers will be something that we have to focus on.

MR. RUDDERHAM: Can I just add, so people understand the size and complexity of the system we're dealing with - we have 81 residential service providers and those service providers may have multiple settings. We have 30 adult service centres supporting individuals in day programs and employability programs. We have 154 AFS or alternative family support providers as well. We have over 325 buildings or facilities that we're dealing with in this program.

MS. HARTWELL: At a very high level, our view of where we want to go is about building on the strengths that we have and really moving to a greater focus on client choice and client inclusion. On the far left you'll see the residential facilities. We have, as I say, bricks and mortar buildings, and folks that work in them are doing their best to provide excellent care in a model that probably hasn't changed in decades, although there are some that have taken incredible steps - I'm thinking of Breton Ability Centre in Cape Breton - to retrain and upgrade some of their models. They still are what people would call institutions.

We have to think about how we can use the buildings, how we can make sure that those really well-trained staff and passionate staff can be used. Maybe there are other ways that our system can use those. For example, should we have one place where there can be a concentration on stabilization for people who are in crisis? Maybe there is a place where there is a real focus on autism for short term.

The reality is those are the big pieces of the work that we're doing. The community homes - there will be some people who will live in a congregate setting, but in a smaller setting, so three or four people living together with supports and then home in the community - we struggled with the difference between community home and home in the community. Home in the community is really people living independently on their own with some support being brought in or with another family. We can talk about that.

You'll see that there is definitely a need to address the gaps. We have gaps, and there is definitely a need to look at - not just the people who are on the wait-list, but as I say, the people who are currently not in the right placement for them.

We are informing ourselves based on the experience that other provinces have had. When I said earlier that this is an incredibly complex area, I think the experience other jurisdictions have had have highlighted that. Nova Scotia, as you may know, went through its own piece of this many years ago, when the children's training centres around the province were closed. Then there were other closures of larger facilities. We have learned from that and from the experiences in other jurisdictions that it would be irresponsible to close and move people unless there is a plan in place for their safety and a plan in place for them to be truly included in community.

Joe is going to talk a little bit later about some of the assessments we have ongoing now. We're actually pretty excited about it, we have a large assessment process underway for all the people who are - for many of the people who are in our highest levels of care. Again, the movement can only take place if we have places for them to go and supports in place for them to thrive. I'll leave you to read that.

There are certainly chilling examples of people not doing well when we've made moves quickly and there's a real caution that the finances and the funding that's required needs to be considered as well. Okay, I'll turn it back to you.

MR. RUDDERHAM: I'm going to talk about the transformation process, so in 2014-15 during the budget planning process a budget was requested to support transformation in DCS. As the deputy has indicated, it included not just transformation in the Disability Support Program, but as well in Children, Youth and Families, Employment Support and Income Assistance, and the corporate initiatives that you may have seen in the slides already.

We decided it was best that we go through a multi-phase process, in other words describing exactly to the centre of government, this is what we hope to accomplish over the next 12 months. We don't want you to give us all the money up front, we want you to provide the funding, commit to the funding, but make sure that we are actually held accountable to reaching our outcomes. So that was sort of the process.

We believe that this approach will enable ongoing engagement and communication, encourage collaboration, and definitely provide opportunities for learning and progress to be shared. What we've really done here fundamentally is put a really, really strong project management lens on all the work we're doing. Having been in DCS for only the last 16 months, I understand that in years past when significant initiatives were established, if they had the project management structure that we have now, I think things probably could have been different.

So in making sure that we're planning and making sure that we have project charters, establishing milestones, all the things that keep us organized and having the project consultants that are actually keeping us on task - it fundamentally allows the subject matter experts within the department, within head office, within the field, to actually focus on the content and not be worried about presentations, for example, to the standing committee. We are able to actually use those resources effectively.

Funding was originally forecast over a three-year period, taking us into March 2017. We completed our Phase I in the Disability Support Program in July of this year and we're in the beginning phase or stages of Phase II.

This particular slide just gives you an indication that in DSP - and again, some of this language that we've adopted and are using, has come from the road maps - so increased community-based living, and social and economic inclusion, and so on. The bottom part of this particular slide is an indication of exactly the deliverables. Again, Phase I of this initiative is mostly about planning, putting together those project charters, those work plans and so on that actually take us from point A to point B to point C, so that we accomplish all those things that are listed, including things like the plan for new DSP legislation.

There is one there that I believe actually speaks to accessibility - yes, recommendations report to inform the development of accessibility legislation. In working within our head office setting, I always describe that it's not really a DSP transformation initiative. It's an incredibly important initiation but it has broader applications for all Nova Scotians, for all public departments. It's an initiative that we've actually adapted some of the project management supports to help get us to where we need to be for that legislation for the Fall of next year.

So highlights from transportation to date, over the past year we've been able to place 62 clients in two particular programs: the Independent Living Support Program (ILS), and the Alternative Family Support Program (AFS). We've provided you an indication of the cost of those clients or participants in those programs. For those of you who are really good with math, if you go back and compare it to the average cost you'll get a different cost. The reason is this is the 52 individuals that we just placed and the 10 individuals who have been placed in those options. But if you do the full math over the past year annualized, it's just over a \$2 million investment in getting people into community-based options.

MS. HARTWELL: I'm going to jump in and do this slide because I love it so much. One of the things that we talk about a fair bit is how investment in Community Services programs, and I would argue Community Services programs across the board, often can have very positive outcomes for clients, but also positive outcomes for other systems.

We took an admittedly very small group of six clients, six real people - we had people ask if they're real people so yes, six real people - that we were transitioning from their current placement into our two community-based programs, Direct Family Support and Alternative Family Support. We tried to do our best to cost what that meant and we also tried our best to measure it with the outcomes, what the actual impact was on clients.

There are no numbers on this - I think because we're paranoid - because these aren't necessarily representative. I don't want someone to take rough math and say oh, if you take all 800 clients in this facility and move them to the community you'd save X number. This isn't about saving, this is about showing where resources need to be. The blue bar is how much government was paying before these six people received a placement in our system - let's see if I can remember them all. They were paying at health, there was one person in the hospital; they were paying in the justice system, one person had been living in a baby barn on his parents' property and had numerous interactions with the justice system; we had a married couple who were living in two separate placements in larger facilities; we had a person who had significant challenges with mental health and was receiving a lot of outpatient support; and I can't remember who the last person was but it will come to me. We were able to open up, crack some space in our system and have these folks placed.

After they were placed, the gold bar at the right is the overall cost to government so it was actually cheaper for government, that's great. The red box in the middle is how much it cost Community Services, but overall for government there was a savings. More important than that is at the same time we actually did a quality of life assessment based on both the statements that we said what we think a good quality of life looks like, but we also looked at best practices, the UN declaration, about peoples' ability to make choices, their satisfaction with their life, and we worked with those clients and the staff that work with them to measure before they moved and after they moved and it was through the roof, the outcomes were through the roof.

So the magic for me in this slide is in showing that if we can create that space for those clients who are in the wrong place, whether they're in our system in the wrong place or they're in a larger system in the wrong place, if we can do maybe a preventive placement so that they are in the right place it actually not only makes good fiscal sense, it's the right thing to do. Again, a small sample - I don't want to overblow it - but it reinforced what staff and advocates and clients, themselves, have been telling us that if they can be in the place that meets their needs their quality of life goes up and the other indicators, whether its health indicators or other indicators, will be affected. We know that to be true so that's why I like this slide.

MR. RUDDERHAM: I'll continue. Some of the other progress we're making around transformations - the deputy mentioned this earlier - we have 558 individuals who are currently residing in adult residential centres and regional rehabilitation centres. We've identified through some initial analysis that maybe there's close to 300 individuals who would have the best chance to be able to transition to community-based options, assuming that the appropriate levels of support are in place. So we're continuing to work - we've identified approximately 300 and we're starting to do the pre-assessments and then we'll engage in full assessments.

Assessments are done every two years so if an individual wasn't assessed until two years ago then they probably may need to go through a full assessment, but if an individual has been assessed in the last couple of months, we would just make sure we have the information that we need to be able to determine the number of individuals that it can actually transition to

a community-based option. So that work is going and we anticipate we'll have all the assessments done by the end of this calendar year.

MS. HARTWELL: If I can just add, just to be clear, the people who would remain in that - the 258 people who would remain - it's not that we don't think they can move to community. It's that in the short term - again, my short term is in the next three to five years - we don't think we can have the supports in place to make that happen. That doesn't mean we're not going to work towards it. That doesn't mean that's not the ultimate goal, but in terms of where we can start, we now have a good handle.

As I said earlier, I would say that our early attempt to very quickly move people from some of the highest level of care into community was moderately successful. It certainly was not successful from a cost perspective, and I think there were families that felt better, I am actually not sure that the people are getting better support than they did when they were in the residence. It's their choice and we'll recognize that, but we have not been able to come up with a sustainable model that we've been able to put in place to mean that they truly have the quality of life that we should be supporting them to have.

