



Legislative Assembly of Alberta

The 27th Legislature
Third Session

Standing Committee
on
Health

Department of Seniors and Community Supports
Consideration of Main Estimates

Wednesday, February 17, 2010
6:31 p.m.

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The 27th Legislature
Third Session**

Standing Committee on Health

McFarland, Barry, Little Bow (PC), Chair
Pastoor, Bridget Brennan, Lethbridge-East (AL), Deputy Chair
Blakeman, Laurie, Edmonton-Centre (AL) *, Acting Deputy Chair, February 17, 2010

Forsyth, Heather, Calgary-Fish Creek (WA)
Groeneveld, George, Highwood (PC)
Horne, Fred, Edmonton-Rutherford (PC)
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Department of Seniors and Community Supports Participant

Hon. Mary Anne Jablonski Minister

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Wednesday, February 17, 2010

[Mr. McFarland in the chair]

**Seniors and Community Supports
Consideration of Main Estimates**

The Chair: Good evening, everyone, and welcome to our meeting of the Standing Committee on Health. I'd like to note that the committee has under consideration the estimates of the Department of Seniors and Community Supports for the fiscal year ending March 31, 2011.

I'd ask that we introduce ourselves after we've shut off our phones and for the records. Madam Minister, if you would introduce the department staff that are attending with you, I'd appreciate that. We can start on my left.

Mr. Olson: Hello. Verlyn Olson, MLA for Wetaskiwin-Camrose.

Ms Pastoor: Bridget Pastoor, MLA, Lethbridge-East.

Mrs. Jablonski: Mary Anne Jablonski, MLA, Red Deer-North. With me I have to my right my deputy minister, Robert Bhatia, and to my left my CFO, Susan McCulloch.

Mrs. Forsyth: Heather Forsyth, Calgary-Fish Creek.

Mr. Boutilier: Guy Boutilier, Fort McMurray-Wood Buffalo.

Ms Notley: Rachel Notley, Edmonton-Strathcona.

Mr. Groeneveld: George Groeneveld, Highwood.

Mr. Horne: Fred Horne, Edmonton-Rutherford.

Mrs. Leskiw: Genia Leskiw, sitting in for David Quest.

Mr. Vandermeer: Tony Vandermeer, Edmonton-Beverly-Clareview.

Ms Blakeman: Laurie Blakeman, and I'd like to welcome each and every one of you to my fabulous constituency of Edmonton-Centre. I'm otherwise known as Kevin Taft, and I'm acting as deputy chair this evening.

The Chair: Thank you. My name is Barry McFarland, and I'm the chair of the committee here tonight. I'd like to note that Mrs. Leskiw is the official substitute for Mr. Quest, and Ms Blakeman is attending this evening as the official substitute for Dr. Taft.

Before we start with the department's estimates, I have a motion which I'd ask that somebody move, that being that

Ms Blakeman be designated deputy chair for this evening.

Would one of the members make that motion? Thank you, Verlyn Olson. It has been moved by Mr. Olson that Ms Blakeman be designated deputy chair for the February 17, 2010, meeting of the Standing Committee on Health. Any objections? Then I'll declare it moved.

At this moment could I suggest, if it's agreeable to everyone, that after the Official Opposition have asked their questions – it'll be roughly an hour and 10 minutes or so – we take a five-minute break in order that the minister and staff and anyone else could avail themselves of a facility? Agreed. Thank you.

If I can go over the process here, we'll start with the speaking order and time. Standing Order 59.01(4) prescribes the sequence as follows:

- (a) The Minister, or the member of the Executive Council acting on the Minister's behalf, may make opening comments not to exceed 10 minutes,
- (b) for the hour that follows, members of the Official Opposition and the Minister, or the member of the Executive Council acting on the Minister's behalf, may speak,
- (c) for the next 20 minutes, the members of the third party [Wildrose Alliance], if any, and the Minister or the member of the Executive Council acting on the Minister's behalf, may speak, and
- (d) any Member may speak thereafter.

Now, with the concurrence of this committee the chair will recognize the members of the fourth party, the NDP, if any, following the members of the third party, and for the next 20 minutes the members of the fourth party and the minister or the member of the Executive Council acting on the minister's behalf may then speak. Committee members, ministers, and other members who are not committee members may participate. Department officials and members' staff may be present but may not address the committee.

Members may speak more than once; however, speaking time is limited to 10 minutes at a time. A minister and member may combine their total 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.

Three hours have been scheduled to consider the estimates of the Department of Seniors and Community Supports. If debate is exhausted prior to three hours, the department's estimates are deemed to have been considered for the time allotted in the schedule, and we will adjourn. Otherwise, we will adjourn at 9:30 p.m.

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

With respect to the vote, the vote on the estimates is deferred until the Committee of Supply on March 18, 2010.

With respect to 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. The vote on amendments is also deferred until Committee of Supply on March 18, 2010.

Written amendments must be reviewed by Parliamentary Counsel no later than 6 p.m. on the day they are to be moved, and 17 copies of the amendments must be provided at the meeting for the committee members and staff.

With that being said, I invite the minister of the Department of Seniors and Community Supports to begin her remarks.

Mrs. Jablonski: Well, thank you very much, Mr. Chairman. Before I start highlighting our budget, I'd like to introduce the rest of my ministry staff who have worked very, very hard on this budget and on this presentation and who are here this evening. Along with my deputy minister, Robert Bhatia, and my senior financial officer, Susan McCulloch, I also have here with me Dave Arsenault, my assistant deputy minister for the community support programs and strategic planning division – do you want to wave there, Dave? – Chi Loo, my assistant deputy minister for the seniors services division; Donna Ludvigsen, acting assistant deputy minister for the disability supports division; and my ever capable executive assistant, Pam Livingston.

My ministry is about working with individuals, families, communities, and other government partners to support the well-being and independence of seniors and persons with disabilities through programs, services, safeguards, and information. This evening I am

very pleased to present the Ministry of Seniors and Community Supports business plan and budget. The 2010-11 budget for the ministry increased by 2.2 per cent to nearly \$2 billion, an increase of nearly \$43 million dollars.

It's a budget that reflects government's commitment to supporting the most vulnerable, and it will maintain programs and services for seniors and persons with disabilities, including directly assisting more than 250,000 seniors, supporting approximately 40,000 AISH clients, helping approximately 9,200 adult Albertans with developmental disabilities, supporting approximately 40,000 long-term care and supportive living residents by enforcing accommodation standards, and assisting 80,000 Albertans with a long-term disability or a chronic or terminal illness through the Alberta aids to daily living program. Much of the assistance provided by the ministry is provided through several large programs such as assured income for the severely handicapped, sometimes known as AISH, persons with developmental disabilities – that's PDD – and the Alberta seniors' benefit, or ASB.

6:40

Now I'd like to take a few minutes to tell you about this funding for the Albertans we support. As I speak about the ministry budget, I'll link it to how budget items support the goals in the ministry business plan. To begin with, I'm very pleased that funding for seniors programs will be about \$459 million this year, an increase of more than \$23 million. The additional funding will benefit more than a quarter million seniors through programs such as the Alberta seniors' benefit and dental, optical, lodge, and special-needs assistance for seniors.

Specifically, through the \$326 million Alberta's seniors' benefit program approximately 144,000 low-income seniors receive monthly cash payments to supplement federal income support programs such as old age security and guaranteed income supplement. This directly supports goal 1 of the ministry business plan. By staying the course through the recession, we have maintained the increased monthly payments for low-income seniors and the increased qualifying income thresholds that were introduced in 2009.

As part of government's continuing care strategy my ministry will build on previous capital grant programs such as the affordable supportive living initiative, or ASLI. These programs increase the availability of affordable supportive living options for seniors and persons with disabilities. The \$50 million from this year's budget will help to develop and upgrade 500 new affordable supportive living spaces. With this funding since 1999 the province will have invested approximately \$465 million to help develop and upgrade 9,000 affordable supportive living and lodge spaces. This supports goal 3 in our ministry business plan.

It's also important that Albertans with a severe or permanent disability have access to financial assistance that enables them to be as independent as possible. Helping those in need is the focus of the AISH program, which is closely aligned to my ministry's second business plan goal. I'm pleased that the 2010-11 program budget for AISH has increased to \$733 million. The budget will maintain the current maximum monthly benefit of \$1,188 per month, which increased by \$100 last April and is the highest in Canada for provinces with distinct income support programs for persons with disabilities.

The budget also maintains health-related benefits, which average approximately \$350 per individual per month. With this year's budget AISH funding has increased by over \$240 million, or 50 per cent, since '05-06. This clearly demonstrates our commitment to supporting the independence and overall quality of life of Albertans with disabilities.

As you know, my ministry also supports about 9,200 Albertans through the persons with developmental disabilities, or PDD, program, which is closely aligned to goal 5 of the ministry's business plan. Funding for the program was maintained at \$597 million, and we will manage any caseload growth within it so that as the number of people in the PDD program increases, we will ensure they receive the critical supports that they are eligible for. In addition, PDD plans to continue to look to increase the effectiveness and efficiency of the program and redirect savings from these efforts to support PDD-funded Albertans.

Ministry priority actions are also being implemented that will help the program to operate effectively and efficiently to ensure the long-term sustainability of this important program and, most importantly, promote positive outcomes for individuals within available resources. Within our existing budget we are also implementing new legislation which contributes to goal 6 of the ministry business plan. Regulations are currently being developed for the Supportive Living Accommodation Licensing Act and the Protection for Persons in Care Act. Both pieces of legislation improve safeguards for vulnerable Albertans.

As you know, the Premier provided new mandate letters in early February. My mandate letter focuses on leading the social-based assistance review, known as SBAR. The overall goal for the initiative is to make it simpler for Albertans in need to access information and assistance and easier to move from program to program as their circumstances change. The intent is to reduce the number of steps it can take for Albertans to get the assistance they need or to talk to someone who can help.

As you have heard, Mr. Chairman, many seniors and persons with disabilities who are most in need receive support through Seniors and Community Supports. Together with other Alberta programs this support helps many people to more fully participate and enjoy the benefits of living in the best province in the best country.

I'm now pleased to answer your questions. Thank you.

The Chair: I will now open it up to the Official Opposition.

Ms Pastoor: Thank you, Mr. Chair. Thank you to the minister and her staff for being here this evening. I'm looking forward to an hour of give-and-take. The minister and I spoke previous to the meeting and have agreed that we will go back and forth in our 20-minute segments.

The Chair: Thank you very much.

May I just interrupt quickly and introduce Raj Sherman, who has just joined us as one of the members of the committee, and Mr. Fred Lindsay as well. Thank you very much.

Sorry, Bridget.

Ms Pastoor: Oh, that's fine. Thank you.

Okay. Madam Minister, right off the bat – and I won't get into it just at the moment – our numbers sort of don't jibe exactly the same way, but I'll leave that for the moment.

I guess one of the things that I've talked about for a long time in terms of the staffing in persons with developmental disabilities is that the employees of the contracted agents receive parity in pay when compared to government workers in the same field. I know that this is kind of a long-term mantra on my part, saying this over and over again, but I think it's really important because I believe that that's part of the problem between the contracted workers, both profit and nonprofit, and the staffing that is unionized.

Having said that, on page 223 of the Seniors and Community Supports business plan it refers to significant opportunities, respond-

ing creatively to economic and fiscal challenges. Under this challenge it states that the number of AISH and PDD people is expected to increase. My questions around that would be: what is the minister predicting PDD numbers will be for '10-11, and what are you using for that projection? How is the minister basing her projected increase in PDD service demands? Is the increase in demand because of an increase in people on PDD, or is it because you're predicting that more intensive supports will be provided? An adjunct question that would go with that is with the new – what's it called?

Mrs. Jablonski: Supports intensity scale?

Ms Pastoor: Thank you. The supports intensity scale. One of the first things that they're looking at, of course, is increasing the IQ. To me, if they increase the IQ, then it will decrease the number of people actually going into PDD. If you could just handle those predictions, I'd appreciate that.

6:50

Mrs. Jablonski: Okay. Well, thank you very much for the questions. As far as the number of people that we expect to increase in the PDD program over the next year, we average about 50 to 100 people, and there are a number of reasons for that big of a gap. One is that there are a lot of people with developmental disabilities whose parents manage with them at home, but as the parents age, they have to bring them to the PDD program for supports. So we're not sure how many of those people are out in the community, but once again, our estimates of 50 to 100 should be close. We also know how many persons with developmental disabilities are coming up through the Children and Youth Services programs as well. So we know those numbers, and we're preparing for those numbers to come into our program. Those are the numbers that we're expecting the PDD program to grow by within the next year. So there are more people.

You asked about more supports. As our people in the PDD program age, there are certainly more complex needs that we have to deal with; therefore, as you said, more supports. So we know that's coming as well. I'm very proud of the fact that in the last decade or so what we have had to plan for is aging PDD clients. I'm very proud to say that that kind of a thing may not have happened in the past, but certainly nowadays, with all the good care that PDD clients are receiving and with, of course, the medical advances, they are living longer, so we also have to prepare for aging PDD clients who become seniors.

The supports intensity scale, which is what we talked about before. Once again I'm going to talk about the eligibility requirements, which are totally separate from the supports intensity scale. So let me talk a little bit about the eligibility requirements. In the past we have used basically the same requirements, but they were in policy. We wanted to make sure that there was clarity and consistency throughout the province, so we identified in regulation the same things we were using throughout the province that were in policy. That's what the change was. In the regulation we do use an IQ of 70 or, if there's a range, between 70 and 75, which we've always used. We just made it more clear by putting it into regulation.

We also use the adapted skills criteria. There are 24 different daily activities that any of us would do, and we test our PDD clients to see how many of those they can manage. If there are six or more that they cannot manage, then they qualify for PDD. So that's your IQ and then your adaptive skills measure as well. Those are the criteria to get you into PDD.

