



Legislative Assembly of Alberta

The 27th Legislature
Fifth Session

Standing Committee
on
Public Health and Safety

Department of Seniors
Consideration of Main Estimates

Tuesday, February 21, 2012
6:30 p.m.

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Fifth Session**

Standing Committee on Public Health and Safety

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Taft, Dr. Kevin, Edmonton-Riverview (AL), Deputy Chair

Bhardwaj, Naresh, Edmonton-Ellerslie (PC)
Blackett, Lindsay, Calgary-North West (PC)
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Department of Seniors Participant

Hon. George VanderBurg Minister

Also in Attendance

Chase, Harry B., Calgary-Varsity (AL)
Pastoor, Bridget Brennan, Lethbridge-East (PC)

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[Mrs. Fritz in the chair]

**Department of Seniors
Consideration of Main Estimates**

The Chair: Good evening, everyone. I'd like to begin by introducing myself. My name is Yvonne Fritz, MLA for Calgary-Cross and chair of the Standing Committee on Public Health and Safety. Also, I'd like to welcome all of you to the meeting this evening. Welcome, Mr. Minister.

As you know, this evening we have under consideration the estimates of the Department of Seniors for the fiscal year ending March 31, 2013. I'm going to begin with a few housekeeping items before we begin the meeting, Mr. Minister.

I'm just going to remind members that the microphones are operated by *Hansard*. Last meeting some people were touching the mikes. That does interfere a lot with *Hansard*. Also, a member didn't speak into the mike quite as clearly and closely as they could have, and that, too, wasn't helpful. Please just move your mikes forward as you speak so that you are being heard for the record. Please don't leave your BlackBerrys on the table because they can interfere with the audio equipment. We learned that last week as well.

Prior to going around the table for introductions, I'm going to note that the minister will introduce staff at the table as only members and ministers may address the committee. The staff members will not be able to do so, but we look forward to meeting all of you through your introductions.

There is a process that I'm going to read into the record, so just bear with me. It will take a minute or so to do that. It's just verbatim of what I've received here.

Government Motion 6 and Standing Order 59.01(4) prescribe the sequence as follows: the minister or the member of the Executive Council acting on the minister's behalf may make opening comments not to exceed 10 minutes; for the hour that follows, members of the Official Opposition and the minister may speak; and for the next 20 minutes the members of the third party, if any, and the minister or the member of the Executive Council acting on the minister's behalf at that time may speak; and for the next 20 minutes the members of the fourth party, if any, may speak, and the minister may speak as well at that time; and for the next 20 minutes the members of any other party represented in the Assembly or any independent members, if any, and the minister and/or the member of Executive Council acting on the minister's behalf may speak – that is not going to take place here but has to be read into the record – and any member may speak thereafter.

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, as I said earlier.

Members may speak more than once; however, speaking time is limited to 10 minutes at a time.

A minister and a member may combine their time for a total of 20 minutes. Please let me know if you are going to do that, if you are going to be combining your time or going back and forth. I'd appreciate it if you'd just advise the chair at the beginning of your questioning.

Three hours have been scheduled to consider the estimates of the Department of Seniors. If the debate is exhausted prior to the 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.

The points of order will be dealt with as they arise, and I want you to know that the clock will continue to run if there are points of order.

The vote on the estimates is deferred until consideration of all department estimates has concluded and will occur in Committee of Supply on March 13, 2012, as per Government Motion 6.

Now I'm going to go around the table and ask if you would please introduce yourselves, and I'm going to start with my vice-chair.

Dr. Taft: Hi. I'm Kevin Taft, MLA for Edmonton-Riverview, and I'm serving as vice-chair this evening.

The Chair: As deputy chair.

Dr. Taft: Deputy chair. I don't have any vices.

The Chair: Thank you.

Mr. Bhardwaj: Good evening. My name is Naresh Bhardwaj, MLA for Edmonton-Ellerslie.

Mr. Rogers: George Rogers, MLA, Leduc-Beaumont-Devon.

Mr. Doerksen: Arno Doerksen, Strathmore-Brooks.

Ms Notley: Rachel Notley, Edmonton-Strathcona.

Ms Pastoor: Bridget Pastoor, Lethbridge-East.

Mr. Chase: Harry Chase, Calgary-Varsity.

The Chair: Minister, if you'd introduce your staff as well.

Mr. VanderBurg: I'll introduce my staff. I have with me, to my right, Robert Bhatia, our deputy minister; Carol Ann Kushlyk, senior financial officer for the ministry and ADM of strategic services; and Brenda Lee Doyle, ADM for the community support programs division.

I have some staff at the back. Can I introduce them at this time?

The Chair: Yes.

Mr. VanderBurg: I have Donna Ludvigsen, assistant deputy minister for disabilities; Chi Loo, ADM for seniors' services; Bill Cruikshank with the department of communications; Michael Shields, communications; from my office Tawny Elliott and Daryn Fersovich, my EA.

Thank you.

The Chair: Thank you.

Ms Woo-Paw: Good evening. Teresa Woo-Paw, Calgary-Mackay.

Mr. Blackett: Good evening. Lindsay Blackett, Calgary-North West.

Ms DeLong: Alana DeLong, Calgary-Bow.

Ms Dacyshyn: Corinne Dacyshyn, committee clerk.

The Chair: Thank you.

Mr. Minister, if you'd like to begin.

Mr. VanderBurg: Colleagues, the ministry supports the well-being and independence of low-income seniors and people with disabilities. We do this by working with individuals, families, communities, and other government partners to provide programs, services, safeguards, and information.

This evening I'm very pleased to present the Ministry of Seniors' budget and the business plan. The 2012-13 budget for my ministry increased by 16 per cent to \$2.46 billion, an increase of \$337 million. It's a budget that reflects our government's commitment to supporting the most vulnerable, and it will maintain programs and services for seniors and persons with disabilities, including almost 258,000 seniors, approximately 46,000 AISH clients, approximately 9,700 Albertans with developmental disabilities, approximately 40,000 long-term care and supportive living residents by enforcing accommodation standards, and approximately 87,000 Albertans with long-term disabilities or chronic or terminal illness through the aids to daily living program.

Much of the assistance provided by my ministry is provided through large grant programs such as the assured income for the severely handicapped, persons with developmental disabilities, and the Alberta seniors' benefit.

I'd like to take a few minutes to highlight some details about my ministry's budget. To begin with, I'm very pleased that the funding for seniors' programs will be about \$490 million this year, an increase of \$51 million. This additional funding will benefit 258,000 seniors. Specifically, it includes \$351 million for the Alberta seniors' benefit program to support 155,000 low-income seniors with monthly cash payments to supplement their federal income supplement program, such as the old-age security and GIS, the guaranteed income supplement, and \$139 million for other seniors' programs, including dental and optical assistance, special-needs assistance, and the property tax assistance programs. Also included in the budget supporting seniors is \$500,000 for the establishment of a seniors' advocate and \$1.6 million to develop a new seniors' property tax deferral program, that you've all heard me talk lots about in the number of years.

As part of the government's plan on the continuing care strategy my ministry will build on previous capital grant programs with funding through the affordable supportive living initiative, otherwise known as ASLI. This program will increase the availability of affordable supportive living options for seniors, for persons with disabilities. The \$25 million in ASLI funding in this year's budget will help to develop and upgrade approximately 250 new affordable supportive living spaces each year for the next three years.

It's also important for Albertans with severe or permanent disabilities to have access to financial assistance that enables them to be as independent as possible. I'm very pleased that the budget for 2012-13 for the AISH program has increased by \$271 million to \$1.056 billion. That's a pretty large increase, as you all know. The budget allows for the maximum monthly benefit to increase by \$400, from \$1,188 to \$1,588 per month. Remember that those that get that maximum benefit now, that \$1,188, will go to \$1,588. There are a lot of our AISH clients that will not get \$1,588. Just to make sure that you understand, not everybody gets the maximum cash benefit.

It also allows for the AISH employment income thresholds to double, from \$400 to \$800 per month for singles and for couples with families from \$975 to \$1,950. We've heard very positive remarks from Albertans about that.

6:40

The 2012-13 budget also maintains the program's health-related benefits, which average approximately \$350 per individual. These increases to the AISH program will help AISH clients better meet their financial needs and enhance their quality of life, as you all know. I've already heard from AISH clients expressing how thankful, excited, and relieved they are for the increases to the

AISH program. Not just from clients but lots of family support and lots of community support I've received since the announcements. I have no doubt in my mind that this was the right thing to do for some of our most vulnerable Albertans.

As you know, the ministry also supports 9,600 Albertans through the persons with developmental disabilities, or PDD, program. Funding for the program was increased by \$52 million to \$661 million. This includes funding to increase wages for the dedicated contract agency staff who care for some of our most vulnerable Albertans. The staff will receive a 5 per cent wage increase and a second \$1,500 lump-sum payment in April. This budget also provides \$5 million in funding to enhance services for high-risk, complex-needs PDD clients.

As you've heard, Chair, many seniors and persons with disabilities who are most in need receive support through my ministry. Together with other government programs this support helps many people to more fully participate in life in their communities.

I'll keep it at that. I know that you have lots of questions.

The Chair: Thank you.

Before we begin with the questions, I'd like to acknowledge that we've had Ms Pastoor join us as well as Mrs. Forsyth.

Having said that, Harry.

Mr. Chase: Thank you. We'll try the back-and-forth method. I know, hon. chair, that you're used to my Gatling-gun, machine-gun approach, but we're going to try and be a little more civilized tonight.

In the sharing process, I'd like to start off by clarifying the confusion that I inadvertently caused last Thursday. During the fall session I introduced a lady by the name of Gail Wilkinson and her son, who had been turned down initially for PDD support when the young man turned 18. PDD had supported him while he was a high school student, but the question of whether he qualified caused difficulties. The appeal board hearing turned him down, and subsequently Gail, his mother, paid \$70,000 in legal fees, and a judge overturned the decision of the appeal board and recognized the fact that the son should have been receiving continued support.

Now, that led to me asking questions with regard to how PDD board members and PDD appeal committee members were selected, and I asked about their qualifications, how they were selected, and what training was provided for them once they were selected. In an exchange of e-mails going back to November 22, I asked for further clarification, and to the minister's credit on December 12 the minister responded to my questions. So I want to have it clear on the record that a response was given. As I was not satisfied with the response, I was looking for greater detail, and that will be where we start. But I do want to apologize, Mr. Minister, if I caused confusion or led anyone to believe that, in fact, you hadn't responded when you had.

Mr. VanderBurg: Fair enough. All of you know that I'm approachable. I have been for the 11 years that I've served as MLA. I'm proud of the fact that, you know, I serve Albertans as you serve Albertans. The door is always open if more information is needed. There is no reason ever to wait for a question period to get more information; you just have to ask. I think I've been fair with everybody, and I use the same approach with everybody. All sides of the Assembly are there to serve Albertans, and I stand by that. If more information is needed or if anybody needs to talk to me, I'm approachable. I mean, if you can't approach me, I think you're in trouble.

Mr. Chase: I appreciate that availability.

Also, I realize that you're new to this ministry, and some sad things have taken place, the strangulation death of the caregiver, Wolski, and the scalding death of David Holmes. In both cases you definitely declared your concern over not only the family's well-being but the well-being of individuals under the care of the Seniors' ministry, whether they're caregivers or receivers of care, and I appreciate that.