MR. RUDDERHAM: Some of the other short-term work that we're engaged in is we're looking at stabilizing service providers. So some of the objectives we were working from is solutions to alleviate short-term cost pressures and stabilize the residential provider sector, and in the interim implement some DSP funding measures to service providers that will enable them to continue to provide, I think for the large part, a really great service.

We often or we tend to quite often focus on a very, very small number of clients that are going through very significant challenges in their lives. We tend to forget about the 5,280 clients that are actually receiving wonderful and great supports in an imperfect system. So as much as we want to make sure that every individual is getting what they need, what they desire, the program is actually working quite well for a lot of people.

In terms of some of the approaches and progress, we've had service providers come in and talk to us - Finance and Treasury Board staff - and we're analyzing developing solutions that are prioritized. Yes, there are significant challenges in service provision in this province, but the only way we're going to solve and make headway is bringing service providers in and having them help us get to appropriate solutions.

We have also identified that there are gaps in our programs. This is a four-quadrant slide. The top two is an indication of the provider managed supports so in our AFS program, those supports are provided through families. We also provide independent supports to individuals who live in the community but need that structured assistance in order to have the supports implemented.

We have direct funding supports - and we've talked about this on a number of occasions - the Direct Family Support for Adults, Direct Family Support for Children and the Enhanced Family Support. The gap that's missing - there are individuals who want to move from their family home potentially and live independently in the community. We don't have a mechanism that we can fund them directly. They would normally have to go to a service provider and get assistance so we want to establish a program that allows individuals the dignity of being able to control their own lives and access their own services. That's the piece we're working at right now and hopefully we'll have a program in place soon. Lynn is going to talk about this one.

MS. HARTWELL: Sorry, I hogged the slides that I really like. This is my other one that I really like and I just saw it last week and asked that we make sure we have it included. As part of our transformation, we recently centralized some of our ways of working. Up until recently we had four regions across the province and those four regions operated quite independently of one another. Each maintained their own wait-list and then there was also a provincial wait-list that was on top of that - when people had moved or particular needs were identified.

The wait-lists didn't talk to each other, they weren't coordinated, so all of those steps that you see were steps that were required for someone who was looking for a placement and those are the steps that staff had to take to have them land. We've identified instead - it looks like three steps, and that's part of our transformation. It's an IT system that we'll be able to use province-wide so that we'll be able to let people know what options are available on a provincial level and then we can help prioritize, deal with crises and so on. It seems so simple, but again, back to the non-design of this system. It wasn't set up to be focused on ease of access of a client so something like this, I just love seeing a chart that says those red X's are all the steps we're going to take out.

MR. RUDDERHAM: Okay, a bit more in terms of Phase II. This is the stage in our three-phase process where we're starting to implement the plans that were established in Phase I of transformation. On these next two slides we have nine streams of work, all very significant pieces of work. The first is the community residential design, that's the work about moving participants from larger facilities to community-based options so there's lots of work to get there. We have to work with the ARC facility staff, looking at identifying what community supports are required, looking at things like supports capacity, housing and so on.

We talked already about how we were working toward identifying those clients who can move sooner than later. As the deputy indicated, it's not that we're not going to assist and provide services to the remaining clients, it's just that we think we can start with the smaller number of clients first and make progress. Each time we move an individual from one facility to another thing, we actually break some of the gridlock in our system. If someone else needs to move into a reimagined ARC for a stabilization period, for example, we can allow that to happen because we have space. So moving people along creates capacity within our system.

We're going to continue to work with care coordinators to make sure they are actually providing more contact service with our participants. We found they were spending way too much time doing administrative duties, things like inputting data into ICM that probably could have and would more efficiently be inputted the day of the assessment; instead it's all done and written and then they go back and put it into the system. We're making sure that they will spend less time dealing with receipts from families and participants, so it's trying to maximize the amount of contact time they have with our clients.

We already talked about the fact that we're moving our huge legislative project to the Spring of 2018. It doesn't mean we can't be doing some things now so we're looking at some changes to regulations in the Homes for Special Care Act. We'll begin that planning process over the next year in terms of the legislation before the Spring of 2018.

We're making modifications to the adult service centre, we're focusing on two things in the short term. That is looking at how we can help to enhance the social enterprise within adult service centres; again, these are the centres where you might have 20 to 30 participants, and a handful of those participants might be working outside or inside the facility in terms of working at a gift shop or doing some things where they might be getting minimum wage. But a strong majority of the individuals are participating in activities in day programs so we want to try to increase the social enterprise. Part of that is because - and some of these organizations are quite inventive in terms of what they're doing and the service they're providing, they're actually creating their own funding. At a time when we don't have a lot of dollars, it's really wonderful to see that they're actually becoming a bit more self-sufficient in terms of operations.

We're also looking at trying to increase the participation of persons with disabilities in the public sector, in unionized environments. That might be a tough nut to crack, but I think it's important that we try to get better representation in the public service for persons with disabilities. We have the implementation of assessment and placement functionality in ICM - that's our integrated client management system.

I think another really important piece or a path - a line of work - is what we're calling the DSP and DHW service alignment. In our system, for example in the mental health and addiction services system, there are over 100 individuals in acute care beds, in placements, who probably could be and should be living in community. Likewise, we probably have a lot of individuals currently in residential facilities, who have aged in place for a long time and whose needs have grown that maybe the best option for some of those clients is to be living in long-term care facilities.

So we have a bit of gridlock between our system and the goal of this is to talk about what our system programs are. I've jokingly called it - and I don't mean anything by this - whose client is it anyway. In other words, where can we best service those clients in the current support systems and the future support systems? And when we create movement of individuals among these system pieces we allow other entrants into our programs.

The deputy already talked about the wait-lists, we went through a full process this summer. We had the opportunity of having a fourth- or fifth-year engineering student come in and provide a lot of analysis and support to the work. That was actually very cost-effective.

We're implementing an interim DSP funding model, I talked about that earlier. We're working with Finance and Treasury Board in terms of a new funding model. I mentioned before, we're actually continuing to work on the whole accessibility legislation and that's primarily working towards a request for legislation in July of next year.

I won't get into much detail on this, I know it looks very structured. But just to give you an understanding of the complexity and the need for structure in terms of how we're proceeding, on the bottom left-hand side, those are all the project teams. We've identified a subject matter expert individually from the department and a project support person from consultants that we've hired.

The part I will bring you to is the identification of and the need for an advisory committee where we'll bring some community members back in. We've built into governance the Phase II stakeholder advisory group and we expect that this advisory group will meet bimonthly. They will be a forum where we can share progress, we can ask for feedback on strategic directions, and as well we want them to be a champion for messages to the community, both bringing information in and also sending messages out.

I will be chairing that particular committee. Because of Phase II of this activity, we have strategically identified representation from the following organizations and individuals. So we know a big part of Phase II is around the adult service centres and the regional rehabilitation centres, the transition or transformation, so we have a representative from there.

Continuing care and mental health, the DSP and DHW alignment project, it's incredibly important that we have those individuals. We'll have one to two first-voice representatives. It's important that people who are at the table - I think it was seven or eight years ago when I first heard the slogan: I'm not about us without us. We need to make sure that we have individuals who are participating.

Again, DIRECTIONS Nova Scotia is the group of 29 to 30 adult service centres so employability is a focus. We need that representation at the table. Nova Scotia Partnership on Respite - respite is one of those provincial pillars that are incredibly important to how we move forward so they're there, and we have a former joint advisory committee member so some continuity from the joint advisory committee to Phase II. We're really hoping we can have the first meeting by the end of this month.

MS. HARTWELL: We are hoping to do a better job, to continue to improve in how we are transparent and open about what we're doing. Again, I think lots of folks have very respectfully expressed some frustration that we haven't moved fast enough. You'll see that a lot of the Phase I stuff was the planning. We need to get this right. It feels like this is our chance to significantly transform this system into one that we've designed, one that the province needs, and all of those pieces.

Joe had said that in the past we may not have been as successful, in part because we didn't have the focus. This is our focus so the time has come for us to really move it forward. The planning was important, there were lots of times I was frustrated that we were not moving fast enough but we did exactly what we needed to do, which is to build the foundation and now we're moving forward.

I think we'll always have room to improve on getting information out. We have websites, and we're going to do our best to keep those up to date. All of that big structure that you saw, yes, there's an advisory group but in all of those sub-areas there will be opportunity for members from the community, clients, advocates, to be involved in the sub-area. So if we're talking about employability, for example, we would really focus deeper in the community. I believe that is what people have been waiting for: a real chance to get their hands into this. So that's the phase that we're just about to start.

Okay, we'll breeze through these, it's quite detailed.

MR. RUDDERHAM: Yes, this is just another sort of indication that we're engaged in a structured project management focus. On the left-hand side we have the various streams in terms of what we're going to do. In the community residential we actually have seven sub-streams. There's six there but the last one is developing client transition processing tools. That's the first one in the last section.

Next to that is that we do plan to do a current site assessment, or at least begin a current site assessment for the residential care facilities.

