



Legislative Assembly of Alberta

The 28th Legislature
First Session

Standing Committee
on
Families and Communities

Ministry of Human Services
Consideration of Main Estimates

Wednesday, April 10, 2013
8 a.m.

Transcript No. 28-1-10

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First Session**

Standing Committee on Families and Communities

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Fritz, Yvonne, Calgary-Cross (PC)
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Standing Committee on Families and Communities

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Ministry of Human Services

Hon. Dave Hancock, QC, Minister

Hon. Frank Oberle, Associate Minister of Services for Persons with Disabilities

Brenda Lee Doyle, Assistant Deputy Minister, Disability Services

Karen Ferguson, Assistant Deputy Minister, Early Childhood and Community Supports

Mark Hattori, Assistant Deputy Minister, Child and Family Services

Steve MacDonald, Deputy Minister

Susan Taylor, Assistant Deputy Minister, Family Violence Prevention and Homeless Supports

8 a.m.

Wednesday, April 10, 2013

[Mr. Quest in the chair]

**Ministry of Human Services
Consideration of Main Estimates**

The Chair: Well, good morning, everybody. Does anybody else feel like they were just here? I should have probably just slept in the chair. Welcome.

I'd note that the committee has under consideration the estimates for the Ministry of Human Services for the fiscal year ending March 31, 2014.

I'd remind members that the microphones are operated by *Hansard*. Just keep the BlackBerrys away from the mikes.

We'll go around for introductions, starting to my right.

Mr. Strankman is going to officially be the deputy chair this morning. Notice went in a little bit late, but I've got him up here with me. He'll help me with the speakers list and so on this morning. You should introduce yourself anyway.

Mr. Strankman: Thanks, Mr. Chair. Rick Strankman, subbing for Heather Forsyth. I'm the MLA for Drumheller-Stettler.

Mr. Fraser: Rick Fraser, Calgary-South East.

Dr. Swann: Good morning, everyone. David Swann, Calgary-Mountain View.

Ms DeLong: Good morning. Alana DeLong, Calgary-Bow.

Mr. Jeneroux: Good morning. Matt Jeneroux, Edmonton-South West.

Mrs. Leskiw: Good morning. Genia Leskiw, Bonnyville-Cold Lake.

Ms Jansen: Sandra Jansen, Calgary-North West.

Ms Doyle: Hello. Brenda Lee Doyle, assistant deputy minister, disability services, Human Services.

Mr. Oberle: Good morning. Frank Oberle, MLA for Peace-River and associate minister.

Mr. Hancock: Good morning. Dave Hancock, Minister of Human Services, Edmonton-Whitemud.

Mr. MacDonald: Good morning. Steve MacDonald, Deputy Minister of Human Services.

The Chair: Steve, we'll just stop you right there.

Ministers, if I could get you to introduce your staff or have your staff introduce themselves in the back there. If you could stand up also just so that we can put a name to the face.

Mr. Hancock: Certainly. We have with us today, in addition to Deputy Minister MacDonald and Assistant Deputy Minister Brenda Lee Doyle, Donna Ludvigsen, ADM, employment and financial supports; Andrew Sharman, ADM, safe, fair, and healthy workplaces; Mark Hattori, ADM, child and family services; Susan Taylor, ADM, family violence prevention and homeless supports; Karen Ferguson, ADM, early childhood and community supports division; Carol Ann Kushlyk, ADM, corporate services and senior financial officer; Lana Lougheed, chief strategy officer; Lori

Cooper, chief delivery officer; from my office, Craig Loewen, my press secretary; from Frank's office, Mike Simpson. What do you call him?

The Chair: Just Mike.

Mr. Hancock: And Wendy Rodgers, who's joined my office in the last couple of days.

The Chair: Okay. Great.

I'll ask you, folks, if you do come up to the podium to answer a question, if you could read your name into the record, please, before you answer the question.

Sorry, Mr. Wilson. We'll carry on with you.

Mr. Wilson: Jeff Wilson, Calgary-Shaw. Good morning.

Mr. Pedersen: Good morning. Blake Pedersen, Medicine Hat.

Mr. Bikman: Gary Bikman, Cardston-Taber-Warner.

Mrs. Jablonski: Good morning. It's nice to see all these familiar faces. Mary Anne Jablonski, Red Deer-North.

Mrs. Fritz: You're right, Mary Anne. Good morning, everyone. Yvonne Fritz, Calgary-Cross.

Dr. Brown: Neil Brown, Calgary-Mackay-Nose Hill. On behalf of the hon. Member for Edmonton-Centre I would like to welcome everyone back to the fabulous constituency of Edmonton-Centre.

Mrs. Dacyshyn: Corinne Dacyshyn, committee clerk.

The Chair: Dave Quest, MLA, Strathcona-Sherwood Park, chair of this committee.

Hon. members, as you know, the Assembly approved amendments to the standing orders that impact consideration of the main estimates. Before we proceed with consideration of the main estimates for the Ministry of Human Services, I would like to review the standing orders governing the speaking rotation.

As provided for in Standing Order 59.01(6), the rotation is as follows. The minister may make opening comments not to exceed 10 minutes. For the hour that follows, members of the Official Opposition and the minister may speak. For the following 20 minutes after that, members of the third party and the minister may speak. Then for the 20 minutes following that, the member of the fourth party and the minister may speak. Then for the 20 minutes following that, private members of the government caucus and the minister may speak. Then any member may speak thereafter. We'll rotate opposition and government.

Members may speak more than once; however, speaking times are limited to 10 minutes at any one time. A minister and a member may combine their time for a total of 20 minutes. Members are asked to advise the chair at the beginning of their speech if they plan to combine their time with the minister's time.

Once the specified rotation between caucuses is complete and we move along to the portion of the meeting where any member may speak, the speaking times are reduced to five minutes at any one time. Once again, a minister and a member may combine their speaking time for a maximum total of 10 minutes, and members are asked to advise the chair at the beginning of their speech if they wish to combine their time with the minister's time. That's pretty much been the norm up until now.

Six hours have been scheduled to consider the estimates of the Ministry of Human Services. With the concurrence of the commit-

tee I will call a five-minute break near the midpoint of the meeting. It will be around 9:30.

Committee members, ministers, and other members who are not committee members may participate. Members' staff and ministry officials may be present, and at the direction of the minister officials from the ministry may address the committee.

As noted in the Speaker's memorandum of March 22, I'd like to remind all members that during main estimates consideration members have seating priority at all times. Should members arrive at a meeting and there are no seats available at the table, any staff seated must relinquish their seat to the member.

If debate is exhausted prior to three hours, the ministry's estimates are deemed to have been considered for the time allotted in the schedule, and we will adjourn; otherwise, we will adjourn at 11 a.m.

Points of order will be dealt with as they arise, and the clock will continue to run.

Any written material provided in response to questions raised during the main estimates should be tabled in the Assembly for the benefit of all members.

Vote on the estimates is deferred until consideration of all ministry estimates has concluded and will occur in Committee of Supply on April 22.

If there are amendments, an amendment to the estimates cannot seek to increase the amount of the estimates being considered, change the destination of a grant, or change the destination or purpose of a subsidy. An amendment may be proposed to reduce an estimate, but the amendment cannot propose to reduce the estimate by its full amount.

Vote on amendments is deferred until Committee of Supply on April 22, 2013.

Written amendments must be reviewed by Parliamentary Counsel prior to the meeting at which they are to be moved. Twenty-five copies of the amendments must be provided at the meeting for committee members and staff.

I would also like to welcome to the meeting now Ms Notley, Mr. Goudreau, and Mr. Young. Did I miss anybody? Oh, I'm sorry. Mrs. Towle also. Good morning.

Okay. With that, Minister, whenever you're ready, we'll invite you to begin your opening remarks.

Mr. Hancock: Thank you, Mr. Chair. It is a privilege to be here to talk about the exciting things that are happening within the Department of Human Services working collaboratively with other departments, including Health and Education and others, that work so hard to support Albertans through their times of stress and to make sure that every Albertan has the opportunity to be successful.

I'm proud to be here with my associate minister, Frank Oberle. I kid him about the fact that he has all the difficult parts of the department, but I appreciate him for the fact that he keeps me out of the paper. We have divided things up, so as we go through the estimates, Frank will deal with issues relative to persons with developmental disabilities and, essentially, the disability side of the portfolio.

We have in total 7,600 staff across the province who work together to help create a province where every Albertan lives in dignity and respect and has the opportunity to reach their full potential. And 7,600 staff is approximately one-third of the civil service, so it's a department that has far-reaching impact. It's a department which has gone through a significant amount of adjustment and change as we've brought Human Services together and, I think, a department which is actually, as our internal slogan says, better together. We've achieved a lot of work both in terms

of efficiencies and in terms of being able to work together to achieve the successes and the outcomes that Albertans want.

I'd just point out that I introduced the department's ADMs and senior ADMs already. We have now nine ADMs, including the two senior officers, and we also have, of course, the WCB, the WCB Appeals Commission, the Labour Relations Board, the Occupational Health and Safety Council, 10 CFSAs, six PDD boards, the Premier's Council on the Status of Persons with Disabilities, the Premier's Council on Alberta's Promise, the Interagency Council on Homelessness as well as a significant number of appeal panels across the province, and, of course, the Youth Secretariat. So it is a very large and significant body of people, both employees and people working in a volunteer capacity or with honorariums on a number of boards and commissions across the province.

8:10

Premier Redford created Human Services in response to Albertans' call for better co-ordination and co-operation within and beyond government to address the issues that Albertans have with respect to living in dignity and respect and the opportunity to achieve their full potential and to achieve better outcomes. Human Services assists Albertans in creating conditions for safe and supportive homes, communities, and workplaces so that they have the opportunity to reach their full potential. We work collaboratively with community, industry, and business partners to deliver citizen-centred programs and services that improve quality of life.

I mentioned and introduced all the ADMs. I want to mention on the record right out front that this work could not happen without the excellent leadership that's provided in this department not by myself or, with all due respect, by Frank but by the senior executive team. They have done yeoman service in bringing together elements of five departments in government, bringing them together in a way in which we actually saw almost from day 1 changes in service delivery, changes in outcome focus, and better results for Albertans. That's as a result of the Premier's vision, but it doesn't happen unless you have an excellent leadership team who engender confidence and trust with the rest of the team. They've been working very hard on that and achieving, I think, a great deal of success.

One of the most important responsibilities that we had early in our mandate was to engage Albertans in a discussion on creating a social policy framework. Communities, nonprofit groups, government, businesses, and individuals sought clear direction and consensus about the results Albertans need and the strategies, roles, and responsibilities necessary to achieve them. In 2012 we supported one of the most collaborative, community-driven, and transparent consultations in government's history. More than 31,000 people helped create Alberta's social policy framework through in-person discussions in communities and online through blogs, surveys, and wiki. This included aboriginal elders, business leaders, nonprofit organizations, community groups, service delivery agencies, elected officials, municipalities, government staff, individuals passionate about our province, and people at the front end of the service delivery system, people who actually use the system in many ways.

In creating the new framework, Albertans have envisioned a renewal of the social policy with a system-wide focus on co-ownership, collaboration, and transparency. Indeed, one of the key pieces, going forward, out of the social policy framework is that social issues have to be owned by the community. This is not something that government can wave a magic wand over or can legislate success on. It's something that has to be identified as

important to a community, and then individuals and communities have to work together to solve those. Yes, all of us have a role to play in that, but that's an important front end.

The social policy discussion has encouraged all parts of society to work together using shared principles to achieve common goals, including protecting vulnerable persons, reducing inequality, increasing collaboration, and creating person-centred delivery and decision-making aimed at positive outcomes for clients and their families. The framework will support transformational change as the primary influence on our decision-making and priority setting for the next two decades. It will absolutely guide everything we do with communities to make a positive difference in the lives of Albertans.

Alberta's social policy framework also helped us to determine our priorities for our 2013 budget and business plan. At \$4.3 billion the ministry's budget is a significant investment in families and communities. It's a hold-the-line budget that ensures that we will live within our means and use tax dollars effectively to achieve results. Focused on supporting vulnerable Albertans, including children at risk, adults with disabilities, and the homeless, it will help drive responsible change on how we can best serve Albertans as our province continues to grow and change.

Highlights include a \$45.6 million increase in funding for AISH. The AISH caseload is expected to increase by at least 5 per cent this year. The new funding allows us to provide financial and health assistance to about 47,000 people.

The persons with developmental disabilities program budget has also gone up. A \$5.5 million increase will support the transition to a new service delivery system. There is, however, a significant reduction of \$38 million in community access supports. This is primarily due to the fact that in 2013 we're moving away from sheltered workshops and day programs, programs that are not getting the outcomes we're looking for and, in fact, sometimes keep individuals apart from the community. We will work with service providers who offer these types of programs to move towards an employment focus and meaningful community inclusion activities. We're working to make the program more sustainable, with a more acute focus on the needs of individual clients; in short, moving from a diagnostic system to a needs-based system. We will continue to work with families and community partners to achieve positive outcomes for Albertans with disabilities, ensuring they and their families receive timely supports across their lifespan.

There's also been a \$3.5 million increase for the office of the Public Trustee to help address challenges identified in the Auditor General's report, including a caseload backlog, and to strengthen financial controls in areas that, I might say, have been under way for some time.

Child intervention. The \$16 million more for child intervention, including a \$7 million increase for foster care support, will help keep children and youth safe and well cared for. The funding will support more than 5,400 foster child placements. Our goal, however, is to help keep families strong and to prevent a crisis from happening. We want to reduce the number of kids coming into care and shorten the length of time that they stay in care.

Investments in homelessness support total \$111 million, which is an increase of \$1.2 million from last year, and will assist us in providing homes for about 1,800 Albertans this year and fund more than 3,200 spaces in emergency and transition shelters.

Under Budget 2013 the funding for child care: approximately \$270 million. Ensuring Albertans have access to quality and affordable child care is a key priority and gives families more opportunity to participate in Alberta's workforce and help grow the economy; in short, trying to assist Albertans to get better

incomes. Helping themselves to improve their own position is the key to success. The \$6.7 million more for subsidies will help more lower income parents with the cost of child care. Critical to the whole poverty reduction strategy is to help people move their income earning potential up.

Like all ministries, we were asked to examine our business and ensure that we're using our budget as effectively as possible to get the best results possible for Albertans. We set priorities, and we made difficult choices. The quality funding grant program for daycare ends this year. That will save about \$7 million. The grant was put in place in 2003 to help operators with the cost of purchasing toys and equipment and to encourage programs to become accredited.

There's much, much more that could be said about this department.

The Chair: And we have another – what? – five hours and 40 minutes to talk about the much, much more, so we should be okay.

Dr. Swann, I apologize. When I was making my opening comments about not seeing anybody from the third party, I didn't realize you were at this end of the table. I'm used to looking at the far end.

Mr. Wilson, you're a critic today, so you have an hour to ask questions of the minister. You'd like to go back and forth?

Mr. Wilson: Yes, please.

The Chair: All right. Very good. Whenever you're ready.

Mr. Wilson: Great. Thank you. Thank you all for being here today. I do appreciate it, and I look forward to the dialogue. I just want to, before we get started, suggest that if at any point during an answer I do interject or interrupt, it's not in any way, shape, or form a means of disrespect. It just might be that I've already received the information that I was looking for during the question.

Mr. Hancock: Any time I interrupt, then, it's because I want to give you more.

Mr. Wilson: Fair enough. I appreciate that.