My first question has to do with assured income for the severely handicapped, AISH. I was cheering the fact, I know, Mr. Minister, on the day that I asked the question about the increase, and you could hardly contain yourself until the budget was passed. I am very grateful that this is one of three major promises that the Premier fulfilled. AISH recipients, as you noted, are very grateful for it. I was also grateful to have a fall session of the Legislature, and I was grateful for the \$107 million being returned to the Education department. So those are three promises that go on the record and are headed in the right direction.

As a February 10 news release recently confirmed, maximum monthly benefits for AISH clients have been increased by \$400 per month, and thresholds for employment income exemptions have been doubled. Overall funding for AISH has been increased by \$278 million, or 26 per cent, for a 2012-13 total of \$1.06 billion, and that's according to page 227 of government estimates.

What hasn't risen to the same extent serves as the basis for my next question. AISH clients are provided with health as well as financial benefits. Why has funding for AISH prescription, dental, and other health benefits been increased by a mere \$3.4 million, or 1.8 per cent? That comes from line 11.2, page 227, government estimates. We all know how a dental bill can run into the hundreds of dollars, and given the AISH recipient's vulnerability I'm not quite sure why there wasn't a significant increase in these benefits.

Mr. VanderBurg: Well, first of all, you're right on the AISH increase of \$400. It was a commitment that the Premier had made and one of the issues that she talked to me about upon appointment to this ministry. It is a huge hit, \$271 million, to our budget. Of course, there are lots of items in this budget that we would have liked to have paid more attention to, but \$271 million for one specific group of Albertans is a big increase. I looked back, and since 2005 there's an 87 per cent increase to that program. It was a big hit on our budget, and no doubt it caused me to have a balanced approach on many of the other supports that were provided not only for AISH but for seniors and other things that affect the budget.

You know, you're right. We could have had an approach of less money for AISH and staggered that over a number of years and provided other increases, but it was a commitment that I think you agree with, and I've heard wide support from my colleagues on all sides that this was the right thing to do. When you look at the health-related assistance grants, the 11.2, the budget increased \$3.4 million – you're right – a 1.8 per cent increase. The increase consists of mainly caseload growth. I think that in order to maintain those benefits in the scenario that I had, it was the best that I could do.

6:50

Mr. Chase: Thank you.

I know that problems dealing with dental maladies have great health effects both on individuals with AISH and on seniors as well, so at some point in the near future I hope to see those benefits increased as well. It's considerably better to maintain oneself as opposed to trying to then catch up.

Approximately 43,000 Albertans were AISH recipients in 2010-11. Of these, how many received health-related assistance grants? I should say that if my questions are too specific, I would gladly receive them in a written form afterwards. I don't want to take up time trying to search and find specifics.

Mr. VanderBurg: I should have said in my opening comments that I'm not going to have the answer to every question and that I do expect we'll send you a written follow-up if there is information that I need further clarification on.

Mr. Chase: I appreciate that.

I'll move on to my next question. Again, if it's too specific, I'll just look forward to a written answer later. What is the average monthly cost per AISH client for health benefits?

Mr. VanderBurg: Three hundred and fifty dollars.

Mr. Chase: Thank you.

According to line 11.3 on page 228 of the government estimates nothing in the way of capital investment has been allocated to AISH program delivery in 2012-13. Can you explain the reasoning behind that?

Mr. VanderBurg: On 11.3?

Mr. Chase: Yes. On 11.3, page 228. It appears that there's nothing in the way of capital investment allocated to the AISH program for the upcoming 2012-13 year.

Mr. VanderBurg: We'll get back to you on that one.

Mr. Chase: Okay. Thank you.

What proportion of AISH clients live independently, in group homes, in assisted living facilities, in long-term care facilities? Again, I can receive the breakdown later if they're not sort of fingertip facts.

Mr. VanderBurg: I have quite a breakdown of the client demographic: 46 per cent of the total have a physical ability, 32 per cent have a mental health disability. Remember, there are many of those clients that have both. Approximately 89 per cent of individuals receiving AISH are single, 4 per cent are couples without children, 5 per cent are single parents, and 2 per cent are couples with children. About 55 per cent of the clients for AISH benefits have no other sources of income. So those are the ones that will be receiving the \$1,588 maximum benefit. The remaining clients receive various forms of income such as CPP, the CPPD benefits, and employment earnings.

In the AISH program it's anticipated there'll be substantial caseload growth resulting from the \$400 increase as well. The magnitude of the effect of the increase is yet unknown. We know that many people that have benefits right now under another department could easily shift into this. There are approximately 1,600 AISH clients who receive modified AISH and that live in designated supportive living facilities or long-term care facilities.

Mr. Chase: So approximately one-third, then.

Mr. VanderBurg: Yeah.

Mr. Chase: Okay. Then there are the group homes and the independent living and so on.

How many of the 43,000 recipients of AISH are employed? In other words, of the total number what percentage can actually benefit from that \$400 extra that they're able now to earn?

Mr. VanderBurg: I think it's approximately 6,500, or 15 per cent, of the clients that earn some level of employment income. I think we're going to see those clients really benefit by these thresholds being raised. It's been expressed to many of us, especially in the situation in Alberta now with a tight workforce, that more and more employers are looking to bring AISH recipients, people with disabilities, into the workplace. I think it's a great opportunity. It'll be interesting to see a year from now how it impacts Albertans, but I think that we're going to see a lot of people go out and earn that extra bit of income, one, because they won't get penalized for it and, two, because there's more opportunity.

Mr. Chase: Well, beyond a doubt the reward as opposed to the punishment is definitely going to be a benefit to individuals.

How many AISH clients currently receive modified AISH; i.e., benefits to cover accommodation fees in long-term care facilities?

Mr. VanderBurg: Sixteen hundred, I think it was. Yeah.

Mr. Chase: Thank you.

In 2011-12 how many claims for extra monthly and one-time expenses were made by AISH clients? Again, with the specificity of the question you can feel free to get back to me on it.

An important question we've asked for a number of years is: will the minister commit to indexing AISH benefits to the average weekly earnings of Albertans and to conducting an annual review of the program?

Mr. VanderBurg: First of all, while close to 80 per cent of the AISH clients are financially eligible to receive supplementary benefits, about 20 per cent receive this assistance.

I think the opportunity to index AISH is a discussion that we should have as policy-makers. I think it would benefit the AISH recipient knowing that they could keep up. But let's look at the past. If we look from 2005 – I said this in my opening comments – we've had an 87 per cent increase. An 87 per cent increase in the financial top-up, financial assistance, is much larger than the growth of inflation. So if we were to have that in 2005, we wouldn't have a \$1,588 figure; we'd be talking about a lot less.

I think it's an interesting comment you've made. Again, colleagues from all sides of the House have made this comment, people out on the street have made this comment, and I think it merits some further discussion.

Mr. Chase: John Major may come up with a different way of assessing MLAs' benefits and salaries in the future, but what the weekly average did was provide certainty. So people have said: well, if MLAs can have that kind of certainty, Alberta's most vulnerable can.

Mr. VanderBurg: It's too bad MLAs didn't stick to that.

Mr. Chase: Yes. A group of them awarded themselves a 34 per cent increase, it seems to me, a few years ago.

Mr. VanderBurg: I think there were lots of years that the increase wasn't given at all.

Mr. Chase: Well, this is the point I'm making with regard to 2005. If it was awful in 2005 and it's significantly increased since then, you judge whether your starting line was too low.

Mr. VanderBurg: Yeah.

Mr. Chase: Continuing on. Six recommendations that were made by an administrative review of the PDD program commissioned a year earlier by the previous minister were finally released. Independent consultants KPMG identified the following contributors to excessive administrative costs. Now, the one recommendation that was rejected I was very grateful for, and that was to dissolve the community boards and create one organization under the direct authority of the government. In my personal opinion, that would have been two superboards, and one is more than enough. So I was pleased when that recommendation wasn't accepted and local autonomy prevailed.

According to page 227 of the government estimates support to persons with developmental disabilities has been increased by a total of \$56 million, or 8.5 per cent, over the last fiscal year's budget, yet the ministry has accepted recommendations by KPMG that would enhance program efficiency and effectiveness. Why does this year's estimated spending not reflect such enhanced efficiency and effectiveness? Far be it from me to suggest that increasing AISH was throwing money at the problem – that money was needed – but in terms of efficiencies.

7:00

Mr. VanderBurg: First of all, I'll talk a bit about the six PDD community boards. I believe – and I think it was the right move – that the community boards have a very important role to play. You mentioned local autonomy. I also read that report, and I have no intention of disbanding those boards. I do want the delivery of services to be the same whether you live in Lethbridge or Whitecourt or Grande Prairie. The outcome for the clients in all our communities needs to be the same. I think the opportunity for the boards to do an administrative review is important, but I also want to make sure that the outcomes for the clients that they serve are the same in all regions.

I've had the opportunity as minister over the last four months to meet with the PDD chairs and meet a lot of the board people. They're very dedicated people. They're doing some great work on behalf of government in their communities. They're close to their communities, and I think that it would be a mistake if we disbanded the boards and went to one or two like you commented about. I have no intention – I'll tell you that right up front – to disband those boards.

Mr. Chase: Thank you. That's comforting.

Feedback on implementation of a new service provider procurement strategy was elicited at stakeholder consultation sessions held last June in each of the six PDD regions. Please provide a status report on this new contracting process. Is its implementation reflected on page 227 of the government estimates?

Mr. VanderBurg: We'll get back to you on that.

Mr. Chase: Thank you.

In a May 18, 2011, news release the previous minister indicated that she would be receiving quarterly updates from the province's PDD boards on their continued work in the key areas of consistency, efficiency, and effectiveness. Are you planning to continue with that concept of producing quarterly updates?

Mr. VanderBurg: I am, and collectively the areas will result in improved outcomes for individuals. I think what I wanted to stress earlier is that I'm outcome oriented. Developing a one-program, one-organization approach is not the answer. I think that we can improve the PDD contracting process and funding approach with

service providers. We can improve accountability, ensuring continuous improvement in the program.

We're developing an integrated IT system in conjunction with Alberta Supports. I think that will be a lot friendlier for the users out there, and it will provide better information, and we'll have the opportunity to work back and forth with Alberta Supports on that information.

Supporting families using the family-managed services option is something that we're exploring and improving supports for individuals with complex needs as well.

Mr. Chase: Thank you.

One of the comments that you made and that I celebrated in your early introduction was a seniors' advocate. Will that seniors' advocate, like the children's advocate, report directly to the Assembly?

Mr. VanderBurg: One of the things that I've set aside in this budget is half a million dollars for the implementation of a seniors' advocate. It's going to take me some months to roll this out, knowing some of the work that I've done finding out where seniors need help and what kind of help they're looking for.

There's no doubt that the Seniors Advisory Council for Alberta does some great work. There are some good eyes and ears reporting back to the Legislature, reporting back through the Member for Calgary-Bow as the chair now – did I get that right? – and doing a fine job. I've had the opportunity to chair that. They do a lot of advocacy on behalf of seniors. Our seniors' hotline: are we a thousand calls a day, give or take? There's a lot of information that's passed back and forth.