I'm not going to get into these, it's just an indication that we established milestones and we established timelines, and for the next three to four months these are the milestones that we have.

MADAM CHAIRMAN: Thank you. I really have to commend the work that both of you do. The amount of people that we have watching this committee meeting - let me tell you, this is not usually a hot seat of entertainment. We don't usually

have this many people so it shows you just how important and valid the work that you do is and how important our loved ones who have disabilities are to all of us as a greater community.

I'm going to start with some questions. I would like the committee members to note that it is almost two o'clock so I'd like to go forward with questioning on the premise of possibly stopping at around 2:30 p.m. because we do have agenda setting, but willing to play it by ear. I don't want to cut anybody off in terms of questions.

We'll start with the member for Halifax Atlantic, Mr. Maguire.

MR. BRENDAN MAGUIRE: First of all, thank you for coming out today - appreciate the report. I just have a few questions, in particular on the individuals that are in Level 5 Support. I'll get into a little bit of detail, but there is a family and an individual in my riding that has been dealing with an issue with DCS now for - I want to say a decade. I don't know if you know who I'm referring to yet, but I think you might. This individual falls outside that.

Our understanding is that the Hart family, Mitchell Hart, is somebody who - first of all, they've had a fantastic home care service now since Mitchell has been around, since he was born. The home care nurse is about to retire - my understanding. The family obviously - the parents are aging and the father has some health issues. They've been assessed by Evergreen and places like that and it looks like Evergreen may not have the resources to deal with this issue.

So what happens? Like I said, it's a fantastic report, but there's not a lot of real, in-depth details. So if I take this down to the Hart family and say, this is what we're going to do, what does that mean for Mitchell?

MS. HARTWELL: Thank you for the question. I obviously can't talk about an individual case, but I can talk in generalities. It seems that every month we are presented with a number of cases where we have individuals whose needs exceed the programming that we have. I wish I could say that I could provide you with a report or a piece of paper that could provide comfort to the family. What I can say is that it's on us to work incredibly closely with our colleagues at Health and Wellness to understand the possibilities between our two systems and to explore every option that we have.

We have worked out arrangements with Health and Wellness in the past where we're splitting costs or we're coming up with innovative - their service provider is coming into one of our facilities. We come up with what we can and I would say that our ability to provide what we call one-off placements for any family is very challenging for us. I said earlier that we have 19 people across the province whose care is \$0.25 million a year or more, and we have several that are closer to the \$1 million range.

It's so challenging to be able to allocate that amount of resources to one individual and then we have 1,000 people on a wait-list. That's the kind of conversation we are constantly having - how we measure that. My hope - I guess my dream - is that we will, through this transformation, develop community supports so that the placements - the one-offs - aren't as expensive, that we can sustain people living in more individualized placements where they have a community connection that is some place they want to be and they are still getting the clinical supports they need.

We are not able to replicate the level of care that we have in some of the facilities. We can't replicate it 100 times over around the province, we just can't. Frankly, even if we wanted to, we wouldn't have the professionals available to do so in our current model. So can we develop a new model that has professional services, the clinical services we need, that can come out to people? Yes, but we are not there.

I meet with families and clients and those are the hardest conversations that we have because the expectations are incredibly high and we have done our best in the system that we have, I would say stretching every possible rule and policy we can to make options for people.

MR. MAGUIRE: My understanding is that we're looking at about \$1 million a month for this individual case, if not a little more so I understand the pressures that are on your department. I'm glad you brought up the Health and Wellness Department because these issues would seem like ones where working together would be a good idea. Excuse me for not knowing but how long have you been deputy minister - a fantastic deputy minister.

MS. HARTWELL: Two years.

MR. MAGUIRE: How often in these cases are you seeing co-operation between departments? This is the perfect opportunity. It doesn't seem to me like this is an issue that just falls under DCS - there are some health issues there, there

are some educational issues there, there are all kinds of issues there. So if ever there was a time to, I guess, hold hands and work together, these would be it.

MS. HARTWELL I'd say that we're holding hands, we're going for dances, we'll do whatever it takes at this point. We do rely heavily on our collegial relationships and certainly the experience I've had is that staff at the front line tend to make things work in a way that we can learn from.

I know in several cases that I'm thinking it has really been our care coordinator with the person from Health and Wellness who have come up with some innovative ways of addressing the situation. We need to make sure that we are supporting that. That does go back to a point that Joe made earlier - we want our care coordinators, we want our staff to be able to come up with those innovative solutions and less on the administration side. So getting so excited about an IT system seems a little bizarre but it actually means that we have people who have a gift for this work able to focus on getting people in the place where they need to be.

MADAM CHAIRMAN: Wonderful, thank you. Ms. Peterson-Rafuse.

HON. DENISE PETERSON-RAFUSE: Thank you, Madam Chairman, and I'm going to ask if I can go back on the list after my colleagues have a chance, just so you know now.

Thank you very much for the presentation. As you know, I've had the experience to see the hard work in the department and the commitment and the dedication of the staff and the frustrations that are dealt with in the staff. The challenges that were presented here today are pretty much the same challenges that were presented to me in 2009 as a minister. That's why we created and worked together with advocacy groups and parents and people with disabilities to create this 10-year plan that you are speaking of today.

We had, as you know, nationally-recognized specialists involved - Michael Kendrick and Michael Bach. At that time we also initiated the transformation of the disability support service as NESIA. I understand the fact that those things need to happen in concert.

The question I have, though, is the 10-year plan was completed and the real next step in the process is to attach financial commitment over not just one year but a 10-year period. That's the only way it's going to work because as you know, there's no money resources in Community Services. It has to be a government-wide support that this is what we want and we're supporting that sector.

I have a two-part question quickly because I know everybody else has lots of questions. I'm wondering if there have been any discussions at all within government on that holistic commitment, because it's the only way things are going to get implemented? You have stated many times over the challenges financially so you can't do it within the department budget. If so, has the discussion looked at year one, year two, right to year 10?

The other question is, why was the original committee disbanded? When we had the expertise around the table they put the plan together, and the next step I would have thought of would have been that when you got the financial commitment they would have been part of the process to roll it out. Michael Kendrick is known worldwide and he was doing this for nothing, he was volunteering. He is paid around the world to help government transform that transformation for those with disabilities in the community, along with Michael Bach, so I was really surprised that committee was disbanded.

MS. HARTWELL: I'll talk to the first one. As Joe mentioned in our budget process we certainly did go to government and say this is not a one-year, two-year, or three-year process. Of course, the government budgeting process is that it's difficult for government to make a commitment beyond one year, but certainly we received the approval to go ahead, knowing that it was going to take a number of years. As Joe said, the commitment was that we go through the first phase, we go back, we say here's what we've done, are you still with us? Yes. And then we get the next piece.

As I said earlier, as much as I don't like talking about this purely on economic or financial terms, there's no doubt that the available resources will drive the pace of our transformation. What we know, though, as you've seen, funding to this program and costs have increased by over 80 per cent in 10 years. It's fair to say, certainly from the Community Services perspective, every spare dollar that has ever come up has been put into this program. Although I certainly wouldn't turn away a pot of gold, I actually think that we have to figure out how to be sustainable within the envelope we have.

We are putting money in, I think - I wouldn't say the wrong places, but we have money that is going toward services and supports that we no longer want them delivered that way. We have to find the way, that's the nut that I talk about cracking, of swinging the resources from here to there. I think our challenge over the next while is being able to demonstrate that by doing so, be reorienting how we're delivering services, not only will we get better client outcomes - and that's really what we should be worrying about - but also we can do that in a way that we can sustain.

Again, our programs are so linked, as you know. If our income assistance caseload goes up, the budget gets tight for everything; if the caseload goes down, we have a little bit of room which we invariably spend for disability supports. So we need to be able to have a system that we can sustain that's not quite so dependent on just what's available; we need to be able to have a model that we know we can afford going forward.

MS. PETERSON-RAFUSE: Just a quick comment. I truly respect what you're saying, but in order to make that change you have to have that initial big investment to make the change. I understand the constraints of one thing affects the other; it's a Catch-22. Until the day that you get that initial investment to make the movement, you're going to be talking about this 10 years down the road in the same context - and maybe a comment on question two.

MADAM CHAIRMAN: Just actually before we continue, we have AC blasting quite loudly so just to make sure our levels are good for sound, if you could just speak directly into the microphone that would be awesome. Thank you.

MS. HARTWELL: The second question which was why the original group was disbanded. The group was pulled together and you'll recall we actually brought a small group of people together, people who we knew were passionate and said, help us design what the process will be. That small group designed sort of the process or put out the feelers, and then we had the formal group from that. I would say at that time we didn't envision that group continuing forever. Now, it contained some of the most passionate, knowledgeable advocates that we were blessed to have so, of course, they were going to stay involved. My sense was it was not going to be the committee that would continue forever, but we would find ways for them to continue to be involved.

I would say that even once that committee was formed, we had a number of others say, why wasn't I on that committee? People came forward, put up their hand - or even if they asked why they weren't - they would say, I want to be on the next one because I'm really keen on this and I didn't get to be part of it.