I'm happy that you started with the social policy framework. It was a major plank in what Human Services had done over the last year. You did a masterful job of selling it to the nonprofits, to the community, and as you mentioned, you were able to obtain substantial buy-in. The process of data collection was reported to have cost taxpayers close to half a million dollars, I think about \$450,000. Can you quantify how much your ministry spent in total on the project, including the salaries of the government staff who worked on it?

Mr. Hancock: Not off the top of my head. We could take a look at that and see whether it's an easy number to get together. I'm not a person who really likes to spend an awful lot of money looking at stuff like that. I mean, we have people – we've devoted a section in the department to policy planning – and they've been dedicated to it, so we may be able to sort of put a circle around who was involved in that project and what that meant. If we can do that relatively easily, I don't mind accomplishing that. The approximate number is \$1.2 million.

8:20

Mr. Wilson: In addition to the \$455,000?

Mr. Hancock: It's inclusive.

Mr. Wilson: Okay. Great. Thank you.

Can you help me understand how this budget squares with priority initiative 3.1 in your business plan, which is central to eliminating child poverty in five years? I will also note that the number one priority of Albertans as identified in your social policy framework was far and away the elimination of child poverty and was also one of the many commitments your leader made in both her leadership bid and the provincial election last year.

Not only is there not a single performance measure in your business plan directly related to this, but it also begs a couple of other questions. Why is there no performance measure related to it? What is your ministry doing to reduce child poverty? Do you believe that you'll be able to fulfill the Premier's promise of eliminating it in five years?

Mr. Hancock: Well, I guess the short answer is that everything we're doing is working towards eliminating child poverty. If you take a look at the way Human Services is created, right from one end to the other it's about how we help families be strong; how we assist people through difficult times, which is what causes family breakup and hardship; how we support families who have children with disabilities, which is where one of the challenges comes in for families in poverty; how we assist people in getting jobs and getting better jobs so that they can actually move up the income scale. One of the challenges in eliminating poverty is, of course, income. Some people suggest that you can legislate that by raising the minimum wage, but the reality is that you actually have to help people get better jobs and a livable wage. So everything we do goes towards child poverty.

The social policy framework was an important piece of bringing the community together to show that these things are all part of the way forward in terms of a common direction. The next step is to define the poverty reduction strategy. I think there are 12 communities now that are already working on defining poverty reduction strategies. That's important because, as I said earlier, it has to be community based. It cannot be top-down driven.

Mr. Wilson: Sure. Specific to the budget, Mr. Minister, you talk about employment opportunities, yet in the budget, again, there are numerous cuts to many of the employment programs and initiatives. Again, I'm just trying to square how those two goals meet.

Mr. Hancock: Well, first of all, they meet by planning your work and working your plan. The first part of a poverty reduction strategy is to engage people in that discussion about how we're going to achieve that, and that's ramping up now.

Mr. Wilson: How will you measure it?

Mr. Hancock: How you define it, how you achieve it, and how you measure it: all very important. To go back to your business plan goal, why would you write your measures of success until you've had the discussion with the community about what they are? That's what we need. That's the next piece of work that has to happen, a very comprehensive piece of work.

Mr. Wilson: So we can expect to see some specific performance measures in next year's business plan around the elimination of child poverty?

Mr. Hancock: I would anticipate that we would have, yes. I can't speak to exactly what will be in next year's business plan. I wouldn't want to speculate on it, but I would anticipate that we

will move through, as we did with the social policy framework, this poverty reduction discussion, bringing together the work that's happening in I think 12 communities already across the province and creating what the measures of success will be.

Mr. Wilson: Okay. Great.

Moving into child intervention, last year 67 per cent of children in care were aboriginal. This year the number is 68 per cent. This is obviously still a very serious issue facing Alberta, specifically your ministry, when it comes to resource allocation. Can you comment, first off: is this due to a reduction in nonaboriginal children in care, or have the actual numbers of aboriginal children in care gone up?

Mr. Hancock: Actually, we've had a 3 per cent decline in the number of aboriginal children in care, so we're trending in the right direction now. We've turned the corner on that, I believe. The reason why the percentage seems high – you're right – is that the number of nonaboriginal children in care is going down faster than the number of aboriginal children in care.

But we have turned the corner on that. Part of that is because of building better relationships and understanding: how do we find the permanent homes? That has always been the block in getting aboriginal children out of care, finding that permanent placement for them. That's working better relationships with the First Nations. We have 38 band designates, so there's a lot of work going into that piece because that's essential. You can't bring down the number of children in care unless you can either repatriate them with their families or find some other permanent living for them.

Mr. Wilson: Okay. Great.

Now, last year you had suggested that your ministry needed to find a way to get past jurisdictional issues with First Nations, and during the Q and A at Public Accounts Mr. MacDonald suggested that you were in discussions with the federal government and chiefs about a memorandum of understanding to ensure better outcomes for First Nations children. Where does this stand today, has the MOU been signed, and what outcomes can we expect as a result of it?

Mr. Hancock: Let me correct the earlier number. It's 32 band designates.

No, the memorandum of understanding has not been signed. There's still discussion happening around it, but that's not stopping the work forward in terms of the relationships. One of our ADMs has been consciously engaged in a community discussion across the province. We've had many, many platforms in terms of which we can build those relationships, not just with the First Nation leadership but also with the communities, and that's extremely important.

Mr. Wilson: Okay. What specific areas has your aboriginal policy and initiatives division worked on to address overrepresentation of aboriginal children and youth in care?

Mr. Hancock: Well, the ADM, as I've said, has been working very significantly in engaging aboriginal people and communities in that discussion. I've attended a number of the sessions that she's been directly engaged with, and that's been of very significant value. In order to deal with the issues that we've got as a community and as a society, we have to talk to the people who have the issues. Their stories are amazing. You really have to get right to that level, again, to deal with the root causes of the problems.

You know, we have a significantly growing urban aboriginal population, and we need to deal with the mobility of that population. It moves around significantly. How do you deal with the issues of people who are not rooted in a particular spot and have a number of significant issues? That work has been powerful, actually. We're certainly doing the research in terms of what's been effective elsewhere, what the literature says about where it's going. Our community conversations, as I've said, have been very powerful.

Our child and family engagement process, a very important piece: that's the significant area of problem for us. If we want to deal, firstly, with aboriginal children in a culturally sensitive way, if we want to ensure that they at the first instance have the opportunity to be back with their families, their communities, and their First Nation, we have to have those relationships. We have to find the right people for kinship care, foster care, and permanent care.

So those things have been going on. Creating the partnerships and sustaining relationships is the other piece.

Mr. Wilson: Great.

What sort of training do our front-line workers in the child intervention system receive specific to aboriginal awareness and dealing with First Nations families? How much does your ministry have budgeted for this to take place this year?

Mr. Hancock: I'll ask Mark Hattori, who's the ADM in that area, just to talk on the training piece – I mean, obviously I'm not doing that on the front lines – rather than give you my overview.

Mr. Hattori: Every child intervention caseworker that comes into the system is required to take what's called delegation training. There are six modules, one of which is a six-hour module on working with aboriginal communities.* Now, it isn't cultural competency training per se, but it is about understanding the aboriginal communities in Alberta and across the country and how you do need to respect the protocols and the traditions of each of those communities in terms of their uniqueness.

Mr. Wilson: Can you quantify just how much money for that specific module is being spent this year?

Mr. Hattori: I don't have those figures, but we can get that.

Mr. Wilson: That would be great. I'd appreciate that.

Mr. Hancock: The other piece that's important is not just training people but recruiting people. Recruiting aboriginal people to work with aboriginal communities is an important part. I mentioned the band designate piece. There are a lot of support pieces as well to help not only to recruit aboriginal people to work in the front end but to support people to help those workers and all the workers in that engagement.

8:30

Mr. Wilson: Great. Thank you.

Last year you moved 30 front-line child intervention workers into supervisory positions, and you also suggested these 30 would be your most experienced people. Has this move been able to achieve the intended goal of strengthening support to the front lines, and have those 30 front-line positions that were vacated been filled?

Mr. Hancock: I understand not all of them have been filled.

The concept is an important one. This front-end work in children's services is extremely difficult work. It's important

work, and the people who are there need to have the support of their colleagues. So to work in teams with an experienced supervisor is an extremely important piece.

Mr. Wilson: I fully understand that dynamic. Is it safe to say, then, that the caseload for front-line workers has gone up? I believe last year it had gone up by 4 per cent. Has it remained static, or has it changed?

Mr. Hancock: It's about the same.

Mr. Wilson: Okay. Great.

Last year the ministry invested an additional \$75 million into child intervention. Can you outline the direct benefits realized as a result of this investment?

Mr. Hancock: Well, our caseloads are going down.

Mr. Wilson: I thought they were static.

Mr. Hancock: No. The caseloads are going down. The workload is static.

Mr. Wilson: I see.

Mr. Hancock: The key here is to continue to focus on supporting families so that intervention is not the first resort; supporting families is the first resort. It might be interesting to note that only about 15 per cent of the caseload – and that's way too high – is because of abuse. Most of the children in care are as a result of neglect. There's work that can be done to deal with that and to help keep families together and support them in the pieces because that neglect comes from a number of different dynamics, whether it be financial or drug or alcohol abuse or some other factor. Focusing on that is important, and focusing resources to move in that direction is important. In the longer run it will reduce the cost to the community, but it will also improve the results by focusing resources in that direction.

Mr. Wilson: Okay. I'm going to move into support for persons with disabilities if I may. It's widely accepted that the wage gap between community service providers and government workers is high. It's had a negative impact on service delivery as there is a large ratio of staff turnover. It's difficult to recruit staff. The revolving door puts a strain on training budgets, and your own government press release of February 10, 2012, outlines this case clearly. In that press release you also make a clear financial commitment to the community agencies to the tune of an additional \$24 million this year and an additional \$34 million the next. Now, I understand some money is still going to augment those staff wages. However, it does appear to be at the expense of community access supports. Can you help me understand that dynamic and why you chose to go in that direction?

Mr. Hancock: Can I just talk to the overall piece and then get Frank to address that specific piece? We have a workforce alliance group that's working with us because it's not simply a matter of putting more money in. Many of the agencies have both people who are paid with the government contract money and others, so adding more money in can discombobulate the situation for a particular service agency. The workforce alliance is helping us with that. Our commitment is consistent and unvarying. All we've done here is stretch it out by an additional year in terms of achieving the objective.

Frank can deal with the specifics relative to the PDD.

*See page FC-228, right column, paragraph 10

Mr. Oberle: Yes. Thank you, Minister. We did move to offer a 10 per cent wage increase to disability service workers in this portion of our budget. We're deferring part of our promise for one year because of budgetary constraints. I think that's an absolutely critical piece to stabilize our workforce, to ensure their health and safety and ensure their training levels. We have to have a well-paid, well-qualified workforce. That's one of the primary foundations of what we need to do going forward.

You said that the wage increase was at the expense of community access supports, and I would object to that.

Mr. Wilson: I just said that it appeared that it could be. Sorry.

Mr. Oberle: That it appeared to be. Yes. Sorry. I would object to that. The community access supports is a section of the budget that I think really represents a transition that we have to undergo in persons with developmental disabilities. We're moving towards outcomes-based support. We want to provide people with safe and comfortable housing, homes and care, but we also want to support people so that they can be fully included in their community right up to employment.

Mr. Wilson: Well, let's talk about outcomes-based service delivery. While it sounds good and I can understand the merits behind it, can you speak to some of the unintended consequences or perceived unintended consequences of employing this model and what your ministry is doing to overcome some of these perceptions; i.e., some of the financial incentives for creating outcomes that may not be in the best interest of the client?

Mr. Hancock: Well, I think the critical piece for us on outcomes-based service delivery is to understand what the job is all about. The success is not in the activity; the success is in the outcome. That may go without saying, but too often programs are set up to do things, not necessarily to achieve things. That's the change of direction right across the department that we're talking about, that this is not about individual programs and individual pieces. It's about people and what it is that's going to help them overcome some barrier to success so that they can be productive citizens and contribute to society and live with respect and dignity. That's the whole outcomes-based focus.

The outcomes-based service delivery is simply saying to the front line: we want you to look at the challenges that you have with respect to our clients and work on an outcomes basis. We will have to do some harder work in terms of monitoring to make sure that people are actually achieving outcomes and not manufacturing outcomes.

Mr. Wilson: Sure. So do you have the contract or funding framework in place for the new outcomes-based service delivery model?

Mr. Oberle: No, we don't at this time. We are right now going to grandfather service provider contracts until June 1, and we're working with them on a new contract format to work on outcomes-based contracts. But we don't have them in place right now.

Mr. Wilson: Okay. At this point do you know what the accountability measures will be to ensure that the outcomes that you're looking to achieve are actually being achieved?

Mr. Oberle: No. That will be under development, and depending on, you know, individual service providers, the contracts could be slightly different at least. So we'll be working on that.

Mr. Wilson: The supports intensity scale. Is this going to be part of the new funding framework?

Mr. Oberle: Absolutely. We have completed about 80 per cent of the assessments of all of the persons under care and PDD, and we will continue with that. That will define the care and needs going forward for all individuals, and the contracts, you know, will be put in place as a result of that.

Mr. Wilson: So that will be the measuring stick?

Mr. Oberle: Yeah.

Mr. Wilson: Even though Dr. Schalock, who created the scale, suggested that this is not something that should be used to determine funding, that is now what the Alberta government is going to use as the only model to determine funding?

Mr. Oberle: It doesn't determine funding; it determines supports that are necessary.

Mr. Wilson: Which then translate into funding.

Mr. Oberle: Then somewhere there has to be a contract in place to provide those supports, measured by outcomes.

Mr. Wilson: Well, just help me understand how you square those two, because that doesn't seem to make sense. I can understand the supports scale, but if that is what is directly going to determine the funding, how does using that supports intensity scale not then determine funding?

Mr. Oberle: Well, I'm not entirely sure I understand your question. Obviously, you have to have some assessment of an individual to determine what supports they need, right?

Mr. Wilson: Right.

Mr. Oberle: Once you determine what supports you need, you have to have a contract with somebody to provide those supports. Obviously, that contract has to provide for payment for supports, right?

Mr. Wilson: Sure.

Mr. Oberle: But rather than measure the payment or the actual implementation of that contract based on an activity like doing so many hours of this and so many hours of that, we want to try and establish those contracts based on outcomes.

The Chair: All right. Sorry, gentlemen. That's just your first 20 minutes. Please carry on.

Mr. Wilson: Great. Thank you.

I may come back to that, but for now let's move on.

Has the appeals process been removed from the funding framework as well?

Mr. Oberle: No. No, it hasn't.

Mr. Wilson: How about from the supports intensity scale? If they challenge that, is there an appeals process there?

Mr. Oberle: Yeah, you bet.

Mr. Wilson: Okay. We discussed previously the issues around high-risk clients in the PDD system and how they are managed. After the tragic death of Valerie Wolski the community PDD boards were mandated to pass along information regarding high-

risk clients to the community agencies. Can you comment on who is doing the risk assessments, what specific training around people they have to complete them, and how much this is costing your ministry?

Mr. Oberle: Actually, one of the key priorities of the ministry is to deal with persons with complex service needs, high-risk clients. We work with Alberta Health Services to assess and to locate clients in appropriate settings. We've got about \$5 million allocated to the PDD budget for 2013 to enhance supports. The assessments are done by . . .

Ms Doyle: By PDD staff with the input of service providers and families.

Mr. Oberle: . . . PDD staff, and they are trained.