What we've found is that when it comes to seniors' health issues, navigating through the health system is complex for you and me, and it's complex for you and me with a parent. But how about someone with no family, no community support? That's where I see the opportunity for a seniors' advocate, you know, navigating through that health system. We have done some early numbers. It looks like about 80 per cent of the concerns that come out are about navigating through the health system.

So whatever I do, I want to make sure going forward that we have very close ties with the department of health on this advocate. But it's a work in progress, and it's committed in the budget, and I hope that you support it as well.

Mr. Chase: I'm pleased you mentioned the importance of cross-ministry co-operation because right now there are approximately 800 seniors in acute-care bed spaces as opposed to considerably more effective home support for those that can stay at home.

Long-term care support: of course you've heard us emphasize over and over again the public, the not-for-profit. One of the concerns that was raised during the Premier's leadership campaign was the idea of taking the cap off the fees for long-term care. I would encourage you as the Minister of Seniors to advise the Premier that that isn't the way to go. There are ways of addressing seniors, but as commodities: that's not the way to go.

Mr. VanderBurg: Well, there are two parts to your question. One is that whether it's 600 or 800 or 900 waiting in a hospital, a very expensive option for seniors that may need long-term care, supportive care, or some home care – I think that we have to be very aggressive in the opportunities for more housing options and more care when you get out of the hospital.

It's not always that every senior that's in a hospital today needs a level of care like long term. They could be being discharged into a

smaller community, like the ones that I represent, to have some home support. I think there are a number of different levels. There isn't a one size fits all there.

The piece about the cap: it's a major policy decision that has to be made, and I have not had that discussion yet. I'll tell you that it will take me some months to figure that out. I'm going to leave it at that.

Mr. Chase: Right. Well, I'm pleased that you're thinking about it and are giving it that process of thought because right now there is a class-action suit with regard to the increase in long-term care I think dating back to 2000 or 2001, where there was a 45 per cent increase in the cost, but there certainly wasn't a 45 per cent increase in the delivery of services.

I think an awful lot can be achieved by having, as you say, the people in the right place with the right supports. Acute care for the majority of seniors isn't required.

Mr. VanderBurg: Given those comments, you know, surely the 425,000 seniors today, in 10 years going to 650,000 – a hundred Albertans turn 65 every day. We're living longer, so as we strive to meet the needs of that aging population, again, I think we need to be open minded about the options that need to be provided or don't need to be provided. Maybe we have to just get out of the way and not be so prescriptive and let some people resolve their challenges as they age on their own.

It's an interesting discussion that I've had in a number of seniors' homes that I've visited. The one that comes to mind was just recently in rural Alberta, and I talked to a lady that turned 103. She said: "You know, my husband and I did very good financial planning, and we knew exactly what we wanted to do. We wanted to stay in our home and die in our home. But then my husband passed away, and things changed. How can you financially plan to be 103?" She said that with the support of the family and the community and government, she got through that.

This is going to evolve. You know, when you and I turn 65, we've got a lot of life to live after that.

7:10

Mr. Chase: Let's hope so.

Mr. VanderBurg: I hope that we don't get so prescriptive in the way we think seniors should live today and that we have an overarching concept of helping those that are vulnerable, making sure that those who are on a low income get some assistance. Government doesn't have the answer for everything.

Mr. Chase: No.

One of the things that the government is finally responding to that Premier Klein had promised back when the major cuts were made starting around 1993 is the seniors' property issue and the idea that has been proposed of holding back on the taxation until such time as the house is sold. That will provide an opportunity for seniors to stay in their homes longer because, you know, the value in one's home means very little if you have to move from it. Again, how do you plan for months of living or years of living that are hard to account for, especially if you've had the good fortune to have good health?

Mr. VanderBurg: Well, you're absolutely right, and in this budget is – did I say \$1.6 million to help with the seniors' property tax deferral program? Yeah, \$1.6 million. The program won't be the answer for all Albertans, once again, but it will be an opportunity for those that are house rich and cash poor, like my mum was when she was alive, where that monthly budgeting for her property taxes, that money, could have been used to make life

much easier for her. My mum was a very proud person, wanted to be independent, didn't want her children to pay her bills for her. She had made it that long on her own with a moderate income and was determined to continue to. Reverse mortgage wasn't an option for her when she looked at that, and going to the bank and getting into debt wasn't an option for her, but I know that if there was a government program that would be, you know, low interest, a moderate program for administration, she would have got into it.

I've heard very good support from a lot of seniors. A lot of seniors say, "Absolutely no way; I'm not creating any debt for my kids," because they see this house that they live in as an opportunity. That's what they're passing on.

I have 12 summer villages in my constituency. Lakefront property is pretty expensive. Those people that retired and moved out to their lakefront property: all of a sudden they're living in a million-dollar home. Maybe the home isn't a million dollars, but maybe the lot is \$750,000. They're talking \$4,000-, \$5,000-, \$6,000-a-year property tax.

I think this is just another tool in the tool box that we can use.

Mr. Chase: KPMG found that in 2009-10 administration represented \$142 million of the total \$592 million that the PDD program spent. How much of the PDD's current expenditure goes to administration?

Mr. VanderBurg: The administration budget is \$139.8 million. It sounds like a lot of money, and it is a lot of money: \$103.4 million for community-based service provider administration costs, but it includes the management, supervision, staff travel, insurance, utilities, office costs, and other operating costs.

The service providers: I think there are over 12,000 of them in the province. You know, whether you're in High Level or High River, it's an expensive program to administer. We want to make sure that our staff and our service providers are trained as highly as we can train them, so it's an expensive program to administer.

Through the review administration costs are something that we're having a close look at. It's not a cost-cutting exercise. This is to make sure that the programs and the money that's spent go to the outcome that we're looking for, for the best to the client.

Mr. Chase: Thank you.

One of the other things that I was pleased to hear you discuss was the need for greater support for the contracted agencies who are farther down the feeding line and some type of attempt for equalization with government direct-umbrella services to provide some degree of equivalency so that there wouldn't be such significant staff turnover. I appreciate it. The money spent in terms of the equalization for contracted agencies I say is money well spent.

In last year's debate on main estimates the previous minister provided a breakdown on the geographical distribution of PDD clients as follows: of a total of 9,330 individuals 2,605 were located in the Calgary region, 1,831 in the central region, 2,909 in the Edmonton region, 532 in the northeast, 379 in the northwest, and the remaining 1,109 in the south. Are these geographical distributions fairly static, fairly current?

Mr. VanderBurg: Yeah. I'll give you the rundown: the northwest 385, the northeast 550, Edmonton 2,970, central 1,870, Calgary 2,680, the south 1,145. So no dramatic change in one area, but it's all increased. You know that as the population of the province increases, so will the numbers. I don't think we've heard of any drastic increase in one part of the province or the other. It's a pretty well even increase across. If you want, I can give you more

of a breakdown of the budget for each of the regions if you want that particularly.

Mr. Chase: No. My sort of gut feeling was that there probably wasn't a dramatic increase in the numbers. You know, I can't imagine – Calgary didn't become Florida over the last number of months.

Mr. VanderBurg: No. It didn't.

Mr. Chase: This has to do with Valerie Wolski. Following the strangulation death a year ago of mental health worker Valerie Wolski, Occupational Health and Safety issued an order compelling the central region PDD board to provide it with a complete and up-to-date list of all high-risk clients. The board was also ordered to hold regular and timely meetings with contracted social agencies caring for high-risk clients. You mentioned that a number of their recommendations were passed along, and it was now the expectation. Given that it has appealed this Occupational Health and Safety order, does the central region PDD board have any intention of providing Occupational Health and Safety with a list of high-risk clients?

Mr. VanderBurg: There's no doubt – and we discussed this in question period – that it was tragic for the family, the community, and the whole industry. The recommendations from OH and S: there was an interim report. PDD central accepted those recommendations, put those recommendations into action right away, plus went over and above that, shared those recommendations with all the PDD regions across the province, and all PDD regions have enacted similar measures. They took that interim report very seriously. I can't tell you what will be in further comments from OH and S, but you can count on this department and the PDD regions looking closely at it.

There are a number of other instances in each region. We have clients that are dangerous to themselves and to the care providers. We will be assessing that and are assessing that number. It's a low number, but they're in Alberta.

Mr. Chase: Where I'm coming from – and I think you understand – is the difference between FOIP and internal ministry protection of both clients and care providers. Has some thought or action been given to implementing regular and timely meetings with contracted agencies who care for high-risk clients? Kind of a preventative going forward.

7:20

Mr. VanderBurg: I think that's work that's always ongoing; it never stops. But there's no doubt that this incident has heightened awareness to have that ongoing communication at a higher level and to really make sure that we track those clients that move from one region to the next, that they're sharing that information. So I guess the answer is yes.

Mr. Chase: Good. You probably recall the case of the young chap who suffered from fetal alcohol syndrome who killed his social worker. So this, obviously, for the care of the individual and the care of the caregiver is really important.

Mr. VanderBurg: I have a more inclusive, better answer for you. The OH and S order includes identifying the individuals in PDD who can be considered high-risk – like I say, that's done – ensuring each of these identified individuals has the appropriate risk mitigation plan in place, ensuring each individual has a staff model in place which is appropriate for their needs. They conduct site inspections to ensure the residences and facilities for these

individuals are appropriate, and they are providing ongoing training to support the high-risk individuals and to make sure that the appropriate care is given to high-risk individuals under their care. There's attention to both the client and the caregiver, I can assure you.

Mr. Chase: Hopefully, as you go forward, especially in light of what occurred, you'll be introducing uniform measures that will better protect caregivers regardless of the region.

Mr. VanderBurg: Like I said, I'm not going to guess on some of the recommendations, but whatever recommendations come through, we will be looking at them very seriously. I think you know that I'm action oriented.

The case in Calgary that you're very well aware of: we reacted quickly. We made sure that the investigation reports – I'll tell you how fast it happened. On a Wednesday near the end of the month the investigator had completed the work. On Thursday we had met with the family. On Friday Brenda Lee and staff had advised me, and we had gone through the complete investigation report. On Monday – and you were at that – we had the documents completely turned over to the public. There was no blacking out of anything. It was a fully transparent process. You know, if there was a need to require a holdback: the family didn't feel that; I didn't feel that. I can tell you that I'm action oriented. I will take whatever comes to me from OH and S, and the regions and our staff will take it very seriously and have a complete look at it.

Mr. Chase: A lot of credit goes to the co-operation with David's father. He very early on in the process made it easier by revealing his son's name and the circumstance of having paid for the home. I think that helped terrifically in terms of getting the information out there so that there wasn't a suggestion of cover-up. Definitely what has to be improved upon is . . .

The Deputy Chair: Mr. Chase and the minister, you're down to your last 18 minutes or so.

Mr. Chase: Thank you very much.

It's very important that there never again be a two and a half hour waiting time before emergency services are called in. Hopefully, that information gets out very clearly.

Mr. VanderBurg: I did speak with the family right away, you know, after the incident occurred. Once the report of the death had come to me, I talked to the family. The family wanted privacy, and it was hard. I committed to the family that I would give them that privacy, that time to grieve. I would make sure that the investigation was free of political interference and press interference. There were a lot of people that disagreed with that, but I made a commitment to them and took a lot of criticism for that. A couple of months later the investigation was done, the report was out, and we acted upon the findings very, very quickly, before the investigation was complete.