So we made the conscious decision - that group brought us to the road map. We met with the group several times after. You will not be shocked to hear this - they continue to be very strong advocates and continue to ask the question of what's happening and where you're going and hold us accountable, as they should.

We then had to move to a model where we could bring in some other people who maybe weren't involved in the first, but we really need to get to what I think is the meat of it, which is getting deeper into - if we want to talk about supported decision making - getting a group of people who really want to talk about supported decision making, for example, so having more people involved than less. So I certainly would be foolhardy to have ignored that group. I think the last time they met was May - I could be wrong, but there are people back there who would be able to tell me for sure.

We certainly wanted them involved, but we really knew we needed to broaden it out and come up with a structure that we could broaden it out and have more people involved. So that was the reason why.

MADAM CHAIRMAN: Mr. Orrell.

MR. EDDIE ORRELL: Thank you for your presentation. I can't help but notice through the whole presentation we talked about housing and housing ability and housing eligibility and all kinds of other things that deal with housing and support services for housing, but people with disabilities who have jobs in this province are well below the people who don't have a disability, who are able to go to work every day and really not rely on the system because of that.

I know back a couple of months ago - maybe a year ago now - there was talk about changes to the labour market agreement - the labour market agreement for persons with disabilities - and they were talking about changing how the service delivery is presented and how they may blend the system, they may modify the system so that people with disabilities aren't going to really get that specialized service anymore.

Can you tell me if there's anything the department is doing to increase the employment rate of people with disabilities and then eventually decrease the reliance and the need for community services for their housing needs if they're able to be

employed? Are you working with the Department of Labour and Advanced Education to make sure that this transformation that's going to happen within their department doesn't directly affect employment for people with disabilities so that the system that's in place now, which is providing services for people to get them jobs and hopefully get them away from the need for the Department of Community Services, remains the way it is and doesn't change so that it puts more dependence on your system in the long term?

MS. HARTWELL: I'll start, Joe, but if you want to jump in - because I know Joe has been part of some of the conversations about accessibility. The conversation about accessibility, it's not just the built-in environment, but accessibility to employment; accessibility to appropriate housing.

I'll start with the labour market attachment piece. We are aware that Labour and Advanced Education is moving forward, looking at its service delivery model, and we're part of those conversations and have a keen interest, because as you may know, those are largely community-based organizations that really in some ways are so closely attached to the labour market opportunities in that area. They're a great resource that I think our department has underused.

So we are certainly having conversations about - we've had a couple of pilots about how we can make sure that our clients are getting the benefit of those organizations because they have incredible expertise and connections to the local community. Even in those conversations - and I was at Labour and Advanced Education and was part of that organization when we were having some of those initial conversations - there's always a great concern that Community Services clients don't get lost in a larger system.

Some of our clients - not all, but some of the clients - would have more barriers to employment or more accommodations required than a lot of other people and so they're easier to not be the focus. We've certainly had the experience of employers who are very willing to work with people with disabilities or people who need any kind of accommodation, and other employers not so much.

So if we can work with the local service provider and have them help to prime employers and support employers, know where the connections are, that would be great for our clients. We just want make sure our clients get some priority in that. That has been our conversation with Labour and Advanced Education. They are very supportive of that.

Inside DCS, of course, we have our Employment Support services which is part of our Income Assistance Program. It, too, requires a significant transformation. Currently we have roughly 28,000 people who are income assistance clients and only a small number of them are receiving employment support services. Now for many of them it's because that's not the appropriate support for them, they are not able to attach to the labour market at this point, or ever. But there are lots of folks who do need that support and we need to reorganize ourselves so that people are able to take advantage of that program.

Then we have a whole other world - of course, our Disability Support Program - of people who may not be getting a lot of employment support, other than adult service centre support. So again through our transformation, we actually have a piece of work to look at employment across those two programs because we know there are many people in receipt of income assistance who are not part of our Disability Support Program but who have a disability, whether it is a mental health issue, have a chronic condition of some kind that does affect their ability and their employability. We want to make sure they are getting the support, too. I couldn't agree more that we have to look across all.

On the housing piece, I will say housing is a fascinating area for us in that we know that for a lot of people the availability of safe, affordable, quality housing is an issue. Then for others it's also safe, affordable, quality housing that provides the opportunity for a support person or for some kind of attendant and we don't necessarily have the units for that. That's not necessarily a market that the private sector goes for so that really is a piece of work joint between our department and Housing Nova Scotia, which is how can we make sure, as the largest landlord in the province, that in our public housing area we are building units that are appropriate for folks, whether they are visitable, whether it's because we want to have a place for an attendant, all of those pieces, but also it's usually the programming cost that really comes from our Disability Support Program.

We can build a lovely semi with two units and have people move in but it's the staff who need to be there to provide the support and the inclusion. That's really where this program has to step up so we absolutely have to get those two working together.

MR. RUDDERHAM: Just a further comment in terms of what the deputy has just said, we did indicate in the presentation that there are two areas of focus initially with adult service centres in terms of employability, that is trying to enhance the

social enterprise activities within the adult service centres. As well we're looking at trying to begin the discussions or will begin the discussions at getting more individuals with disabilities in the public sector and unionized environments.

Just to put things into context, in our adult service centres we have approximately 1,000 of our Disability Support Program clients which represents about 50 per cent of the clients who are participating in those programs. Others might be clients of the income assistance program or may be individuals who are living with family in the community who are participating.

Of the 1,000 of our clients and I've asked this question to the directions council, what percentage realistically of those clients - and it's terrible that you have to put things into percentages - but what percentage of those individuals could actually attain minimum wage or higher employment? It's only about 20 per cent so 80 per cent of our clients in our Disability Support Program who are in adult day programs are participating in adult day program activities. We would hope to grow that number that maybe more than 20 per cent will actually achieve employment within the adult service centre in terms of paid employment or are working outside the community, in places of employment where those centres have made connections.

Another small piece that's not so small but we have recently been asked to participate on an advisory committee in the apprenticeship program. The apprenticeship program wants to see more people with disabilities actually taking up apprenticeship. Apprenticeship, as we all know, is 80 per cent on-the-job training, you are actually working, doing the job, and 20 per cent in the workforce. So working with our other departments, whether it's Labour and Advanced Education, or whether it's the Department of Health and Wellness and some of the community access programs - I'm probably getting the name wrong, but the clubhouse programs - there are programs in the Department of Health and Wellness where employability is a focus. The deputy has said this already, we need to make sure we understand exactly what all the departments are doing around employability for persons with disabilities and then take a coordinated effort to make it work more efficiently and at the end of the day, more people working.

MR. ORRELL: We have jobs within Transportation and Infrastructure Renewal, we have jobs within Community Services and within Housing that people with disabilities could be doing, but we're not promoting that as much within government as we are trying to promote people within the private sector employing these people to make sure they can work and live independently. There's nothing better than giving a person self-esteem and the ability to live on their own by making sure they have the ability to work by changing how we deliver some of these systems.

I know I had a lady in my office who was told to go to Community Services for six months and they would pay for her education completely. When she was accepted to a program and wanted to continue on with a slight benefit, where it would have cost her \$50,000 to go on Community Services to get her education paid for all she wanted to do was get some funding, financing, but she was told not to do that, but go the other way. The way we deliver the system has to change.

I guess there's one other question and it's a question I just don't completely understand. Under the Direct Family Support for children with disabilities, the more you earn, the more funding you are eligible for. It says in the paper that I have here that a three-member family earning between \$65,000 and \$70,000 a year is eligible for \$700 a month, whereas a two-member family earning between \$31,000 and \$36,000 is only eligible for \$100 a month. Can you explain that to me and how that is possible? I can give you the article or the place right off Community Services website. I don't understand it and I would like for someone to explain it to me.

MS. HARTWELL: I'd be happy to see that. Off the top of my head that doesn't make sense, but there may be a funding formula that's based on family composition that would result in that. (Interruption) It looks like there is and then it depends on the amount of family contribution, so yes, there's a funding formula. If you are a three-member family, so three people in your family making \$36,000 you would be expected to contribute \$100, not that you would only get \$100, you'd be expected to contribute \$100, so it's the other way. It is not that we'd only give you \$100, you'd only have to pay \$100 toward the cost of care.

MR. ORRELL: Okay, I didn't read it that way, that's good. Thank you.

MS. HARTWELL: So the more money you make the more you should contribute toward the cost of a child's care.

MR. ORRELL: According to that chart there, it doesn't seem like it's that way. I thought there might have been something there and I just wanted to make sure that was correct, thank you.

MS. HARTWELL: It doesn't seem clear at all, so thank you for that, we'll go back and look.

MADAM CHAIRMAN: Mr. Horne.

MR. BILL HORNE: A very difficult and very interconnected program you're running here, it's not an easy one, I'm sure, to resolve. How many other organizations that you have partnerships with are non-profit that are working with you and maybe name a few of those partnerships? Not to put you on the spot.