8:40

Mr. Wilson: Okay. Can you comment on what specific training the front-line workers receive in order to understand how to properly deal with these high-risk individuals? Has any additional training taken place for the front line since these well-documented tragedies?

Mr. Oberle: Okay. I'm going to ask Brenda Lee to comment on the specific training. Obviously, we have done a significant amount of training and additional work with front-line staff.

I'll ask Brenda Lee to comment.

Ms Doyle: Thank you very much for your questions. Complex needs is a key priority for PDD, and over the last two years there's been a significant amount of training. Some of our base training that we work on with the Alberta Council of Disability Services is called foundations training. That is that for every individual who is providing support to a person with a developmental disability, as part of their accreditation process foundations is part of that. We've been focusing around how to recognize behaviours that in terms of critical incidents may lead to violence.

We've also just had a forum in February where we brought in experts from across Canada to look at the best-practice models around complex needs. So we're building on that. We have also done a lot of training around how to be safe in work environments and recognizing that. Over the last two years we've probably spent about \$1.5 million on training related to safety as well as complex needs.

Mr. Wilson: Well, another concern that I've heard from some of the community agencies specific to putting high-risk individuals in the community is around the actual residences themselves. Many of the group homes are older bungalow-style units that have rectangular kitchens, sort of an open-shaped rectangle, and this presents a big danger to the caregivers who are working with high-risk individuals as it's conceivable they could be blocked into the kitchen. I'm wondering what risk-mitigation tactics or strategies are in place in this scenario. Is there any money in this budget to refurbish or renovate some of these potentially dangerous kitchens?

Mr. Oberle: Well, we have money in this budget. We have \$10 million in capital to assist in community capacity development.

Mr. Wilson: Is that the same \$10 million for Michener?

Mr. Oberle: Yeah. But let me tell you that we don't put high-risk clients in settings or in housing in which we can't manage the risks. We develop specific housing models for specific clients in

the system, and I've visited many of them. We do it both in family care models or in family-managed care and in our own models. I've visited houses where we have specific technologies or designs to accommodate the risks of individual clients. For example, there's a home in Calgary, that's just under development right now, where there are sensors in the home, where a care worker walking down the hallway can tell if somebody is coming up behind her. There's an alarm that goes off.

Mr. Wilson: Sure. And that's great. I understand, though, that that may not be the case in some of the smaller centres. Is this same technology being deployed across the province, or is it centred more in the urban areas?

Mr. Oberle: Where necessary, yes. We have the \$10 million in capital to deal with complex needs and the Michener clients. We also have an additional \$5 million to deal with complex needs for this budget term.

Mr. Wilson: Great.

Mr. Hancock: In addition, if I might just add that the occupational health and safety side of the department works with stakeholders to improve understanding of the legislation and specific industry practice, so we're working from that side as well, on the occupational health and safety standards and requirements piece, and on a better understanding of those among all the players.

Mr. Wilson: Okay. Great.

How confident are you that the PDD boards are actually passing along the information to agencies when taking in a high-risk individual? I'll elaborate on some of the things that I've heard from workers in the system, and that is essentially the perception that the full disclosure of behavioural concerns will prevent agencies from accepting them; therefore, all or some of the information is still not being disclosed. Can you comment on that?

Mr. Oberle: Obviously, I would be extremely concerned if that were the case, but I don't believe that's the case. I've heard no specific concerns. Our complex needs policy requires full disclosure. I would be astounded to see any evidence of that, and if you have any, I guarantee you we will follow it up.

Mr. Wilson: Good. Thank you.

What happens with individuals that have been moved from group home to group home and have demonstrated that residing in a community may not be a viable option, whether that be from consistent aggressive behaviour or that they are deemed to be a threat to themselves or the community? Where do they go, and how much is spent annually caring for these extremely vulnerable Albertans?

Mr. Oberle: Well, you know, community living, the group home model, continues to evolve, and I would probably freely admit that in the past there we've not been completely successful with some individuals. More and more across a broader range of disabilities and behavioural issues we're able to house individuals in the community, not just house and hold them there but actually have tremendous success with them. I think that that's the model we're going to continue to pursue. There have been individuals in the past that have been difficult to deal with. We have in the past dealt with behavioural issues at Alberta Hospital, at the centennial centre, and at the Michener Centre.

Mr. Wilson: Okay. Great.

I'm going to move over to homeless supports. How many residential spaces were created this past year to fill the need of the housing first model, and how many spaces province-wide do we now have?

Mr. Hancock: This is very much a collaborative effort. We're working with Homeward Trust in Edmonton, we're working with the Calgary Homeless Foundation in Calgary, we're working with five other community partners and other agencies and developing quite a support piece. Now, the actual housing piece is in the Municipal Affairs budget. They actually do the funding for supported housing, the physical capital funding. They do the grants to the organizations.

We're working with them and with the organizations to try and align the support services that are needed because while there are 6,600 homeless that have been housed over the course of the last few years as a direct result of this program and our collaborative efforts with our partners, it's not just housing; housing first, but you have to support. So 80 per cent of those people have been successful to date. We're looking to create another 1,200 spaces this year, and 1,800 spaces were created last year.

Mr. Wilson: Okay. So the line items under homeless support that appear in the Human Services budget don't actually apply to the infrastructure?

Mr. Hancock: No. Our homeless support is support services. For the actual physical housing the capital costs come from grants through Municipal Affairs.

Mr. Wilson: Okay. Would that also include staffing for, say, permanent supportive housing as well?

Mr. Hancock: I think the program support pieces all come through our budgets and the budgets of our collaborating organizations.

Mr. Wilson: Much good work has been done to reach the goal of ending homelessness as we approach the halfway mark of the 10-year plan. I'm wondering if you could comment on the state of our shelters. You suggested that over 6,600 individuals have received supports under the housing first model, which is substantial, yet the data shows that shelters are not seeing a reduction in numbers.

Mr. Hancock: Well, there's an interesting dynamic there. Of course, it's counterintuitive that when you have a strong economy and an improving economy, sometimes you also have an increase in the poverty rate and an increase in areas like homelessness because people come for the success that they look for in Alberta, but they may not come totally equipped to engage right away. One of the challenges we have is to keep up with that movement. I think that's a critical piece.

Shelter utilization is down, actually, 10 per cent for 2011-12 from 2008-09, so we are achieving success. We are achieving success and moving, but that's a number that's going to fluctuate, depending on actually how attractive Alberta is and how well prepared the people who are coming are. So that's an indicator piece. We have seen significant reductions in some of the indicator services like 61 per cent down in interactions with EMS, 56 per cent down in emergency rooms, 64 per cent down in hospital days, 59 percent reduced in interactions with police, 84 per cent down in days in jail, 58 per cent in court appearances.

In tracking a specific population and looking at how it interacts across the board, there's been a high degree of success. You go back to that piece that when you have an attractive place, people

come – and that's a good thing – but sometimes they don't come well equipped, so sometimes we have families that have needs. Sometimes you have somebody who is not quite equipped to take a job or who doesn't have the resources to bridge.

8:50

Mr. Wilson: Sure. According to information from AHS the cost to taxpayers for supportive living is about \$150 to \$180 per day, and you've suggested that for 20 per cent of the homeless population the housing first model as it stands is probably not substantive enough to assist them to live on their own full time and that they are going to need more of a full-time permanent supportive housing.

If we look at just the numbers in Edmonton and Calgary alone for the last year, so based on a 2012 Edmonton homeless population of 2,174 and a 2012 Calgary homeless population of 3,190, there would be, basically, a major cities total of just over 5,300 individuals. If 20 per cent of those are going to require permanent supportive housing, that's just over a thousand of them. I'm wondering if, you know, you could comment on how you're planning to budget for just the operating cost for those 20 per cent alone. By the numbers that I've got, we're looking at close to about \$200 million by 2019 just for that population of 1,000, which only makes up 20 per cent of the current homeless population in just the major centres.

Mr. Hancock: That is the reason why we need to go through a results-based budgeting process and look at not only how much you're spending but at: are you effectively getting the results in what you're doing?

As we move through this process, there's no question that we will have a population that will require some support services because they have multiple modalities in terms of their needs, and they're going to need supports. The question is: how do you effectively do that, and how do you effectively organize to do that and collaborate with community to do that? That's the constant piece that we're looking at, moving to this outcomes approach and talking about what's effective so that the resources that we have on behalf of Albertans actually achieve results, actually move forward. You can't just take today's dollars and extrapolate them because we're not going to do it tomorrow the way we did it yesterday.

Mr. Oberle: Can I just supplement that? I would also argue that the costs are on the high side there. When Health talks about supportive housing, you're talking about a supportive living facility, where there's bathing, medications, nursing attendants. That's not the level of supportive housing that you would need for most of the homeless clients although they absolutely would need supportive housing. They also likely would not need it for their lifespan, where people in a health facility will need it for their lifespan.

Mr. Wilson: Even that 20 per cent that is on the outside of the housing first model?

Mr. Hancock: Yes. But the other thing that's extremely important is that it's not just about treating the symptoms. The overall goal is to prevent homelessness. We don't want to have the same number of homeless growing exponentially. What you're doing is treating the root causes.

Mr. Wilson: Of course. The numbers I gave you were assuming that there was not another single homeless person for the next six

years in the province. That's just on today's numbers alone, basically. I appreciate that, though.

I'm going to move to child care. I meet with many front-line providers working to assist the population that finds itself in poverty. One of the major issues that always seems to come up is the lack of daycare spaces. According to numbers that I've heard you suggest in the past, occupancy rates across the daycare system are about 80 per cent. When I relay this to community agencies, they're floored. They're amazed that this could be true. Can you update us on the occupancy rates as they currently stand? Just help me understand how it's such a struggle for so many people to find child care, yet according to your numbers there's 20 per cent availability across the province.

Mr. Hancock: Well, of course, the challenge is in matching people to spaces where they want to be. I mean, there are places across the province. We have I think the number I was using was about 80 per cent enrolment across the province, so a 20 per cent vacancy. We have a child care space look-up tool to assist people in finding those spaces. The occupancy numbers in Edmonton are a little bit lower than that. So there are spaces out there.

I know as well from representing a southwest Edmonton riding – now Matt has most of it after redistribution – that that community was very concerned about the lack of child care spaces where they wanted them to be. The market will have to move spaces into places where they're needed and move them out of places where they're not needed. That's a normal adjustment as populations age and grow and change.

Overall, we had a fantastic program a few years ago which created about 20,000 more spaces in the province. With that program we've moved up to a level where we feel it's successful. Yes, there will need to be adjustments in particular communities and particular places.

Mr. Wilson: Okay. Now, you were in the process last year of analyzing the online wait-list registry for parents and child care service providers. Can you update us on the status of that and how effective this tool has been?

Mr. Hancock: I'll have Karen address that specifically.

Ms Ferguson: As you know, we've enhanced the child care look-up tool so that we can respond to public inquiries regarding the availability of child care for specific areas. Parents can just enter their postal code, the age of their child, and the spaces that are available will pop up.

We're also working with Alberta Supports and with our child care community. We did a survey in July 2012 to find out: what are the available spaces? For the first survey a limited number of programs responded, but we did find out what their wait-lists were like and what spaces were vacant. That is put on Alberta Support's data system, and when parents call there, they can find out what the waiting list is like. We are going to be doing this on a quarterly basis. Our next one is in June. We'll be conducting the quarterly surveys so that we can keep a data set of what the waiting lists look like throughout the province.

Mr. Wilson: Thank you.

Mr. Hancock: One of the most important pieces of accessibility, of course, is affordability. Moving the threshold income level to \$50,000 – and that's a range of \$50,000 to about \$75,000, depending on family configuration – has made daycare a lot more accessible to those people who we actually need to help support to

get into the workforce, and that comes back to the child poverty reduction strategy. People in the workforce earning a good income is important. So accessibility is not just about spaces; it's also about affordability.

Mr. Wilson: Great. Thank you.

Moving into early intervention services for children and youth, much has been made about decreasing the incidence of FASD. However, I'm wondering whether the increase of \$50,000 is going to actually help fulfill the associate minister's mandate this year.

Mr. Hancock: While he's getting to that, I might say that I'm quite astounded that you, of all people, would talk about money as the primary driver and the increase in budget as the primary driver to success in an area.

Mr. Wilson: I'm just curious, because it was one of very few items noted in the associate minister's mandate letter, if this is truly a priority, if that is going to be a direct result of an additional \$50,000 or if that is just inflationary pressures.

Mr. Oberle: Absolutely the FASD is a priority. We're dealing with FASD in two ways. One is awareness of services available and prevention initiatives, and that falls under that budget. We also have a service provision side, and that falls under the PDD budget. We want to move PDD away from diagnosis-based services to needs-based services. There's a huge FASD population and an autistic population that fall outside of our PDD definition and often don't get services. They may be eligible for AISH, but they don't get direct service, and we want to incorporate the service side in there. There's also an aspect to this that we're dealing with on the homeless side. Overall, I think our approach absolutely is going to deal with FASD, but the specific \$50,000 will be more around awareness and prevention initiatives.

Mr. Wilson: Moving to prevention of family violence and bullying, almost 3,000 women and children were turned away from an emergency shelter in Calgary last year. What is the government doing to ensure victims of domestic violence are being given the assistance they require?

Mr. Hancock: I guess the first thing I'd say is that those numbers are impressive in terms of their size, not in terms of what they represent, but they also don't necessarily represent the reality of the situation. I mean, somebody who's turned away from one shelter may be accommodated somewhere else. We work very hard to try and ensure that there is a place for people who have a need. That's the first and foremost priority.

Susan, do you want to just outline how we support the shelter services?

Ms Taylor: What I'd add to what the minister indicated is that we have in the last five years added an additional 90 beds to the women's shelters area to acknowledge, of course, some of the pressure points that communities are facing in terms of women fleeing domestic violence. Certainly, an important point with turnaways, women and children who may not be able to access a shelter, is that they are never turned away without some other additional support or resource. It could be another shelter that they're referred to, emergency accommodation, or some other community resource.

9:00

Mr. Wilson: Okay. Thank you.

Minister, can you define for me what you consider to be a woman fleeing violence? Is it limited to family and/or domestic

violence, or does it include all women who are vulnerable and suffer violence at the hands of others on a daily basis?

Mr. Hancock: I'm not sure where you're coming from there, but the bottom line is that any vulnerable person, any person at risk, any person who is in need of assistance is a potential client of ours. The obligation of a respectful society is to assist people in their time of need. So if a person is suffering from violence, that's a particular piece. Now, whether it's a justice issue or a women's shelters issue or they're fleeing from domestic violence I don't think really matters.

Mr. Wilson: I would tend to agree with you, sir. So do you accept, then, that women fleeing sexual exploitation, prostitution, or human trafficking would qualify as women fleeing violence, and if so, are you aware that these women are often unable to access the supports of domestic violence shelters based on the entrance criteria? What is your ministry doing to support these women, who often risk their lives to flee?

Mr. Hancock: Well, if you have some specifics in that area or an issue that's been raised in that area, I'd appreciate your bringing it forward because we do a lot of work to try and help people out of sexual abuse, out of sexual assault, and out of the oppression of the sex trade. We work with community agencies. I think one of them is called PAAFE in Edmonton here. We do a lot of work with those agencies to provide the support services necessary. That's definitely violence against women in particular but not just women, and it has to be dealt with.

Mr. Wilson: Sure. Well, I will certainly put you in touch with the individuals who are relaying this information to me and share this concern.