Mr. Chase: I'm going to have to go back to my old rapid-fire questioning in order to get everything on the record. Again, I'd appreciate later responses.

Mr. VanderBurg: Okay. Go for it.

Mr. Chase: So I'll get the questions on the record. Those that you're unable to answer given the short time period I've permitted you, I'll look forward to written responses to.

As in 2011-12 only \$303,000 has been allocated to supportive living project grants, line 2.3, page 226, from the government

estimates. Has the minister not, once again, potentially seriously underestimated the need for these grants?

Projects funded by ASLI provide low- to middle-income seniors and persons with disabilities options for safe and affordable homes. Given goal 3 of the ministry, "seniors and persons with disabilities have safe, affordable and accessible supportive living options," how do you justify this cut?

In December and January ASLI funding for more than 900 supportive living and long-term care spaces was announced in communities like Okotoks, Strathmore, Villeneuve, and Olds. Please explain the ministry's intention with respect to these grants. How many of these 900 ASLI grant funded spaces are long-term care spaces, not supportive living spaces? What proportion of the \$25 million that has been allocated to ASLI grants will fund spaces in private, for-profit facilities? What proportion will fund spaces in public, not-for-profit facilities? Has funding for ASLI grants been cut in anticipation of the removal of the cap on the province's long-term care accommodation fees?

Have steps been taken to impose a quota system on Alberta's continuing care system? If so, how will this impact low- and middle-income seniors and persons with disabilities?

The Alberta government is contributing \$34 million to the construction of two continuing care centre projects. What proportion of this funding comes from Alberta Seniors? Do you have a specific timeline for the completion of these two projects? When is consultation with stakeholders expected to take place?

I apologize for the rapidity. I do want to receive answers at some point in the future.

What will be the total cost of implementing bathing and other safety protocols in group homes with fewer than four residents? As I recall, you'd mentioned in the comments about David Holmes' death that there were a thousand facilities at that point that didn't have the temperature controls. Where will this money come from? From the \$345 million allocated to program support for seniors lodge and supportive living, line 2.1, page 226, government estimates, or will it come from another area? According to the January 19 protection for persons in care investigation report into his death, David Holmes was burnt once before while being bathed three or four years ago. New bathing protocols were to have been implemented then but were not. Hindsight being 20/20, the question is: why not?

Given that "safeguards for vulnerable adults improve safety and well-being" is goal 2 in the ministry's business plan, why the delay in extending to residents of smaller group homes the protection that residents of other supportive living facilities have long been afforded? Again, keep in mind the scalding death of Jennie Nelson in 2005 and the follow-up 2008, I believe it was, fatality inquiry that suggested that these temperature controls needed to be in place.

Performance measure 3(a) on page 65 of the ministry's business plan indicates that the quality of accommodation services in long-term care facilities is at least 10 per cent lower than that in other continuing care facilities. Please explain why 30 per cent of the long-term care facilities reviewed in 2010-11 failed to meet provincial standards.

Which takes me back to 2005, when Auditor General Fred Dunn had a very scathing report on conditions in long-term care. A number of the recommendations that he made at that time, which were accepted by the government, have yet to be implemented. Why has the ministry set substantially lower quality targets for long-term care facilities than for group homes, assisted living facilities, and lodges? How many inspections of long-term care facilities were conducted in 2011-12? How many do you expect will be conducted in 2012-13?

7:30

In last year's consideration of main estimates the previous minister indicated that approximately 148,000 seniors were receiving the Alberta seniors' benefit. How many seniors are currently receiving the Alberta seniors' benefit? What is the average yearly increase in the number of seniors who qualify for it?

Page 226 of the government estimates indicates that the total funding for seniors dental and optical assistance has been increased by almost \$15 million, or 17.7 per cent. What will now be covered under these programs?

How many applications for special needs assistance were received in 2011-12, and how many were denied? Please explain the near doubling of the amount allocated to seniors project grants under special needs assistance and project grants for seniors at line 7.2, page 226 of the government estimates. What kinds of seniors projects are being funded?

How many applications for AADL were received in 2011-12? How many were received from Albertans exempt from the \$500 copayment? How many applications in total does the ministry anticipate receiving this year?

Some miscellaneous questions. In anticipation of the passage of the Seniors' Property Tax Deferral Act, that we both celebrated earlier in tonight's budget debate, the ministry has at line 9, page 227 of the general estimates, allocated \$1.6 million to offset the loss of municipal property tax payments thus deferred. How confident is the minister that an amount adequate to meet demand has been allocated? Will the minister produce any research, reports, et cetera, relied on in coming to this estimate? We had an interesting debate in Finance this afternoon about how estimates are made and the authorities behind the estimates.

According to a February 10 news release community agencies contracted by Alberta Seniors will receive increases in funding over the next three years: an extra \$36 million in 2012-13, an extra \$78 million in 2013-14, and an extra \$113 million in 2014-15. Are these increases and the enhanced wages they mean for contracted community workers who support vulnerable Albertans sustainable? Of course, I'm hoping and counting that they are sustainable, but I found the budget to be awfully rosy, and I'd like to think that seniors' futures would be equally rosy.

Those are my questions to whatever extent you can begin to answer them.

Mr. VanderBurg: First of all, the three-year budget plan, I hope supported by all: \$78 million and, respectively, \$113 million the year after is an attempt to narrow the gap of the service providers' wages from similar government workers. It will go a long way to creating a better environment in the workplace. It's not just more money that we're looking to provide for those service providers. We're looking for a higher level of outcome. We're looking for a higher level of performance from those people as well. There's no doubt that in that money there'll be some budget allotted for training.

The lion's share of that \$78 million and \$113 million will be for agency service provider wage top-ups. I want to make that very, very clear. We'll have an opportunity to talk more about that. You and I can talk about that.

The ASLI program, the affordable supportive living initiative, is budgeted at \$25 million. We need to increase the supply of affordable living spaces and provide more options for people to remain in their communities when they can no longer live independently because of increased personal care needs and will provide more homelike settings.

Again, like I talked of earlier, there's not a one-window approach for achieving what we need to achieve. Partnering with the Department of Municipal Affairs with the lodge program, partnering with the department of health on the programs that they have for long-term care and supportive living: they're very, very important partners. Our community agencies, our foundations, our private, for-profit partners: all of these will help us meet the need of the senior that needs additional housing options in the future.

I think the new spaces that we talk about, our goal that we talk about, will be a lot better than what we've seen in the past. I've had the opportunity to open some new facilities in the south. Good Sam Society has done some great things in the province. Last week in Edmonton here, in northeast Edmonton, Eau Claire extended care, private, for-profit: 177 residents moved in there. They did close down an older facility, a smaller facility, and provided new spaces. Three hundred staff. It's a huge amount of staff and a very important employer in the community.

All of those options are going to help us meet the expectation that the Premier has given me of 1,000 new spaces a year for the next five years with options for couples. Every one of the opportunities that I've had to visit our seniors' facilities, again, profit, nonprofit, I've asked for a tour of what they provide for senior couples. The new facilities are offering that. The older facilities haven't, and the older facilities have had to put in a door and have an availability for couples to have suites beside each other. It's interesting, as I explore that, that not all couples want to live in the same room, you know. There are a lot of reasons why not.

Mr. Chase: Sometimes my wife feels that way, too.

Mr. VanderBurg: Yeah.

Projects that are expected to be completed. We can't overlook what ASLI has created. You know, Grande Prairie, another 60 spaces; Morinville, another 60 spaces will be complete this spring. By spring of 2013: Calgary 167 spaces, another Calgary 150 spaces, another Calgary 84, another Calgary 43, Crossfield 45, Cold Lake 42, Drayton Valley 16, Edmonton All Seniors Care 60, Edmonton Lifestyle Options 80, Edmonton 28, Grimshaw 68, Lacombe 88, Lloydminster 20, Okotoks 152, Peace River 42, Rocky Mountain House 72, Spruce Grove 130, Stettler 88, Westlock 60. That's another 1,435 spaces just from the ASLI program that are under way, that are in construction. In 2014: Airdrie 36, Bashaw 63, Calgary 50, Calgary 95, Calgary 100, Calgary 110, Didsbury 100, Edmonton 50, High River 108, Olds 60, Red Deer 100, Sturgeon county 12. That's another 884. Then in 2015: Edmonton 55, Edmonton 21, Strathmore 100. That's another 176.

We'll have the opportunity this year for \$25 million more. That's a lot of spaces that we're providing and increasing and great spaces and great partners. I think about 65 per cent of the partnerships that we've provided to date are nonprofit, and 35 are for profit. I think that I can't see that mix changing. There is lots of interest out there and lots of opportunities. Like I said earlier, I think we have the option of thinking differently. I don't think we have to be so prescriptive that we scare people away. We must set the standard of what we expect and let the market get out there and develop.

7:40

It's interesting that in the last ASLI grant program when I talked to those that were successful, they said: well, you know, we have some other ideas that we want to share with you and tell you how

you can get more for less because those operators on the front lines know how to do it.

I want to talk about the Alberta seniors' benefit a bit. You had a lot of questions. The budget is \$350 million, an increase of \$21 million, or about 7 per cent, from the last budget. The Alberta seniors' benefit program provides monthly payments, as you know, to eligible low-income seniors. It supplements the federal old age security and guaranteed supplement. It has the highest thresholds and maximum monthly provincial payment in the country, and I'm proud of that. I think we all are.

Could we have done more in this budget? Well, we could have, but there are 151,000 seniors – that's 35 per cent of all seniors – that receive the Alberta seniors' benefit. We expect in this upcoming year that another 4,000 seniors will benefit by that program.

Again, because of the increase in the population of the province year after year after year there will remain in this budget a need for increased funding and increased support from all sides of the House. I think something that we have to recognize as political leaders and as policy-makers is that over the next 10 years we have to accept the fact that the demographic change that we're about to face is hitting us each and every day. We have to back that with dollars and cents.

We will have an opportunity to talk further.

Mr. Chase: Thank you.

The Chair: Thank you, Mr. Minister.

I'd like to acknowledge that Mr. Rodney has joined us. Welcome.

Mr. Rodney: Thank you very much.

The Chair: Now I'd like to invite Mrs. Forsyth. I've got the list. Can I ask before you begin, Mrs. Forsyth, if you're going to go back and forth?

Mrs. Forsyth: Probably back and forth, Chair.

The Chair: Back and forth. Thank you.

Mrs. Forsyth: Thank you, Minister. I appreciate you being here, and thanks to your staff for also being here diligently taking notes and things like that.

I think one of the things that I've found very interesting as we go through this budget process is looking back at what was said in *Hansard* the year before, the questions that were asked the year before, and see how much progress we've made over the last year. New minister, old minister: it's still the Seniors portfolio, and we still should be sort of following that. But, you know, you've eloquently said how you want to look at things differently.

What I'd like to ask you about to begin with is your mandate. Your mandate says it's to design a plan to develop and implement a continuing-care model. I think what's frustrating to Albertans and everybody else is all the different words that are being thrown out. I'm sure it was in 2011 – and we've heard it tonight. We talk about long-term care beds, supportive assisted living beds, lodge spaces, et cetera. I'd like to know exactly how many long-term beds we have in 2012, how many supportive or assisted living beds we have in 2012, and how many lodge spaces we have in 2012? That would be my first question. I want to see how much it has grown from the year before.