MR. RUDDERHAM: Partners in terms of definitely the organizations that provide services. They may be not-for-profit organizations or they may be for-profit organizations. An example would be Breton Ability Centre in Cape Breton. It's a regional rehabilitation centre that provides supports and services to upwards of 90 individuals now. They are run by a board so we are a partner with them. Our partnership will change over time and we'll be engaging all of our service providers in service level agreements.

Other partners, certainly we work with community organizations, all the organizations that participated on the joint advisory committee like CACL and other organizations. It's hard to think of these off the top of your head. Certainly, again, as I mentioned earlier on we have 81 service providers that are providing supports and services across the province. Certainly, we work with all of the adult service centres are up pretty much all not-for-profit organizations and they're all across the province, there are 29 of those. Summer Street Industries is a good example in New Glasgow, it provides wonderful supports and services. We work with other organizations in Yarmouth, in Kentville, all across the province. Again, 80 service providers in over 325 bricks and mortar buildings, and again, all the support organizations that support the same clients as well.

MR. HORNE: Just a follow-up. With so many organizations, how are they accepting the transformation, as you are the lead doing this?

MS. HARTWELL: I would say that certainly the service providers - we were lucky enough on the Joint Community-Government Advisory Committee to have representatives from the larger facilities - so the ARC/RRC community, as well as representatives from some of the smaller service providers, people that provide a small options home, for example. They were incredibly open to where we were going.

I think the nature of their work is that they are about client outcomes. They could see there's a need for some changed outcomes so have been quite open. In fact, we've had a number of boards and executive directors approach us over the past two years and say we want to be part of this, we don't know exactly how but we want to be part of this. We want to transition to what it is but we'll need help transitioning.

I would say that other organizations have been supportive. There certainly is a really vibrant disability advocacy community in Nova Scotia so people have been very supportive of the need to transform. I don't want to overstate it but I would say there would be some frustration at the pace of our transformation and some frustration that we haven't been able to communicate progress as much as people would like, which I think is fair game.

I do want to say, though - it's worth saying - that we also have organizations that we fund on a discretionary basis. We have a discretionary grant budget, so there are some organizations that we provide discretionary grants to. Again it hasn't always been historically the rationale for why - the organizations, I can say without any hesitation, do fabulous work but what the money was being provided for from our department to them has not always been - certainly has not always been a written agreement but sometimes not even understood what the outcomes were so we have to look at that.

Then again we are watching every dime, ever nickel - we don't have pennies anymore but we're watching them anyway - to make sure that where we have any resources, we're putting it into direct supports for clients. We have had to make some very, very difficult funding choices around organizations that were not providing support through our program. That doesn't mean they weren't providing fabulous support to people or fabulous advocacy but we have not been able to continue - again, hard decisions. So those organizations would probably be less happy with where we are.

MADAM CHAIRMAN: Ms. Mancini.

MS. MARION MANCINI: Thank you very much. I'm on a steep learning curve here so bear with me. I have taken the opportunity to read the document *Choice, Equality and Good Lives in Inclusive Communities* and I looked at the road map. I also had a lot of questions but I realize time is not on my side this afternoon, I was more in a panic after all the work I did I wouldn't get to ask one. So I'm going to try to be somewhat succinct in this.

In reading the road map document, I noted that a key aspect of the approach was the community advocacy and the collaboration with people in the community. Even in March 2014 when I referenced Hansard at the last standing committee, the witness specifically stated that we remain in contact with the original Joint Community-Government Advisory Committee that shaped the road map. There was quite a lot of acknowledgement of the trusted wisdom and the joint effort that was taking place during that time.

I note that in November 2014 that advisory committee was, I guess, disbanded. I sense from speaking with people in the community - and maybe you can correct me on this - that there has been a disconnect that has taken place between the advisory committee and government. I sense as well from listening to you today that many aspects of this road map have been derailed. For example in the timeline, I think a crucial aspect of the road map is the closing of institutions and relocating people into communities and the deadline on that - the moratorium on residential referrals is June 1, 2016. After what we heard here this afternoon, I don't believe that's realistic at all.

The other aspect of it I guess is about budget. I looked at the statement of mandate of 2015-16 and it shows that your entire budget is \$311 million. In 2014-15 it's \$311 million. So there is no money. It doesn't seem like there's any new money going forward on this.

I'm wondering, having said all of that, is this document still of relevance? Has there been a fundamental shift from this document into another type of program and another timeline?

MS. HARTWELL: As I said earlier, the intention - certainly my perspective - was never that the committee as it was would meet in perpetuity, but that the committee would have - with the tendering of the document, the committee's formal role would end. However, at that time and since, the need to have that committee and those people, because of who they are, because of what they helped accomplish and because of the expertise they bring, that they would continue to be involved, particularly until we had something more formalized and we kind of knew where we were going.

Like I said, there has been a subsequent meeting, but I will fully acknowledge that those are passionate, involved folks who have wanted us to move faster than we have, and have probably wanted to be involved in more conversations than they've been involved with. We've known that - and certainly my direction to staff was to build a foundation so that we're actually set up to be successful and to have something we can actually talk about with them.

I don't want to bring people back together and have no progress, so can we please focus on progress and planning and having ourselves set up to be successful and then move forward always with the idea that we are going to get to a place where people can be part of this again. So I would say strongly that the road map document is not only relevant, it continues to be the foundation of what we're doing.

Ninety-five per cent of what we said in the road map is exactly the way we're going. The timelines and the speed are the things that I think are different, as I said earlier. It's easy to look at all of the statements in the road map and ignore the fact that we all agreed that we can only move as fast as we can do so safely and we can do so in a way that moves us forward. We can't start closing things without places for people to go where they're going to have a better quality of life.

So we have kept the commitment. We are still working towards no new admissions to the larger facilities starting in June 2016. That remains our goal. Will those facilities close their doors and become vacant? No, I don't think so. We've invested too much in those bricks and mortars. Will we repurpose them for something? Yes, but will we admit people under our current model - June 16th? That's still what we're hoping to stop doing. Again, a slight time frame.

I wouldn't want people to think that what I think we've done is a realistic assessment - a 180 or a change in direction. We did at the committee, and certainly at tables that I've been at, talk a fair bit about progressive realization, which is a concept that we move as fast as we can towards the goals that we're trying to achieve. We're pretty clear on what it is that we're trying to achieve. The paper about inclusion, choice, equality, those things are what we're still working towards, but we are only able to go as much as we have the resources and we have the structures in place. It's not just about the money, even though I feel like I've talked about it a fair bit. It is about having the community-based supports available so that people can be part of their community. So there's that.

I would say that last year in our budget really, the only unexpected new money that we received was for this program, for us to have more community-based supports because we were able to make the case that it will make a huge difference in

the lives of a whole bunch of people so that's how we were able to create some of those new placements, really because we received about \$2.5 million in additional money for that.

MADAM CHAIRMAN: Ms. Mancini, do you have a - or are you good?

MS. MANCINI: I was just wondering if you have a detailed breakdown of the budget line for the program.

MS. HARTWELL: I don't have one with me but I would be more than happy to give you a breakdown. It should be on - I'm trying to think of the level of detail that's on the budget website. It's probably there but if not, we can certainly direct that for you.

MS. MANCINI: Okay, thank you.

MADAM CHAIRMAN: Ms. Eyking.

MS. PAM EYKING: I'm just curious, people with disabilities who go to the bricks and mortar buildings - we're focused on trying to get them back into the communities, back home where they more than likely want to be. But when they go to these buildings they're in the care of people who are interested and passionate about their care, they're trained professionals and they can turn it off at the end of the day.

I'm just wondering, you know we're focusing a lot on the supports for the people with disabilities but can you elaborate a little bit on what supports are there for the caregivers who more often are family members, what kind of education is there and what kind of support systems are there for them?

MS. HARTWELL: I will rely on Joe to jump in with some detail. I would say that our focus has really been on the clients, to be fair. Some organizations - I'm thinking of a couple in metro that are particularly strong, have a really strong relationship with families so they do provide support to families who sometimes this is new to them. It's a less formal curriculum, it really is that informal support.

There is a very active respite partnership in Nova Scotia of people who are trying to improve respite opportunities. Certainly our Direct Family Support program, our extended family support program, our Direct Family Support for Children program is all about respite. We know we have to do more. We hear some of the most heartbreaking stories of families that are at the edge of their ability to cope and in some cases, because our Direct Family Support program understandably is income tested, we have people who do not meet the income threshold - they may make just a bit too much - but if you factor in the cost of disability, they may actually not have a lot of capacity. So looking at ways to increase the respite capacity across the province is one small piece. But you're right, it's how we support families.

There are incredible networks of support groups for families. Some of the community-based organizations provide an incredible support role for families. There's a lot more we can do there.

I do worry a lot about the demographics of the province. We have an aging demographic, as you know, and we have a lot of people who have lived with their parents who are now 80 or 90, and they have never lived anywhere than with their family, and all of a sudden their parents' health comes into risk - and I think our wait-list is artificially small, actually, because those people aren't on a wait-list now and they actually are going to need our support very soon. So I think your point about families is one well taken.