Once you are in PDD, it's very important for us to assess what your needs are. What we use for that assessment now is the supports intensity scale. It's a tool that has been used by many other organizations and states – I think about 25 of the United States use this tool – as well as a number of other provinces and other jurisdictions around the world. So that's the supports intensity scale. It's very well researched, and like I said, it's used in many jurisdictions.

What the supports intensity scale does is help to objectively determine each individual's support needs to live in their community as well as the funding that they need for that. This tool looks at areas such as home living, community living, lifelong learning, employment, health and safety, and social activities.

We're finding some very good responses to the supports intensity scale. When we implemented the SIS, anybody coming into the program went through the supports intensity scale assessment program, and I've heard some very good comments from many stakeholders. The one comment that was really important to me was from a self-advocate, of course a person with developmental disabilities. He said that when he went through the testing, or the tool, he found out things about himself that he didn't know because nobody had ever asked him. So he really appreciated that. Some parents have noted that they appreciate knowing what is being tested. The person with developmental disabilities can be accompanied by a guardian or parent. So that's the supports intensity scale.

Starting this January all individuals being supported by the PDD program are being assessed. These assessments for people who are already in the program, because we have probably 9,200 in the program, will be completed over the next three years to ensure that the supports that they're receiving are appropriate to meet their needs.

Now, one thing I've learned. What we've done a lot is that we've gone around the province to visit with people with developmental disabilities and the agencies that support them. One of the things that I heard that I like to remember is that if the only friend that a person with developmental disabilities has is someone who is paid support, then we haven't done our job. So it's important to help them to be as independent as possible, and it's important for us to not overprotect them, as we tend to do with our own children, so that they can make friends and have some independence when they can.

So that's the supports intensity scale, and I think I covered most of your questions.

Ms Pastoor: Yes, you did. Thank you. I'll just respond to a little bit of that. You've actually made a perfect jump for me to go into my rant about long-term care. One of the things that's coming forward – and I know that in Lethbridge we're having this with Lethbridge Family Services. They're setting up the assessment clinic for fetal alcohol disorders. I guess my question is: when these people have been assessed and they are fetal alcohol, where are they going to end up? Will they end up in PDD? If they do, then for sure they will end up living much longer because most of them are very healthy.

Mainly, the problem, at least the way I understand it, is really huge behavioural problems. So maybe mental health will put some money into that as well, but I sort of see it maybe going into either AISH or PDD or both. The other thing that I think you're going to find when we talk about the IQ is that often people with FASD have high IQs but truly can't function socially in society. So I guess I'd just like a comment on that. I'm sorry that wasn't really a very direct question, but they're comments that I picked up out of yours.

Oh, the long-term care. When they turn 65, many of these PDD people will require a great deal of personal care that, in my estimation, is probably not going to be available in designated assisted

living. So they're going to probably need long-term care, and I will get into that a little bit later too.

Mrs. Jablonski: Well, you might know, Bridget, that FASD is something that I've had some experience with along with one of our members here at the table. It's something that you're absolutely right about when you say that their IQ can be very high, but it's their behavioural problems, their ability to judge and make the right decisions and that sort of thing. I can tell you that for those who would not qualify for PDD because they'd have to meet those two criteria, we do have a cross-ministry support program especially for FASD that is run through the Children and Youth Services ministry. I think it's in the neighbourhood of \$18 million; I can't be sure. However, that program is there to help people who have FASD.

Now, the other thing is that FASD, depending once again on their eligibility, could qualify for AISH. They'd have to go through the different criteria to qualify, but they are able to apply for AISH if they're unable to work. I know that sometimes their ability to judge things makes it difficult for them to work, so they can qualify for AISH and be on those supports.

The long-term care issue with our PDD is something that has really evolved, and we are working on that. I know that there is a new place in Red Deer; it's called the Michener Village. It's where we've had a lot of people with PDD in the past. What's happening in Michener Village is that we have a continuum of care. There's going to be long-term care; DAL, assisted living; and just apartments so that people can be together no matter what their needs are. I know for a fact that 20 of those beds have been allocated to be for PDD clients. When they reach age 65 and they need long-term care, we have negotiated 20 beds there, knowing that that's going to be something we need.

7:00

We were just in Medicine Hat recently meeting with a PDD service agency, and that's exactly what their concern is as well. They're looking at how they can help us prepare for the future for PDD seniors. Of course, one of the things that we know is that 80 per cent of people with Down syndrome will develop Alzheimer's, so we know we have to plan for that. This was an agency that was talking to us about what the plans for the future could be, and they're looking forward to the future.

What we have in Alberta are Alzheimer's cottages. If you've ever visited one, you would be impressed. They're like huge homes with eight to 12 bedrooms that all circle around the big living room, the big dining room, and the kitchen, and people who have Alzheimer's feel very comfortable. They can go from their bedroom into the living area, and they can also go out into the yard, into the garden freely because it's all very secure. They can move back and forth without feeling that they're constrained. They're beautiful, beautiful facilities. I'm very proud of the fact that there are many not-for-profit organizations out there who are building these Alzheimer's cottages. I believe that by planning for the future, we don't have to really say whether you're a PDD client or a senior with Alzheimer's. I believe that in some cases we'll be able to maintain both those types of seniors within the same facility, and that's usually a DAL, a designated assisted living designation. There are cases, obviously, when they will need long-term care.

Ms Pastoor: Thank you for that. Yes, I agree. The concept of the cottages is not unlike what we would have known as the locked unit. Even if these people don't necessarily have the cognitive abilities, there's something about the human ability that helps these people stay together. I certainly support that concept and the concept of the

continuum because some of these people will have strokes, et cetera, and then they really will need long-term care.

On page 321 of the government estimates it shows at line 4.3.1, financial assistance to persons with developmental disabilities boards, that the boards received \$6.2 million less than was budgeted in the '09-10 fiscal year. It shows that \$603 million was originally budgeted to PDD, yet \$6.3 million was cut in support of the agencies in the last fiscal quarter of '09-10. Can the minister provide the average number of cents from each PDD funding dollar that actually go to the front-line staff wages, and how much of each dollar goes towards PDD that's being spent on administration? I'm not sure if you can do it, but can you divide that money between front-line staff of for-profits, nonprofits, and public? I think you'll see that there's quite a discrepancy between how people, many who do the same jobs, are paid differently.

Last year in the budget debates the minister stated that approximately 8 per cent of the PDD budget goes towards administrative purposes. Could you tell us what percentage has changed with the \$6.8 million cut that PDD experienced this year, and has it decreased or increased? If the minister could table the document showing how the administrative costs are calculated, it would be appreciated.

Those weren't really questions. I think those are maybe some that you can just write out if you want.

Mrs. Jablonski: Do you want me to go ahead?

Ms Pastoor: Sure.

Mrs. Jablonski: Okay. Well, the PDD program's administration budget, the entire budget over the six regions, is \$126.8 million. Of the total administration budget, 72 per cent, or \$91.8 million, is for community-based service provider administration costs. That's \$91.8 million for our service provider administration costs. This covers management, supervision, staff travel, insurance, utilities, office costs, and other operating costs among contracted service providers.

PDD community board administration accounts for \$28.6 million and covers the cost of PDD community board management, contract administration, client service co-ordination, and other administrative functions as well as board governance costs.

Finally, departmental staff account for \$6.4 million, which relates to strategic planning, policy development, other support functions, and oversight of the community boards.

That's where the entire lump sum of \$126.8 million goes.

Ms Pastoor: I'm sorry. Just for clarification, it was 72 per cent that actually went to admin?

Mrs. Jablonski: Yes. For community-based service providers, the service providers themselves, then for the boards \$28.6 million, and for the department \$6.4 million.

Ms Pastoor: Thank you.

Mrs. Jablonski: You're welcome.

Ms Pastoor: Last year in the budget debates you had stated in response to a question regarding the PDD community boards that at that point in time, because of the good job they're doing, because of the efficient job they're doing, there's no consideration of making a centralized board. Can the minister explain what's changed in the last 12 months that makes the minister believe that the work that the community boards are doing is not now efficient and effective? Do

your actions in the last three months not disagree with the statement that you made in the budget debate because you had pulled back some of the money that they were going to need to be efficient? What inconsistencies are there within PDD, and is there a disparity between the regions? Is there a disparity amongst the PDD service providers within the regions?

I guess what I'm asking for on this one – I'll go back to my mantra when I was on the MLA task force – is provincial standards that are enforceable. What I was noticing, particularly when we had the regional health boards, is that people would be assessed in one region, but they would move to another region, and that region wouldn't assess them in the same fashion. I'm sort of asking along the same lines: is PDD exactly the same across all of the regions and all of the boards? Are the standards the same? Are the standards exactly the same for private, nonprofit, for-profit, and public, and how would they be enforced?

Mrs. Jablonski: Thank you for all those questions. The first thing I want to tell you is that I've never thought of our boards as not being efficient or effective. They are. It's just that we're always looking for better and more efficient ways to do things. And just because I've asked them to find money in their administrative costs doesn't mean that I think that they're not competent. They are very competent.

What I want to say about the boards. The reason why I think they're important and why at this time I am not thinking of centralizing our boards is because, as we all know, PDD is a very special area. It's so important to always be in touch and to be able to communicate with the stakeholders, which include families, the self-advocates themselves, the clients themselves, the agencies that support them, and just anyone that's around them. It's important to be in contact with them. I think that we do that very well through our boards. There are regional differences that exist, and that's why it's important to have a board that knows the region.

As far as the inconsistencies and disparity among the regions, what I would say to that is that it's really hard to have six distinct boards and expect them to all be exactly the same. They've been created to address regional and community needs and the response to those needs. What I would say is that the six action items that we've created are there exactly for those reasons because you know what? As an MLA I have experienced a client coming into my office and saying: I received this kind of support when I was in Calgary, but that support isn't available in Red Deer.

7:10

We know that there are some inconsistencies, and by having the six action items and using them throughout the province, like the eligibility requirement, like the supports intensity scale, and like the standards that we have, we're trying to ensure consistency throughout the province. There's no question about that. That's the reason for those items. If there are inconsistencies, we are definitely trying to address them through our common assessment tool and our eligibility requirement, which is now in regulation.

What else did you ask? Standards. Each of our service agencies are required to be certified. There are different organizations that certify agencies for child care for group homes as well as our group homes, and we require our agencies to have that certification and accreditation.

Ms Pastoor: Thank you. Performance measure 5(a) on page 228 of the business plan shows that 85.3 per cent of PDD-supported individuals are satisfied with their supports. How do you determine this? Would some of these be guardians for people that can't sort of

speaking for themselves and that type of thing? How do you actually determine that?

Mrs. Jablonski: Well, we do have measurements that are not easy to determine. The satisfaction: we do get responses from families, guardians, and the persons with disabilities themselves. What I can tell you, too, is that when we talk about what their plans for the future are and what their needs are, if they can't speak for themselves, then we will definitely without question have a guardian or a family member with them or even support staff. It's very difficult to determine some of those measurements, but we do the best that we can in determining those.

Although we want to measure the outcomes directly, there are some challenges to that because we are dealing with people that can't speak for themselves. Measuring outcomes in social/human service sectors is always challenging. Reliable data are often less readily available, and clear and measurable definitions of intended outcomes, for example your independence or your well-being, can be difficult to develop, but we do the best that we can.

Ms Pastoor: Thank you. I can understand the problem. I'm hoping that some of the things that I hear in my office and that probably you get in your offices and I'm sure we all do in our MLA offices actually are expressed when they do these determinations of whether they're happy or not. Often people are afraid to say something to someone who's doing an evaluation because they think that maybe there will be repercussions or that they won't be looked after or whatever. I can appreciate it, but I think it's really, really important that that process also allows people the freedom to vent or complain or be able to really explain what they think the problems are.

The government estimates show that a total of \$1.546 million, or two-thirds, was cut from the south region PDD community board during the '09-10 fiscal year. The largest portion of this cut was almost a million from community living supports. What exactly were the cuts that actually constituted this reduction, and how do we know that those cuts are not going to reduce the quality of the supports that the people rely on? Exactly what would you define as community living supports? Would it be the gamut of everything from housing to staffing? How would you divide that out?

Mrs. Jablonski: Community living supports are people living within group homes and that sort of thing, so that's how I would define that.

We probably will have to get back to you on the details of the \$1.546 million, but I want to tell you something about the south region. They're working very hard to be as efficient as they can be, but more importantly they're working very hard to meet the needs of the people that they serve. While visiting with them, I ran across one agency that I thought was extremely caring and competent with the people that they served. They showed me a number of ways that they achieved efficiency. I'm going to go back to what I said earlier: if the only friends that a PDD person has is someone who's a paid support person, then we haven't done our job.

While I was in the south region, I was speaking to a self-advocate – and I'll give you the exact example that I know – who had three or four hours of companionship support in the evenings. He also worked at Dairy Queen. When he got back from working or whatever, he would have the paid support there in the evening for him to ensure that he did what he needed to do to prepare for the next day and, you know, for his own reasons. But the agency felt that this particular individual didn't need that much companionship, so they reduced the companionship, looking for efficiencies at the same time, to one hour an evening, to go in and make sure every-

thing was the way it should be. This self-advocate was able to communicate and say that he got lonely in the evening. He knew about people who lived in the apartments next door and went out, and he found himself a girlfriend. Then he talked to us about his girlfriend and what they did together and what they liked to do together.

That's a perfect example of if somebody is not given the opportunity to go and be a little bit independent, they may never find that friend. I was very proud of that agency, and they achieved, obviously, some efficiencies. At the same time I was told that another client from that agency needed more supports, and so that's where the supports went.