Mr. VanderBurg: Thank you for those comments. One of the frustrating parts I found early on in this job was the classifications:

the lodge, the supportive living one, designated living, and long-term care. I've asked the Member for Red Deer-North – she's serving as the continuing care secretary – to do some work for me. Really, when you think about the care for our parents and our loved ones, do we have to have so many categories? Do we have to move our loved ones from facility to facility? I don't think so. I think we're better than that. We talked about the opportunity to have classifications, maybe, from light, medium, and heavy or 1, 2, and 3 so that we're not constantly fighting with our providers, with health contracts, and with the department of health and constantly moving people around. I think we have an opportunity to be better at what we're doing.

As of December 31, 2011, there were 753 licensed supportive living accommodations in Alberta with an occupancy of 25,903 residents.

Mrs. Forsyth: Okay, Minister. There we're throwing in again new terminology. Last year when we questioned the minister, who you've got as Red Deer-North this year, she gave us how many long-term care beds there were, how many supportive/assisted living beds there were, and how many lodge spaces there were. So I would like to know: as of today how many long-term care beds do we have? How many supportive/assisted living beds – I think she referred to them as assisted living – and how many lodge spaces do we have in 2012?

Mr. VanderBurg: Okay. On the long-term care beds there are 174 facilities occupied by 14,092 residents. Is that what you're looking for? That's what I have. Alberta Health and Wellness has the responsibility for the registration of long-term care facilities, but I can find out more information for you.

Mrs. Forsyth: Yeah. Because you're down from last year if those are the numbers you have.

Mr. VanderBurg: That's what I have as of December 31: 174 long-term care facilities with an occupancy of 14,092 residents.

Mrs. Forsyth: Okay. If 14,092 is what you're telling me, you're down substantially from the year before just on long-term care beds.

Mr. VanderBurg: I don't think we've closed any.

Mrs. Forsyth: You're 718 beds shorter than you were a year ago on long-term care beds.

What about supportive/assisted living beds? What's the number there?

Mr. VanderBurg: There are 753 licensed supportive living accommodations occupied by 25,903 residents.

Mrs. Forsyth: Substantially even worse than last year. You're 4,000 beds less than you were last year on the supportive/assisted living spaces, and the government has been saying all along that they're increasing them.

Let's try lodge space beds.

Mr. VanderBurg: Okay. There are 9,340 lodge units in 149 lodges.

Mrs. Forsyth: You're down on that, too. From what was recorded in *Hansard* last year to what you're telling me this year, we have substantially lost beds in long-term care, we've substantially lost beds in supportive/assisted living spaces, and we've lost 200-plus beds in lodge spaces, but you've been telling us that you're

increasing by a thousand new beds every year. I'm trying to honestly figure out, Minister, where those thousand new beds are. Where are they distributed?

I'm going by the numbers from *Hansard* last year, and I'm now listening intently to the numbers you've given me. For the life of me I can't figure out where we've got a thousand new beds, and that's something that we've been trying to get for the last year and have been trying to FOIP.

Mr. VanderBurg: You don't have to FOIP it. I'll get a complete list for you, and we'll get that through the chair so everybody knows that.

Do you have the 6,500 residents in designated supportive living as well? Or did you add that into it? You have to add another 6,500 in DAL.

Mrs. Forsyth: And you're down from what you had last year, too, on designated living.

7:50

Mr. VanderBurg: We know we're not down, so we'll get you a complete . . .

Mrs. Forsyth: All of that is contained in last year's *Hansard* if your staff is looking. I've got it all here.

Mr. VanderBurg: Okay. Perfect. We'll get you some accurate information.

Mrs. Forsyth: I want to talk to you about the Demographic Planning Commission report. What's the status on that? A year ago you were talking about implementing it. Where are we now?

Mr. VanderBurg: The report is in the works. We've had acceptance throughout the ministry of the status of the report. There's a lot of work ongoing in the demographic report that will be reflected in policies as we develop throughout the ministry. What, specifically, are you looking for in the demographic report?

Mrs. Forsyth: Well, I'm just going by what was said last year in regard to the minister talking, actually, to Ms Pastoor about the work of the demographic report and the stakeholders that were involved, including many seniors, and 10,000 people responding. So from where you were last year and where you are today, what significant developments have happened?

Mr. VanderBurg: I would probably say that the most significant thing that came out of the demographic report was the aging policy framework that was released and used as a guide for our programs and for our budget development. What I would say came out of that report that impacted this budget greatly was the aging policy framework.

Mrs. Forsyth: Let's talk about the aging population policy for a minute. In 2009 it was a goal, in 2010 it was a goal, in 2011 it was implementation, and in 2012 it's implementation. So in 2011 you should have been implementing that aging population policy, and you should be at the end of it in 2012. When or where are we going to see the final work on the aging population policy?

Mr. VanderBurg: The aging policy framework is a guide that'll help co-ordinate government departments in a consistent approach. I don't think that work ever ends. I think that it'll be there to help develop the tools to support Alberta in planning and preparing for the financial and nonfinancial aspects of their retirement and possibly and likely the needs that individuals may

encounter as they age. It'll help to facilitate the development of age-friendly communities through the development of resources and tools and regional workshops.

I know that in my own community the mayors and the communities have gotten together and have looked at their development plans to see how better they can develop their new subdivisions and how they can go back on streetscapes and make things easier for their communities. They've been working with the chambers of commerce and making sure that entrances to older buildings are much easier to access.

We've also been working with other ministries and partners to explore mechanisms to support transportation alternatives for seniors who do not drive, especially in rural communities. As you know, that's a big issue. In larger communities, where there is public transit, it's still a challenge, but in rural Alberta there are many, many challenges. You know, we were talking just recently about Greyhound discontinuing some of their routes. That's a major impediment for some small communities that don't have that service. So we've heard from counties and other partnerships through senior organizations about the ability to purchase buses and to work co-operatively with neighbours to provide some type of transportation, especially for appointments. As you know, it is a challenge.

Enhanced approaches to supporting continuing care needs in Alberta in conjunction with Health and Wellness and Alberta Health Services and Municipal Affairs and the supporting of development tools to assist seniors to continue to drive safely for as long as possible. When we did the demographic planning, we had the folks from AMA assist us with some of those transportation needs. There is ongoing training and opportunity for seniors as we have an aging population throughout the province.

This transportation issue is a big issue, especially in rural Alberta. I don't think that it's just that you're going to have the framework and your work is going to end. The framework will develop the plan going forward, and this work will continue and continue and continue.

Mrs. Forsyth: Yeah. I don't disagree with you. As I indicated, it was a goal in 2009 and 2010. In 2011 you were supposed to be in the implementation stage and towards the end of the implementation by the end of 2012. That doesn't preclude the Greyhound issue you referred to. That was something that just came up, well, less than a year ago. So that's something in the framework that you're talking about. These things come up. I can understand. What I'm trying to find out is: what was discussed in 2009 and 2010, what was implemented in 2011, and what's being implemented in 2012?

Having said that, I'd like to go on if I can.

Mr. VanderBurg: We can give you some further information.

Mrs. Forsyth: Certainly.

I'd like to talk to you for a minute in regard to elder abuse, which is dear to my heart and which has been a priority for your ministry since 2008. I'd like to know what statistics you've tracked on elder abuse. I know that I said that last year in *Hansard* in regard to the wonderful commercial that the federal government has. It just strikes at your heart when you see that. What statistics have you to prove what you've been able to do since 2008? What are you doing about financial abuse? We talked about that last year. I realize that that's a partnership that has to be prepared with the banks or something. Maybe you could update me on the tracking statistics on elder abuse.

Mr. VanderBurg: I think you said it right. The large majority of elder abuse is probably financial. Unfortunately, it's probably people that are well known to the senior to whom this occurs.

We do plan to continue to support Health, Justice, and policing professionals in developing a knowledge and awareness of elder abuse and how to respond to suspected incidents. We also plan to facilitate the provision of training to key front-line government staff as well as key community stakeholders and agencies using a train-the-trainer approach. We'll be working with partners in Justice to explore issues related to the misuse of powers of attorney, and we'll be working on raising awareness amongst service providers about the protective laws and policies that are in place.

I can follow up with some stats for you on numbers. By far what I hear from colleagues – and you and I have discussed this in the past – it's unfortunate, the family elder financial abuse that occurs. You know, I imagine there are a lot more cases than we hear about because people are embarrassed to report it, but we all know that it occurs. Our agencies, whether they be city police or sheriffs or RCMP, have to have the ability to investigate these complaints as they come forward. I can provide you some further stats.

Mrs. Forsyth: Thanks.

Our time is short, so I'd like to talk to you about your budget and your ministerial support services and the increase in the minister's office, your deputy minister's office, your human resource services, corporate finance, and corporate services. Overall your budget went up just in your ministry support services by 13.5 per cent. I wonder if you could explain why.

8:00

Mr. VanderBurg: Well, you know that a lot of those increases are because of the AUPE agreement. Four per cent of that total cost was the AUPE settlement. The manpower cost increase includes the introduction of the health benefit plan.

Let me see what else I can help you with. The human resource services budget increased by \$456,000 from 2011. My office increased by \$44,000, again mainly to address the manpower cost increases, the merit increase, and AUPE. The communications budget was constant. The deputy minister's budget increased by \$23,000, again AUPE. The corporate finance budget increased by \$367,000 – that was 15 per cent – again to address manpower cost increases, AUPE, merit increases, and so on.

Corporate services' budget increased by \$804,000 from the previous year. The manpower increase of \$364,000 consists of \$200,000 to address manpower costs and \$164,000 to fully fund an IT position from Budget 2011. Supplies and services increased by \$440,000, \$120,000 for renewal of the Microsoft Enterprise contract for Service Alberta, but the lion's share is the AUPE settlement.

Mrs. Forsyth: So it's 4 per cent.

Mr. VanderBurg: Yeah.

Mrs. Forsyth: Let's talk about the affordable supportive living initiative grant that you were so eloquently talking about with Mr. Chase. That's down.

Mr. VanderBurg: It is down. It was \$75 million last year, \$25 million this year. Again, it's not the end-all for our housing options. You know, the lodge program will still exist under Municipal Affairs. The long-term program will exist under Health. The partnerships that were going to be created with foundations,

with the private, with communities will continue. I'm not going to list for you all the projects that are under way, but you heard what was under way. There is a lot of work under way.

Mrs. Forsyth: Of that affordable supportive living initiative grant from the year before was some of that money the bond money that the government had used prior?

Mr. VanderBurg: No, not that I'm aware of. I think that bond money was previous allotments. That was all budgeted amounts. I can get you some further breakdowns of the ASLI program.

Mrs. Forsyth: Thank you.

The Chair: Thank you. Mr. Minister, I just wanted to clarify the process for responses to members of the committee, that they should be tabled in the House rather than going through the chair. That will be the process as you move forward.

We're going to take a six-minute break. Then Ms Notley will be addressing the committee following the break.

[The committee adjourned from 8:03 p.m. to 8:10 p.m.]

The Chair: Thank you. I'm going to bring the meeting back to order.

If I could ask Ms Notley to please begin. Would you like to have back and forth?