Mr. Hancock: I will say this. One of the challenges we have and one of the opportunities we have is that there are number of different ways in which people are assisted. The question is: are we able to link them to the support services that are there? That's our common service access piece as well, to try and make sure that whatever door you come in, you get linked to the right place.

Mr. Wilson: Sure. According to your website there's a position in Human Services called, and I quote, organizational storyteller. I'm sure she does great work. Can you enlighten me as to exactly what that is and what value this role is providing to Alberta taxpayers?

Mr. Hancock: I'll ask the deputy minister to enlighten us. He's in charge of the hiring and firing in the department.

Mr. MacDonald: Thank you, Minister. That position is in a unit called organizational renewal. A huge part of Human Services is changing the culture of the ministry from focusing on the individual as a whole person. Part of that is internal communication. We've learned in the past that sending e-mails and notes from the deputy minister isn't enough to change culture.

The really effective tool – and it's in all the literature – is that you need to tell a compelling story. That's essentially what that job is, to tell a compelling story of the thousands of wonderful things that are happening across the department in a different way. We chose that language to symbolize that something is different in this ministry. It's not an internal communication. It's really about telling the story of Human Services and what we're trying to achieve.

Mr. Wilson: Okay. You mentioned that you have 7,600 staff within the Human Services ministry. Regarding that, how much of the entire Human Services budget is dedicated to staff resources?

Mr. Hancock: We'll get that number to you. In most organizations you have approximately a 70 per cent ratio to the staff. I would be surprised if we weren't close to that. We do a significant number of granting pieces, but a lot of that granting goes to organizations who also employ staff to help people. Some of it goes to income support, of course, and that area. We can do a breakdown of that.

Mr. Wilson: Great. Thank you.

I'd like to move into AISH. Is the reason for the increase on line 5.1 that you will be indexing AISH moving forward?

Mr. Hancock: No. The reason for the increase is because we have more people applying for AISH. We moved the AISH benefit up \$400 last year. There has been hopefully a bubble but, nonetheless, an increase in the applications. There has been a steady increase in the AISH caseload, and that's what that has to fund.

Mr. Wilson: Now, would you agree that perhaps not increasing for three years, which I think is what happened prior to the \$400, and then doing a big lump sum was part of the problem with this increased pressure that you're sensing from the increased applications?

Mr. Hancock: No. I think that the fact that we have it at – what was it? – 1,500 and some dollars a month is what's attracting the applications. We have an obligation, of course, to go through those applications and make sure that they're appropriate.

Mr. Wilson: I guess where I'm going, Minister, is that if you decide not to index, which you've made clear that you won't, and then three years from now you make it \$1,900, do you not see that there would be a direct correlation between increased caseload? Does it not make sense to graduate?

Mr. Hancock: Obviously, if we could do everything, you know, if there was unlimited resources, you would do things like index caseloads. That would make sense, to index that. But you know as well as I do the pressures that we have on the overall budget, and you have to sort of look at the overall budget and say: where can you prioritize to make the best use of the resources to achieve the results that are needed? Right now the AISH benefit is at a good level, and we will have to monitor that to make sure that it stays at a good level, but I don't have the resources in the budget to index it this year.

Mr. Wilson: Sure. I'm sure you're very pleased, as am I, to hear that the bitumen spread is now less than \$11, so hopefully that will be corrected.

Mr. Hancock: But you wouldn't want us to drive our spending because our income was going up, would you?

Mr. Wilson: And I wouldn't want you to budget on the commodities market either, so I tend to agree.

What are you doing to assist employers looking to hire AISH recipients?

Mr. Hancock: That's a very important question, and Frank may want to supplement this. We have in the province about 20 per cent of persons with disabilities in employment. We know from other jurisdictions – and I'll use Washington state, I believe it is, which is at about 70 per cent. There's obviously a certain percentage of persons with disabilities who will not be employed, but we can do a much better job of encouraging employers to work with

persons with disabilities and find that they are some of their best staff.

I mean, there was a young fellow introduced in the Legislature the other day who won a Great Kids award this year. He went to – and I’ll name the company – Save-On-Foods as a work experience student from high school. I talked to the employer, to his manager, and he indicated that at first they had some concerns. Then they discovered that with a few adaptations they could create a work environment and an expectation for a work environment that was very conducive to this young fellow being a very strong employee for them and in fact winning some of their internal awards for employment.

That’s the work we need to do, to bring employers to the realization that they should look to the underutilized population in this province, whether it’s aboriginal people or persons with disabilities.

Mr. Wilson: I appreciate the anecdote very much, Minister. What specifically is the ministry doing to facilitate that?

Mr. Hancock: Our Alberta Works area is part of the ministry. One of the beauties of bringing the various parts of the department together into Human Services is that they work closely together. Through the DRES program we have work adaptation, so if somebody needs a particular tool or a particular adaptation to get into the work force, there’s grant money available to help with that. We have the labour market agreement for persons with disabilities that the federal government helps to fund so that we have some money in place to help match people with employment opportunities. There’s a lot of work going into that section to work with persons with disabilities who want to be in the workforce to match them with employers. That’s a key priority for us.

Mr. Wilson: Great. What has been the impact of removing the disincentive to work for AISH recipients as you did increase the amount that they could earn before clawbacks started? Are there any statistics to show that this has been effective? Are we seeing more people working as a result of it?

Mr. Hancock: It might be a little early to actually have statistics in that area, but I think our sense is that, yes, that is something – people do want to do meaningful things, and it makes a difference to them. Anecdotally I could certainly tell you stories, but I think we’ll have to wait for some time to get statistics.

Mr. Wilson: I would appreciate that. Yes.

Moving to family and community support services, this seems strange to me that this is something that stays static year over year.

Mr. Hancock: Sorry?

Mr. Wilson: FCSS. Why does it remain static year over year? Why are they not receiving additional funding at least at the rate of inflation and population growth?

Mr. Hancock: Well, you might have noticed that my budget was flatlined this year. I didn’t get an increase of inflation and growth, so I don’t have one to pass on. You do have to prioritize your spending. You do have to say . . .

Mr. Wilson: Fair enough. Last year, though, when you guys had an exorbitant amount of money to spend and you increased your budget substantially and obviously amalgamated a number of ministries, it also remained static then.

9:10

Mr. Hancock: The other side of that story that I was just about to get into before you so gently interrupted me was that we’re going to a results-based budgeting process, and we are looking at the effectiveness of programs. This is an area that’s critically important because there are a lot of community partnerships. Nominally the agreement is that we’ll fund 80 per cent, and the municipalities will fund 20 per cent. Some municipalities have grown their programs, so they’re certainly coming back to us and saying, “We’re out of sync on the 80-20 split,” and we’re saying: “Well, you increased your programs unilaterally. You can’t expect us to come back and fund it.” The reality is that we need to take a strong look at what we’re doing in each of those areas and say: is it really addressing the front end, the preventative side, those sorts of pieces?

Now, I’m a big fan of FCSS, so don’t get me wrong. But everything should be able to stand up to the test of scrutiny, and as we go through the process, we need to do that. In the meantime there are some intense areas of priority. I’ve got caseload growths to deal with and other areas of priority. If I had more resources, you might see that go up, but that wouldn’t take away from the fact that that really needs to be part of that reassessment. We’re looking at everything we’re doing to say: is it achieving the outcomes and the results?

Mr. Wilson: Okay. Great. I’m going to move into ministry support services. When Human Services was formed, several ministries were amalgamated into one. This was not only billed as a way to bring more social services under one roof but also as a way for the government to find efficiencies and reduce waste. Were there any jobs lost as a result of the amalgamation, and if not, how were redundant positions handled?

Mr. Hancock: Jobs lost: I guess we went from four ministers to two; we went from 16 assistant deputy ministers to . . .

Mr. Wilson: I certainly appreciate the reductions in your offices budget, and I recognize that. I guess I’m talking on the grander spectrum.

Mr. Hancock: What we were actually focusing on first and foremost is bringing the departments together to work together to achieve more, and we’re doing that. I think there’s a lot of good information to suggest that we’re actually achieving more with the process that we have. We have worked, though, at how we work better together. We’re realigning the department, realigning the divisions, putting them together. So there’s a lot of work that’s happened in that area.

We’ve achieved significant reductions at the top end as a result. That will work through the system in appropriate ways, but I’m not anticipating that we’re going to shed a lot of staff as a result of this because we do have caseload growth issues. We’re going to be able to bend the curve in terms of the cost structure, I believe – and our budget is predicated on doing that – and be a lot more effective at serving more people as the population grows with the structure that we have.

We’ve started at the top end in terms of realigning and doing the structuring to be effective and, as Steve has mentioned, to really work at changing the culture of the operation and the culture of government as it goes because we’re one-third of it in terms of the number of employees.

Mr. Wilson: Does government have an organizational storyteller as well?

Mr. Hancock: I wouldn't make fun of the name. That's a very important piece. It's amazing how powerful it is to people who work in this system to understand the successes that they and other people have. I can tell you that when I go to a conference and speak about some of the results of outcomes-based service delivery on a family, that resonates right across the 2,000 people or the 3,000 people who might hear that story. That's important in this business.

Mr. Wilson: Okay. Seeing as you just went back there, I need to take my last few minutes to go back to the outcome-based service delivery and the supports intensity scale. One of the stories that I've heard is about an individual with FASD who had supports prior to going through the SIS model. After going through his assessment, it was deemed that he required zero supports and, therefore, now has zero funding. How can you turn to that family and say that there's now going to be a positive outcome because of that?

Mr. Oberle: As always, sir, if you have an individual case that needs to be brought to the attention of the department, I invite you to do so. You know, obviously I can't speak to the individual story that you tell. The fact of the matter is that this is an internationally recognized assessment system. It's quite possible that there are people that are essentially overserved. The general case will be that there are people that are underserved, and we need to identify what their needs are and provide them with appropriate support.

Mr. Wilson: What is the ministry doing to ensure that individuals with disabilities are properly transitioned between childhood, adulthood, and their senior years without temporarily or permanently losing access to the programs and funding supports necessary for their continued development?

Mr. Oberle: Well, we're doing a better and better job of that and starting transition planning at 16 to achieve the transition at 18. But the real answer to that is part of the transformation in PDD, which is that we've got to remove that transition period. We fund children's supports up to 18 based on need, and then suddenly at 18 your supports are based on a diagnosis. There is a large population with unmet needs after that point, even if they had services prior to 18, and they deal with different caseworkers and different programs and often don't have the capacity to do that.

It's a tremendous staff burden and planning burden to plan for that transition, when, really, we need to talk about a continuum of services through the lifetime of a client, recognizing that services will change through their lifetime, but with appropriate planning we'll identify that. There shouldn't be a transition at 18 years old, and we should continue providing services to people who need them.

Mr. Wilson: Right. I couldn't agree more.

Since October 2011 when the ministry claims to have taken active steps to support and enhance the use of family-managed services, has there actually been an increase in the ratio of families choosing this option?

Mr. Oberle: I don't know if there's been an increase.
Brenda Lee?

Ms Doyle: Yes. There have been probably 90 more families. Back in 2011 there were about 900 families, and we're over a thousand right now.

Mr. Wilson: Okay. Good.

One of the key recommendations the government accepted from the KPMG report was that of implementing a new procurement strategy to optimize the efficiency of the service provider network. Can you help me understand your ministry's new alternate contracting strategy and the impact it's having on the system?

Mr. Oberle: Can you speak to that, Brenda Lee?

Ms Doyle: Sure. I'd be happy to. The procurement ties into our outcomes-based contracting, looking at what particular results we're looking for, so unemployment. One of the pieces that's happening right now, in the April to June period of time, is sitting down and meeting with individuals around their support needs. You talked about the support assistance, the assist assessment, so looking at what their support needs are, how that ties into natural supports, what their plans and goals are, and then looking at all of the supports for all of the individuals that we provide for and determining the number of service providers who are working in that area.

What we will see for 2013-14 will be the implementation of the new outcomes-based delivery model with procurement. But it's a continuous learning process. We know that there are certain areas where we don't have enough service providers working in a particular area such as employment. That would be an area that we would be looking at further procurement. If it was complex needs, that may be another area for procurement.

Mr. Wilson: Great. Thank you.

How many administrators does the ministry currently have employed in PDD? FTEs, as noted, are just under 1,200.

Mr. Oberle: We have six regions with boards and six CEOs. You know, one of the questions in that report, one of the criticisms of overhead in our system was that we don't have a common definition amongst jurisdictions of what administration or overhead is, right? So that's an extremely difficult question to answer. But we have six CEOs and six regions.

The Chair: All right. Very good. Thank you.

Mr. Oberle: Oh, are we out of time? I'm sorry.

The Chair: All right. We'll get back to it. We've got lots of time.

For the next 20 minutes we're going to go to the third party. Dr. Swann, do you want to go back and forth?

Dr. Swann: Yes. Back and forth.

The Chair: All right. Whenever you're ready.

Dr. Swann: Thanks very much. Thanks very much to the ministers and staff for joining us today. I'll pick up where you left off on PDD. The operational plan, page 39, states that "PDD is evolving into an outcomes-based service delivery system that provides a variety of supports to encourage independence and community involvement for the . . . adults with developmental disabilities." Can the minister explain how cutting the budget for PDD in the community access supports program by nearly \$40 million will encourage independence and community involvement? What assurances can the minister give that the positive outcomes being sought by transitioning to this new service delivery system will actually benefit clients and not simply be used by government as an excuse to reduce funding in the future?

9:20

Mr. Oberle: Well, I would point out that our overall budget has increased, which I believe is significant in this current time of budgetary difficulty. We did reduce community access supports simply because they're not producing the outcomes that we want, that we discussed earlier. We have a just over 20 per cent employment rate in our disability community right now. In other jurisdictions we see an employment rate as high as 70 per cent or higher.

I want to stress that we're not viewing employment as eight hours a day, seven days a week, "Let's get them off our support roles and off on their own." That's not at all the model of employment. We're talking about employment as being a way for people to achieve the fullest potential they can with the support they need to do that, and that very often won't mean full-time employment. We think there's a tremendous amount of success we could have there. We could do things a lot better, and we're going to try.

We know that community access supports in some cases actually work against inclusion. Sheltered workshops: we're not getting the inclusion measures that we want, and we're going to try something different.

Dr. Swann: Who defines the outcomes for some of these individuals? Is this going to be a decision made by staff, or is this going to be an actively inclusive . . .

Mr. Oberle: It's a result of planning, and planning is never just by staff. It's by staff and includes families, guardians, and individuals in determining care plans and outcomes plans together.

Dr. Swann: Well, I would hope that would be the case. I guess I am already hearing feedback that people feel bullied, and in some cases service is cut without their support and without their direct involvement. It looks to some on the front lines as if this is a cost-cutting measure and not an attempt to improve outcomes as the individual defines better outcomes. How do you respond to that?

Mr. Oberle: Well, as always I would respond that if you have any specific cases of anybody that has concerns with the services they receive or how they've been dealt with in the system, I would invite you to bring them forward.

Other than that, I would very clearly and emphatically deny that we're looking across the board to cut services or to reduce budgets in this area. Quite the contrary. I'm looking to reform PDD to be able to provide a broader array of services to a broader array of disabled people in our province that need supports to fully achieve their potential. That's what we exist for, and that's what we're going to do.

Dr. Swann: Very good. Well, we'll look forward to seeing how some of the clients respond to any evaluation of individual outcome measures and, I guess, the process of resolving differences between what clients say that they see as an important outcome and what the department identifies as the desirable outcome.