Ms Pastoor: Yes. There are a number of stories where people can find each other, and it's absolutely imperative. I think I'll go back to when I was talking about the cottages. Even if the cognitive ability isn't there, whatever it is that connects us to other human beings is very loud and clear. So it's very important that they do exactly what you're saying. They need a friend that's a friend and not somebody that's paid.

One of the things that I don't see happening – and it's along the same lines – is that I don't see enough of the groups perhaps getting together to create a social atmosphere or to create social functions that they can go to. They like to go to functions that they actually can partake in as opposed to just being an observer. So I think that that kind of thing is important, and I'm not sure that I'm seeing that happening, at least in the areas that I watch.

The news release that was put out on February 12 of this year stated that the funds would be directed towards long-term care and supportive living. The funds that I'm talking about are the monies that are to be raised, the \$100 million, through the bonds. So there must be a plan to how you're going to use the \$100 million. Could you provide a breakdown on how much of the \$100 million raised from Albertans will go towards long-term care and how much would go towards supportive living?

The other question that would follow along with that is: how much of this money is going to go to – I think you were talking about 500 spaces. Now, are those new spaces? Are they going to be renovated spaces? If they're renovated spaces, are they actually – some of these buildings were built by the taxpayers and now are being sold to for-profits or nonprofits. Out of those 500 spaces, again, what's new, what's renovated, and how many of those would actually be long-term care?

I know that somewhere there is the target that I am most familiar with because I know it came directly out of Chinook. This is in the report Long-Term Care Accommodations Variable Fee Structure Advisory Team Session Summary. One of the things that it says is:

The Continuing Care Strategy targets a significant reduction in long-term care beds – a reflection of an enhanced focus on home care and “aging in the right place.” Reduction of spaces over the long-term are intended to produce a utilization ratio of: 20% long-term care, 60% Level 4 [which is] Designated Assisted Living and 20% Level 3 Supportive Living.

I assume that that would include everything else. It would be lodges, enhanced lodges, et cetera, et cetera.

There was another thing that was unclear on that, the accommodation fees that would go with that. I've kind of jumbled two or three things together, but they do gel if I've made myself clear.

7:20

Mrs. Jablonski: Okay, Bridget, I'll try and take it from here. You talked about the Alberta capital bonds and the fact that we are raising \$100 million for seniors' supportive living. We don't have the breakdown on how many spaces will be long-term care, how many will be designated assisted living and other levels of assisted

care. We're waiting for those details, but there will be long-term care and designated assisted living. Those are the areas where we have need. We just don't have those numbers yet, so stay tuned for that.

You talked about the ASLI grants, the \$50 million that we have in my budget. Those are generally new spaces. We try to dedicate the majority of that ASLI funding to new spaces. We just announced in November – I think it was December, actually – \$50 million in last year's ASLI grants. That \$50 million was able to leverage \$246 million worth of facilities and 1,250 new spaces. We're very proud of what the ASLI program has been able to achieve. The \$50 million that we have in our budget, we're hoping once again to generate at least 500 new spaces. That's what we're expecting.

Now, you talked a little bit about a discussion report that came out when you mentioned the 20-60-20. That was never an official report. That was the report of a discussion that happened. To be honest, we were looking at long-term care accommodation and if we were able to have variable fees. We haven't got there yet, so what I can tell you is that we have capped long-term care and designated assisting living for a single unit at \$1,650 per month. The Department of Seniors and Community Supports assists with a financial benefit 60 per cent of the seniors in long-term care. We also assist 40 per cent of the seniors in designated assisted living.

I just want to assure that no changes have been decided on these accommodation fees. What you were reading was a discussion table, and that's what was being reported on.

Ms Pastoor: Well, the reason that it popped out at me is because I know that came right out of Chinook. That's exactly what they started, and it would appear that they're trying to do it through the province. As I see things moving along, I think cooler heads are prevailing and perhaps admitting that maybe we are going to need more long-term care.

The figure that you quoted, \$1,650 a month, I think, for the room – I have a piece of paper here, and I'm going to quote from it. I probably shouldn't because I'm not exactly sure which facility this came out of. One of the things that people have to ask when they move in is: what does that really cover? Here are some enhanced options to supplement home care, and these are things that people would pay for.

One of them is support stockings per month. In 2007 it was \$100; in 2009 it was \$125. Now, support stockings have to be put on daily and taken off daily. They're actually quite a tricky little item to get on someone, particularly because their legs more often than not have a great deal of lower limb edema, so they are difficult to work with.

Incontinence management per month: I'm not really sure what that means. I don't know if that means changing a Depend once a day or what it means, but it now will cost you \$175 a month. So these are the sort of things that are over and above the fee for the room.

One of the things here is: meal escort twice per day per month will cost you \$300. I'm assuming it's someone that takes you from your room to the dining room and back.

Medication assistance program is \$200 a month. Now, in designated assisted living, as you know, they have LPNs, so I would assume that this might well be considered part of that \$1,650.

I don't know if you know off the top of your head exactly what that \$1,650 would give somebody that moves in because if I look at this, it's pretty pricey if you are going to need anything above being almost totally independent.

Mrs. Jablonski: I can't comment on the specifics of what you're telling us there. It does sound like a private facility, and those are the extra costs that they would charge. I can tell you that for seniors

who require the support stockings – and I know how difficult they are to put on; I’ve put on a few myself as I’m sure you have, not for ourselves but for others – and the incontinence supplies, we have a program called Alberta aids to daily living, and those supplies are available in that program with a cost share. Depending, once again, on the income level of the senior, they may or may not have to cost share, certainly things that we know that we can provide for AADL. I can’t comment on the other things that you’ve mentioned. I do think that it does sound like a private facility.

Ms Pastoor: Okay. Thank you. But for the \$1,650 what do they get?

Mrs. Jablonski: That would be their accommodation; that would be their meals; that would be their housekeeping; that would be laundry to some extent, for sure sheets and towels and that sort of thing, maybe not their private laundry. I don’t know how many baths that would include. Once again, when you start talking about baths, you’re talking about home care, which, then, is the health care side of this, right?

Ms Pastoor: Yes. They overlap, and we both realize that line.

Mrs. Jablonski: So the accommodation, the meals, the snacks, the housekeeping, and laundry: those are the basics.

Ms Pastoor: Would it include meds if they have LPNs?

Mrs. Jablonski: I think that would be a home care responsibility, so home care would have to come in. I’ve been in a number of facilities where they have a locked cabinet where they keep the meds for the person in their room, and somebody will come in and open that cabinet and distribute the medication. I’m sure that’s the home care responsibility.

Ms Pastoor: Okay. Often I’ve seen just sort of anybody handing out medications, which frightens me.

The other thing is – and I’m going back to the old days when I was in long-term care – that we would get medications, and we would double-check them because there have been a tremendous amount of med errors made in these facilities. Often the people who are giving them out go: well – you know what? – yesterday she had a pink one and a yellow one and blue one, so we’re good to go. But it might not be the right blue one, and they aren’t usually trained to be able to see if there’s been some sort of a bad side effect from a wrong medication. What I see in this system with designated assisted living and assisted living, they do blister pack, but I don’t see that second check for meds. It’s just something that I’d ask you to keep in mind.

Again, I think that was kind of on the health side, but it still affects the housing side when we’ve got grandma sitting in the room.

Mrs. Jablonski: Well, Bridget, I’m just going to comment again that in a lot of facilities I have seen the locked cabinets within the rooms, so that means it’s only their medication that’s in that locked cabinet.

Ms Pastoor: But what I’m saying is: who double-checks what’s in that cabinet, that it’s been checked a second time?

The other thing you were talking about, the aids to daily living. Often what it doesn’t cover are people who are in lodges, and they’re left with that \$259 at the end of the month. They have to be left with \$259.

Mrs. Jablonski: Yes. It’s \$265.

Ms Pastoor: Oh. I stand corrected. Thank you. I’m not sure that’s enough, but it’s a tiny bit. I really would ask the minister to seriously look at increasing that because what’s happening is that many of these people are only existing – they’re not living – because that \$265 has to cover parking and Depends and meds and all kinds of things. Basically, they have no money to do anything with, and they’re trapped in these buildings. Yes, they have lots of people around them, but it would be nice to even just be able to get out to a show. I’d make that request: keep that in mind.

I know that there is a motion – I believe it’s already been printed – but it’s way down the line, and it won’t come forward. I think they were asking for \$400. It was from the government side.

7:30

Mrs. Jablonski: Bridget, I would just like to say to you that if you know any low-income senior that requires the incontinence supplies, they can apply to Alberta aids to daily living, even if they’re in a lodge. You can inform any constituent that you know that we have that program and that it is accessible.

Ms Pastoor: Do you know what that threshold is?

Mrs. Jablonski: For the income and that sort of thing?

Ms Pastoor: Yes.

Mrs. Jablonski: All Albertans can actually apply. What we test for is the copay. The copay is a maximum of \$500 a year for any Albertan, so 25 per cent each time. But if they’re below threshold, then there is no copay. And you know what? I don’t know what that threshold is.

Ms Pastoor: Okay. Thanks.

On to AISH. Again, I will start with one of my mantras, and I’m sure you can repeat it by now. I’m sure everybody can repeat it by now. I think that AISH should be indexed the same as MLA salaries are. Having said that, at page 321 of the government estimates, 3.2.1, AISH financial assistance received an increase of 3.2 per cent, or \$17 million. However, on the same page, line 3.2.2, AISH health-related assistance was actually reduced by \$500,000. If it was determined that the financial aspect of AISH funding should be increased, why was the health-related assistance cut? It’s kind of going to wash itself out, I think. What was the basis of the decision? Is this related to aligning the supports to other ministries, and is another ministry picking up the slack?

Mrs. Jablonski: Thanks again for that question because it gives me an opportunity to brag about part 2 of the pharmacare program.

Ms Pastoor: I always walk into that, don’t I?

Mrs. Jablonski: Because of what we have negotiated with our pharmacies under the pharma strategy as far as the generics and that sort of thing, we believe that we will save that amount of money in the program. So there will not be any decrease in any of the medications or services that we have for our AISH clients.

I’m just going to tell you about the health-related supports for AISH. Are you interested?

Ms Pastoor: Oh, sure.

Mrs. Jablonski: Okay. In addition to the financial assistance, AISH clients are eligible to receive a comprehensive list of health-related benefits – prescription drugs, eye care, dental care, emergency ambulance services, essential diabetic supplies – and they don't have to pay the copay for Alberta aids to daily living. These benefits are also available to the client's spouse and their dependent children. The average cost per client for health benefits is \$350 per month.

Additional nonprescription drug items such as vitamins and nutritional supplements are provided pursuant to a drug benefit supplement list, which is maintained by Employment and Immigration on behalf of this department. The drug benefit supplement list was developed to take into consideration the additional needs of clients receiving benefits from E and I, Children and Youth Services, and the AISH program.

Ms Pastoor: Thank you. One of the things that I get many inquiries in my office about is for diabetic supplies. Often they aren't necessarily low income, but it takes such a chunk of their medical expenses for their diabetic supplies, and that's pretty big.

Just give me a minute. Oh, yes. This, I think, is partly a good-news story, so I'd like some information on that. Last year in the budget debates the minister, being you, said that approximately 17 per cent of people who are on AISH are working. Can the minister tell us if there's been an increase in the number of people on AISH working since the limit for extra income was raised? If there are a greater number of people working and that has created greater participation, would it be an idea to raise what they can actually make, and then would that increase the numbers that are actually working? I mean, I know that these people who can work, even if it is just the odd day or maybe a Monday or however, want to work. You were speaking of them working at the Dairy Queen, and I know that we have a number that work at Sobeys and those kinds of places. What it does for their self-esteem is worth a fortune. It can't be measured, in my mind, in terms of dollars and cents. I'm just wondering if you think that that might be a way to increase participation.

Mrs. Jablonski: AISH stands for assured income for the severely handicapped. Anybody that can work we have encouraged to work, and even with the \$400 allowance it's still only at 17 per cent. I think that that probably is determined because of the fact that people have severe handicaps, and a lot of times they won't be able to work a full day. It's usually a couple of hours, you know, three or four hours maybe, obviously, because of their condition. We have encouraged as many as possible, because you're absolutely right when you say that the benefits that you receive from working go far beyond the wage that you receive. There's no question about that. It's something that we continue to do with our AISH clients, to help support them in finding work, and we do that with our PDD clients that are able to work somewhat as well.

Ms Pastoor: The 17 per cent that's quoted here, what date was that? What year was that established? And are you saying that the \$400 hasn't really made a difference?

Mrs. Jablonski: I believe that the date for that 17 per cent was established in '08-09 and that it was maintained through '09-10. I can say to you that we hoped that more people would have taken advantage of the fact that they could earn \$400 more, but I think what happened in the last year is that the recession hit. When there were lots of jobs available, people would make concessions for people that maybe couldn't be as fast or as dependable or as reliable as other people. Now they have enough people who need jobs that

they can be selective. So our numbers of AISH clients who have jobs has not increased in the last year.

Ms Pastoor: Thank you. I know I'm going to run out of time here in a minute. This is something, again, that crosses my desk many times, and I'm sure that you're aware of it because I think you sort of referred to it in your opening comments, the work being done with Children and Youth Services to ease the transition from being supported through family support for children with disabilities to being supported through AISH and PDD. There should be an automatic process that when they turn 17, the workers would then automatically get those forms filled out so that it's a seamless move from one to the other.

A further question on that would be: is there a waiting list? If there is, what would those numbers indicate? I've had a number of people call me to say that their daughter has turned 18, but they had a terrible time getting them in because the person turned 18 and then they'd try to get the process going, and they were put on some kind of a waiting list. Is there a waiting list in that transition period, and how would you address that transition period?