MS. EYKING: Madam Chairman, just to elaborate on that a little bit, I think to provide the best care for the client, maybe some more focus could go on the family. Sometimes it's as simple as going in and teaching life skills to people, organizing meal preparation, how to lift a client, how to move a client around and supports in that way, even having lists on fridges and schedules to follow - simple little things like that that can make things go a lot smoother. So if there were people trained in the community to go into the homes and help with that, I think that would be really advantageous. Thank you.

MADAM CHAIRMAN: Ms. Treen.

MS. JOYCE TREEN: Thank you for your presentation and you do have a very big job. I was going to ask a little bit about the family because in my community, my constituency, that's where I witness most where the care takes place - the individuals with the disabilities are remaining with their families. I have to agree that they do need some more support. They do a great job, but they do need more support and I think respite is a key to that.

I'm going to ask, too, about community programs. What new investments in the last couple of years, or options, have been made towards that - community programs for putting people into the community? What investments have been made in the last couple of years?

MS. HARTWELL: So as I said, last year we were able to have about \$2.5 million that we could increase the capacity in our direct family support - alternative family support, independent living. That's how we were able to have 63 people move into community. I would say that as responsible budget managers, whenever we find an opportunity to reduce a cost, we will move it in.

For example, there was a service provider in metro who had a 10-bed facility, so not the ideal model but for folks had been living there for a while it was their home. We worked with the service provider to suggest that maybe smaller capacity would be more beneficial and to actually work with the clients - were there clients that could live more independently? So it went from a 10-bed to a four-bed and then with some other even more independent - like apartment-type pieces.

It was within the same fiscal envelope - back to my let's use the resources and twist them around to what we want them to be. So we took the resource out of what was a group home and turned them into more individual living supports. So when those opportunities arise we're all over them. It wasn't just that additional money - it's whenever we in the program have been able to make those changes. We've actually been able to do that in a couple of locations around the province so that has been very helpful.

MADAM CHAIRMAN: Mr. Harrison, I would never have intentionally skipped over you.

MR. LARRY HARRISON: I know that, Madam Chairman. There are a lot of individuals, a lot of families, who are really up against it financially. What would happen if a participant's financial needs reached a deficit position? What would happen then?

MS. HARTWELL: I'll just try to make sure I understand. For an individual over 19 - so as an adult, if it's an adult, we assess only the person. We don't assess the family. There would be many clients in our Disability Support Program who would have no form of income, no trust fund, and so they are at a deficit because they have no income or ability to meet their needs and so then they are part of our Disability Support Program, and they also receive income assistance through that program.

For children who are younger than 19 though, we do look at the family because I think there's an expectation that children provide some support towards their family - towards their children's care. In that case, we have had the situation where the family would appear to be fairly affluent if you were to compare in terms of low income, but the nature of their children's disability is so severe or they may have more than one child with a significant disability - the disability-related costs are so significant that they go into deficit. They, too, would qualify.

So we do take a look at some of those pieces, but by and large, I would say very few of the participants in our disability support program have a form of income other than those that are working in adult service centres, but they're generally not expected to contribute towards the cost of their care beyond that.

MR. HARRISON: I hope your road becomes smooth.

MS. HARTWELL: Thank you.

MADAM CHAIRMAN: So we have 15 minutes left in our meeting. I'm going to allow Ms. Peterson-Rafuse and Mr. Maguire for secondary questions, but then we'll have to wrap up. We do have quite a bit of committee business, so with the consent of the committee, I'd like to suggest that we extend about 15 minutes past three o'clock. Is that okay? All right.

MS. PETERSON-RAFUSE: Thank you, Madam Chairman, for recognizing the importance of the questions around the table. I think we all appreciate that.

The question I have is a follow-up on aging in place because we are in an aging crisis and that crisis is even more in terms of those with a disability and the service providers that are looking after them. I know that Mr. Rudderham mentioned about long-term care facilities. The issue around that is two-fold. Number one, there is no more investment at this point from the government level into new long-term cares; and number two, my discussion with the service providers is that

long-term care is not necessarily the best place for somebody who has a disability and have lived within that facility or in the community for many years.

The quick question is, we had supported a pilot project through Bonny Lea Farm to do a project on aging in place because a lot of their participants now are at that point or very soon at it. So it was not a costly pilot project. They got their first year in and then unfortunately when we had a new government, it was cut. I'm just wondering why and are you looking at specifically a pilot project in this province that works with the service provider to do an analysis of what needs to be put in place to support aging in place for those with a disability?

MS. HARTWELL: I couldn't agree more that aging in place as a concept is important and it's challenging. We have to look at it almost person by person because for some people - well for most of us - we want to age where we are and that's no different from people who live in a group home or people who live in a small options. They want to live with the people who are their family and they consider - and there will be a time, I think, for all Nova Scotians when remaining in the home may no longer be possible because of clinical needs.

Again, people with disabilities should not be treated differently, but because they may have a particular attachment to a place, we need to make sure that it really is an individual focus. You couldn't write a policy, in my mind, that could say, in these cases this person should remain and this person should go. I think it has to be down to the individual and based on their nursing care needs, what their long-term care needs would be.

I'm not aware of the Bonny Lea Farm one, but I will find out because I do know that we have been having conversations about this and it's a conundrum. We have a number of service providers. I'm thinking of a great service provider, Metro Regional Residential Services, who was telling me about a client who was in his 80s and the idea that he would have to leave to go to a nursing home because he had increased personal care needs seemed ridiculous. So we were able to provide additional personal care supports in situ that made perfect sense.

This was a gentleman who when asked what his annual desire was - what's your plan to accomplish this year? He said, "I want to go to Tim Horton's every day and I want a girlfriend." (Laughter) I don't think that's different from most people. Again, I think we need to respect the person and say, what is it that works for this person and their situation.

We have been talking about what we can do as service providers to explore more so I will get back to you on whether or not the Bonny Lea Farm pilot was considered and where that is.

MADAM CHAIRMAN: We're going to let you have some time for some closing remarks.

MR. RUDDERHAM: Just a point of clarification in terms of long-term placements. The deputy was right in terms of the intent that in June 2016 we wouldn't have any further placements in ARC/RRC model. The clarification is how we characterize it as long-term placements. In other words, we don't want a person to go to an ARC/RRC facility and that's where they're going to be for the rest of their life.

In the new model we made a side working with ARC/RRCs and working with advocacy organizations to decide that this particular structure - whether it's, for example, Riverview or Quest - it might become a stabilization centre where an individual would go in there for a period of time, receive the supports and services, training and help to get ready to move into a community-based option.

I don't want to preclude the fact that no one's going to go into an ARC/RRC facility in June 2016. The intent is no one is going to go there for the rest of their lives.

MADAM CHAIRMAN: Thank you so much. Ms. Hartwell.

MS. HARTWELL: Thank you very much for your kind attention to this and thank you to the folks who took the time out of their day to come and listen. I am really blessed to be in the position that I'm in and I think the Department of Community Services does amazing work - very challenging situations. I would say that of all of the things we face, I think this may be one of the biggest conundrums - how we actually turn this big ship.

I'm really delighted to be able to talk about it and to hear your comments and questions. If there's anything that comes up that you'd like more information on or if you have a constituency issue or anything that comes up, please feel free to

contact us. I believe, and I think the whole department believes, that we have an opportunity to do something really meaningful here and we really appreciate your support.

MADAM CHAIRMAN: Thank you so much. We really appreciate you being here and taking the time out of your day to explain the programs and the plan.

We are going to break until 2:55 p.m. and then I ask all committee members to be back seated at that time so we can get through our committee business as quickly as possible. Thank you.

[2:51 p.m. The committee recessed.]

[2:56 p.m. The committee reconvened.]

MADAM CHAIRMAN: If I could have all the committee members back to their seats, please. Mr. Maguire.

MR. MAGUIRE: Madam Chairman, I move that the following organizations and their representatives be approved to appear as witnesses before the committee at a future date in accordance with a schedule established by the clerk after consultation with the Chair: the Insurance Bureau of Canada, Amanda Dean, VP Atlantic; Housing Nova Scotia, Dan Troke, President and CEO; the Department of Finance and Treasury Board, the witness will be determined; the Nova Scotia Association of Community Living; the Cape Breton-Victoria Child Advocacy Society; the Nova Scotia Association of Social Workers; Habitat for Humanity, Marie-France LeBlanc; CMHC, the witness to be determined; Joseph Howe Manor, the witness to be determined; Red Door, Youth Health and Support Centre; Child Welfare Services; the Department of Community Services, Sarah Granke, provincial specialist; Nova Scotia Advisory Council on the Status of Women, Stephanie MacInnis-Langley; the Cape Breton Place Family Resource Centre, to be determined who the witness is; Halifax and Region Military Family Resource Centre, with the suggested witness to be determined; L'Arche Atlantic, Jenn Power; EPIC Youth Peer Centre, Barry Waldman; the Department of Community Services, Vicki Wood, Executive Director for Youth and Family Services; and the Department of Community Services - Housing Nova Scotia, Dan Troke, President and CEO.