Ms Notley: Yeah. That's great. The back and forth.

The Chair: Thank you.

Ms Notley: Thank you. Okay. I'd like to carry on from exactly where the last bit of questioning was because it's really a very important area to many people in the province. Just to start, I want to clarify and get this real clarity on the record. In the last set of estimates in response to my question, actually, the previous minister said that there were 14,800 long-term care beds in Alberta. Can the minister tell me: was the previous minister mistaken, or are we down 792 long-term care beds?

Mr. VanderBurg: Without the staff giving me some more information, I can't tell you exactly why. I'm assuming it's units that I'm talking about. I'm talking about units and how many facilities, and the previous minister may have talked about beds. In units there are multiple beds in some cases. I'll get that clarified. I haven't got the answer to that right now.

Ms Notley: Okay. That's quite significant.

Mr. VanderBurg: I can't see how it can be down, knowing the projects that have come on stream. There will be a good explanation for it, and I'll provide that.

Ms Notley: Okay. I want to just carry on, then, with the ASLI build. Like the previous member I went through the estimates from last year. I realized in doing that that last year I had done that for the previous year in going through the estimates. Two years ago I asked a question about the breakdown of the types of beds constructed that year through the ASLI funding, and I didn't get it. Last year I asked again specifically for the breakdown of the types of we'll say units or beds funded through the ASLI that were constructed or approved – either measure is fine as long as we use it consistently – that year and the breakdown again between long-term care, the designated assisted living, and the different levels of assisted living. I won't say "lodge" because lodges are funded under a different line item.

The minister was unable to provide that to me in the course of our conversation. I subsequently was provided with a response, as all members of the committee were, on April 26, 2011. I looked to that question that I had asked, and the answer is very clearly not given. Specifically, last year I had been told that there were 4,300 new units that had been approved for construction through the ASLI program that were not yet complete, and I asked: what is the breakdown amongst that 4,300 between level 1, level 2, level 3, level 4, and level 5? That was the second year in a row, and I didn't get it.

So I have two questions. I want to know what the answer is. I have to assume, even though you were previously talking about, "Oh, we don't want to pigeonhole" and "We don't want to prescribe" and yada, yada, yada, that as we're spending money and signing contracts, we're pigeonholing and describing and that we know what we've paid for. I want to know what the breakdown was for that 4,300 last year. I'm still waiting. Hopefully, we can get that answer tonight because it's been over a year.

Also, I'd like to know what the answer is for additional units which have been either approved or constructed. Please use the same measure that you would use for the previous year. Again the same question: what's the breakdown between levels 1, 2, 3, 4, and 5?

Mr. VanderBurg: I can tell you the program that I announced last fall, and I have that breakdown for you in the communities. In the Calgary zone there were 254 affordable supportive living spaces; in Strathmore 170 . . .

Ms Notley: I'm sorry. If I could interrupt, I'm not looking for geographic location. I've read the press releases. What I'm looking for is a breakdown between the types of unit. Is it assisted living 1, 2, 3, designated assisted living 3, 4, or level 5, which is otherwise referred to as long-term care? I'm looking for the type of supportive living because, of course, that is at the heart of the debate around the government's continuing care plan.

Mr. VanderBurg: But until the units are built, until the contract is signed with Alberta Health, that's what you're looking for. Alberta Health will sign that contract for that certain level, and they'll determine for me, too, as we go forward with the \$25 million in this year's budget, which areas we'll target. They will determine the amount of spaces that they'll fund level 2, level 3, level 4. So I don't have that definitive answer that you want right now until the spaces are built and Alberta Health signs those contracts with those providers. That's when we'll see the information that you're looking for.

We should be able to track those 4,300 spaces from last year for you. I'll see if I can get a better answer for you. I don't have the answer for you right now. For the last ASLI program I think the only long-term care that was identified that I can recall was the 30 spaces in Strathmore. The other 70 were supportive living, and again that could be level 2, could be level 3, could be level 4.

Ms Notley: Are you telling me that it's Health that decides whether it's level 2, level 3, or level 4?

Mr. VanderBurg: That's right.

Ms Notley: I appreciate that it's Health that decides whether it's long-term care. But you're telling me that the levels within the other continuing care are all determined by Health after we've built them.

Mr. VanderBurg: Health will help identify for seniors, when we go out with this ASLI program, where we need to have assisted living. So they'll identify Brooks, and Brooks will need so many spaces. They'll say: we need a hundred spaces. And they'll identify in that hundred spaces the level of support. They're the ones where the health contract, the ongoing health contract exists.

After the ASLI program is done, after Seniors identifies and creates the opportunities with profit, nonprofit communities, whoever we're creating the partnership with, our work will be done other than the accommodation standard in the inspections. Health will have the money, the ongoing money for the contracts.

In most of these cases – I can tell you how it works in my constituency. The contract is a living contract. It will grow as the needs for the senior living in those accommodations may grow. The idea is that they can stay in their same home and not move from facility to facility, so the contract will grow. In one of our facilities we had 16 spaces a year before, and now there are 28 spaces that are designated 3. It was 16 spaces designated 3 and so many designated 2 before, but as the senior changes and ages, that will be a moving target. It will always be a moving target.

Ms Notley: Well, I have to tell you that as an opposition member I find trying to keep track of all this like trying to track a moving target, and I find this profoundly frustrating because we have been asking for years for a breakdown. For me now this is year 3 for a breakdown. So if you can even tell me what the breakdown was three years ago – and I presume at a certain point Health tells you when they've changed the designation.

I mean, there's a big difference between an assisted living 1 and an assisted living 4. You're asking us to approve a budget with \$75 million, as it was last year, or \$25 million, as it is this year, to construct things where we don't know what we're constructing. You know, that's really a bit much, I think. Not you personally, but the ministry or anyone in this government that thinks it's reasonable for us to commit to that kind of expenditure without knowing whether we're committing to an AS 1 or a DAL 4 or a long-term care 5 – I mean, they're profoundly different things. The doctors who deal with the outcome of people not being in the right space will tell you that they are profoundly different things.

8:20

Mr. VanderBurg: I can tell you that the space provided and the care provided behind that door can be different. You and I can walk down the hall of a seniors' facility, and behind every door – maybe not every door but behind every wing – may be a different designation. So I'll do my best to attempt to find you that information from three years back. I don't have it with me, and I don't know it. But I can tell you that we need additional space, so the level of care that will be provided to the senior in that space will change.

Ms Notley: This is new, what I'm hearing right now. This is new. Last year it was: "Oh, yeah. We know fully what we're doing. We're doing assisted living. I just can't quite get you that information." This is all new. Now I'm hearing: "Well, it's a moving target. It's not our decision. It's all up to Health." This is new, I have to tell you. In terms of trying to suss out what's going on in this area, this is really quite frustrating.

You mentioned that the previous minister had indicated that we were around plus or minus, depending on whether you were talking beds or units or whatever, 25,000 supportive living spaces. We had talked last year, the minister and I, about the degree to which the long-term care building code was applicable to these supportive living spaces. At that time I was told that the new

spaces in supportive living would be built according to the long-term care building code.

It's also my understanding that older supportive living spaces are not built and were not built to the long-term care building code. So I'm wondering if you could tell me how many supportive living spaces we have in Alberta that don't adhere to the long-term care building code.

Mr. VanderBurg: Just know that in the last round of grants everything must adhere to the building code, and there was a B2 standard that was applied to the funding. To go back my community, facilities that were built in the '60s, and think that that code exists today: it doesn't.

Ms Notley: No. I appreciate that, but that's not what I'm talking about. There are long-term care centres out there that are 20 years old that adhere to the code, and there are supportive living centres out there that are four years old that do not adhere to the code. So my question is: how many supportive living spaces are there? Again, it's hard to say since apparently it's all Health, but we do know that we've got no new long-term care spaces, so I'm pretty sure it's supportive living. How many do we have out there that don't adhere to the code? You said that in the last round of grants they were compelled to adhere to the code. When did that start? Just the last round of grants?

Mr. VanderBurg: The B2 classification: I don't know that off the top of my head, but I'll get that information. The accommodation standard and the inspections are on all of those places every year.

Ms Notley: I appreciate the accommodation standard, but I'm talking about the building code. It's a very different thing. I mean, it talks about how quickly you can get people out the door if there's a fire, how far the windows open, how wide the doors are: all that kind of stuff. ASLI has been in place now – at least, I think it started in 2008. I want to know how many ASLI supported living spots were funded that don't adhere to the long-term code?

Mr. VanderBurg: I'll get you that. I don't have it.

Ms Notley: Okay. Presumably we will get that really soon?

Mr. VanderBurg: You bet. But I can tell you that Municipal Affairs' building codes: all our buildings will adhere to those building codes that we release funds on. The B2 code that's in place now is a standard that we would expect our partners to build to, and that's what we fund to. I've listed off all the ASLI grants, you know, to previous speakers, and they, too, would adhere to the codes if it's a B2 classification – I don't have that from three years past – that will be opening this spring.

Ms Notley: Right. That's what I'm looking for. How much of the ASLI . . .

Mr. VanderBurg: Right. I understand what you're looking for, but I don't have it at my fingertips.

Ms Notley: And when exactly was the B2 code requirement imposed upon the supportive living ASLI spaces?

Mr. VanderBurg: We'll get you some clarification on that.

Ms Notley: Okay.

All right. I'm not sure how much time I have left. I'd like to ask again: what plans do you have to deal with the fact that, going back to long-term care, you've got about 30 per cent of your

facilities that aren't in compliance with the accommodation standard right now?

Mr. VanderBurg: What were you looking for?

Ms Notley: What plans do you have? Where in the budget do you plan to try and deal with that, or is it not budgeted for?

Mr. VanderBurg: Again, the long-term care facilities fall under Health.

Ms Notley: No. The accommodation work in the long-term care is under Seniors.

Mr. VanderBurg: The accommodation standard and the inspection is done under Seniors, and that's done on an annual basis.

Ms Notley: Right. There are about 30 per cent that are not in compliance, according to your annual reports and your performance measures, so what is the plan to bring the accommodation standards – not the Health but the accommodation standards – into compliance, or is there no budgeted plan for that?

Mr. VanderBurg: We'll be working with the ongoing Health budget to address that. I think Minister Horne addressed in question period today that there are some aged facilities that need retrofit or replacement. The plan is not a one-year fix, and that money will lie in the department of health. It won't lie in the Department of Seniors, but I know that the minister plans to replace or retrofit those aged facilities. He talked about that today.

Ms Notley: Well, he talked about an example that was brought to his attention where they'd been promising that for two years, and actually nothing had been done. It was my understanding that the accommodation standards within long-term care and the shortcomings there fell under the responsibility of your ministry, not Health.

Mr. VanderBurg: You're right. All the supportive living and long-term care accommodations in the province are required to meet the provincial standards, and that falls within our department. We identify the concern, and those concerns are passed on to Health and then Health has to address that. We don't have capital money in our budget to address any of those deficiencies.

Ms Notley: All right. Okay. Then the same is the case for the group homes and the other supportive living. Who's responsible for the group homes that are not in compliance? I believe there's 18 per cent that are not in compliance, and the number of group homes would mean that you're looking at about 70 to 75 group homes in the province which don't meet your own accommodation guidelines.