Mrs. Jablonski: Well, what I can tell you is that if we have people with developmental disabilities coming up from Children and Youth Services, we are looking at those numbers and we are preparing for them. So this seamless transition that you talk about is something that we are working on right now. You know, there have to be different categories of people with severe disabilities. There are those that will always be the same, that there will not be improvement, so we just know that they're going to be a PDD person, right? That's part of what we're working on through the social-based assistance review, making it easier for people in need to access the programs that they're eligible for. So we're working on it.

As far as the waiting lists are concerned, we know that there are small waiting lists for PDD in the northwest, northeast, and Edmonton regions. As of December 31, '09, there are 38 people who are eligible and waiting to receive supports. The PDD community board and agency staff are trying to find appropriate resources. I want you to know that the health and safety of individuals are always paramount, and situations where an individual's health and safety are at risk will be addressed first.

7:40

Now, to address the issue that you raised in the south, where you know that there may be some who have turned 18 that have to wait for supports. I have also run into that, where there is sometimes a wait. In fact, I know one young lady that when she turned 18 didn't have the supports that she was eligible for and became very depressed. We worked hard along with our community board, and they worked with the agencies, and I think that within two or three months we had the supports that she needed. So, yes, sometimes there is a wait list.

Ms Pastoor: Thank you. You mentioned the social-based assistance review, which just happens to be my next question. It's mentioned in the minister's mandate letter to have this performed. Will the minister tell us exactly what this means? Would there be a cost-benefit analysis? I guess that when I see social-based assistance review, I'm hoping that it would be done from a social aspect and not necessarily a business model. I'm not sure that we can always put a price tag on people, and if we try to have social delivery based on a business model, often the persons we're trying to help then become commodities. So I would have a big fear for that. Are there funds that are allocated toward this work, and if so, what line item

would it be found on? When is the minister expecting the review to be completed, and when will Albertans hear what this actually means for social support in the future? We're talking about that social-based assistance review.

Mrs. Jablonski: Thank you very much for that question. This is a very good-news story because what we're doing is trying to make it simpler for Albertans in need to access information and assistance and make it easier for them to move from program to program as their circumstances change. As we go forward with the SBAR review, we are focusing on aligning and integrating services so Albertans get the right help at the right time. The goal is to simplify the process for vulnerable Albertans to get help without needing to know the programs that they qualify for.

I'm just going to give you an example of this. This person actually came into my office. It's what I think is a really good example of what we're trying to do. She was a mother who was divorced, who had diabetes, who needed some training for work, and she had a severely disabled child with her. The first thing that she needed was help from maintenance enforcement. She needed help with training because she wanted to get a job, but she wasn't able to get the right job because she had to spend so much time with her daughter. She needed family supports for children with disabilities support. She needed her own health care support for a low-income Albertan. She needed health care support for the child, so she needed the child health benefit program. There were a couple more things that she needed. I was madly making out the memos as she was telling me what she needed. And that happened in an MLA's office.

Well, this is how we envision this. It's like a common front counter. She won't have to go to her MLA in the future with all these needs. She can go to one counter, and she can tell her story once. It can be recorded on a software program that, when she gives her permission, we can share with other departments so that all her needs will be addressed in one place. It's easier access, it's less frustration, it removes duplication on our part, and, yes, it does save us some money in administrative costs and maybe fewer offices. That's what we're working towards. There are a lot of good people working very hard on this, and it's to make access to our programs aligned and more accessible to those who need them.

There is a line item for the SBAR program in the estimates. It's line 3.1.2, and it's a budget of \$3.9 million. It's under the AISH program delivery. It's not a separate line item, but it's there. I'm telling you; nothing is hidden. It's \$3.9 million, and it's been allocated in the '10-11 budget within my department to support a co-ordination office and the cross-ministry activities necessary to move toward the more aligned and integrated services delivery system. Capital funding is budgeted in Service Alberta to support IT requirements. We have five ministries working very hard together on this. We have Seniors and Community Supports, we have Children and Youth Services, we have E and I, we have Housing and Urban Affairs, and we have Service Alberta because we need the IT support.

We have arrived in the 21st century, where we have a computer system and the software program that can handle all this information and all the things that we need. It's call the Cúram system. It's used in other jurisdictions. It's used in New York, and it's used in Utah. So we have a proven program that is going to help us, like I said, get into the 21st century and make things easier for people who need our services.

Ms Pastoor: When you talk about one counter, how many counters are there? I know that I personally get annoyed when I talk to a

public servant who's supposed to be helping me, the public, and they say: go online. I get really excited about that. I'm sure that many of these people who actually don't even have access to computers, when they're told to go online, they give up. So can this be done by telephone? Where is this counter?

Mrs. Jablonski: That is the beauty of this program. There is going to be choice. So you can do it in person, you can go to a counter.

Ms Pastoor: And where will the counters be? Are you going to have them through the province?

Mrs. Jablonski: They'll be throughout the province, but instead of having five ministries and five counters, we might just have one counter. In those ministries that I spoke of, there are 30 programs. So you're not going to have to go to 30 different spots. You're going to have to go to one spot. You will have a choice of going face-to-face, of using the telephone, or going online if that's what you choose. Those are options that we are making available.

Ms Pastoor: Good. The people that will be on the end of these telephones are going to be trained how?

Mrs. Jablonski: They're going to be very well trained. This is citizen centred. We're not making the citizen fit the programs; we're making the programs fit the citizen. I am very proud of the seniors' call line that we have. It's very seniors friendly, and it's a person on the other end of the line. So I'm not exactly sure yet how our call centre will be set up for the SBAR program because we're still in the middle of developing that. But I know how important it is to have another person on the end of line, especially when you're frustrated, you're full of anxiety, fear, and you might be hurting physically, too. So we know it's important, and we're developing a system for the benefit of Albertans in need.

Ms Pastoor: Okay. Great. Thank you.

The Chair: Bridget, I'm sorry, but I think we're, like, three seconds from time.

Ms Pastoor: Well, thank you very much, Minister. I did have a bit more, but – you know what? – it may show up in question period.

Mrs. Jablonski: Right. Thank you very much.

The Chair: Thank you, everyone. With the agreement that we previously reached, we'll take a very fast five-minute break. The clock is running, so please be back promptly. We will commence immediately. Thank you.

[The committee adjourned from 7:48 p.m. to 7:54 p.m.]

The Chair: I apologize. We'll start right directly with the questions from the Wildrose Alliance, please.

Mrs. Forsyth: Thank you, Mr. Chair. Thank you, Minister. I have been listening intently to the comments that came from the Member for Lethbridge-East. I was going to go frontwards, but I'm going to go backwards because she's left me with some questions. First thing I want to say is on the comment you made on the transition from youth to adults. I'm going to say I'm disappointed in the answer only because I know of your great love for children and your even greater love for the seniors, and I'm surprised that you've let that get

away from you over the last two years, that transition. I'm hoping under your leadership that you'll stay on top of that particular issue and make sure we have an easy transition, at least on your behalf, when we're moving them from children's services over into your programs.

I want to talk about your excitement and about the seamless process and the one-stop shopping that you were talking about. I think it's a great idea. My concern on that is – and maybe you can answer this particular question because I faced this when I was travelling the province and tried to do something similar with the safer communities – the FOIP legislation. FOIP?

Mrs. Jablonski: Yep.

Mrs. Forsyth: Are you going to bring amendments forward to deal with that? I know it's a hindrance. Maybe you can answer that for me.

Mrs. Jablonski: Well, thank you for that question. That is a concern that we have. Because our desire is to make it easier for the person who requires assistance in the different programs, if we can't bring forward any kind of legislative change to FOIP, I think that we would more directly handle that challenge by asking the person who requires help from the different programs in the different ministries to sign off, allowing us to share their information between departments for their purposes.

Mrs. Forsyth: Great idea. I still think it's going to be a stumbling block for you because you'll be told by, for example, the police or you'll be told especially by the school boards, et cetera, that FOIP is an issue, and it's how their lawyers read the FOIP legislation. So I think really to move into that – it's a great idea, Minister – you're going to have to look at how to change that FOIP legislation because it's been a stumbling block.

Mrs. Jablonski: I will take that back to the people that are responsible for FOIP and mention that to them.

Mrs. Forsyth: Great. Thank you. I want to ask you if you could give me your idea of the difference between designated versus supportive living.

Mrs. Jablonski: You've asked me about continuing care. I am very proud of the continuing care system that we have, and I'm going to tell you about it. How I usually describe this to people asking that very same question is to picture an umbrella of continuing care. Under that umbrella are three streams of living. The first stream would be home living. That can be your house, your condo, your apartment. It can even be your lodge living. The second stream is assisted or supportive living, and we have levels two, three, and four in that. Designated assisted living would be level four. Enhanced lodge living would be level three. The third stream of that continuing care umbrella is long-term care.

The biggest difference is the amount of care that you need. One of the things that we're trying to do is provide facilities so that you can age in the right place, or age in place as well, where you don't have to be moved around more than you have to.

I think you asked what the biggest difference is in the different levels. I would say to you that the biggest difference is the amount of care that you need and the person who provides the care. In long-term care obviously you would be getting the greatest amount of care, with RNs supervising the care. In designated assisted living, more LPNs and personal care attendants. In the other assisted living

areas it would be health home care that would come in and provide care for you as you needed it.

Mrs. Forsyth: You stepped into that one, Minister. I know this isn't under you, but I know where you're going with your plan. I know your vision on where you see seniors going from, you know, closest to their home and providing with the right care at the right place at the right time. I think where the problem starts is with the home care and the home care not being able to provide the seniors with what they should be getting. That doesn't fall under your ministry, but I know how vocal you can be, and I think if you want to follow that strategic plan and vision with where you see our seniors in our province going, then someone has to step up to the plate on the home care issue. You know, I deal with that on a daily basis with my own mom, and now I've all of a sudden become the advocate for the rest of the seniors that aren't getting any home care. I guess if I can ask anything: that you continue to advocate on the rights of the seniors here in the whole, you know, assisted, supportive, and long-term care, but to do all of that they have to have the follow-up with the home care. It's crucial.

I want to ask you if I can, please: under your business ministry support service, 1.0.4, what exactly are your strategic corporate services? You've got a whack of cash going in there. Can you tell me exactly what that money is going for?

8:00

Mrs. Jablonski: We are looking up 1.0.4, strategic corporate services. I would tell you that the \$6.3 million budget includes funds for strategic services in IT, financial planning, financial procedures and reporting, human resources, and general administration. The 2010-11 budget for strategic corporate services has decreased by \$96,000, which is 1.5 per cent, from the '09-10 forecast due to various reductions in supplies and services and the continuation of the \$500,000 lapse identified in the third quarter to offset AISH caseload pressures. So that \$500,000 we talked about earlier is what we're hoping to save with the new pharmacare strategy.

Mrs. Forsyth: Yeah. You mentioned that to Bridget. I want to go back to some of the questioning that Bridget had. You talked about the PDD and the predictions for adults coming into the community with aging parents. Then you went on to speak about the supports intensity scale. What is the cost to do that new assessment across the province?

Mrs. Jablonski: Well, we were able to take 20 people within our system and train them to do the supports intensity scale, so we didn't hire anybody extra. The program itself is a proven program that has been used, so we didn't spend any money on developing the program. We just used the program that was available to us.

As far as the cost of spending time with each of our PDD clients, it does take two to three hours to go through the supports intensity scale, and we do that with the client and with their guardians. Our hope is that within three years we will have done the supports intensity scale testing with all 9,200 of our clients. For the entire cost of doing that for the program, I would have to get back to you in writing.

Mrs. Forsyth: Okay. You said that you thought you'd be able to do that complete assessment, if I'm not mistaken, over two years. Was it two years? Did you say two years?

Mrs. Jablonski: I'll have to check that. It's either two or three years.

Mrs. Forsyth: Okay. Again I'm referring back to Bridget and her questions on the PDD. We're still, you know, getting a ton of letters from constituents and from people across this province about the agencies that have made cuts, and you've stood up in the House and said that that isn't happening. Yet we're getting letters from people that are saying, you know, that their program has been cut three hours, which has made a huge difference on a person.

I guess the question is: you're saying the agencies were told to cut at an administrative level, and the cuts weren't to go down to the people that were deserving the services. Yet, you know, you hear from some of the larger agencies, and they've refused to take those cuts, but the smaller agencies have. I think those are the ones that are being truly affected by the cuts, where three hours are cut. Maybe you can explain to me how we rectify that situation and get those persons with developmental disabilities from losing their services.

Mrs. Jablonski: Well, first of all, no person with developmental disabilities should lose any services that they are eligible for or that they require. The instructions were: minimal impact on our services to our clients. I would say to you that when we asked for administrative cuts, I would concede that there were some changes in some of the hours to our PDD clients. But once again I go back to the fact that I know that three hours can be significant to some clients depending on how many hours they're getting of community support, but there are different areas of supports within the PDD program. For example, there are residential supports, so the supports that they would get in the place where they live; there are community inclusion supports, so how many hours they get of support in the community; and there are employment supports as well. Those are three of the areas that usually determine how many hours of support someone should get. So knowing that I asked for efficiencies that would affect a PDD client in a very minimal way, I think that most of the agencies that were able to co-operate with their boards were able to accomplish that.

Mrs. Forsyth: Were you going to ensure from the line items that PDD won't have to go through that again this year, 2010-11? You've stood in the Legislature, again, saying that you don't want to see any effects, and you've also explained that under this new supports intensity scale, once they do the eligibility versus the supports intensity scale, there'll be no cuts to the services.

Mrs. Jablonski: Well, one of the things that I'm hoping is that when we are able to actually know the – and you're never ever going to be able to pinpoint it perfectly for anybody because we're all human, right? But when we have a good idea of the supports that somebody actually requires, where they will achieve their best quality of life and they'll achieve as much independence as they are capable of achieving, once we reach that level with a certain client, then there shouldn't be any cuts to them whatsoever.