The 2012-13 budget included wage increases for contracted agency staff in working to try to bring them up to some equity with other service providers. Is the minister prepared to guarantee that the incomplete wage increase that was promised will not be abandoned like other promises the government has made?

Mr. Hancock: Well, I would first of all refute the speculation that other promises have been abandoned. That would not be accurate. We certainly are not abandoning the wage parity program. We

have had to slow it down a little bit and stretch it out an additional year, but we're working very hard with our workforce alliance, with our community partners on how we can effectively achieve that in a way that achieves the result of increased wage parity but also in a way that organizations can utilize as well.

I mean, I was absolutely astounded last year when one organization sent our grant money back because they said the criteria of applying it to those wages that were supported by government funds would destroy their organization because they didn't have the funds to do it for the ones that weren't supported by government funds. So we're doing it very carefully, we're doing it thoughtfully, we're doing it in collaboration with the organizations, and we are going to continue to do that.

A 10 per cent increase in the PDD sector, 5 per cent for the child, family, and women's shelters and sexual assault sectors and other disability services sectors; 3 per cent for the homelessness and settlements services providers. We're moving in all of those sectors.

We had some alignment to do when the Department of Seniors, which had PDD, came together with Human Services after the election because we had different levels that were happening. So we had some alignment to do. We're not abandoning that program. It's very important. We need to attract people to the service sector, we need to make sure that the wages are livable wages, and we need to ensure that we have good people providing those services.

Dr. Swann: Several years ago the Deloitte review of PDD suggested there were significant inefficiencies in the PDD boards. What has been done to improve their efficiency?

Mr. Oberle: I think you're talking about the KPMG review.

Dr. Swann: Okay. KPMG. Sorry.

Mr. Oberle: Yeah. I think, you know, the answer to a number of these questions is – and this is why Minister Hancock has worked so hard over the last few years to amalgamate a number of services under one department because we now need to transition PDD as an overall organization into an outcomes-based support system that provides a continuum of services across a lifespan. That will require a review and a redo of the governance system in PDD. We're looking at that right now. We have six PDD boards, 10 child and family services boards. We're looking at how we can get those to work together. That will be work that happens in the coming year, looking at the governance structure here.

We do know we can't eliminate the regional and the community-level input that we get and that those boards are so vital for, but we can work on – and they're working collaboratively with us – governance structures to reduce overhead. We're going to have relatively high overhead in this department. You know, there are a number of homes out there, and they require maintenance, operational funding to operate. We have to provide training for staff. We have to provide supervision for staff, ensure their health and safety, all those programs. There's going to be high overhead. We're going to do everything we can to make sure it's efficient.

Mr. Hancock: If I could just add quickly to that, we have had the CFSAs and the PDD boards working together over the last six months on governance structures. There are six different districts for PDD, 10 different districts for CFSA. There's work to be done there, and they're doing the work and bringing us the reports in terms of how they see that going forward. The governance piece is certainly one of the critical pieces this year.

Dr. Swann: I'll shift to the Michener Centre. Was the decision to close the Michener Centre in January arrived at through the type of review envisioned in your fiscal plan document, where Infrastructure will review on the basis of "space and government-owned assets to determine whether these are still required to support achieving program outcomes"? If so, why was there no effort to consult with the 228 residents and families about their desired program outcomes?

Mr. Oberle: The closure of the Michener Centre is as a result of what we have learned in community care and community housing in services for persons with disabilities. We get excellent care at the Michener Centre, and I don't deny that for a second. We have great staff, and they're dedicated to the services that we provide. But we know we get better outcomes in smaller residential settings, community based, where there are fewer fellow residents in a facility. That's an experience that we've had in Alberta. That's an experience that's been had across North America. Our fellow provinces are ahead of us on this and have been closing institutional settings for years. B.C. closed its last one in '96, Ontario in '97, I think. This is a model that's happening across North America. That's why we're planning to close the Michener Centre.

We're going to get better outcomes. The actual client-based outcomes that we're going to achieve are now going to come about as a result of the planning, that we discussed a few questions ago, between ourselves and the families, the guardians, and the individuals involved.

Dr. Swann: Well, you didn't answer the question, which was: why were the families not consulted? How do you explain the fact that people living their whole lives there are now going to be severely disrupted, especially some of the more senior people, with a sense that they're being betrayed? How is that going to improve their outcomes?

9:30

Mr. Oberle: You know, we just closed the Eric Cormack Centre in Edmonton last year. Obviously, such a transition is difficult. The Eric Cormack Centre housed some very medically fragile people, many of them for most of their lives. I can tell you that the move has been very successful. We know we can do it with minimum disruption, and it's a move that we have to take.

I would be remiss if I didn't talk about the fact that there is a budgetary implication here. We don't save any money this year. In fact, it costs us a significant amount of money to begin closure of the Michener Centre. There are staffing costs and a number of things that we have to address, but it's going to be difficult for me to speak about our actual cost for the care of those particular clients going forward because we have not actually discussed the individual care plans, the individual housing destinations, the individual services going forward.

I can tell you that the Michener Centre costs us over \$40 million a year to operate. That's a cost of about \$175,000 per person resident in the Michener Centre. We provide community care in residential settings, group home settings at about \$65,000 per person per year. That is a very significant difference. I am extremely confident that we're going to be able to offer better services to those individuals in the community than they get now.

Dr. Swann: How much money does the government expect to generate from the sale of the Michener Centre site?

Mr. Oberle: I can't comment on that. The way the system works is that once we have closed the Michener Centre from our point of view – we no longer operate it; we no longer have staff or residents there – it goes to Alberta Infrastructure, and what they do with it at that point is up to them. It would possibly involve discussions with, for example, stakeholder groups, certainly the city of Red Deer. Sometimes we transfer facilities to a municipality. It may sell; it may not sell. I really couldn't comment on that right now. I have no idea what'll happen to it.

There are a number of abandoned buildings there already, one that the Calgary Police Service uses for tactical training.

There are a number of potential uses. I really couldn't comment on whether it will sell or for how much.

Mr. Hancock: Part of that site has already been redeployed for group homes that have been built in the area. Certainly, there are many things you could look at the site for.

Dr. Swann: There was an original commitment to reinvesting all infrastructure sales and savings back into PDD. Is the minister committed to ensuring that this is the case with the Michener Centre?

Mr. Oberle: As far as operational savings, yes. As far as capital, if we turn around at the end of this and sell the Michener Centre, I can't commit to that. What I can commit to is what I did this year and what Minister Hancock did this year. We will fight tooth and nail in the budget process to be able to fund the services that we want and need to provide to Albertans in need. That's not relative to any other pot of money out there; that's relative to the work that needs to be done. We will continue to do that every year.

Dr. Swann: Thank you.

The new ISIS system, web based for case management activities, is already creating a real sense of imbalance between the amount of time spent inputting data and the amount of time with clients and making a difference to the very people that need support. Is this going to be more bureaucracy without benefit, countability as opposed to accountability? Is the client truly getting the attention versus a data management tool that is consuming inordinate amounts of staff time?

Mr. Hancock: The short answer to that is no. It's important to have information. It's important to have it accessible, and it's important for everybody to have access to the same platform. I'm very proud that I think this week we finally got everybody onto the platform. That's important.

There might be some front-end work in doing that that people find burdensome, but the really important piece is that if we want people to make good judgments at the front end, they have to be supported with good information. They have to have access to complete information. Part of my mission in this ministry is the information sharing mission, making sure that when people are faced with complex situations, when they are working with others in the organization and outside the organization, you know, with Health and Education and others, we have complete information.

Dr. Swann: So what proportion of time would you expect is a balance between data gathering, data input, and time with clients? What is the proportion where we'd see a cost benefit?

Mr. Hancock: Well, of course, the piece that's most important in this particular sector is the time with the clients. I mean, this is a people business. It's not a technology business. It's not a paper business. It's a people business. That's the important piece.

Dr. Swann: So would it be 50-50? Would it be 30-70? How are you going to evaluate the amount of time that's being put into data as opposed to care?

Mr. Hancock: Well, that's a question that can't actually be honestly answered because every case is different. I mean, some cases have a lot of information, a lot of data that needs to go in. For others most of it's on the file already. As you work with clients and their information is available and the system is working, presumably the input time for the data collection is going to go down. That's a very difficult thing.

There are different sectors in this piece. You do need good information to make good decisions. You need to collect it consistently, and you need to have a common platform. That's what we've been developing. Every time you do change in the technology area, in any area, there are always people who are concerned about it. We're trying to reduce the paper burden, reduce the administrative burden, and free up time for people to actually be face to face with the clientele. That's the objective of this process.

Dr. Swann: It may be the objective. It doesn't seem, from people I've heard from, to be achieved at this point. Maybe there are some new elements to it that need to be worked out, but there are a lot of concerns about just how much time is going to it.

Mr. Hancock: There need to be good feedback loops, and we've tried to create that so that we can get feedback from people on how we can do better, but we can't be driven by the tyranny of the anecdote.

Dr. Swann: Yep, and you can't ignore it either.

With respect to your most recent staff survey, it's clear that there hasn't been much change in the staff morale. Roughly 50 per cent of people in the department feel valued. Fifty per cent say that they have opportunities to provide input into decisions, that innovation is valued, that there is confidence in management. When will we start to see improvements in staff ratings in the department, do you think?

Mr. Hancock: We have put this department through some pretty incredible change over the past couple of years. I'm surprised we're doing so well, to be honest. I've looked for those numbers to change. We have turned people's lives upside down in some cases in terms of their understanding of where they're going to be and what the world is going to look like. Even the fact that the departments have come together, even when it's not real, creates uncertainty for people, and I freely acknowledge that.

We are actually asking people to change significantly the way we do service delivery. We've developed programs over the years that have finite borders and have criteria and that sort of thing. We're saying to people: "We want you to use your judgment. We want you to use your skills and expertise. We want to work with you to make sure you have the skills and expertise." There's a very significant change happening here, and it can't be discounted.

Now, do we want those numbers to be higher? Absolutely. My expectation is that they'll grow, but I'm also not dismayed by the fact that those are the numbers. We have changed peoples' lives and their work lives in our department.

Dr. Swann: I would hate to leave a meeting without at least raising the question of child labour and paid farm workers. I don't see anything in the budget relating to legislation on child labour in agricultural operations. Is that an oversight?

Mr. Hancock: I don't know that you would actually budget for that. We are doing significant work in that area on a number of different fronts, particularly on the child labour front, and I expect that we will be making some progress.

The Chair: We're just going to call it right there. We'll take a seven-minute break, so back here at about 9:47, please. It goes fast. Thank you.

[The committee adjourned from 9:39 a.m. to 9:47 a.m.]

The Chair: All right. If we can get everybody back in their chairs, we'll get started again. For the next 20-minute portion of our Q and A here we're going to the fourth party. That'll be you, Ms Notley. Back and forth?

Ms Notley: Yeah, absolutely.

The Chair: All right. Agreed. Whenever you're ready.

Ms Notley: Okay. Thank you. As indicated, I will be choosing to go back and forth, and as the member from the Wildrose stated, of course, when I interrupt you, it's not because I'm feeling combative or I don't like what you have to say.

Mr. Oberle: I don't think he's going to interrupt you, though.

Ms Notley: Oh, he might.

Even with you guys it's just 'cause I want to actually have a back and forth where we're getting to the question that I'm asking.

I do want to start by going back to an issue that's been touched on by everyone else. You rightly pointed out to your staffer there that we were going to be talking about PDD and the changes in PDD, well, a number of issues with respect to PDD. Just going right to the big one, of course, is the issue of the \$40 million cut to community access. I've got a document here that was part of a technical briefing that was done to PDD staff. I think it was by your ministry as well. It has a nice little summary of the change, and it very helpfully shows that, on one hand, we're putting an extra \$45 million in to deal with agency staff wages and benefits, which is, of course, a good thing as it represents a partial keeping of the Premier's promise to increase wages in that sector. A partial promise kept is better than no promise kept.

Mr. Hancock: It is a promise kept. We will be doing that.

Ms Notley: I know. I believe the promise was to do it all this year as opposed to deferring it over a couple of years. So it's partial for this year, but still it's better than nothing.

Then we have the cost to close Michener, which has already been mentioned. Then, just coincidentally, the other side of that is the almost equal amount of money that came out of the community access. Now, you folks both said very definitively that the community access cuts did not come to fund the salary increase. Really, I don't care because the salary increase was absolutely necessary, so in no way, shape, or form would I ever critique the salary increase. That needed to happen. It should have happened faster. But I'm really concerned about this sudden and dramatic cut to community access.

You talked about this idea of moving to employment objectives and outcome-based services and all that. I'd like to start by asking if you can table reports which show the ineffectiveness of the community access programs that you cut. You said that it's all outcome-based, that we weren't getting the outcomes that we wanted; it wasn't working for us. Do you have documents which delineate the failures that you can table for this committee?

Mr. Oberle: Can you speak to that, Brenda Lee?

Ms Doyle: Sure. I'd be happy to. One of the processes that we've had under way for the last couple of years is looking at a personal outcomes index. So we're working with service agencies around individual outcomes and how that agency kind of applies. One of our lowest areas of outcomes for individuals right now is community inclusion. We've been spending \$96 million on community inclusion programs through community access, and it's our worst outcome.

Ms Notley: Can you table the measures and the reports about that?

Ms Doyle: We can certainly provide that.

Ms Notley: Now, don't get me wrong, I'm all about community inclusion, but depending on the nature of the disability – community inclusion is a very important outcome, but you might simply be looking at quality of life with an understanding that community inclusion may or may not be a realistic outcome or a meaningful, substantive outcome. Did this look at quality of life indicators, and how was it measured?

Mr. Oberle: The community inclusion is always an important aspect.

Ms Notley: I didn't say it wasn't, but what I'm interested in is quality of life. Obviously, these community access programs contribute significantly to quality of life.

Mr. Oberle: And we didn't entirely cut the budget either, right? We are still going to provide a program. We want to shift towards a more outcomes-based support.

Ms Notley: I appreciate that, but did you measure quality of life? That's what I'm asking.

Ms Doyle: The personal outcomes index does look at quality of life.

Ms Notley: What were the outcomes in terms of quality of life of the community access programs?

Ms Doyle: We can provide more information on the details. I don't have that here with me.

Ms Notley: Okay. Going from that, you talk about moving to employment. I see here in the PDD document an increase of \$2 million. I see an increase in the budget of what appears to be \$3 million. My question is: how do you realistically expect people to buy that you're cutting \$40 million from community access programs on one hand and injecting a whole \$2 million or maybe \$3 million on the other and that you're actually going to be able to bring about a meaningful switch towards enhancing employment? How does cutting funds enhance employability and enhance employment opportunities? By creating desperation? Like, how does that happen?

Mr. Oberle: Well, first of all, I never said that they were directly linked. We have to restructure our PDD program, and I don't think you would argue that we need to move to outcomes-based supports. I'm not sure that you would argue that, but I guess that maybe I stand to be corrected. We do need to move to outcomes-based supports, and that requires a structural, foundational change, the first step of which was bolstering staff wages and moving to stabilize a workforce that's qualified and trained. So that's where we put our resources this year.

Now we've got to work with these agencies and build an outcomes-based contract, individual service plans. We've got to continue to complete our assessment system as individual care plans. There's a lot of work to be done, and it will take more than a year to get there.

Mr. Hancock: It won't happen just within a PDD envelope. Bringing Human Services together means that we are working better together across the spectrum. Increasing employment for persons with disabilities is not a PDD issue. It is an issue for our department and for our communities. We have other programs: the DRES program, the labour management agreement for persons with disabilities, Alberta Works. So we are working together on that process.