MADAM CHAIRMAN: There is a motion on the table. Mr. Orrell.

MR. ORRELL: Out of all of those presented there, there are only two on that list that represent the wishes of the PC caucus. Do we get to pick the order on those?

MADAM CHAIRMAN: We're not discussing the order today. The motion is just to approve these witnesses.

MR. MAGUIRE: There are actually three from the PC Party.

MADAM CHAIRMAN: There are three from the PC caucus.

MR. ORRELL: And there are three from the NDP caucus as well? Normally the procedure was to go caucus for caucus so we all have equal representation and we could choose the order and the time.

MADAM CHAIRMAN: The order is not up for debate and we can definitely discuss the order of how these witnesses are going to appear.

MR. ORRELL: But traditionally we went caucus to caucus to caucus so we all got our people in there according to what we wanted to get in there. That hasn't happened in the last number of committee meetings that I've attended and I've only been here for four years.

MADAM CHAIRMAN: Mr. Orrell, this committee is separate from other committees and it's my intention to run it as fairly as possible. All of the witnesses that were put forward, in my understanding, by the caucuses have been listed by Mr. Maguire.

MR. ORRELL: Not all of them.

MADAM CHAIRMAN: We can discuss those that were not, but your point of having it be fair that you get the witnesses - all of the witnesses have been tabled into one motion.

MR. MAGUIRE: I would say the topics put forward are very wide-ranging and issues that impact all Nova Scotians. We have issues like housing, senior investment, sexual assault strategy, youth advocacy, foster parenting, resource centre, Nova Scotia Advisory Council on the Status of Women, child welfare services, Cape Breton-Victoria Child Advocacy Society, the Nova Scotia Association of Social Workers, community living. I mean, we're touching on everything here. There are 15 topics that we've put forward. It seems to me that everything is being dealt with here, so I don't see what the problem is and I'd still like to put that motion forward.

MR. ORRELL: These topics are the topics that the Liberal caucus has said that they want on this agenda. We've put ours forward and I feel as a member of this committee, as an MLA in this province, I speak for the members in my constituency and I also speak for the members in my caucus. For them to come in here and dictate to us . . .

MADAM CHAIRMAN: Order, please. The witness list was submitted to all caucuses a month ago. Every member of this committee had a list of each of the organizations that were put forward with the onus to then take it back to their caucuses and in that time had the ability to add witnesses at their discretion.

MR. ORRELL: You're not getting my point, Madam Chairman.

MADAM CHAIRMAN: I am getting your point, Mr. Orrell. I cannot penalize one caucus for submitting a larger number than the other caucuses. If this was an issue, then it should have been brought forward either directly towards me . . .

MR. ORRELL: Pardon me, but the issue at hand is as a committee member for the last four years that I've been here, we went caucus for caucus for caucus, equal representation on the topics that our constituents - my constituents, your constituents and her constituents - felt important to do, but also that our caucus felt important to do. To come in here and have one caucus put every group forward unequally - if there are 15 on there, we had four, they had two, that's six. Now there are nine other topics that are on there that we vote in order and we don't have the majority of the vote on it, our topics might not even get to the committee. So if we go order for order, present them according to the way it used to be, that's what my point of order is.

I'd like to see that you withdraw that motion or amend the motion so that we'll do the presentation as we used to do where each caucus gets a topic to present and we go in that order.

MADAM CHAIRMAN: Ms. Peterson-Rafuse.

MS. PETERSON-RAFUSE: I have to agree with my colleague here because the fact is that you only listed off two from the NDP. We have four that we put forward. As Mr. Orrell said, ever since these committees have existed, the whole philosophy of those committees is to allow each political Party to present the witnesses that they want to bring forward to do a presentation and have questions asked.

After all the generations that have taken place, this is the first government, and it has to be the Liberal Government that's trying to control what topics are going to be on there. We know that the topics that you're throwing forward, we do have questions on, but they're more your nice little fluffy topics. Tell me why . . .

MADAM CHAIRMAN: Order, please.

MS. PETERSON-RAFUSE: I'm asking for Dalhousie to be added to that. We want Dalhousie Legal Aid.

MR. MAGUIRE: I take offence to the sexual assault strategy being seen as nice and fluffy. As a former Minister of Community Services, you're going to sit there and say things like . . .

MS. PETERSON-RAFUSE: Come on now . . .

MR. MAGUIRE: Child advocacy and sexual assault strategy are fluffy topics?

MS. PETERSON-RAFUSE: They're your topics.

MADAM CHAIRMAN: Could I have order, please? It is my understanding that - could we just have the clerk remind us of which witnesses were requested by each of the caucuses?

MS. KIM LANGILLE (Legislative Committee Clerk): The list that you see.

MADAM CHAIRMAN: Can I ask a member from the PC caucus to state which witness they suggested that was not listed by Mr. Maguire?

MR. ORRELL: Number four on our list - Community Services Professionals responsible for maintaining the Child Abuse Registry - and the Nova Scotia Association of Social Workers.

MADAM CHAIRMAN: Social workers was listed by Mr. Maguire.

MR. ORRELL: I didn't see it on this list. Can you point it out to me?

MR. MAGUIRE: I can give you my list.

MR. ORRELL: It's got nothing to do with your list. This is the list that I was given.

MR. MAGUIRE: I named it on the record.

MR. ORRELL: It's not on this list here.

MR. MAGUIRE: If you go back through Hansard . . .

MR. ORRELL: That's new. This is the list we were given. It's not on that list.

MR. MAGUIRE: Nova Scotia Association of Social Workers - it was put on the record.

MADAM CHAIRMAN: We can have Hansard look that up, but the Nova Scotia Association of Social Workers was read by Mr. Maguire. Mr. Orrell, I feel like you're working under the assumption that we have only put forward Liberal witnesses, and that is absolutely not the case.

MR. ORRELL: That's not what I said, Madam Chairman. What I said was . . .

MADAM CHAIRMAN: The PC caucus put forward the Nova Scotia Association of Social Workers and Mr. Maguire read that group as well.

MR. ORRELL: . . . when these things go forward and we get to vote on them . . .

MADAM CHAIRMAN: Mr. Maguire.

MR. MAGUIRE: You can go back in Hansard - and I can appreciate what the member is saying, but the Nova Scotia Association of Social Workers was before it, it is one of the ones that is being voted on. Four topics were put forward by the Progressive Conservative caucus. Three of the four, a majority, have been put forward for topics. The one that has not been put forward, my understanding is because of confidentiality issues. It's not because it's a Liberal or Progressive Conservative or NDP topic. It's a confidentiality issue.

We are asking that the committee vote for the majority of these topics that the Progressive Conservative Party put forward. These are not Progressive Conservative or Liberal or NDP topics - these are topics for all Nova Scotians. I would just ask that maybe the member go back and visit the one that has confidentiality issues, take a look at it, and maybe he could present it at a different time.

MR. ORRELL: If I may. I've been on the last committee that we had with the HR Committee and the Economic Development Committee. The Liberal Party put forth their numbers (Interruption) Madam Chairman, I'm having my time to speak. We'll get to vote on these topics - for sure we will. We do not have a majority on these topics. If they'll guarantee me that the three topics they put forward for the Progressive Conservative Party will get done in this committee, then I'm all for . . .

MR. MAGUIRE: We're voting on it.

MR. ORRELL: I'm just asking. You guys will guarantee me that those topics will get presented to this committee, then I'm okay.

MADAM CHAIRMAN: Can I have order? I have to admit to this group that I'm not familiar with what's happening in other committees. I'm only familiar with this committee.

MR. ORRELL: You sat at the last HR committee when this happened.

MADAM CHAIRMAN: No, actually . . .

MR. MAGUIRE: Madam Chairman, he's changing his argument.

MR. ORRELL: My argument was that we all get to present our groups and have them present to the committee.

MR. MAGUIRE: Madam Chairman, can I just respond to that?

MADAM CHAIRMAN: Mr. Maguire.

MR. MAGUIRE: He's changing his argument. First he said that . . .

MADAM CHAIRMAN: That's neither here nor there. Right now the issue that's at hand that Mr. Orrell is putting forward - please just give me a moment - is the concern that the witnesses suggested by the PC caucus will not be scheduled. What I am saying - so they are approved - is that correct, Mr. Orrell?

MR. ORRELL: If they are on that list and they'll approve them . . .

MADAM CHAIRMAN: You understand that they have been listed to be approved as witnesses . . .

MR. ORRELL: That wasn't my argument.

MADAM CHAIRMAN: But your issue is with scheduling. What I'm saying to you is we are not talking about scheduling. It is our intention to have all of the witnesses that we've put forward on this list appear before the committee.

MR. ORRELL: Fifteen witnesses on the schedule - what happens if something changes over the next number of years?