Because of the six action priority items, we are looking to be consistent throughout the province, to have clarity so that everybody understands what the supports are that people need, also efficiency and effectiveness. The one thing that's really important to everyone, especially the 9,200 clients that we serve right now, is the fact that we want this program to remain sustainable. So if we can determine the proper amount of supports through the supports intensity scale and through trial and error, too, of course, then there should be no need to make changes to a person's program.

Mrs. Forsyth: Thank you. I want to switch to us baby boomers and the next decade, as you refer to on page 223 of your Budget 2010

ministry plan. You say "An Aging Population Requires Effective Planning" and how over the next decade the number of Albertans over 65 is going to grow by 40 per cent. We were discussing earlier in the conversation about the bonds and the breakdown of the money that's been raised to go into your assisted living, and at that particular time you said that there is no breakdown yet on how we're going to go into facilities throughout this province. I'm going to ask you when you see that breakdown coming because if you have an increase of 40 per cent, that is a huge increase. You need to start building some of these facilities now. I'm wondering when you visualize when you'll see some of this breakdown.

Mrs. Jablonski: Well, we should see that breakdown for Alberta capital bonds within the next few months. The Premier has stated that he wants \$100 million to go towards continuing care facilities, including long-term care. He also hopes that the projects can be finished in a timely fashion.

I'll give you an example of that. In the ASLI program, for example, we require that when you put your application in, if you are chosen for the grants, when we announce the grant to you, you will be able to go in the ground within nine months of receiving that approval. You have to be in the ground within nine months, and then you have to be completed within two years. So I expect anybody who gets ASLI funding to have completed their project within two years and nine months of being granted the funding. I know from the past that if you don't require people to do things in a timely fashion, you don't necessarily get things done in a timely fashion. This has to be timely because we are growing by a thousand seniors a month in this province.

I can tell you that 90 per cent of all seniors will stay in their own homes. So, yes, you are right when you say that we need to ensure that home care is doing the job that it's supposed to do, but 10 per cent will need assisted living of some sort. You know, within 10 years that could be 50,000 seniors. We do need to have the plan.

8:10

I've probably said this once before, but I'm so proud of it that I'm going to say it again. In the \$50 million that we were able to grant in December, there are 17 different projects scattered throughout the province in areas of need. The \$50 million that we gave through grants will be leveraged: \$246 million worth of construction and 1,250 new spaces. That's what we can do with the ASLI program.

The difference between the ASLI program and long-term care. ASLI supports designated assisted living and all continuing care in that middle stream, but ASLI doesn't support long-term care. Long-term care has different accommodation and building standards. For example, I think long-term care facilities have to be made out of steel because you have to give the long-term care residents the time to be able to leave a burning building. The building codes are much higher for long-term care. The ASLI program doesn't cover that area. Long-term care is a Health and Wellness decision. But the Alberta capital bonds will be divided up into long-term care spaces and continuing care or supportive living spaces.

Mrs. Forsyth: Thank you. Let's talk about your budget for a second.

Mrs. Jablonski: All right.

Mrs. Forsyth: Let's talk on 1.0.1, your minister's office. I can see that you went down. Congratulations. Can you tell me where you took that from \$568,000 to \$511,000?

Mrs. Jablonski: What I can tell you is that we became very restrictive in my office. There was no travel last year within the office for any of the programs that we do. We were just very careful about supplies in the office. We were careful about any contract services. We decreased some of our manpower as well. Through those different areas we were able to save that much money.

Mrs. Forsyth: You know, you have the same thing in your deputy minister's office. I'm sure the deputy would like to comment on how he brought his budget down from \$687,000 to \$618,000.

Mrs. Jablonski: Mr. Chairman, I have to ask you if the process allows for the deputy to comment.

The Chair: Through you.

Mrs. Jablonski: Okay. Thank you.

The deputy minister's office was decreased by 10 per cent, \$69,000, and it relates to administration reductions in manpower and the FTEs. I think that was one FTE.

Mrs. Forsyth: I want to draw you to line 3.1.6, the Premier's Council on the Status of Persons with Disabilities. That went up. I mean, in my mind that isn't bad because we're putting some more focus on persons with disabilities, and I think it's important. I'm dealing with somebody right now who's been hit with a horrendous, very rare disorder and has just been recently fired from her job. While she's not the same person she was, she certainly can still walk, she can still talk, but she's doing it very slow. What is that increase used for? What are you using that increase for?

Mrs. Jablonski: Although I don't have the direct specifics, I can tell you that we have a very active council, and we do transport our council members from different locations. Many of our council members are people with disabilities who are in wheelchairs. By having conferences in different areas – Calgary, Edmonton, and we use teleconference as well – to transport them for meetings is expensive.

We feel it's very important for people with disabilities to be represented in the government. The Premier's council does that very well. I would say to you that their motto for all people with disabilities is Nothing about Us without Us. They make a great contribution in advising us on things that go through our office. So I can't tell you exactly what the \$71,000 was, but I imagine it was increases in costs for supporting the council.

Mrs. Forsyth: Thank you.

The Chair: Thank you, Minister.

We're now going to switch to the member from the New Democratic Party, Ms Notley.

Ms Notley: Thank you for that. And thank you, Minister, for your time so far tonight. It's been an interesting conversation so far. I will want to proceed as everyone else has, with a few questions and some backing and forthing there.

I'd like to go back to what you had just been talking about, the ASLI program. I just want to clarify that given that ASLI is not funding long-term care and only can fund up to designated assisted living, we're not actually through this program talking about creating spaces in that sort of continuum of care context that you've been talking about before. The resident who gets to the point where they need long-term care will not receive that in that institution or in

that building that they're in; they're going to have to move to a new building at this point.

There has been an impression given that there's this move towards creating this multifaceted building where the person can progress as their needs increase and never have to leave. That's not really what we're talking about with the ASLI funding, assuming that they get to the point that they need long-term care. Am I correct?

Mrs. Jablonski: Well, ASLI does fund up to the designated assisted living level, which is level 4. Like I said, it's the second stream in continuing care; it's not the long-term care. So you're correct. The ASLI program does not provide for long-term care.

Ms Notley: Okay. I just wanted to clarify. At one point you'd said 500 spaces, I thought, under ASLI, and then you said 1,250.

Mrs. Jablonski: Yes.

Ms Notley: Maybe I misheard.

Mrs. Jablonski: No, you didn't mishear at all. We had \$50 million in our budget last year, and through the cleverness of our team we were able to – and what the ASLI program is able to fund is up to 50 per cent of the cost of the facility. In our program last year we didn't go quite as high as 50 per cent in some projects because they didn't ask for it. Fifty per cent of a project at the \$50 million level would normally be 500 spaces, which is what we're anticipating for this year's budget. I'm hoping that we can do better, but that's \$50 million to fund 500 new spaces.

Last year with the \$50 million we were able to support projects that totalled \$246 million in construction and will provide 1,250 spaces. We really leveraged that \$50 million.

Ms Notley: Are all of those spaces, then, subject to the affordable living criteria?

Mrs. Jablonski: That's correct.

Ms Notley: Okay. Can you give me a breakdown, then, in those 1,250 spaces between designated assisted living, enhanced assisted living, and whatever the lowest group was called?

Mrs. Jablonski: In the affordable supportive living initiative I believe that we support level 3 and level 4, but I cannot tell you what the numbers are. If you would like, I can provide that in writing for you.

Ms Notley: Yes. I would greatly appreciate that. Part of the reason I would appreciate that is because, unless I misunderstood what you said before, you talked about the price cap, the \$1,650, being applicable to long-term care and designated assisted living. I'm assuming, then, that it's not applicable to the other levels. Of course, because, as you know, we've raised this and had lots of conversations about it, we're very concerned about these humongous fees being charged outside of the DAL or the long-term care category.

Then the value of these 500 or 1,250 spaces comes into question, say, for instance, if half of them are potentially subject to fees that are more in the \$3,000 range. I will say that I have seen those fees. I've seen people in my constituency come to me with leases that they've been asked to sign where they would be asked to pay \$3,000 or more per month to house their parents or whatever. That's the reason I ask.

8:20

Mrs. Jablonski: Certainly, I have also seen those fees in private facilities. But in the ASLI program a criteria, that I haven't stated as yet, is that in the grant agreement signed between the department and the operator, it states that the operator cannot charge more than the private room rate for long-term care accommodations. That is currently at \$1,650 per month. That's the idea of the affordable supportive living initiative. We give you the grant; you agree not to charge more than the long-term care accommodation rate.

Ms Notley: Okay. That's helpful.

Then I go back to a conversation that the Member for Lethbridge-East had started, where she was talking about this chart, which I think we've all seen, with all these really quite distressing additional charges that are being imposed on residents who don't otherwise qualify for home care; for instance, med administration. I, again, have had constituents come into my office telling me that home care does not provide consistently across-the-board support for med admin anymore. For one thing, you can actually qualify for home care and still need to pay for that extra service. Alternatively, you may not qualify for home care but still require med administration; for instance, in this we're talking about \$200 per month. At the time, in response to the previous question, you said: I'm not sure. You said a couple of times that it looks like this might be a private facility.

My concern is that last year we talked about the breakdown between the not-for-profit and the private facility. We had asked you about that at the time, and you were unable to give us that breakdown. I'm wondering if you are now. You probably understand where I'm going with this because, clearly, it appears that you seem to think that certain facilities are more inclined to apply some of these additional charges. Maybe I'm putting words in your mouth. Either way, we're still interested in knowing whether it's private or not-for-profit.

Mrs. Jablonski: Are you asking me to provide information to you about what our affordable supportive living facilities charge as far as extras are concerned? Is that what you're asking?

Ms Notley: Both. I'm asking for a breakdown between not-for-profit versus for-profit in terms of what has been funded. Then I'm also asking – well, it sounded to me like you didn't have that information – for whatever information you do have about all these incidents of these additional charges being thrown on top of that \$1,650 and the degree to which you know whether that is happening or may happen in the spots that you funded.

Mrs. Jablonski: I can't give you that information right now, but whatever information we do have I can provide in writing for you. There is a distinction between not-for-profit and for-profit.

Ms Notley: Absolutely.

Mrs. Jablonski: When we fund for-profit organizations, they're under the same criteria as the not-for-profit. As far as your question is concerned, I will have to provide that answer in writing.

Ms Notley: Right. I guess, ultimately, what I'm looking for is a discussion or a bit of advice in terms of what kind of efforts your ministry may or may not be considering to address these types of additional charges, which are clearly getting around a cap that you put in place and getting around a cap in very substantial ways. Are there efforts afoot to try and put a stop to this, or is there talk of

potentially negotiating those into additional funding agreements or that kind of thing?

Mrs. Jablonski: Well, thank you for that question. I am not aware of those extra fees happening in our affordable supportive living facilities that we have funded, which doesn't mean that it doesn't happen; it's just that I'm not aware of them. I will investigate or look at facilities that do charge the extra fees.

I would say to you that in a lot of our designated assisted living facilities we have facilities that aren't just funded by government. A lot of times people will build – you have to reach that level of viability, so maybe 30 beds isn't enough. Maybe 60 beds is the right number, but perhaps we can only help you with 30 beds. So what a lot of the organizations are doing is they're building 60 beds; 30 beds are funded through the affordable supportive living initiative, which have to live with the criteria that they agreed to in our contract, but the other 30 beds in the same location would be not under the designated assisted living rules because they weren't supported by our government in an ASLI grant. Having said that . . .

Ms Notley: They might be supported under the bonds?

Mrs. Jablonski: Well, designated assisted living is supported under health care. Health care has the contract with them. So any facility that has a contract with the government in designated assisted living has to charge no higher than \$1,650. I don't know about the extras, but if you know of a facility that we can look into where these things are happening, I'd like to know so that we can look at it.

Ms Notley: Well, I'll certainly do my best, but conversely since you have access to whole buckets of more information than I do, notwithstanding the occasional piece of mail under our door, I'd be interested in hearing back from you about where things are at there.

With respect to the bonds do you see those maintaining the same funding?

Mrs. Jablonski: I think it just makes a whole lot of sense that we maintain the same criteria throughout both programs. Like I said, the details haven't totally been decided yet, but I can tell you that our ASLI program has been very successful over the last two or three years. I do sit at the table for the Alberta capital bonds initiative, and I will be supporting that we maintain the same criteria that we have in our ASLI program.

Ms Notley: There was mention briefly, again from the Member for Lethbridge-East, about the document, which you since clarified was merely a discussion document, that talked about the 20-60-20 ratio. I know those were discussions. Do you have the ability to tell me: what is your ministry's current belief that the ratio should be?

Mrs. Jablonski: Well, I don't determine the ratio for long-term care, so I can't tell you what Alberta Health Services or Alberta Health and Wellness may be determining for long-term care. I just know that with designated assisted living what we're trying to do is build as many spaces as possible.

One of the criteria when you put an application in for our ASLI grant, for example, is that you show that there is need. We have to know when we're supporting a project that that area has a need for that many beds. So they are projects that we share with partners and with partners in the communities. Sometimes they're foundations, and sometimes they'll have partners like Bethany care or Good Shepherd or Good Sam or Covenant Health. They will show us a needs assessment, and that's part of what's required in the application for the ASLI grant.

Ms Notley: Okay. Right. The last thing I wanted to ask about in this particular area, which we talked about last year, was the whole issue of monitoring. I'm not sure where that's found in your budget: inspections standards, monitoring under your new act, all that kind of stuff.

Mrs. Jablonski: We are going to be implementing the new SLALA act soon – this spring is what I'm hoping – but we do right now undertake inspections once a year for all of our licensed facilities.

Ms Notley: That's in what line item again?

Mrs. Jablonski: I'm just checking that so that I can provide you with that information.