Mr. VanderBurg: The quality of the accommodations in the long-term care and other facilities: I have our target of meeting the standard as 85 per cent. What did you say?

Ms Notley: You're at 82 per cent, but in my view 82 per cent compliance means that there are roughly 75 that don't meet it. Is it acceptable that we have 75 that don't meet it, or is there a plan? I suppose if we went with the 15 per cent, it'd be 60 that didn't meet standards.

Mr. VanderBurg: Well, again, I mean we would all shoot for a hundred per cent in all of those facilities, but it's not happening.

Ms Notley: I don't know. If my kid was in one of those group homes that didn't meet the guidelines, I'd be asking you, which I am on their behalf: why do we not have a budget that contemplates having our vulnerable adults with developmental disabilities in a facility that meets your own regulatory standards?

Mr. VanderBurg: We'll get back to you with some more precise information on the dollars needed to get those up.

8:30

Ms Notley: Okay. I'm not sure how I'm doing for time here.

I'm wondering if you can tell us: the \$25 million this year, how many spaces are you anticipating that will create?

Mr. VanderBurg: At least 250.

Ms Notley: Two hundred and fifty.

Mr. VanderBurg: At least. In a three-year budget that's \$25 million, \$25 million, \$25 million, so that'll be 750 through the ASLI program complete.

Ms Notley: Over three years.

Mr. VanderBurg: In this business plan.

Ms Notley: Right, but over three years.

Mr. VanderBurg: Yeah. We'll get you a better answer on those other ones.

The Chair: Thank you.

We're now going to have Naresh Bhardwaj.

Mr. Bhardwaj: Thank you very much, Madam Chair. Thank you, Minister, for the opportunity. I'm just looking at the main budget document here. Under program 11 on page 227 of the main estimates the assured income for the severely handicapped has received a significant increase in funding. This increase definitely fulfills the Premier's commitment to increase the financial benefit to AISH clients and to increase their employment exemption to encourage persons with disabilities to work to the extent that they are able. I've got a few questions around that, Minister. The first question would be: how would this budget affect the AISH clients to begin with?

Mr. VanderBurg: Well, first of all, the \$400 increase that we hear so much about is for approximately 55 per cent of the recipients that receive \$1,188 today. They'll go up to the \$1,588. We've heard some very moving comments from those that are receiving the AISH increase: the ability to buy proper groceries, the ability to eat better and live better and have a lifestyle that is more fitting for the people. Many of the AISH clients that I've heard the testimonials from have had a hard time making the day-to-day expenses of life, and this \$400 and the employment exemption are going to go a long ways to increasing their day-to-day living standard.

I talked earlier to a member from the opposition about the ability to earn. About 15 to 17 per cent of the AISH clients today have an ability to earn up to that \$400, in this budget up to \$800. It's the same with the top-up for the couples or the couples with children; it's the ability to double their income. I think we're going to see the opportunity for a lot more people to be included in the workforce and a lot more people to have a few extra dollars to help them with their day-to-day living expenses without being penalized, without the threat of losing their health benefit, because

in many cases that \$350 health benefit that the average AISH recipient receives is pretty important for their medications.

Mr. Bhardwaj: Thank you, Minister.

There are a number of questions around the earning exemption and especially when we're talking about doubling that exemption. Minister, can you sort of explain what percentage of your AISH recipients are working? What would it mean by doubling their exemption? What difference would doubling their exemption make?

Mr. VanderBurg: Like I said, 15 to 17 per cent of the AISH clients today work and make extra dollars. With the opportunity in the workforce the way it exists today with a labour shortage, I think that more and more employers will have the opportunity to try to attract people with disabilities into the workforce. That doubling of the exemption will be huge to families. We've heard some unbelievable testimonies from people since budget day about how this will impact their lives and the lives of their families. It's going to be very, very positive. I don't know if I can tell you that the 15 or 17 per cent will increase from 17 to 20 per cent. I can't tell you that right now, but we'll have some interesting stats in a year from now.

Mr. Bhardwaj: Okay. Thank you very much.

The next question is: following the \$400 increase in monthly benefits are there any plans to index AISH?

Mr. VanderBurg: There are not specific plans. This is a policy discussion that we'll have to have in the caucus debates over the next year. I think it would be wise to consider, but right now that is work under way. The ministry and I expect to have those discussions with cabinet policy committees and other policy-makers. It's a policy decision that has to go forward.

Mr. Bhardwaj: Thank you, Minister.

My next question is: will other government programs be impacted by the increase in the AISH benefits?

Mr. VanderBurg: Well, there's no doubt that I've been saying for several months that I'm committed to increasing the benefit, and I'm aware that increasing these monthly benefits will mean some increases in their expenses. It could mean that they live in a supportive living facility right now that takes 30 per cent of their income. That could be the case. AISH clients will without a doubt have a little more freedom to look at their living conditions and decide whether they may want to move to different accommodations. That will be a personal decision that they make. No doubt, there will be lots of positive impacts that the AISH recipients will have from the \$400 increase. Even though in some cases, like I talked about, a rate increase of 30 per cent may impact them, the bottom line is the AISH client will have more money in their pocket.

Mr. Bhardwaj: Would it impact any of the other programs?

Mr. VanderBurg: Not that I'm aware of yet. It could have an impact maybe on legal aid, but again legal aid takes in the circumstances as a family when they participate in that program. But not that I've been aware of so far, not in a negative way. In a positive way? Yes.

Mr. Bhardwaj: Thank you, Minister.

My next questions are around public guardian. On page 227 of the main estimates the budget for public guardian services is \$11.7 million, an increase of approximately \$1.1 million over the 2011-

12 forecast. My question, Minister, is: can you explain the activities that are funded through this particular program?

Mr. VanderBurg: The office of the public guardian provides decision-making mechanisms for individuals who are unable to make their personal nonfinancial decisions for themselves. The office does this through the Adult Guardianship and Trusteeship Act, the Personal Directives Act, and the Mental Health Act. Personal directives are legal documents, as you know, that you can write in case something happens to you or you cannot make your own personal decisions in the future. The office also provides alternate decision-making options and safeguards to represented adult Albertans who are unable to make personal nonfinancial decisions. There are also expected to be 8,500 private guardians in Alberta who are supported by the office.

Mr. Bhardwaj: Thank you, Minister.

My next question is once again on page 227 of the main budget estimates. Alberta aids to daily living grants are over \$130 million, a \$12 million, or 10 per cent, increase over 2011-2012. What services, again, are provided by the program, and who are the primary clients for this particular program, Minister?

8:40

Mr. VanderBurg: Well, you know, you're right. There's a \$12 million, or 10 per cent, increase in the budget over last year. The aids to daily living program helps Albertans with long-term disability or chronic or terminal illness to maintain their independence in their residence. They provide a lot of benefits ranging from medical/surgical supplies, hearing and communication aids, mobility equipment, respiratory benefits such as oxygen, and prosthetics. The program is expected to serve 87,000 Albertans.

Mr. Bhardwaj: Thank you, Minister.

How much money is an individual or a family who uses the program expected to pay?

Mr. VanderBurg: The clients pay 25 per cent of the total approved benefits received through the program up to a maximum of \$500 per family per year. The low-income clients are cost-share exempt. The income thresholds for exemption from aids to daily living cost sharing you might find interesting: singles with incomes less than \$20,970, couples with a combined income of less than \$33,240, and families with incomes of less than \$39,250. So 87,000 Albertans receive benefits through aids to daily living.

Mr. Bhardwaj: Thank you, Minister.

On pages 226 and 227 of the main estimates you have identified eight programs that support seniors in our province. Could you please explain the increase in dollars and how this budget will affect the seniors?

Mr. VanderBurg: Well, I think for the most part – and I explained this earlier – in the seniors program there's not an increase in the individual thresholds. The increase in this budget is primarily due to the amount of seniors that are new to Alberta, 100 new seniors each and every day. That's quite an impact on the population and the demographic that we're about to face, so I would say that for the most part it's keeping up with the needs of seniors. There are no new programs that we're planning to put in this budget. It's meeting the needs of the seniors to date.

The exception to that is that the \$1.6 million on the seniors' tax deferral program will be a new expense item that will impact seniors. As you know, we've talked lots about that here tonight and in the past. The opportunity to have that program, I think, will

be invaluable for many seniors that want to stay in their homes longer and have a little extra cash in their jeans to spend on their day-to-day living expenses.

Mr. Bhardwaj: Thank you, Minister.

My final question. You talk about this all the time, you know, that 65 people are turning 65 every single day. Those are your words, not mine. What are you doing to prepare for an aging population, Minister?

Mr. VanderBurg: Well, I think the last demographic numbers that we saw were that 65 turn 65 every day. The next demographic that I'll use is that 100 turn 65 every day. I think that probably in the next five-year demographic we'll say that 150 will turn 65 every day.

There is a lot of work that needs to be done before the age of 65 to prepare the baby boomers for the financial expense of entering into the senior years without an income. I do think that the government has a role and the Seniors minister has a role to play in encouraging seniors when they turn 65 to not just drop out of the workforce but to participate. We've got great volunteers and a great benefit that the mentorship, the experience of these new seniors entering into the seniors' population can offer younger people and older people, you know, in volunteering.

Albertans are living longer. As I talked about earlier, it's not strange to find someone 100 years old. Each and every day someone turns 100 in Alberta, and I think we'll see that age creep up as we're healthier and as medical advances come forth.

Today's population is 425,000 seniors. I think within 10 years it's 650,000 seniors. It's a huge jump in the population.

Mr. Bhardwaj: Thank you, Minister, for those wonderful answers.

The Chair: Thank you.

Ms Notley.

Ms Notley: Thank you. I wanted to talk a little bit about the issue of the long-term care fee cap as that is quite connected to the accommodation costs associated with the ASLI funded spaces. You had indicated in an answer to the previous questioners – and I'd sort of written down what you said – that you haven't had that discussion yet about lifting the cap. I guess my first question is: with whom? Do you mean the Premier, or do you mean stakeholders, or do you mean seniors, or do you mean Albertans, or do you mean your staff?

Mr. VanderBurg: I mean all of it. You've hit it right on. I've heard from some operators that this is the magic pill to take away all of our housing issues: just lift the cap and we will build; the market will adjust accordingly. I don't think it's as simple as that, and I think there is no doubt that lifting the cap may attract a lot of new development. The lower income that are protected under our programs: the government will have to find money in budgets to help meet those accommodation costs. The higher income: probably no issue again. How about those that are on the edge? We have to have that discussion. This is a major policy discussion that has to go forward. We need to have a broader discussion than around this table, and it has to occur with everybody that you mentioned. It's something that I will pursue over the next 12 months, but that's all I'm committing to so far.

Ms Notley: You're quite right that it has incredible implications, and of course it has implications for families, for those middle-income seniors who would see the collective family assets being

converted to a cost that they otherwise had not anticipated them being converted to. It would seem to me that that's the kind of conversation that ought to happen before an election, not after one.

I will not take that up with you. That's not your decision; it's the Premier's. So I think that's an issue she has to be accountable for and not you.

Mr. VanderBurg: It's also interesting for me to go and find out in other jurisdictions and other provinces that don't have a cap, to see how they make out and what they do. We've known it as the system that we have in Alberta today, but there are other jurisdictions that don't have caps, I understand. I have to go do some investigating and bring back information to our caucus and to the Legislature because it's a major policy change if we were to go down that route.