MADAM CHAIRMAN: If something changes then we put forward an emergency meeting - 100 per cent - as has been the case.

MR. ORRELL: Guarantee us our presentations and I'll go along with the motion.

MR. MAGUIRE: We're going to vote to approve the majority of your topics. The one that we're not is because of privacy/confidentiality issues.

MADAM CHAIRMAN: Ms. Peterson-Rafuse.

MS. PETERSON-RAFUSE: Thank you. First of all, I want to clarify that in all my years that I was working as a minister, every one of those issues was serious to me. What I am trying to - maybe I used the wrong word, but I'm going to clarify what it's about is where it's a Liberal safe house for you because you're doing a little bit of work on it, that's why you want it brought (Interruptions) Never mind, there's no sense in discussing that.

The problem we're having is that we have four topics we put forward and only two were selected and that is not a fair system. As Mr. Orrell has said, the fact is this committee always rotated amongst Parties. That is the basis for having these committees so each Party has the opportunity to bring forward concerns from their constituents and concerns from people in the Province of Nova Scotia.

I would like to pass along to my colleague to offer a motion of amendment to clarify also who makes the decision of what topic is being presented because right now in this motion, it's just given to the chairman and not a discussion amongst the

committee.

MR. MAGUIRE: I just want to go back and repeat that I don't think any of these issues are Liberal safe issues. The sexual assault strategy, advocacy . . .

MS. PETERSON-RAFUSE: Well why don't you let us have our issues.

MR. MAGUIRE: I let you speak, let me speak - child advocacy, resources for military families, family resource centres - none of these are Liberal safe issues. There is a motion on the floor and I'd like put forward . . .

MADAM CHAIRMAN: We have two minutes until our allotted time comes. We'll have to agree to extend until 3:30 p.m. because we do have a number of items apart from agenda setting that we have to talk about. There is a motion on the floor. I will give Ms. Mancini an opportunity to present an amendment to this motion.

MS. MANCINI: I would like to amend the motion that was put forward. In the courtroom we would say, "my friend", but I would also like to say it here as well. I'll just read through the motion as put forward by the vice-chairman, Mr. Maguire:

"I move that the following organizations and their representatives be approved to appear as witnesses before the committee at a future date in accordance with a schedule established by the clerk after consultation." I would ask that consultation with the Chair be replaced with the following language that it would be - "after consultation with the committee and the witnesses" - and would also like to add, "and ensuring there is a rotation to the scheduling of witnesses proposed by each caucus."

MADAM CHAIRMAN: Could we possibly have that passed out to us so that we can see the wording of it?

MS. MANCINI: Yes.

MR. MAGUIRE: Can I just say something quickly? We're not turning down issues. It got a little heated. We do appreciate that all these topics are important. These topics were not turned down because they're Liberal, NDP or Progressive Conservative. I can't stress that enough. These topics were turned down for confidentiality reasons. I want to clear that up to the former Minister of Community Services that the topics we turned down were for confidentiality reasons. Like I said to the Progressive Conservative member, we approved everything that we could approve from him.

MR. ORRELL: So we'll vote on rotation?

MADAM CHAIRMAN: Ms. Mancini.

MS. MANCINI: I'm just wondering, in terms of the four topics, which one - it was the Dalhousie Legal Aid. I guess I'm not sure what the privacy issue is.

MR. MAGUIRE: We're just waiting for the motion

MR. ORRELL: Madam Chairman, who decided that the topics were rejected for privacy issues? Was that our legal people? I don't see anything from the NDP's caucus or our caucus that would have a privacy issue. Who decided that?

MADAM CHAIRMAN: I believe that in consultation with the department, the witnesses as listed would have cause for a breach of confidentiality.

MS. PETERSON-RAFUSE: May we have that in writing from legal counsel? I don't want a decision being made here that Dalhousie Legal Aid does not have an opportunity to be a witness and speak about ESIA transformation based on what people think the discussion was. If it is a privacy issue, and there is a privacy law then this committee has to follow laws and we will respect that, but if there is no law against Dal Legal Aid coming - we would like to know who was consulted and we'd like to have the legal interpretation of Dal Legal Aid being here as a witness and why they can't be here.

MADAM CHAIRMAN: We can definitely take that back to the committee. So we have an amendment put forward by Ms. Mancini, if you would like to read it again.

MS. MANCINI: Do you want me to read the whole entirety?

MADAM CHAIRMAN: If you could just read your amendments.

MS. MANCINI: Where it states, “after consultation with the Chair”, I would ask that be deleted and changed to “after consultation with the committee and the witnesses”, and “ensuring there is a rotation to the scheduling of witnesses proposed by each caucus”.

MADAM CHAIRMAN: There is an amendment put forward on the floor. Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The amendments are defeated.

MR. ORRELL: There you go.

MADAM CHAIRMAN: We have a motion on the floor. Mr. Maguire, could you please re-read your motion.

MR. MAGUIRE: I move that the following organizations and their representatives be approved to appear as witness before the committee at a future date in accordance with the schedule established by the clerk after consultation with the Chair: Insurance Bureau of Canada, Amanda Dean, VP Atlantic; Housing Nova Scotia, Dan Troke, President and CEO; Department of Finance and Treasury Board with the suggested witness to be determined; Nova Scotia Association of Community Living; the Cape Breton-Victoria Child Advocacy Society; the Nova Scotia Association of Social Workers; Habitat for Humanity, Marie-France LeBlanc; CMHC, with the witness to be determined; Joseph Howe Manor, with the witness to be determined; The Red Door Youth Health and Support Centre, with the witness to be determined; Child Welfare Services; Department of Community Services, Sarah Granke, provincial specialist on sexual violence strategy; Nova Scotia Advisory Council on the Status of Women, Stephanie MacInnis-Langley, Executive Director; the Cape Breton Place Family Resource Centre with suggested witness to be determined; Halifax and Region Military Family Resource Centre with the witness to be determined; L’Arche Atlantic, Jenn Power, regional leader; EPIC Youth Peer Centre with the witness being Barry Waldman; Department of Community Services, Vicki Wood, Executive Director of Youth and Family Services; Department of Community Services and Housing Nova Scotia, Dan Troke, President and CEO.

MR. ORRELL: On a point of order.

MADAM CHAIRMAN: We have a motion on the table. Would all those in favour of the motion please say Aye. Contrary minded, Nay.

MR. GORDON HEBB: You have to let him speak.

MADAM CHAIRMAN: Mr. Orrell.

MR. ORRELL: I have a point of order. The normal procedures of this committee that have been used for the last 25 years that I know of are now being violated. The chairman, the member, all the people on that side of the committee - the long practice of members advocating for our constituents and having that agenda put forward by our caucuses is being violated. You failed to recognize me when I clearly indicated I wanted to address the committee.

I want to see that the member withdraw their motion and revert to the method for choosing agenda items that has been used for years until the Standing Committee on Assembly Matters has met and addressed this issue.

MADAM CHAIRMAN: We have a point of order to be voted on . . .

MR. MAGUIRE: Madam Chairman, there is a motion on the floor.

MR. ORRELL: You have to rule on the point of order.

MADAM CHAIRMAN: I rule against that point of order. I don’t believe that is the case or the intent.

MR. ORRELL: Can we get a legal consult on that, Madam Chairman?

MADAM CHAIRMAN: We have a motion on the floor. Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

We have a number of items left on our agenda today. If we could look at correspondence received to the committee. I believe everything was circulated by the clerk and you should have them in front of you. We received correspondence from the Department of Community Services. It was a response to the committee's letter resulting from the March 3rd meeting. We received correspondence from Housing Nova Scotia, which was a response to the Face of Poverty consultation.

We received correspondence from the Collaborative Partnership Network - information that was requested from the June 2nd meeting. For that piece of correspondence we do need to approve its publication onto the website. Is there agreement that the Collaborative Partnership Network correspondence be posted to the website?

It is agreed.

We have received a letter from the Department of Education and Early Childhood Development, which was a response to our letter resulting from the March 3rd meeting. We have a request to appear by Kendall Worth. It's my understanding that we don't typically allow individuals to come and present. Is there any discussion on that? So we won't entertain that request.

Prior to this meeting we received a request to appear from the Community Homes Action group. I'd like to defer this to our next meeting and give everybody the opportunity to read that correspondence. I think it came in a little bit too late.

MR. ORRELL: Why refuse one and defer the other? Can we defer Mr. Worth's too so we have a chance to bring that back to our caucus?

MADAM CHAIRMAN: We've had Mr. Worth's correspondence for quite some time, which is why I brought it up at this meeting.

MR. ORRELL: We just had it this morning.

MADAM CHAIRMAN: That's actually not the case, but that's fine. Anyway, I believe that's it. We do have to have the annual report signed. That was circulated by our clerk a couple of weeks ago. Everybody has a digital copy of it.

Could I have a motion to approve the annual report? Moved by Mr. Maguire. Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

So if we could have members sign that, that would be wonderful. If there is no further business I move that the meeting be adjourned.

[The committee adjourned at 3:24 p.m.]