Ms Notley: Okay. Just wondering if it's up or down because I couldn't find that.

Mrs. Jablonski: For the inspections?

Ms Notley: Uh-huh.

Mrs. Jablonski: As we have more facilities, I'm assuming that – you're talking about not the number of the inspections but the cost of the inspections.

Ms Notley: Exactly. Yeah.

Mrs. Jablonski: I can also tell you, while we're looking that number up, that we have one annual inspection a year. For any facility that has proven itself over a two- or three-year period, we may go to the two-year inspection, but if there is a complaint about any facility, we as soon as possible send a team in to investigate. So one facility could have more than one inspection a year, depending on whether or not there are complaints.

The line item that shows the supportive living and long-term care is 4.1.5 for inspections.

Ms Notley: So I see, then, that that's slightly up from what you're forecasting to spend but quite a bit down from what was in the budget, and we've got the number of units increasing by at least 1,250 as well as the new requirements under your new act. Obviously, the question is whether you've got enough money in there to do the job.

Mrs. Jablonski: Well, I think that we will have enough money in our budget to do the job because I think this is a very important part of our job. It's something that I'm very insistent upon. You will know probably that not only do we do the inspections, but we post the results on the Internet, so you can look it up on the website to see what the results were and who we are working with to improve whatever may have been a violation of our standards.

As far as the numbers are concerned, the difference, I'm being told here, is that there was one-time spending for the capital planning for our lodges. Because that was one-time spending, we're not required to spend that amount in this year's budget.

8:30

Ms Notley: So that's in the same line item? Is that what you're telling me, then?

Mrs. Jablonski: Yes, it is.

Ms Notley: I see. Can you tell me what the actual amount is that's allocated for your monitoring and inspection, and could I suggest that in the future we break that out so we can track it?

Mrs. Jablonski: Well, I think that at this point in time I'm going to have to give that to you in writing. It'll just save us a little bit of time.

Ms Notley: Sure. Maybe for next year I might recommend that that get broken out.

Mrs. Jablonski: Broken out in the budget. We'll provide that number for you in writing.

Ms Notley: Okay. Moving on to another topic, because I think I'm starting to run out of time here, I want to talk a little bit about PDD. There's been quite a bit of discussion with that. Now, my understanding of things is that, in effect, what happened was that there was an announcement of 33 million extra dollars last year, \$9 million of which was designed for special programs, the funding for which went through, and it was allocated, essentially. There was no discussion over it. Twenty-four million dollars was geared toward the much-needed, beginning, very slow process of bringing staff up to where they ought to be.

When that decision was reversed and there was not that wage increase but, rather, just the one-time bonus, which obviously meant less to the staff and was worth less to the staff, there was the \$9 million that remained. What I'm told is that notwithstanding all that, a number of the agencies had some built-in annualized deficits that were accruing. They had been hoping to be able to take that \$9 million and apply it against those deficits. Instead, with that \$9 million going back and with it not being replaced in this upcoming year, they are ultimately dealing with built-in deficits that had always been in play, and this is where we're getting the funding cuts to services. That's what I've been told.

My concern, then, is that we've heard about agencies cutting front-line services because they had shortages that pre-existed, shall we say, to some extent the cut, and they'd been hoping to take some of the assigned money and apply it against it. What are we going to do about the fact that we seem to have built-in deficits now and without them ultimately cutting services?

Mrs. Jablonski: What I can tell you is that it's very important for our agencies to work with the community boards to find how they're going to resolve those problems together. We've done that in the past, and I expect that we're going to be able to do it now. I don't think it's easy. I don't think for one minute that it's easy. We are in these tough times. I think that by working together, we can find the solution for solving this funding issue and not impacting in a great way the people who depend on our services.

Ms Notley: Okay. Well, I suspect we'll hear more, as the back and forth continues, about whether we are or are not doing that.

I want to talk just a bit about the criteria. You've mentioned a number of times that the eligibility criteria was not a change, that it just went from policy to regulation but that that was done in order to ensure consistency. Can you give us some examples of how the consistency was not previously being applied? I'm wondering in particular: was there previously discretion for those situations where, for instance, you would have somebody who may well have scored above 75 on the IQ – I can think of many – but who were clearly not functional on the adaptive scale? Was there more discretion being exercised in different corners of the province on that basis? What

was the need? You say that you need to bring on consistency, so clearly there hadn't been, and clearly there is a change. Could we get a bit more information about that?

Mrs. Jablonski: I can't tell you specifically where we might have experienced inconsistencies, but when we had in policy somebody with a range of 70 to 75 IQ plus the adaptability skills, depending on the number that they could not perform, that would allow them to be eligible for PDD.

The Chair: Minister, I hate to interrupt, but according to our standing orders we'll have to move on to the next questioner, which is Mr. Groeneveld.

Mr. Groeneveld: Well, thank you, Chair. Congratulations, Minister, on your knowledge and quick responses to the budget. Having sat in that chair myself in a different ministry, it's kind of a hot seat, and it isn't a whole lot of fun to sit there. But you're doing a wonderful job, and I congratulate you on that.

We talk a lot about PDD and AISH, and I'm going to zero in just a little bit on AISH because I happen to have a member of my family that worked for FAIMS and now works for FAS, which, by the way, I give the proceeds of my annual golf tournament to every year. I certainly hear quite a bit about this – it's a daughter-in-law, by the way – and watch what she does and how her crew works within your system. You've sure got some great people. Of course, maybe I'm a little biased, but you've got great people there, and they do a wonderful job. Of course, there's never enough money – we always know that – but they do what they do with what they have.

I'd just like to get on the record maybe a little bit about the AISH part of it. On page 321 of your main estimates, the budget for assured income for the severely handicapped, AISH, the financial is more than \$537 million. I guess maybe I'd like you just to refresh our memories and tell us how many clients receive the financial assistance and what the maximum benefit is that they can receive today.

Mrs. Jablonski: AISH is assured income for the severely handicapped. Right now we have approximately 40,000 Albertans who are receiving AISH benefits. The maximum financial benefit is \$1,188 per month, and I'll add to that that the average health benefit that we support for AISH clients is approximately \$350 per month. Funding increases from the '09-10 forecasts will provide for growth in our caseload, which we are expecting. AISH clients are also eligible for assistance with additional expenses such as special diets, caring for a child, and travel to and from medical appointments.

Mr. Groeneveld: Thank you. I've got a couple of supplementaries here, Mr. Chairman, if that's all right. Also on page 321 the 2010 budget for AISH health-related assistance is more than \$162 million, which is similar to what we allocated last year. Could you please explain what the funds were used for and will be used for? Are there going to be any changes that we see coming from last year?

Mrs. Jablonski: Well, as I mentioned in my first answer, we spend on average \$350 per month for health benefits. These benefits are for spouses of AISH clients and their dependent children as well. The assistance that we provide is prescription drugs, eye care, dental care, emergency ambulance services, essential diabetic supplies, and they are not required to pay the Alberta aids to daily living copay. Those all total up to an average of \$350 per month per client.

Mr. Groeneveld: Thank you. The budgeted program expense for Seniors and Community Supports is nearly \$2 billion in the 2010-11

budget, a \$43 million dollar increase, or 2.2 per cent, from the '09-10 forecast. As we can see, this shows an increase. However, the media and some members continue to refer to this as cuts in the program for Seniors and Community Supports. Could you please explain one more time so that we get it on the record that there is a marginal increase? Could you please tell us how it will benefit the people with the disabilities?

Mrs. Jablonski: Thanks for that question. The ministry's 2010 budget includes over \$1.46 billion in funding for several programs that support persons with disabilities, including the AISH program, persons with developmental disabilities, Alberta aids to daily living, the office of the public guardian, brain injury and other supports for persons with disabilities programs. Budget 2010 provides program funding of \$733 million for the assured income for the severely handicapped program. The program supports approximately, as I said before, 40,000 adult Albertans who have a permanent disability, and that provides financial and health benefits. Budget 2010 maintains the current maximum financial benefit of \$1,188 per month.

8:40

Funding for persons with developmental disabilities will be \$597 million in the 2010-11 year. The PDD program works with others to support adults with developmental disabilities to be included in community life and be as independent as possible. Approximately 90 per cent of individuals who receive PDD funding also receive income support and medical benefits from the AISH programs. In addition to those programs, the budget includes \$113 million for the Alberta aids to daily living program. This program helps Albertans with a long-term disability, chronic or long-term illness. It helps them maintain their independence at home, in lodges, or group homes by providing financial assistance to buy medical equipment and supplies.

Budget 2010 also includes funding of \$9.6 million for the office of the public guardian. The OPG provides decision-making processes for individuals who are unable to make personal nonfinancial decisions for themselves. The OPG acts as guardian for 2,031 represented adults throughout the province. The need for a guardian may have resulted from a mental disability such as a developmental disability, a chronic mental illness, an acquired brain injury, or a disease associated with aging.

In the 2010-11 budget \$13.8 million is provided for the brain injury initiative and other supports for disabilities program. This program includes four main initiatives. The Alberta brain injury initiative supports approximately 2,500 adults with acquired brain injury. About 300 receive direct one-on-one support for up to 10 hours per individual per week. The fetal alcohol spectrum disorder initiative provides supports to adults with FASD to live and work in the community. Supports include co-ordination, education, training, mentorship, and ongoing follow-up and supports.

The third program is cross disability supports through community agencies. It provides a range of services for people with disabilities to live, work, and participate in community life. For example, it provides intervenors for people who are deaf and blind.

The fourth program is the community access for people in continuing care. This provides supports to individuals under 65 years of age who are living in continuing care facilities so that they can be more involved in community activities.

That's a quick breakdown of my budget.

Mr. Groeneveld: Thank you, Minister.

The Chair: Thank you.

The next questioner on the list will be Ms Blakeman.

Ms Blakeman: Thank you very much for appearing before us tonight, Madam Minister, and thank you very much to your staff for attending with you. I know we all appreciate their expertise.

I have a couple of questions and a couple of requests. I want to start with a thank you. On my behalf and on behalf of the people who live in Kiwanis Place, thank you for the elevator. You just will not believe the difference that that is going to make in their lives, and the GEF, the Greater Edmonton Foundation, is obviously most grateful as well. I just want to pass that on to you. I'm sure they've let you know already.

A couple of things that have come up. Your office may not be aware of the reaction to your February 10 letter that was sent out. This was a sort of follow-up letter in which seniors were being asked to provide information for direct deposits. My office actually contacted me today because we've had so many people call in expressing their displeasure with the tone of the letter. They feel they're being scolded and unnecessarily pushed around. That, I'm sure, is not what you intended. It may help them to know – and this is not listed in your letter – that it is a cost-saving measure and you plan to redirect those savings to other places. You do mention a number of other reasons why they should participate in the program.

I just thought you should know the number of people that we've dealt with in the last couple of days. Clearly, they've actually made a point of walking into my office, and that's no small feat because I don't have enough money to be in a building with an elevator, so seniors have to climb a very long set of stairs in order to give me a copy of the letter they're so displeased with. So I just thought I'd pass that on to you.

Mrs. Jablonski: May I comment on that before you move on? I'll do it quickly. We did send out an initial letter in the fall of last year. By December we had 90 per cent of our seniors now on the direct deposit system. I do realize that there is some displeasure with some of our seniors who don't want, for whatever reason, to respond to the need to have direct deposit. Would you please give any senior who has a big concern and needs some help from our department the seniors' information line, and we will deal with each senior that has a concern.

Ms Blakeman: Oh, yeah. We're following through and helping them. They will get there. The annoyance is around the tone of the letter, which actually – I'm looking at it – threatens to cut them off if they don't . . .

Mrs. Jablonski: I don't think it threatens to cut them off. It does say there will be an interruption in their benefits.

Ms Blakeman: It says: please note that unless we receive your information by March 15, your Alberta seniors' benefit payment will be suspended effective April 1, 2010.

Mrs. Jablonski: Yes. Suspended but not cut off. What it means is that once we resolve the issue with the senior, they will be fully reimbursed their Alberta's seniors' benefit. It's just working it out with our seniors.

Ms Blakeman: I'm sure they appreciate the clarification, but most people in the world would read "suspended" as cut off. Thank you for the clarification.

Mrs. Jablonski: Point well taken.

Ms Blakeman: I'm glad I was able to provide you with an opportunity to do that.

Mrs. Jablonski: Thank you.

Ms Blakeman: The second piece around that is that there was no public announcement. I know that under the Seniors Benefit Act general regulations section 6(c) says that a benefit may be paid in any manner determined by the minister and that you're entitled to change how you're going to do that. But they didn't see this one coming, and there was no public announcement on it.

I'm going to move on to a couple of other points that have been raised. This is not your department, but you may be able to help. There is still confusion around the Health and Wellness plan to implement a new seniors' pharmaceutical plan. My office deals with a lot of seniors, as you know, and we have been sending out bulletins and trying to get updates. It's still not clear exactly how this program is going to operate, and I'm trying hard. Anything that you can do to work with your colleague in Health and Wellness to be able to provide information on the ins and outs of the program would be much appreciated.

I did extended talks in September. I did a follow-up in December, and we've done another follow-up this spring as we slowly get responses back from the Minister of Health and Wellness in response to our questions about how the program will work. So anything you can do there to clarify exactly how that program is going to work I'm sure will be much appreciated by seniors.

The next section is around: is the minister looking at either producing legislation or, I suppose, a white paper out of your department, or are you working with any of your colleagues around legislation to protect private-sector pension plans? We've talked quite a bit tonight about, you know, aging boomers. Certainly, the issue of pensions is one that we're all looking at, especially when so many people have recently gone through a significant hit to their personal RRSPs given the downturn in the market. But we've also seen some very large companies that no one could imagine were ever going to go under, like Nortel. And they went under with their employees' pension fund either because they hadn't funded it or because they spent the pension funds. I don't know.