Ms Notley: Well, I will get to the other cuts in Alberta Works, which will also negatively impact your ability to achieve these outcomes, but right now I just want to focus on PDD.

Mr. Hancock: You're siloing, and we're not, and that's what I wanted to point out.

Ms Notley: Well, we can look at all of the cuts together and how they're going to negatively impact your ability to reach these outcomes if you like, but I'm just trying to go line item by line item right now.

What you're saying, then, just to be clear because the impression was a little bit different, is that the community access cut, the \$40 million cut in programs and services to people in Alberta with severe disabilities, who are no longer going to be able to leave their place and go to day programs: that is not being done in an effort to somehow kick-start a shift towards employability. It's two separate issues.

9:55

Mr. Oberle: I would take exception to your statement that people with severe disabilities will no longer be able to leave their facilities and go to communities. First of all, I would reiterate that we didn't cut all of that budget.

Ms Notley: Forty per cent of it.

Mr. Oberle: I fully recognize that there are disabled people out there. In fact, that is exactly why we exist: to have people included in communities, live fully productive lives with the supports that they need. That's why we exist. So I would take strong exception to your characterization of this that we're no longer going to be able to get people out into the community.

Ms Notley: We're going to reduce our ability to do that by 40 per cent or more. I think that's a fair comment because that's what you cut the fund by.

Mr. Oberle: No, it isn't fair, but I'll allow you to make that if you want.

Ms Notley: You'd mentioned that the fund was not terribly effective because it was not helping with inclusion, and you talked about sheltered workshops. I've talked to people within the disability community. I think there's a mixed view of it, but there's no question that there are some people within the community who don't like the sheltered workshop model. So fair enough.

My question is: what percentage of the programs under community access were sheltered workshops as opposed to other kinds of programs where you see people with severe disabilities being taken into other parts of the community, whether it be on

day trips to the Muttart Conservatory or day trips to the Telus centre, you know, those kinds of things where we see people going on day trips out in the community? Do you have a breakdown in terms of what types of programs were being funded? Has there been a direction given to the PDD boards that it's the sheltered workshops that are to be cut?

Mr. Oberle: I'll ask Brenda Lee to comment on that.

Ms Doyle: The portion of the community access budget is made up of a number of different things. Some of it is day program and then the sheltered workshops. Some of it is one-to-one in terms of providing for people, you know, for the visit. Sometimes it's larger. Some of it is recreation. So there's a wide variety of portions of that, but I can certainly bring back the portion in terms of the sheltered workshop.

Ms Notley: Can you also provide us, then, with a list of, maybe, 10 programs that are unlikely to get funding now as a result of the cut?

Ms Doyle: What we're doing right now is sitting down and having planning discussions with every individual. Part of the plans for individuals is what their goals are and what are the outcomes that they're trying to achieve. The range of support needs for individuals within PDD is from low needs – about 60 per cent of the 9,700 individuals that PDD provides support for have low to moderate needs. That's a huge portion. All of those individuals who have low needs often don't require any supports in terms of dressing or going out into the community. Those are people who have the ability to be mobile, to interact in terms that they've been included in the school system, and also they have opportunities around employment.

We have other groups of individuals within the PDD system who've been assessed as having severe behavioural and complex needs. We know that that portion of our population is about 12 per cent. That's a more challenging group. Their needs around kind of community inclusion are probably going to still be one-on-one. We also have a group of people who are in the middle who are medically fragile, so they still need meaningful activities.

So it really is looking at the people who have low support needs. What are the activities that they're involved in right now, and what are the outcomes?

Ms Notley: Can you give me a hypothetical profile of someone with low support needs? I'm thinking about the person that qualifies for PDD. I'm imagining somebody with autism who has language but really limited adaptability skills, is mobile and can remember schedules but, if left to their own devices, would probably spend – I don't know – three weeks sitting in their house or in their room by themselves. I'm just curious. Can you give me a profile of the person that's in that 60 per cent, just a hypothetical profile? What's their potential diagnosis? What are some of their limitations?

Ms Doyle: I'd be happy to. For people who have low support, part of the eligibility for PDD is based on a cognitive level, two standard deviations below the normal range, the equivalent of about 70 IQ plus or minus about five. Then they have to have six areas of adaptive functioning that they need some supports with. That's kind of our criteria, and that's the standard by regulation.

With a person with low support needs who has been assessed through our support intensity scale, you may have a person who may require some scheduling, kind of identifying in terms of what their daily activities are going to be, but we have a number of

people with low support needs who are postsecondary, who are actively engaged in programs in terms of colleges. We have a huge number of people.

Ms Notley: What percentage would you say of that 60 per cent are in postsecondary?

Ms Doyle: I'll have to go back through the numbers, but it's a good number, in terms of over a thousand.

Mr. Oberle: There are a number across the city, across the province that are actually employed and get back and forth.

Ms Notley: I think we're looking at that other group.

Ms Doyle: We can certainly provide the numbers in terms of people at postsecondary. It's a growing area, and it's what we want to focus on. These individuals, particularly young individuals between 18 and 24, have come through an integrated, inclusive education system, so their goal is around career and inclusion and employment.

We have two types of employment programs. We have an employment preparation program, which allows the individual as well as an employer to be ready for an individual to come into the workforce. The minister was talking about Save-On. We have Home Depot. We have lots of different employers.

Ms Notley: That actually moves into a bit of a different question. I got a bit of a profile there, not quite what I was looking for but a little bit. I mean, I'm just concerned about the fact that it seems as though we're going to be basically telling these people that they get a lot less, yet they are themselves obviously quite in need of support because it's not easy to get PDD.

Let's move, then, to the employability. I mean, employability is meaningful. It's important to a lot of people. My question: how do you increase that if you don't have more resources dedicated to that?

Mr. Oberle: If you go line by line, yes, we cut this, didn't add there. As we said before, there are a number of programs that we use to assist people. This is one of the reasons why Mr. Hancock has spent so long amalgamating all of these services under one department. We've got to build efficiencies between them, and a program for one department should be able to work for another area as well. So we do have Alberta Works and other employment services outside of the PDD budget.

Ms Notley: You do, but you've cut employment services there, too. I don't mean to be argumentative, but there has been a cut to employment services in Alberta Works as well. It's just a basic question, folks. Do we need to accept that there's going to be less of this?

Mr. Hancock: Well, you have to look at the whole dynamic. We have a strong economy, so we are actually seeing a trend down in the number of clients under the employment side. With Alberta Works there's a smaller group of people who actually need our services. The turnaround is faster. The supports that we need to provide are lower. Yet we have an objective and another piece of that, to work with populations that are not participating at the same rate, whether it's the aboriginal population, whether it's helping single women. If we want to deal with the poverty reduction strategy, single-parent families headed by women are a chief priority.

Ms Notley: Those are all good objectives, but you've actually cut your funding in there.

Mr. Hancock: But we don't need a lot of the funding in there for the other group of people because they're getting work more easily, so we can apply the resources to the place where we can actually have impact. That's what this is all about.

Ms Notley: I know. But with all due respect, I've sat as the critic for this area since I've been elected, and every year this ministry comes up and says: we can cut income support because this year everyone is going to get employed.

Mr. Hancock: With all due respect, your answer is that to do something, you need to add more money, and that's not our answer.

Ms Notley: No, no. What history shows is that every year your budget and your forecast are off because you end up having a lot more people accessing Alberta Works than anticipated. That's just what history shows. Saying now that you can cut it and then somehow move these PDD folks in there and help them – I mean, I just don't think it's realistic. I just think that if you're saying, "Listen, we don't want to find money elsewhere; we're going to have to cut some of these services," then, fine. Say it.

10:05

Mr. Hancock: There's no question that this is an aggressive budget. There's no question. Everybody knows this is an aggressive budget. We believe that we can achieve the employment targets we need because the trend lines and the prognostication in the environment show us that and because the economy is looking like it is. There could be changes, and there always are changes.

Ms Notley: Do you have a target you're prepared to put forward today that we can look at next year in terms of increasing the employment of your PDD clientele? Is that in there, in your performance measures?

Mr. Oberle: Not right at the moment, no. Just a moment ago you said that we're always short on our budgets and targets because we're wrong in our forecast. Actually, it proves the opposite to your point. We provide services to people who need them. It's not true that our budgets are wrong every year, but occasionally we fall short on our forecast. You have to forecast something. But the fact that we go over is proof that the department here exists to help people, to provide services to people that need them, and that's what we're going to do.

Ms Notley: That's true with income support, but it won't work that way with the PDD folks because it's structured differently.

I just had someone give me a note. The New Beginnings Association of Lethbridge receives a hundred per cent of its funding from community access supports. They have heard nothing about what this 40 per cent cut means. Does it mean they lose 40 per cent? Do they lose 10 per cent? Do they lose all of it? What they do is that they take people to doctors' appointments. They engage them in physical activities like swimming. They help them with life skills training, which, by the way, is going to assist in moving towards employability, and they do what they can to integrate them into the community. What's going to happen with New Beginnings Association of Lethbridge?

Mr. Oberle: Well, I can't comment on any individual service provider and what their contract is going to look like going forward.

What I can tell you is that it's not true that they've heard nothing. They have heard that we're going to extend their contract status quo till June 1, and we're going to work together with them on providing a new contract.

I would argue that life skills training is indeed targeted towards an outcome, and they're likely to find a home. Any provider that is onboard with an outcomes-based system and is willing to provide services in that direction is going to have a home with us, and those that don't probably won't.

Ms Notley: I want to talk about employment for a bit because I spend a lot of time with workers' compensation, as you know. I don't want to get lost in that morass because it would come to blows, and we'd be here for nine hours, and it would just be bad. The WCB as a whole, though, has a long-standing history of sort of identifying employment for people and then telling them to do it. How are we going to fix that? How's that going to be approached? I will go back to that when I get my next chance to ask you questions.

Mr. Oberle: Who has a long history? Sorry. You lost me there.

Ms Notley: I don't get to talk any more.

The Chair: I think we'll just move on. There will be other opportunities to pick up on that.

We'll now go to the next 20 minutes for private members of the government caucus. We'll go with Mr. Jeneroux.

Mr. Jeneroux: Perfect. Thank you.

The Chair: Do you want to go back and forth?

Mr. Jeneroux: Yes, please.

The Chair: Very good. Okay. Whenever you're ready.

Mr. Jeneroux: And when I interrupt you, it's just because I'm showing off. That's all.

Mr. Hancock: Modesty is always good.

Mr. Jeneroux: I want to focus, I guess, the majority of my questions on child care. It's no secret – I talk about them quite a bit – that I have two young girls, a five-year-old and a four-year-old. I'm in a daycare every single weekday morning, and it can be challenging at times just seeing a lot of the turnover that we see with daycare workers. I'll give you an example. My girls have changed daycares just once, but they've changed daycare workers who are in charge of them. I think I averaged it out to about three months. Every three months they had a new daycare worker. It's okay. My oldest seems a bit more adaptable to that. My youngest gets quite connected to the workers, so it's a bit of a transition. Then, for me, when I drop her off, there are a few more tears and that. You know, it impacts my day, it impacts their day, and it impacts my daughters' day, too.

I guess I want to kind of go down the line of: how are we as a ministry looking at keeping and retaining good staff? It seems to be that the staff – and I've talked to a lot of them personally – will find opportunities to either make more money or have a larger impact by, you know, going back to school and going into the education field or whatever. There are a bunch of anecdotal stories there as well. I guess that's my question, and I'd like some back and forth on that.

Mr. Hancock: Sure. That's an interesting dynamic because, of course, you want people to aspire to contribute at their highest level. We have a program in place where we've encouraged staff

development and we've encouraged staff education, and we actually have a subsidy program to subsidize wages so that daycares can hire people who either have or get that accreditation and that education. But the chances are that when somebody goes into school and upgrades, they'll get a thirst for it – we know that; we understand that – and they will then decide that they might move on to a higher level, perhaps even becoming a teacher or to some other area. So that's one of the dynamics that you can't really account for.

You don't want staff turnover just because it's a low-end, low-wage job, but I don't think that's what we're seeing. I stand to be corrected, but I don't think that's what we're seeing in daycares across Alberta now. Because we've instituted the accreditation program, 97 per cent of our daycares are either accredited or have achieved accreditation or are in the process of achieving accreditation. A lot of that is because we've put such an emphasis on accreditation, on topping up the wages, and on supporting the services.

Now, one of the downside risks is exactly what I've said. As you get people into that place and they see what the possibilities are, they tend to aspire, and that's a good thing, but it has downside consequences.

Mr. Jeneroux: Okay. I don't want to talk too much more about that, but what I find a lot is on the actual benefits from the job. Unless you're really passionate about kids and giving back, the benefits really don't seem to be there in a lot of ways for these kids in Edmonton, out of MacEwan University in most cases, to stay in those jobs. They're finding the health benefits, all of those, just aren't there. I don't know how the government interacts with that, but I just want to kind of put that on the record. That's a lot of what I'm hearing when I talk to these workers.

Mr. Hancock: We do recognize that. We do have a benefit contribution top-up grant that we put in. About 16 per cent of the wage top-up and staff attraction incentive allowance is on that benefit side, so to encourage the benefit programs. I know your particular daycare because it used to be in my constituency.

Mr. Jeneroux: It's now in mine.

Mr. Hancock: It's now in yours, and it's run by the Y, and they are a good employer from that perspective, but I recognize that's an area that changes across the system. We encourage the benefit program with the 16 per cent portion of the top-up grant.

Mr. Jeneroux: Okay. Well, that's great to hear.

I want to talk about the quality funding grant. I guess it was a bit disappointing to see that that's now off the books. You had a few comments about that with the Member for Calgary-Shaw. I guess that for the growing communities, where I am and where my constituents are, you said something about saving \$7 million there. Why now? Why are we deciding to do this now? It seems that we have a lot of these growing communities, especially in the cities. To have an opportunity like that would definitely, in my opinion, benefit a lot of our growing communities, to still kind of have something like that in. Again, my question is: why now on that?

Mr. Hancock: Well, that grant had been in since I think the year 2003, and the purpose of it was to move daycares from where they were to an accreditation status. So there are two aspects to that. One is staff training and staff accreditation. The other is renovations, equipment, toys, moving to a higher level. We've achieved that for the most part.

It was never intended to be a permanent grant. It was intended to be an incentive to get people into the accreditation process, move them through it and get them accredited.

10:15

As a business model daycares have a number of expenses, and one of the things they have to budget for is the maintenance of their equipment and the maintenance of their place. That's a common business expense. It was never our intention to pay that maintenance cost on an ongoing basis forever. It was our intention to incent the movement of daycares across the board from lower standards to higher standards.

In new areas such as yours and mine, where there's need for new daycare centres, they should come in at the accredited standard. Now, that may have an impact on costs. That may well be so, but that grant wouldn't be intended to incent a new one starting out to bring them up to the standard. They should come in at the standard. What we needed to do was to move our full daycare complement up to the standard, and that's what we've accomplished.

Mr. Jeneroux: Okay. That helps explain the purpose of the grant.

I guess the kind of follow-up to that, though, is that it is tough to start a new daycare in these new areas right now. Lots of them are in churches right now. Lots of them are in schools. I mentioned the one that my girls go to. There are also a few other schools that are kind of kicking around the idea of having daycares in there. Our committee talks a lot about communities and building communities. It seems to make sense to partner a lot of these with the existing infrastructure even if it's a community league hall, something like that. My conversations with constituents is that it's not easy to get these things kind of off the ground. That was, I guess, my understanding of what the quality funding grant was for, but you've explained it, I guess, in a bit more detail there. I don't know if you have any comments about that also.