I think there needs to be and there is an opportunity for provincial legislation to protect and make sure that these pension funds are protected when a company goes under. I think there is a role for government in protection on behalf of its citizens. This is one of those times that government needs to put legislation through that protects those pensions.

8:50

Mrs. Jablonski: If I could just comment on that for a minute and not hold you up too long, Laurie. I think that this is a very important concern. You probably are aware that pension plans are under the umbrella of Finance and Enterprise, but I can tell you that that department is working with colleagues across the country on the financial state of future seniors. Pensions are part of what they're discussing nation-wide because the concern is nation-wide.

Ms Blakeman: I think we need to hold corporate pension plans accountable is the strong statement I'm trying to make there.

The last. There's been a lot of discussion tonight about PDD funding, and I'm sure that family, friends, staff, and recipients are very glad to get clarification about what's going on there. The Member for Lethbridge-East has talked about the changing of the criteria around IQ, lowering it from 75 to 70, and the effects of that.

Mrs. Jablonski: Can I just correct you there? There was no lowering of the IQ. It's always been the number 70, but if a psychologist or a psychiatrist who does the IQ test gives a range of, say, between 70 and 75, then we'll take 70 as the IQ. So it was always in policy. We follow that process in policy. We didn't change it; we just reinforced it by putting it into regulation.

Ms Blakeman: Fair enough, Minister, but I think that the effect that is felt by the recipients is that it got changed, because people have certainly reported to me that they have received less funding or that the funding model that was being received has changed. So the effect upon the people: they see it as a change. You may choose to describe it differently, but that's the effect that they saw. There were fewer hours that were available to them, or the person was denied access to a program, et cetera.

Mrs. Jablonski: I think there is some confusion here. The eligibility, like I've said before, is two requirements. One is the IQ, and the other is the adaptive skills. One of the things that we did was grandfather anyone who was already in the program to that requirement. They don't have to prove their eligibility; they are in the program. They are grandfathered, and they will remain in the program.

So the eligibility requirement, of and by itself, did not create any changes in funding. That's where the supports intensity scale might determine a level of funding that is different from what they're now receiving, but we have done the supports intensity scale assessment with new PDD clients, and we have definitely started using the supports intensity scale. This is information that I have not received yet, but I will certainly be keeping an eye on how that works through the system.

Ms Blakeman: Thank you for that. I know and I'm sure you've been made well aware that there's a great deal of fear in the community right now. These are people that want to participate as fully as they can in the life of the province. Certainly, for their families who've acted as caregivers for probably much of their lives, there's a level of exhaustion there that has set in, and I'm sympathetic to my constituents who are in that situation.

Thank you for your answers tonight.

Mrs. Jablonski: You're welcome. Can I just comment on the fear? Do I have time?

The Chair: Yes.

Mrs. Jablonski: The supports intensity scale has actually been very well received by stakeholders throughout the province. I've had one self-advocate tell me that he was excited about going through the process because he learned things about himself that he didn't know before because nobody had ever asked him the question. I've had other people tell me that they find that it provides clarity and consistency to the program. Our intention is to ensure that our clients receive the amount of support that they need to be as independent as possible.

Like good parents, sometimes we tend to want to overprotect the people that we love and care for. I'll give you a good example of that. I was up in Grande Prairie speaking to people in the developmental disabilities program. It was a young man who told me that he had to convince his father that he could take the bus in Grande Prairie. The reason he was so excited about taking the bus was because he had a girlfriend, and he was allowed to go and be with her on Thursday nights. The only way he could go visit her was by

taking the bus. He told me this entire story by himself. He finally said to his father: "Dad, come with me. I'll show you that I can take the bus." Dad was sitting right there with his son, and they both smiled because the son did prove to his dad that he was completely capable of taking the bus in Grande Prairie. He was an individual that was able to stand up for himself and to prove to dad that he was capable.

If a PDD client can be as independent as taking the bus by themselves, then I think that's something we should encourage and not hold them back from being as independent as possible. Just a story of why it's important to make sure that we are providing the right amount of supports for our clients.

Ms Blakeman: Thank you. I'm sure people appreciate that.

Sorry. There is one other question that I had. The Cúram program, which I'm not incredibly familiar with – this isn't my critic portfolio – that you mentioned was running in New York and in Utah. Is this connected to the outcome-based activity funding? New York and Utah are also two places where that model has been in place for some time. So are these all connected? Is that where these programs came from, the computer programs?

Mrs. Jablonski: What I can tell you is that the Cúram program is able to be designed so that we can put our 34 programs into the IT system, the software system. I have had no discussions about the – what did you call it? – activity-based funding at this time. It's a huge program, and I can't tell you what it's capable of doing.

Ms Blakeman: Are you aware of whether that's where these programs came from, out of that formula operating in the States, particularly in New York and Utah?

Mrs. Jablonski: I just know that the current program is an IT program that is being used in those states. I'm sorry. That's as much as I know about the program.

Ms Blakeman: Okay.

The Chair: Thank you, Minister.
Mr. Fred Lindsay, please.

Mr. Lindsay: Thank you, Chair, and good evening, Minister. Minister, goal 5 of your business plan refers to access to supports and services that seniors and people with disabilities need or require to participate in community life and activities. I wonder if you could describe the programs and activities funded by your ministry that make that goal possible.

Mrs. Jablonski: Certainly. Thank you for that question. Several ministry programs support goal 5, including the PDD program, the Alberta brain injury initiative, the fetal alcohol spectrum disorder initiative. The AISH program, the seniors' information line, and seniors' information services offices also provide clients with information regarding community programs. The PDD program is an important part of our work in this goal because it helps people with developmental disabilities strengthen long-term connections with their communities.

Under this goal the ministry also funds community support services for Albertans with other disabilities such as acquired brain injuries and fetal alcohol spectrum disorder. These programs assist adults with information, resources, and supports to live and work in their communities.

Goal 5 also includes information services for seniors, which help them to learn about and access programs and services in their communities.

In addition, the AADL program, or Alberta aids to daily living program, provides financial assistance for basic medical equipment and supplies to Albertans with long-term disabilities or a chronic or terminal illness. These supports enable clients to participate in community life.

As part of the AADL program the residential access modification program, RAMP, provides grants of up to \$5,000 to almost 250 Albertans each year. The grant is provided to help Albertans with mobility challenges modify homes to improve their access into or movement within their home.

My ministry provides financial assistance to seniors through the Alberta seniors' benefit, special-needs assistance for seniors, dental and optical assistance for seniors, and education property tax assistance for seniors' programs. This financial assistance helps seniors to remain independent and to participate in their community.

9:00

In addition, we have a number of information resources. We also publish the Seniors Programs and Services Information Guide, which is a comprehensive source of information on the programs, benefits, and services available to seniors in Alberta. The directory of seniors' centres in Alberta is an online resource that lists not-for-profit centres that offer ongoing services or programs designed specifically for seniors. We have developed a fact sheet to provide information on funding opportunities for seniors' organizations. We provide information on fraud awareness and elder abuse prevention, and we provide a guide to making age-friendly communities. Information on these and other programs is available on my ministry website, and that's, as you probably know, seniors.alberta.ca.

Mr. Lindsay: Thank you. You, obviously, do some great work with the funds that are available through your ministry, but could you tell me how you would measure the outcomes of this funding to ensure that it's used in the most cost-effective and efficient manner?

Mrs. Jablonski: Well, we use three measures to help monitor our progress against this goal. The first measure covers parent and guardian satisfaction with PDD-funded services. That survey tells us whether families are satisfied with the services their family member is getting overall and asks a number of questions about the person's participation in the community, including employment and volunteerism. Our second measure helps us to determine whether people with other kinds of disabilities – for example, individuals with brain injuries – and their families feel that they are supported by the services we fund, whether these services make people's lives easier. Finally, we measure satisfaction with our information services for seniors through the information line. This tells us how we're doing in providing seniors with the information they need to access programs and services in their communities.

Mr. Lindsay: Thank you for those answers. Keep up the good work.

Minister, on page 320 under the Alberta seniors' benefit, element 2.2.1, there actually appears to be a \$14.3 million increase over last year's funding. Would you explain how that increase is going to be allocated?

Mrs. Jablonski: The 2010-11 Alberta seniors' benefit grants budget of \$316 million is an increase of \$14 million, as you've just said, from the '09-10 forecast. This budget increase maintains the

changes to the Alberta seniors' benefit thresholds that were implemented in July '09. The new thresholds were \$24,000 for single seniors and \$39,000 for senior couples. Budget 2010 maintains the maximum monthly payment from the Alberta seniors' benefit program at \$280 for singles and \$420 for couples, and the maximum monthly payment and qualifying income thresholds are the highest of all provincial income supplement programs for seniors in Canada.

Support will continue to be provided to seniors who reside in long-term care and designated assisted living facilities to assist with their accommodation costs. I mentioned earlier to the Member for Lethbridge-East that we support 60 per cent of all seniors in long-term care and 40 per cent of seniors in designated assisted living.

There are currently about 144,000 seniors receiving the Alberta seniors' benefit. The number of seniors in Alberta has been growing and is expected to grow even faster, with the first baby boomers turning 65 next year. Part of the budget increase will address caseload growth projected for this fiscal year. The Alberta seniors' benefit program provides monthly cash payments to eligible low-income seniors to supplement federal income support programs, including Canada pension plan, old age security, and guaranteed income supplement.

Mr. Lindsay: Thank you. Earlier on you mentioned a number of times about the increasing seniors population. With only a 2.2 per cent budget increase, how will you meet the needs of this increasing seniors population?

Mrs. Jablonski: Well, the special-needs assistance for seniors' program is available to low-income seniors to assist with allowable one-time or extraordinary expenses such as appliances, minor home repairs, and some medical costs. The maximum annual benefit is \$5,000. The budget for special-needs assistance grants is maintained at the 2009-10 levels, and the budget also maintains the qualifying thresholds that I mentioned earlier, \$24,000 for a single, \$39,000 for seniors couples. So grants to seniors from this ministry's financial assistance programs will increase by more than \$21 million from the '09-10 forecast. These programs are the Alberta seniors' benefit, the special-needs assistance for seniors, the dental and optical assistance for seniors, and the education property tax assistance program for seniors.

Mr. Lindsay: Well, thank you, Minister, for your explanations.

Mr. Chairman, I have no further questions.

The Chair: Thank you, Mr. Lindsay.

Our next question will come from Rachel Notley, please.

Ms Notley: Thank you. I just wanted to follow up on some of the questions that we'd been talking about before with respect to PDD. As I said, I had just been talking about sort of the criteria and what might have been some inconsistent application of the policy. Because I got cut off, I think there had been agreement that you'd get back to me in writing, and that's good. We'll just leave that part there.

I want to instead move on to the issue of – well, you call it the tool. I can't remember.

Mrs. Jablonski: Supports intensity scale, SIS.

Ms Notley: Supports intensity scale. Right. I want to start by speaking as someone who has some experience around people with disabilities. I'm a little concerned about a couple of these examples that you've given with respect to, you know, the kid who didn't have

as much support, and therefore it was this lovely story because suddenly he found a friend or the other one who suddenly found a girlfriend or the one that suddenly learned to ride a bus.

There's no question that the people that are providing support to people with developmental disabilities ought to know their job well enough to ensure that they provide the kind of support that enhances independence at every turn. Frankly, if they're not doing that, if the level of support that's currently provided results in a person with a developmental disability not riding the bus on their own when they could otherwise, it is much more likely a function of the fact that the people that are providing that support are earning \$15, \$16 an hour and have nowhere near the training necessary to actually work with somebody with that type of disability to help them grow their capacity. It's actually a very complex area for which people ought to have a great deal of education and training.

Having said that, for every kid that finds a friend because they've not been given the support or the activity they need through a program, there are five more who don't, who sit at home and don't find that friend. The idea of creating lemonade out of a lemon, you know, that we create a crisis because we give them less support than they're used to, and hopefully they pick up the ball and suddenly spontaneously develop a capacity we didn't know they had: well, that's not the majority of cases. I'm not suggesting that's what you're saying you're going to do as a strategy, but just even using those examples is problematic for me. More often than not what happens is that when supports are pulled from somebody, that person's life is negatively affected. They don't get out; they don't interact.

Having said that, going back to the tool, you said it was used in a lot of other jurisdictions. I'm wondering: within your ministry are there studies or reports that you used before moving to that tool that outline the outcomes, any studies that show either improvements or deteriorations in capacity outcomes with respect to the people who were subjected to it and ultimately had their supports adjusted, either upward or down? Are there any studies about the cost implications of the introduction of that tool? If there are either, would you be prepared to share them with the committee?

Mrs. Jablonski: Well, I know that the supports intensity scale is a well-researched tool that's used in many other jurisdictions. As far as having availability of any reports, I'm not aware of them. If we had those reports, I could direct you to them, but that would have to be in writing.

Ms Notley: Okay. I'm assuming that before you moved to it, there had to have been some.

Mrs. Jablonski: It is well researched, and there is evidence to show that it's highly beneficial. If it wasn't, we wouldn't be doing this.

Ms Notley: Are you aware if there was any discussion about cost implications?

Mrs. Jablonski: When you say cost implications, are you referring to the cost of interviewing our clients, the 9,200 clients, or are you referring to the cost implications of the supports to people in the program?

9:10

Ms Notley: The cost implications of supports to people in the program.

Mrs. Jablonski: I don't have that information with me at this time, but I would say to you that I know this is, like I said, a well-researched tool that is used in a number of jurisdictions. The idea of

the tool is to ensure that we are providing the right amount of supports. It really doesn't have anything to do with taking away supports that are needed. If they're needed, they will not be taken away, and the supports intensity scale will show that.