Mr. Hancock: Well, one of the areas that we have focused on – and I started when I was Minister of Education and continue in Human Services – is to align exactly that. Particularly, when we opened some of the new schools, there wasn't provision for the community engagement piece. I've hoped that we'd move that model so that there's more community relationship. Particularly in new suburban communities, where there are not a lot of places for a daycare to operate, before and after school care and daycare could be closely aligned with schools. There are something like 750 programs across the province where they're school related.

The other one, of course, that you mentioned is church related and looking to other community facilities. The Y, again, has been a past master of that. They have a lot of co-located programs in the communities. Not-for-profit organizations tend to do that. For-profit organizations tend to look for strip malls. In suburban areas, again, such as yours, which I know so well because it used to be an area I represented, part of our problem is that there's just no space, so there's no place for a daycare to locate, and one of our struggles with the new schools was that they weren't built with that in mind. I'm really focused on that and try to encourage as we go forward that we keep that in mind as a full part of the spectrum of early childhood development.

Mr. Jeneroux: I appreciate that because it just makes sense in these new communities to have that.

Moving on a bit to a program that, when looking at the website, I really wasn't familiar with until then. It appears that it started in October. Can you explain the purpose and the goal of the immigrant child care staff preparation project? Why do we need something like that?

Mr. Hancock: We're doing a lot of work on early childhood development and the broad piece. One of those areas is how to ensure we work in the various sectors for support. Staff may send me a note if I'm going offline on this one.

Just as an example, at one of the schools here in Edmonton there's an immigrant program where immigrant mothers can come in. Their children can go to the daycare, and they can go upstairs for language schools. They can integrate better with each other and learn better with each other. We found that to be an interesting pilot, if I can call it that, in terms of how we help the immigrant family get established and the immigrant children get a good start. So we're looking at some of those areas to see how we can develop programming that will really help children who otherwise have a disadvantage in their start to get an advantage but also help the parents get established.

Mr. Jeneroux: Okay. Is it to assist with getting immigration – what do you call it? – child care staff, I guess, up to speed so we're getting more of them to work? Or is it more for . . .

Mr. Hancock: Well, that's an element of the program. The one that I'm talking about specifically is that the mothers, typically mothers, then can be involved in the daycare program itself and achieve some skills which they can utilize going forward. It's actually quite an exceptional program, and it's well worth a visit to see what they're accomplishing there. It's quite exciting.

Mr. Jeneroux: Yeah. I'm surprised I haven't heard anything about it because it does sound like quite the program.

Mr. Hancock: I'd just add to that. There's a link with what's happening at Grant MacEwan in this area, and part of it is aimed at improving the qualifications for immigrant staff so they can move into that area.

Mr. Jeneroux: Okay. Yeah. That's great because a lot of the staff that my girls have seen are passionate immigrants that have come here and want to play a role within these daycares. That's excellent to see something like that.

We talked about the lower income families and the subsidy grant that they're receiving. I guess I kind of struggle with this. My area, again, is a pretty affluent area. I'm comfortable in saying that. I don't know how many, but I'm sure there's a lower percentage of people that would apply for this particular option than in other areas of the province. What I am seeing is that a lot of moms – you know, I shouldn't limit it to moms; dads as well – whom I've met, have decided to stay home instead of going back to work.

These are well-educated, well-trained individuals who have spent a fair bit of time in the work field already, and they're now deciding that, weighing the cost of paying for child care and the cost of just staying home, they'll just make the decision to stay at home. So we talk about encouraging people to come to the province and work, but we have a lot of these individuals who are just choosing to stay home.

I see that \$50,000 – we've raised it, and that's great, but there's still a bit of a disconnect if we're just measuring it with dollars and not, I guess, somehow balancing the incentives. I'm by no means an expert on this, so I'm not here with a solution, just throwing that out there on the record.

Mr. Hancock: Well, I think the critical thing for us here is to understand what our outcomes are and what it is we're trying to achieve. It's not our role to interfere with people's personal choices relative to whether they choose to work or choose to stay home and

raise their family. At a certain income level people have a ready choice that they can make. It might be a difficult one, but that's a choice they can make. One could look to whether or not there are ways of balancing more fairly the child care costs with income deductions and that sort of thing. That's an area that I think we should be looking at more as we go forward, how we could encourage appropriate deductions for child care and that sort of thing.

This program that we have is really about how we help those who don't have the choices because they don't have the income levels or the education levels or whatever it is. Our programs are aimed at ensuring that daycare is accessible for lower income people so that they can actually participate and improve their family situation so that they can make those choices, but it's not up to us to interfere with families making their choices with respect to how they want to raise their families and that sort of thing.

If people are making the decision to stay home because they've got a larger family, two or three kids, and the cost of going to work doesn't benefit the cost of staying home or because they believe they should stay home and raise their family, that's their personal choice. I don't think it's government's role to interfere with that. There could be a fairer way, presumably, of doing the tax system so that income was sort of neutral to their choice, but our objective is to help those who need help to overcome their barriers to success and achieve success.

10:25

Mr. Jeneroux: Okay. That's fair enough. We just see a lot of that in the constituency and would just seize an opportunity to incent these individuals to stay at work.

I do want to talk about the creating child care choices plan that was announced back in April of 2008. I guess it sounded like a great plan; I wasn't around at that time. I imagine it's seen some successes; I hope it has. If you could kind of talk about some of the results that you've seen since that implementation.

Mr. Hancock: Well, it was a very successful plan. I think it created about 20,000 new spaces in the province. I believe that then-minister Fritz was one of the champions of that and saw it to its successful conclusion. You know, there was a need to grow the number of spaces, and that happened, so the program that was done was successful and was concluded. I mean, some of us would say that, you know, we could use more because we've got growing suburban areas that don't have the spaces. It would be useful to be able to, for example, fund modulars that went with the new schools, although that's a whole different issue because there's no place for those modulars anymore.

Mr. Jeneroux: Yes. You know the constituency well.

Mr. Hancock: Well, my constituency, too, has the same issue.

That program itself was very successful. It created the spaces, achieved its results, moved us to the new level. Yes, there is still need in certain areas, but we achieved a new equilibrium I think is the key.

Mr. Jeneroux: Great. I think I have about a minute left here.

I should just really ask you about how amazing the Youth Secretariat is doing, but I'll save that for somebody else. I know it's top of mind.

I guess I just want to quickly chat about the mental health supports for children in care as well and in terms of the access to wait times for mental health services. What do we know about a lot of this?

Mr. Hancock: That is an area that's near and dear to my heart in terms of the whole wraparound services piece, how we work not just with children in care but with children having access to mental health services. Obviously, the budget for mental health services itself is in the Health area. We've been working very closely with Health in the area of early child development, which is early diagnosis in certain areas. Obviously, if you can diagnose a child with autism at age two, the research clearly shows the impact of being able to intervene earlier, the impact that that has as opposed to the cost and the lower efficacy of intervening later. So there's work to be done in that area.

The beauty of our results-based budgeting process and the Human Services department alignment and the focus that Premier Redford has had on working better together is really helping us in that area, but there's work to be done.

Mr. Jeneroux: Thank you.

The Chair: Thank you.

Okay. Now we're going to move on to the portion where we're five and five or a total of 10 minutes.

I've got Mrs. Towle up first. Would you like to combine?

Mrs. Towle: Yes, please.

The Chair: Very good. Whenever you're ready.

Mrs. Towle: Thank you. Thank you very much to your staff and to you and Mr. Oberle for making yourselves available. I appreciate the opportunity. I want to go back to Michener Centre. I appreciate your position on outcome-based supports, but I just want to walk through this a little bit. As someone who took care of somebody with Huntington's, for example, there really isn't an outcome. The outcome is death. There's no treatment. There's no cure. In my brother's case he was given two years to live. You can't teach them new tricks. This doesn't work like that.

I guess when we're talking about outcome-based supports, we need to be a little bit realistic because there are those in community facilities and there are people like my brother who really aren't going to have an outcome. They might be palliative. They might be literally not able to achieve an outcome-based support.

I've met with a few families at Michener where the families have said that in the cases of their loved ones there are a number of them that they feel absolutely – you know, they've been there 39, 41 years or are in those end stages of their life, and they don't see an outcome-based support program for them.

When you're dealing with that type of client, what is the plan to make sure they have appropriate resources if there really is no outcome? I mean, we can talk about how they should go for a walk every day, or maybe they should attempt to become employable. But I can tell you that I lived that for two years with my brother, and he couldn't remember a minute before or a day before. That's just not an option for everybody. If you're moving to this new outcomes-based model, what about those who fall through the cracks? Seriously, I'm very, very concerned because I lived this for two years, and I'm terrified.

Mr. Oberle: Well, first of all, thank you very much for your concern. I share your concern. I never said and nobody is, I hope, being led to understand that everybody that's in the Michener Centre today within two years will be out in the community, fully employed, and that's it, they'll be off support roles and everything else. That's not even the beginning of the case. In fact, just as there were in the Eric Cormack Centre, there are a number of extremely medically fragile people in the Michener Centre that, quite frankly,

would be better residents in a health care facility. Some of the people in there, I think over 50 of them, are, in fact, senior citizens and in need of long-term care. There are people that need appropriate health care settings; there's no doubt it. But outcomes aren't just employment. They're health, well-being, safe and secure housing: all those things. We think that this is the right thing to do.

Mrs. Towle: I can appreciate that you think it's the right thing to do, but in a number of those cases have you sat down with every single family and had that conversation with them personally? They're very frustrated.

Mr. Oberle: No, we haven't, but we will do that with every single family. We will sit down and plan with every single family, and their loved ones will not be moved until we've achieved a plan and an appropriate destination for them.

Mrs. Towle: I appreciate that commitment. I'm glad that you went to about 50 of them being seniors needing long-term care because that's my understanding as well, being in the adjacent riding to them. As I'm sure you're aware, we have just under 500 people sitting in acute-care beds, awaiting long-term care. These people have made the community of Red Deer their home. Some of those people live in my riding. Some of them live in Calgary. Some of them live in Red Deer and Edmonton and other areas of Alberta.

We have 500 people sitting in beds awaiting long-term care, and then we have these people who are going to need long-term care. The government is not opening any new long-term care spaces. They talk about continuing care spaces, but there are no more long-term care beds coming on line. I guess I'm just wondering: when you're providing this messaging – and I appreciate that you're in a different role and that part of it's Health, and you have to have this co-ordination of ministries – I don't know how we can realistically tell families.

I know even in my own case my brother waited two years to get onto the Fanning list, and by the time he got there, he died. The Fanning centre is where he needed to be, so we had to put him in this sort of substandard long-term care facility. It was totally inappropriate for him. We're going to take people from Michener who require special care, and we're going to put them into a long-term care facility, but that's not always appropriate. I can speak for myself from my brother's case with Huntington's. I mean, his actions were inappropriate. It made all of the other residents uncomfortable. He was essentially ostracized. The staff had a difficult time dealing with him. He didn't fit in there, but he was stuck there for two years on the waiting list because the Fanning centre, where it was appropriate, was not available.

So the people from Michener Centre: I mean, you could be waiting five, 10 years to get them into long-term care because, as we know, everybody is aging and those in the continuing care placement model are going to need long-term care beds, too. I just don't see how this jives with the budget.

Mr. Oberle: Well, all I can do is go on the information that I have, and Health informs us that they're going to be able to accommodate the clients that are in need of long-term care. We're not going to put anybody in an inappropriate care setting, and not all of them are appropriately housed in a long-term care facility. In addition to their medical needs, there are a number of behavioural needs and other issues that we have to address.

Mrs. Towle: That's right.

Mr. Oberle: Nobody is going to be moved to an inappropriate care facility. But we are informed, based on what we know now without

actually having the planning step with the families and the guardians involved. We believe that we can accommodate those patients now.

I might point out that while they have for many years made Red Deer their home, many of them, in fact, don't come from Red Deer.

Mrs. Towle: I know.

Mr. Oberle: The majority of them don't. They will be placed around the province, in consultation with the families and the guardians. Many of them have already identified they don't want to be in Red Deer.

10:35

Mrs. Towle: And I believe that that's a fair comment – you're absolutely right – because I've met with many of the families as well. I can appreciate that it's never the intention to put someone in inappropriate care, but the fact of the matter is that it happens. If the bed is available at the first available continuing care centre, Alberta Health Services' policy is that they can be put up to a hundred kilometres from their very first choice.

Let's just say that one of these residents wants to go to Airdrie, for example. They can be put in any facility as soon as they go onto the long-term care or the continuing care wait-list, which they'll have to do unless we're going to queue-jump because there are already people on that list who are identified as medically fragile as well, awaiting a long-term care bed and sitting in acute-care hospitals. Unless they're going to queue-jump those people, they're going to have to follow Alberta Health Services' policy, which says that they could be shipped up to a hundred kilometres away from their first choice.

I appreciate that it's not the intention to go to inappropriate care, but it's happening every day. I lived it with my brother. The reality of it is that you're right. These people have special needs, and they go from a very unique situation where they're getting those needs met right now into a long-term care facility that isn't equipped. There are very few long-term care facilities in the province of Alberta that actually have the ability to take care of developmentally disabled seniors or any age, actually. As we know with Michener Centre, I mean, there's a reason why these institutions exist.

I guess that's the other part of it. You talked earlier about getting away from institutionalized settings. I hate to say it, but long-term care facilities are institutionalized settings. Very clearly, you go into them, and they're an institution. So we're taking them from one institution that's working and moving them into an institution that is absolutely, completely nonfunctional. I can appreciate that's a difficulty for you, but I'm telling you as a family member that when you take them from one institution that's working and throw them into an institution that's going to be disastrous, the negative impact to their health and to the family is going to be devastating.

Mr. Oberle: Well, first of all, I don't know the individual circumstances of you and your family, and I guess I would apologize if that's your experience with the system. Obviously, I have to work with AHS because they have the facilities, but don't for a second interpret this to mean that I've got a group of clients where I can go, "Here, they're now AHS's problem," and I can walk away from it. They will remain clients of the PDD program. They will be subject to our policies and our direction, and as I've explained a number of times, that involves planning with our staff, their families, their guardians a care plan in an appropriate facility. That may be a long-term care facility. If that were the case, that would be because of the level of care that's necessary and where the best facility to get that level of care is.

I would argue that Michener is not capable of offering a long-term level of medical care right now. It may not be long-term care,

and for many of the residents currently in the Michener Centre it won't be. But I am in no way whatsoever washing my hands of the persons that are presently in care in the PDD program and will continue to be.

Mrs. Towle: And to be clear, I'm not saying that you are. I actually believe that you aren't washing your hands of them. I'm just enlightening you as to the realities of a very big bureaucratic system. The reality of it is that we can say that when they go into a long-term care facility, they're still a PDD client, but they fall under long-term care.

Mr. Oberle: But the reality of the long-term care situation and Alberta Health Services' policies is that those people, all quite aged obviously, who are in need of full medical support have family structures and support structures radically different from people that are in the PDD program, many of whom have been there all their lives.

Mrs. Towle: But I would actually disagree with you. I mean, my brother was 32.

The Chair: Mrs. Towle, we'll just cut that off there if we may. We went over our time.

Mr. Oberle: Not to disagree with you, but I'd be more than happy to carry on that conversation.

The Chair: We'll go to Mrs. Jablonski, followed by Ms Notley.

Mrs. Jablonski: Thank you, Chair. And you will carry on the conversation because Kerry has asked many of the questions that I had on my mind as well.

First of all, I would like to thank you, Minister Hancock, and you, Associate Minister Oberle, and your outstanding staff for being here this morning, sincerely. I have had the honour to work directly with many of your department officials, and it's especially important to me that not only are they competent, but they are also compassionate. This is so important in the area of Human Services, as we all know.

Over the last 60 years Red Deer has had the privilege of housing, caring for, and training thousands of people with developmental disabilities through Michener services. Now, as the government has made the decision to close the Michener Centre, many in my community are seriously struggling with this decision. Elected officials, community leaders as well as past and present employees are concerned with the outcomes for the 125 residents that will be moved to other facilities in the community in the next year. As you know, some residents have lived there their whole lives, some for 50 years. They're happy and thriving. We know that simply moving them will put them at risk. That's a fact of life.

I understand that 50 of Michener's residents who are now seniors will be moved to continuing care, and I've been told by the people in the field that seniors with developmental disabilities and Alzheimer's or dementia, which many of our Michener residents have, require significantly different care than seniors with disabilities. Is there funding in your budget to provide for the specialized training that continuing care personal care attendants and LPNs will need in order to properly care for these developmentally disabled special-needs seniors?

I would be disappointed to hear that you're leaving the specialized care training in the hands of Alberta Health Services, because your PDD are the experts. This is an important question to me. You did say, Minister, that when they went into continuing care, they would still be under the auspices of PDD. Did you say

that? I'd like to know how you're going to be sure that the training is going to be there for the specialized care needs.

Mr. Oberle: Thank you for the question. First of all, I would be remiss if I didn't mention that Alberta Health Services has some very highly qualified staff as well.

Mrs. Jablonski: Not trained in PDD.

Mr. Oberle: In fact, persons with developmental disabilities doesn't typically deal with persons who develop disabilities after they're 18 years old. They're typically clients of Health. Health has got a tremendous amount of capability and training. So do we; you're right. Thank you for acknowledging that. Not only will we work together with Health in providing training and ensuring proper care; in fact, some of our staff will transition over to Alberta Health Services, and some of our staff will transition into our own department as well. We're not going to lose the staff capacity that we have and the training abilities that we have.

Mrs. Jablonski: I'm very pleased to hear that some of your staff are going to transition to Alberta Health Services. I still think that your department has the expertise, so it was really good to hear that.

I've heard this discussion about achieving efficiencies in the ministry in your operations. I'd like you, Minister Hancock, to describe how much you will save in the associate ministers' and deputy ministers' offices to achieve efficiencies.

Mr. Hancock: I think we're going down about 10 per cent this year in the overall piece. It's about \$2.1 million in direct annual savings through the consolidation of the ministries, but it's about 10 per cent of our support services budget.

Mrs. Jablonski: Okay.

Mr. Hancock: And that, I say, is on top of what we did last year because a lot of the consolidation happened last year. This is the second year of it with some additional pieces coming into the department, and of course we lost a couple of pieces to advanced ed.

Mrs. Jablonski: Minister Oberle, you compared the cost of a resident at Michener at \$175,000 per year versus the cost of a resident in a community at \$65,000, I believe. I just wanted to know if you had included the cost of the residents now being able to collect AISH and all the benefits of AISH on top of their care inside a community agency as well so that we're comparing apples to apples.

Ms Doyle: The \$65,000 is what PDD pays. PDD basically pays for staffing supports, so the people who are in the community right now – we have about 9,700, and 235 are at Michener – who are under the age of 65 are receiving AISH. The people under the age of 65 who are transitioning out from Michener who haven't received AISH now will be receiving AISH. Roughly the cost of that is between \$3 million to \$5 million per year.

10:45

Mr. Oberle: I could add there that the cost of \$65,000 is an average across the community living spectrum, and I recognize that it's likely that won't be representative of the average cost of the people that come out of the Michener Centre. I'm giving you sort of budget end points. This is what it cost us in the Michener; this is what it costs us in community living. I can't actually identify the cost right now until we go through individual planning with every family and identify care plans for each individual in there. But in order of

magnitude obviously there's a tremendous difference between the two costs.

Mrs. Jablonski: Michener houses some of our most complex-needs individuals, some of the most vulnerable, and some with the most violent behaviours as well. They're placed in Michener because we have long-term, well-trained staff. They're very professional, and they're very successful in their care for the individuals at Michener. I'm wondering if your budget has provided resources for this type of specialized training and perhaps specialized facilities in the community. When they leave Michener, when we have complex-needs people in the community that might have gone to Michener, one of the things that you really need to determine is their level of medication, for example, which is very specialized, and how that medication is administered. I'd like to know how we are going to be doing that as we move forward.

Mr. Oberle: First of all, I would argue that some of these residents have been placed there not because they have specialized staff, not to take anything away from the excellent and dedicated staff that we have working there, but historically I think some people were placed in institutions because there was no place else we could place them. Quite simply, that's how sometimes historically those decisions were made. I think the model has evolved greatly. We care for a number of very challenging behavioural issue residents in the community today in all sorts of care settings, and we deal with their medication needs and safety and all of those things in the community.

Now, I recognize that there are some very challenging residents in the Michener Centre right now. Absolutely. With them as with anybody else we need to develop care plans and appropriate pathways. Nobody will be moved out of there into a facility where their health and safety or the health and safety of the workers or the community is going to be jeopardized. We do have a number of specialty facilities already, homes that are specifically renovated to deal with the level of need that you've identified. We have \$10 million in capital identified where we can build more capacity if we need to.

You know, we haven't completed the plan yet, but we will be working with staff. Some of those staff will be maintained within the system. They will continue to provide care. They will be absorbed into our staff, into Alberta Health Services, and in some cases into agency staff. They will still be front-line care workers.

Mrs. Jablonski: Thank you, Minister.

Mr. Hancock: Can I just add to this that Minister Oberle oversaw the transition on the Eric Cormack Centre in Edmonton, a smaller scale project.

Mrs. Jablonski: Twelve members.

Mr. Hancock: Twelve, yeah, but very, very similar: the very same concerns from family, the very same concerns in the community. It was done very, very well and very effectively. The families actually have in many cases indicated they appreciate the way it was done. We're going to do Michener in exactly the same way, with care, with family involvement, with discussion of plans, and with personal care plans.

Mrs. Jablonski: Thank you, Minister. I understood that without you even saying that. I know that that's what you're going to do. I mentioned how competent and compassionate your staff is. I do appreciate that. I appreciate that we did take a smaller institution and transition it.

A quick question at the end about people that become very violent or whatever, out of character. Transitional housing or a place to have them go where we can get them stabilized, stabilization centres, perhaps: can you tell me if your budget has anything in there for that sort of thing? I think it's really important.

Mr. Oberle: Yeah. Thank you for mentioning that because I wanted to add one piece to your previous discussion. When we talk about persons with complex needs and extremely dangerous behaviours, those are not 24 hours a day, 365 days a year behaviours. They're often expressions of extreme incidents, mental health incidents. That's a characterization of the state that person is in when they're admitted to a higher order facility, often an institution.

We have a number of care settings across this province where people are cared for in the community. We have actually reduced their Alberta Hospital visits by the level of care that they receive in the community and better access to emergency care. We now have almost SWAT teams, if you will, mental health teams between PDD and AHS that provide care in the community and can address behavioural escalations like that.

The Chair: Okay. Minister, I'll just stop you there if that's okay. I'm sure it'll come up again. We're cutting into our next speaker here.

Ms Notley, back and forth?

Ms Notley: Sure. Yeah.

The Chair: Okay. Very good.

Ms Notley: If you can do it in two sentences, you can finish what you were saying.

Mr. Oberle: A tall order. Okay. You know, we have teams that can provide in-community care, respond quickly. We do need transitional stabilization beds, and we have capital money that will do that, too.

Ms Notley: How many transitional stabilization beds will you be building and where?

Mr. Oberle: That's a good question.

Ms Doyle: Right now we're working on an integrated housing and support framework. We're working with Alberta Health Services on the design of a stabilization unit. We're looking in terms of the capacity being around 12. Some of that is a step up, step down. It is people leaving the community who are having an episode, but they don't need to be admitted to a psychiatric hospital, and some of it is people leaving psychiatric hospitals who are not quite ready for a community setting.

Ms Notley: So you're looking at about 12 beds in one location or in the three major locations? I don't want to – three locations which are largish but not major because everything is major.

Ms Doyle: We're looking at at least two settings in terms of 12 at each. That's part of the planning. Right now that's where we're at. It's part of the planning.

Ms Notley: Do you see that happening by the end of the year?

Ms Doyle: Certainly, for one setting, yes.

Ms Notley: Where would that be?

Ms Doyle: That's what we're working on with Alberta Health Services right at the moment.

Ms Notley: All right. Okay. Just going back to Michener quickly hopefully. You mentioned that you had talked about having better outcomes in the community settings versus Michener. Again, I'm wondering whether you can table reports that specifically compare the outcome measures between Michener and the community settings because it needs to be a comparison of the two in an evaluation of outcomes of similar populations. Do you have that documentation that you can table?

Mr. Oberle: Specifically comparing outcomes of Michener?

Ms Notley: Versus like populations in the community.

Mr. Oberle: I can specifically compare outcomes from institutional settings and community living settings. The experiences we draw on don't come just from Alberta but come from across Canada and North America.

Ms Notley: Right. I guess the difficulty with that is that that's really a very apples-to-oranges kind of analysis. I mean, Michener at this point is rather unique in the way in which the population has slowly declined and the specific nature, the longevity of that population, the acuity of that population. It's a rare comparison.

Mr. Oberle: That's not an unusual circumstance across North America in that institutions have been closing, and they've been closed to admissions for a long time.

Ms Notley: Well, I know I was in B.C. when the one that you referred to closed in '97. There was actually quite a bit of difficulty associated with that. But if you can table what you've got, that would be helpful. We'll look at whether we think it supports your argument or not once we've seen it.

As well, I understand that Calgary PDD did do a pilot project on increasing employment outcomes, and I'm wondering if you can table that for us to review.

Mr. Oberle: Can you comment on that, Brenda Lee?

10:55

Ms Doyle: Yes. I'd be happy to. Calgary, probably for the last five years, has been working on employment and having kind of a dashboard of results, so we can certainly provide some of that information.

Ms Notley: Okay. That would be great.

Going back to Michener – sorry; I wrote this down in kind of a messy way. There was some discussion about this already with a couple of the other members. Can you anticipate at this point how many of the residents who are being moved will be staying in the Red Deer community?

Mr. Oberle: By "Red Deer community" do you mean at the Michener Centre in the group home setting?

Ms Notley: No. Just in the community of Red Deer itself.

Mr. Oberle: No, I can't. I don't think we know right now.

Ms Notley: Do you have an estimate of how many?

Mr. Oberle: No, I don't. It depends now on individual care plans and the desires of the guardians and families of those individuals. Some of them don't live in Red Deer but, you know, have

connections there. We can't identify right now where they're going to want to place their loved ones.

Ms Notley: The wages of the people. Do you have information about the average wage of the staff at Michener versus the average wage of people in the community settings? Obviously, we've talked about how the average wage of people in the community settings is lower than it should be, but do we have generalized information about the wages?

Mr. Oberle: Well, the staff at Michener are GOA, AUPE staff. They get that wage. Obviously, with the community settings staff, the private agency staff, we have direct operations as well. The private agencies pay less. That's been an ongoing problem, which is why we have the 10 per cent increase this year.

Ms Notley: Our general understanding is that the gap is about 30 per cent. Of course, it really depends on seniority, how long these people have been at Michener. If they've been there for a long time, we pay them for the benefit, the privilege of their tenure and their relationship with the staff. For Michener, in particular, I'd be interested to get the information about the wage gap that exists between those staff and the staff in the community settings because it's going to be different.

Mr. Oberle: Yes, it's going to be different. Yes, we have highly qualified staff in Michener, and they are paid accordingly. That's the whole point about our wage approach to the service provider sector. We have to do something to retain staff, to retain that capacity, that level of training and, in fact, grow it, provide a career path rather than a turnover in that sector. That's what we're working on.

Ms Notley: That's right. I know you're working on it.

If you can't give me the details, am I correct in my general assumption that even with the injection of the partial wage thing that was planned by the Premier, we're still looking at about a 30 per cent wage differential?

Mr. Oberle: I don't think it's that high, but I will freely admit that the current 10 per cent salary increase does not address the wage gap. Brenda Lee informs me that it's closer to 15 per cent right at the moment.

Ms Notley: A 15 per cent wage gap. Okay.
I'm going to flip over really quickly.

The Chair: You have about three minutes.

Ms Notley: Three minutes. Okay. Good.

I'm going to go over to AISH. We talked in the fall about the fact that wait times for processing AISH applications jumped. At the time we were given information that showed they jumped about 50 per cent. I have since been told that, in fact, our information was not accurate, that it underestimated the length of time for people to get their AISH applications processed. I'm just wondering if you can tell me what the current wait time is, averaged and by region. I believe there was a differential between the two. Also, can you tell me what the wait time is for appeals? I understand that it is also growing.

Mr. Hancock: The current wait time is about 25 weeks, I'm informed, as opposed to our traditional 12 to 14 weeks. So it is about double the traditional time. We've put in place a number of things to try and move it back down, including sort of evening it out

across the province by using technology better to do the queue, if you will, provincially rather than regionally so that people can access the next available file and deal with it.

Ms Notley: I know that wait time was the case, gosh, almost six months ago. So how long have you been putting in the efforts to reduce the wait time?

Mr. Hancock: About six months, I think.

Ms Notley: Are you seeing that it's working?

Mr. Hancock: It moved up rather quickly, and we grappled with that. We had to train staff. We had to improve technologies. We had to improve our processes.

Ms Notley: Right.

Mr. Hancock: That work has been substantially done, and now I think we're beginning to see the impact on the caseload file.

Ms Notley: What about the appeal wait time? I do understand that that is also rather out of control.

Mr. Hancock: I'll have to get back to you on the specifics of wait times, but I'll say this. One of the areas that I have not done a very good job is in getting the appointments to the appeal panels renewed on a timely basis. We've looked at the appeal panels. We have a myriad of appeal panels across the province. In bringing the departments together and the various processes together, I'm trying to do a process of regularizing and streamlining the appeal processes. Quite frankly, the appointments got lost a little bit in that process of renewal. That's a failing on my part. I freely admit it. We're working on getting that regularized. I think we've got most of the appointments done, and we'll be getting the appeal periods fixed.

Ms Notley: Would I be misquoting or making outrageous statements if I were to say that the waiting time for appeals is about six months?

Mr. Hancock: We'll get you the specific number, but the critical piece is that, first of all, people who are waiting for appeals, particularly on AISH, are getting income support, or if they're eligible for AISH, they're certainly eligible for our not-expected-to-work income support.

Ms Notley: I know. We're going to be talking about that next.

Mr. Hancock: If they find that they are eligible for AISH, their eligibility starts from when their application was complete, not from when their appeal is complete.

The Chair: All right, Minister. We're going to cut it off there. Our time is used up for this morning. As a matter of fact, it's slightly over.

I'd like to remind the committee members that we're scheduled to meet again this afternoon to consider the estimates for the Ministry of Human Services. If you want to leave your stuff here, that's fine. Our first two speakers when we get back will be Mr. Goudreau and then Mr. Wilson. We'll see everybody this afternoon.

We're adjourned.

[The committee adjourned at 11:02 a.m.]