Ms Notley: Okay. It could be that application of that supports intensity scale in other jurisdictions has resulted in a doubling of services. I don't know. That's why I'm curious, for the purpose of assessing whether the budget projections are accurate since we're adopting a new mechanism of distributing the service. That's why I'm asking.

Mrs. Jablonski: Well, thank you very much for that question. We will determine that, but I do believe, as we've said before, that we have very qualified people caring for our people with disabilities, so I'm not expecting to see a wide variation in the amount of supports that we now provide for our people with developmental disabilities. I'm looking for providing the right amount of supports for people with developmental disabilities.

Ms Notley: Right. Well, I'll look forward to getting anything in writing that you might be able to find on that. That would be wonderful.

On the issue of transition, again, an interesting point was raised when we were talking about transition from FSCD to PDD for kids that would be eligible for PDD services once they reach the age of 18. You made a comment that I was a little concerned about when you talked about how some disabilities are not expected to change, so those ones are easy. Then, of course, some are.

There's no question that there are a number of developmental disabilities that could well change, the concern being that there are a lot of developmental disabilities where you clearly have – you know, you wouldn't expect a kid to function on their own at the age of 16. That's why we don't ask them to. There are a number of developmental disabilities that simply have implications that it takes that kid another four years longer than someone else to learn the tools necessary to be independent, so they are changing, it is very dynamic, but at the age of 18 they are still clearly in need of services. I'm a little concerned about that process. Is there a difference in how that transition is managed based on the prognosis or the variability of the condition, and what efforts are in place to reduce the amount of time and assessment with respect to that? It can create a lot of hardship in that short period.

Mrs. Jablonski: Well, we understand that clearly, and because of that our regions, our PDD community boards, are working with Children and Youth Services, FSCD, to help with the transition. They start when the children turn age 16 to 17; we don't start when they turn 18. We start earlier than that because we know that they're going to need supports, and we need to be able to determine the number of people that we're going to have to provide supports to. So we are working with them at a younger age to help through the transition process. I do know that we can get better, and that's what we're striving to do.

Ms Notley: Okay. I'm going to ask just one more quick question because I know others want to get up here, and this may be a very quick answer for you. You've talked about a lot of different support that's given in the community for people with disabilities. This actually struck me as a result of reading the discussion that we had last year as it relates to mental health. Since we had our discussion last year, there's obviously been some clear recognition on the part of the government that they need to go back to the drawing board in

terms of establishing a much more comprehensive system of community mental health care. My question is whether your ministry, in the role that you have in terms of providing community support to people with disability, is involved in that and whether we would see that reflected anywhere in the budget.

Mrs. Jablonski: Well, certainly, one of the six priority action items that we're developing right now has to do with complex needs or a dual diagnosis. When we talk about complex needs or dual diagnosis, we're talking about people who not only have a developmental disability but may also have a mental health issue. We are working together with Health to improve the system that we have to care for our clients that are in that group of people with complex needs. We're at the same table now. Like I said, that's an area we have identified where we can do better, and that is where we're looking to go.

Ms Notley: So it's a wait-and-see kind of deal in terms of the monetary reflection of the outcome.

Mrs. Jablonski: You'll see that it is listed in our six priority action items.

If you want to know a little bit more, I can tell you that the PDD program provides funding for 370 people with very complex needs and behavioural issues and that at any given time 50 of these people require intensive case management and specialized services. These individuals have a significant impact on multiple service delivery systems. Along with accessing PDD services, they also require supports from other ministry programs that are available to all Albertans. Thus, the response to supporting persons with developmental disabilities with complex service needs requires action both with the PDD program and across our different ministries. The PDD program supports these individuals to live in their own home with intensive staff supports, in group homes or institutional settings, or with family or roommates.

Ms Notley: That's really helpful. Thanks. I think I was looking more in terms of the going forward around the health stuff, but that's been a good answer.

I just wanted to let other people get a chance now. Thanks.

The Chair: Thank you very much.

Our next questioner is Genia Leskiw.

Mrs. Leskiw: Thank you, Minister. Before I ask the question, I want to give a couple of personal thank yous, first of all, for the excellent care my own mother is getting at the Millennium place here in Edmonton. I wish we had those kinds of facilities up there in Bonnyville. Second, I would like to thank you for the DAL facility that will be starting up in Cold Lake they say probably in August or September. They purchased land right next to the Cold Lake hospital, which is a great place for it, and the seniors are quite excited about it. Also, the seniors are very thankful for the extra funds that were given to the seniors' lodge to fix their sewer system. So my thank yous first.

As Alberta's population ages, there will be an ongoing need for a range of accommodation settings. Seniors and Albertans with disabilities have varying needs and expect a great degree of choices in their living accommodations and in the services and amenities available to them. What is the minister doing to ensure that all seniors will be able to age in the right place?

Mrs. Jablonski: Well, thank you very much for your comments. I'm glad to hear that your mother is receiving good care here in

Edmonton. You know that we're striving to ensure that that same level of care happens up there in Cold Lake.

Mrs. Leskiw: Because I'll be a senior in a few years.

Mrs. Jablonski: We're working on it, and I think you'll see it will happen.

In our 2010-11 budget the ministry has budgeted \$50 million for affordable supportive living grants, the ASLI grants. They're available to organizations that will be developing the affordable supportive living projects in Alberta. The ASLI grants provide up to 50 per cent of the total eligible capital cost of the affordable supportive living project. With 2010-11 funding the province will have invested a total of \$465 million since 1999 to support the development or modernization of 9,000 supportive living units in Alberta.

Evaluation and selection of proposed projects is based on an assessment of detailed project proposals submitted through a request for proposals process – and I think we talked about this a week or so ago – but the applicant must demonstrate that the project can be developed in a timely manner. Projects must be under construction within nine months of the grant approval and completed within two years of the construction start.

The priority is given to projects that respond to the housing, health, and personal care needs of seniors and persons with disabilities in supportive living settings as identified in regional continuing care service plans, community plans, or other housing needs studies. All seniors benefit from the licensing standards that are required for these facilities.

Mrs. Leskiw: Let me tell you a little bit about the town that I live in. Right now there are 60 seniors waiting to get into the lodge. They have a choice of going from home to lodge, from the lodge to the nursing home, from the nursing home to the auxiliary hospital. Those are the facilities that we have in our community. How is the ministry going to ensure that there are enough assisted living facilities to accommodate the needs of seniors in the various stages that they're in?

9:20

Mrs. Jablonski: Well, Budget 2010 includes a hundred million dollars in funding over the next two years to support construction of an estimated 950 ASLI units. The continuing care strategy of December '08 committed our ministry to build 1,250 supportive living units. This will be achieved by the 2010-11 year, and that's a year ahead of schedule. Including 2010-11 funding, the province will have invested a total of \$465 million since 1999 to support the development of 9,000 supportive living units in Alberta.

The purpose of the ASLI program is to provide affordable supportive living options to accommodate low- and moderate-income seniors and persons with special needs who require accommodation services in combination with health and personal care services to remain in their own communities.

Mrs. Leskiw: Thank you. What is the minister doing to ensure that seniors can afford these basic services?

Mrs. Jablonski: Well, in 2010-11 almost \$66 million is budgeted for the seniors' dental and optical programs. Through these programs seniors with low to moderate incomes can receive financial assistance to help maintain basic dental health and purchase prescription eyeglasses. Increased funding of \$6.2 million from '09-10 forecasts will provide for an expected increase in caseload in the

dental program. Program average cost per case is expected to remain consistent with the 2009-10 averages.

Mrs. Leskiw: Thank you. Have you reviewed the way we deliver the seniors' dental and optical assistance programs in order to ensure that we're delivering them in the most efficient and effective way?

Mrs. Jablonski: It's an ongoing process. Alberta Seniors and Community Supports has partnered with Alberta Blue Cross to administer dental and optical claims, provide information regarding procedures, answer questions regarding claims, and issue payments. Alberta Blue Cross has administered dental claims since the program was established in 2005. Following a review, Alberta Blue Cross began administering optical claims in April of 2009. Previously seniors paid up front and then were reimbursed. Now, depending on the service provider's billing practice, many seniors only pay the copayment portion for both their dental and optical services.

Mrs. Leskiw: What type of coverage is provided for seniors under these particular programs?

Mrs. Jablonski: Well, the dental assistance program for seniors provides coverage for basic dental services that helps maintain a reasonable level of health; for example, diagnostic and preventative services such as X-rays, examinations, polishing, and scalings; restorative services such as fillings; extractions and root canals; and dentures. The dental program provides up to \$5,000 of coverage every five years for basic dental work.

Mrs. Leskiw: My last question is: how many seniors receive benefits from the dental and optical program? Do you have that count?

Mrs. Jablonski: Yes, we do. Approximately 206,500 seniors are eligible to receive benefits from these programs. Sixty-nine per cent of eligible seniors qualify for the maximum coverage from these programs. It's anticipated that during '09-10 almost 88,000 seniors will receive assistance with their dental costs while almost 36,000 seniors will receive assistance towards the purchase of eyeglasses.

Mrs. Leskiw: Thank you very much.

The Chair: Thank you.

We have about five minutes left for Bridget Pastoor, please.

Ms Pastoor: Thank you, Mr. Chair. I will try to be brief. However, I've managed to make it through almost two hours without the smoke coming out of my ears, but now it's coming out of my ears, so here we go.

I hadn't realized until my colleague had mentioned about that letter. I think that's what I was talking about when I'm talking about people that are going to be at the end of that telephone for that service, the social based assistance review, and you're going to set up that one counter. These letters are going to seniors, they're going to older people, they're going to vulnerable people, and to me that letter was rude, intimidating, and bullying. All they would have had to do was send a nice little opening letter to say: this may have slipped your mind; can we help you? I want to see an attitudinal change. These are public servants delivering these letters, not government services. They're there to help these people, not intimidate them.

That is my rant for that one. I'm hoping that you'll agree with me because I do see some of the letters across my desk, and they are

intimidating to people, whether they come out of your department or many other departments. There's just no need for it. People need help. They don't need to be bullied. Enough said.

Just a very quick thing. On page 325 of the government estimates it says: other revenue. Now, that revenue has had a \$9 million decrease in two years. Can you explain that decrease, and should this be a concern if it's a decrease of revenue of \$9 million?

Mrs. Jablonski: Sorry. I'm just looking that line item up in the budget at this point in time.

Ms Pastoor: Okay. And you've rewritten your letters, right? I'm sure it was an electronic signature if it was under yours.

Mrs. Jablonski: It did come from my department, but it was the second letter. We do have 90 per cent of seniors who by December were part of the program.

Ms Pastoor: But the other 10 per cent needed a little bit of help.

Mrs. Jablonski: I can tell you that my assistant deputy minister has listened very carefully to what you've had to say. Actually, we're very proud of the way that we do deal with our seniors on our seniors' information line. I'm surprised that this letter may have been perceived as that strong. So we will look into that. Thank you for your comments on that.

The other revenue of \$1.3 million consists of refunds of expenditures for Alberta seniors' benefits, which were \$135,000; refunds of expenditure for AISH, which is \$1 million; and miscellaneous revenue for the PDD central board, which was \$165,000. The \$2 million decrease is due to a decrease in refunds of expenditure for AISH. All I can say to you is this: that sometimes – and I may be completely wrong, so maybe I shouldn't comment – if there are overpayments or whatever, we may be looking for . . .

Ms Pastoor: Would this be unspent?

Mrs. Jablonski: You know what? I'm going to have to get back to you on that. I'm going to have to provide that answer for you in writing.

Ms Pastoor: Thanks.

Mrs. Jablonski: You're welcome.

Ms Pastoor: Thank you, Mr. Chair. I'm sorry. A couple more minutes.

The Chair: No problem.

Sorry. I've just lost my spot here. Mr. Olson.

Mr. Olson: Oh, I put my stuff away.

The Chair: A very short period of time here.

Mr. Olson: Okay. Maybe I'll just ask a couple of quick random questions. I notice that in the business plan you talk about the aging population, the demographics. One of the things that we need to be considering is transportation. Living in a rural area, you know, we're trying to keep people in their homes longer, and transportation is becoming more and more of an issue. I'm just wondering if you have any initiatives or if you're thinking about doing anything that will help people to still have some mobility.

Mrs. Jablonski: Thanks for giving me a real difficult question at the end of the evening. Transportation is definitely an issue. We have heard about it, and we do understand that there are concerns. Transportation, though, comes from municipalities, and there are a number of services that are available from a lot of our municipalities. Having said that, I do understand that there may be a need for us to look at what the needs are for our growing number of seniors, working with municipalities because that is still under their jurisdiction. There are many areas that we do co-operate on with our municipalities. Obviously transportation is a concern, and we probably need to look at that.

Mr. Olson: Thank you. I had other questions, but I'll defer.

I just want to say thank you for a great evening. It has been very educational.

Mrs. Jablonski: You're welcome. Thank you for your questions.

The Chair: Minister, we've got one minute left. Do you want one short question, or can I wrap up the outline here?

Mrs. Jablonski: It's up to you, Mr. Chairman.

The Chair: Well, I think, in essence of time, it's going to take more than the minute. We did have a directive here that we'd like to advise everyone, for the record, that a written response by the office of the Minister of Seniors and Community Supports to questions that were deferred during the course of this meeting can be tabled in the Assembly by the minister or through the clerk for the benefit of all MLAs.

Seeing that we're almost within 25 seconds of time here, I want to thank everyone for a very good exchange of information. I think it was most informative, especially for those that might be listening online.

I would advise that the committee has used up the time allotted for this business, that we've concluded the business for tonight, and pursuant to Standing Order 59.01(2)(a) the meeting is adjourned.

I would remind you that our next meeting is Monday, March 15. We will be considering the estimates of the Department of Health and Wellness.

Thanks for your co-operation.

[The committee adjourned at 9:30 p.m.]