Ms Notley: Do you see yourself going down that route before the election after next?

Mr. VanderBurg: I see some work being done on that over the next 12 months that I'd like to pursue. I'd like to get my head around it a little bit better, but it's going to take some time.

8:50

Ms Notley: Just in terms of the ASLI because it's a big decision – and I'm not trying to turn this into a conversation about that. Again, it's really hard to tell, but let's just say we're looking at somewhere around – I don't know – 5,000. I'm looking at your performance measures, and between 2006 to 2011 we had 3,736 total units, and then, I think, last year we were looking at bumping that up to about 4,200 or 4,300. Let's just say that we're looking at 5,000 that were created through the use of probably \$300 million collectively over the last three or four years. It's a rough calculation because I'd have to figure out how much we spent on the bond money as well as the Seniors money.

My question becomes: that's currently linked to the long-term care fee cap, and that was linked to affordability. Would you see that as a good previous investment of that money if we turn around and lift the cap? We subsidize these builders to build these units, and then we turn around and tell them that they don't actually have to charge the fee that we were presumably subsidizing them for in the first place so that they could charge it?

Mr. VanderBurg: Those were the exact questions to myself on this whole piece. I think that, you know, we have offered an incentive to private nonprofits. I think 65-35 is the mix. That would be another huge incentive if the cap was lifted.

Ms Notley: Well, it'd be kind of a windfall, I would say.

Mr. VanderBurg: Listen, the market can only bear so much of an increase. People will say: hey, I'm not staying here any longer. But we have to make sure there are options, right? So in a tight supply would you consider this or not? I think we're in a tight supply right now. I don't know of a lot of facilities where they don't have a waiting list. Most facilities have a waiting list. Again, when we talk about lifting the cap, if that was to occur, how much would that impact our budget, where we are supporting low-income seniors? I would think pretty much.

Ms Notley: Well, I'm also just thinking about the expenditures that have already been made to particular operators on the understanding that they will provide affordable housing, hence the ASLI name, affordable supportive living initiative. So if we funded them to build on the understanding that X number of units would be maintained at an affordable level that's attached to the

long-term care fee cap and then we eliminate the long-term care fee cap, I think they've just won themselves quite the little windfall.

Mr. VanderBurg: Right. But we have to recognize that even those people that we provided funding to in the past or who in this given year will have an ASLI grant: their costs continue to go up. Somehow, you know, in the support that we offer, we have to recognize increased input costs. Somehow the operators need more money – they have to get it from somewhere – to pay the power bill and their labour costs and all the rest.

Again I'm just talking out loud. I don't know if an increase in the cap is a one size fits all or if you could have both. These would have to be discussions that we'd have to have going forward, saying, you know: "How fair is this? We've put public money already into a facility." I recognize that argument because that's on my list of pros and cons already.

Ms Notley: Okay. Thanks.

Mr. VanderBurg: If you have more of those issues, you know, bring them forward.

Ms Notley: Under the accommodation guidelines you have a complaints officer now as a result of the new act and the regulation that I think came into place in 2010. Now, say that someone is in a supportive living place. They're told that if their parent wants assistance in taking their drugs because they keep messing it up because it's too complicated for them to manage their drug regime, they have to pay an extra \$250 a month. That's a real example, as an FYI. They're told that that's not health care. That's accommodation, so it's okay for them to be charged that extra thing. Do you get those kinds of complaints through that complaints officer?

Mr. VanderBurg: I don't have the list of complaints that I get through the complaints officer, but I could probably get samples and share them with you.

I know that that unit was developed in 2007, and they operate a complaints line. The accommodation standards and licensing unit in partnership with the PPC, the protection of persons in care, and the office of the public guardian combined their complaints line. The identity of the complainants is strictly held confidential, but the work that those inspectors do is serious work. I don't know if that's something that we've received, those types of complaints, or not. I can get a sampling of that for you. I haven't worked the complaints line or anything like that to give you an idea.

Ms Notley: No, no. I'm assuming that at a certain point – because particularly under the new guideline and the new act, there's a new complaints officer pursuant to the act. If it was subsequently combined with protection of persons in care, that gets a little awkward, quite frankly, because that's not what the act suggests.

My question is: with respect to the officer who is referred to under the act and the regulation, I'm wondering if you can provide us with the number of complaints that they have received since 2010-11 and then 2011 to January 2012, those two years since they were put in place pursuant to the proclamation of the act and the two years since.

Mr. VanderBurg: We'll get that for you.

Ms Notley: Thank you.

I wanted to bounce over to PDD stuff. Oh, no, one more question on AISH before I forget that: have you had any

conversations with your federal counterpart about the potential cost implications to their discussions around eliminating the old-age security benefit?

Mr. VanderBurg: Absolutely none.

Ms Notley: Do you intend to?

Mr. VanderBurg: I sure do. We're going to have a meeting this spring of provincial ministers across the country, and I don't think that I'll even have to ask for it to be put on the agenda. I'm sure it will be. But there's been no consultation with me.

Ms Notley: All right. I figured it would probably be a pretty short answer.

So going over to PDD, we've had this conversation before. I know there's money in line 14 that's devoted to wage increases. Are these in-year bonuses again, or are they grid increases?

Mr. VanderBurg: Do you want to say that again? I thought I heard AISH.

Ms Notley: No. PDD, line 14, the money that you dedicated to increasing staff compensation. So my question was: was it again one of these sort of one-year lump-sum payments, or is it a grid increase?

Mr. VanderBurg: There were both. In this year's allotment there was \$1,500 as a one-time payment, fulfilling the commitment from the past year that was a two-year commitment, so twice \$1,500. This finalizes that. And on top of that, a 5 per cent top-up that would begin April 1.

Ms Notley: Okay. So that's on the grid now, and it would be maintained year over year.

Mr. VanderBurg: That's right. I wouldn't have preferred that \$1,500 lump payment. I would have preferred that to be a grid thing, but it was a commitment made. As I went around the province, I heard from service providers that it was important to get that \$1,500. That was a commitment made, and they were looking forward to it.

Ms Notley: Right.

Again in terms of the staff in PDD, we've had a discussion already about the occupational health and safety recommendations arising from Ms Wolski's very, very unfortunate fatality. Having done some work myself as a health and safety officer and an advocate for working people in a previous life, I just want to absolutely clarify and confirm: is it the case now that every region is currently acting on a practice of informing all agencies and all caregivers within those agencies about any clients who are a risk to either themselves or others?

Mr. VanderBurg: The recommendations that were in that interim report – and I can read them back for you if you need, but you know them – were acted upon immediately in the central zone and shared with all the other zones and then acted upon. It's business as usual with the increase of those six implementations, not just central, all across the province.

9:00

Ms Notley: Okay. My only suggestion or proposal to you – we've had incidents before where you think the agencies have adopted certain recommendations and they've told you they've adopted the recommendations, and then everyone thinks it's tickety-boo until there's another problem. Of course, as I've said in a number of

different settings, but I'm hopeful that maybe you'll be slightly more willing to hear it based on some of the conversations we've had in the past, the best way to make sure that these practices are actually living and breathing and regularly enforced and become part of the culture on the front lines is where you have joint work-site health and safety committees that consist of representatives from the front-line workers, who are able to regularly consult with their colleagues and make sure that, in fact, there are no patients coming into their care about whom they are not always given clear preventative safety information.

You know, it's often the case that everyone talks about there being a policy and then you look at the policy and say, "That's just great," and then you talk to people on the floor and you realize that nobody has actually been using that policy for the last year and a half. Of course, with staff turnover people don't know that they're supposed to be using that policy. It's only where you have a joint work-site committee that has minutes and people can go back and realize that this is always supposed to be the case that you can be sure that that kind of work is happening to keep the front-line caregiver safe. I'm just wondering if there's been any consideration to mandating to the PDD agencies across the province that they implement that kind of strategy just to ensure that the decentralization of service provision that we have in place right now doesn't result in workers and patients slipping through the cracks.

Mr. VanderBurg: Well, you know, like I said, all the PDD regions have voluntarily agreed to comply with those regulations. Developing the internal program to ensure that the services and supports are available and delivered in a consistent manner I think is very important. The PDD regions have formed those. The policy will also include intensive case management, or risk management. They'll have specialized training for families and service providers, behaviour support services, supports to families who deliver the managed services because it's very important, as you know, that they are aware of those services. We have to live this. This can't occur again. We have to make sure that we do everything possible border to border to protect both the client and the caregiver. I don't know how much more I can state that.

Ms Notley: I guess I'm just asking if there would be some consideration to that. I can tell you from 20 years of experience in health and safety that if you want to know whether workers are getting trained and whether workers are being advised, you give them a voice in the process of making sure that that happens. If you simply rely on an overworked manager who is really good at writing policy but who may or may not have the time to push the policy down to the front lines, you'll invariably have holes in the system.

Mr. VanderBurg: I think in the review under the KPMG report that the PDD regions are going under to make sure that we all have similar administrative supports, we have to make sure that all regions have that opportunity to instill upon their staff these practices. The monitoring is key to this process, so we'll have to have ongoing monitoring to make sure that all these . . .

Ms Notley: Is the ministry monitoring the agencies, or is the ministry monitoring the boards? Are the boards monitoring the agencies?

Mr. VanderBurg: The ministry is monitoring the agencies, and the agencies are monitoring their contract staff.

Ms Notley: Okay. Last question on PDD before I run out of time, I suspect. Previously the minister had indicated to me that they

had a waiting list, which seemed kind of small at the time, of 61 individuals that were waiting to be transferred, as it were, from children's services, FSCD I think it is – I can't remember; we always change the names – developmentally disabled children, having them transitioned to PDD. As you know, the children's advocate, even before he was independent, identified that this was a huge problem in terms of children transitioning to PDD. I know that with the proliferation of certain diagnoses it's going to grow and that our PDD population is going to grow. There were 61 waiting last year. Can you tell us what the number is now?

Mr. VanderBurg: Fifty-eight.

Ms Notley: Fifty-eight. We haven't done too much work in decreasing that yet.

Mr. VanderBurg: That's probably not a fair statement. There's always an increase in the amount of people coming into the program.

The Chair: Thank you, Ms Notley.

We're going to move on to Ms Woo-Paw.

Ms Woo-Paw: Thank you, Madam Chair. Mr. Minister, my questions are around the continuing care beds. The five-year health action plan that was released in 2010 talked about building 5,300 continuing care spaces by 2015. I'd like to know: how do you think we're doing in regard to this goal? Do you think that we're on track to reach this goal by 2015?

Mr. VanderBurg: Well, I laid out for a previous speaker the exact spaces in each community where they're going. By March 2013 it's expected that 1,555 new supportive living spaces will be opened thanks to the ASLI grant.

I can give you a rundown of the past. It's pretty interesting. In the 2007-08 budget year, a total of \$48 million dollars, 779 spaces were created; '08-09, \$84 million, 1,184 spaces; '09-10, \$50 million, 637 spaces; '10-11, \$89 million for 912; '11-12, \$67 million for 661 spaces. In this budget and in the three-year business plan at least 250 spaces, I would expect, would be funded by the two, \$25 million each year, so that's another 750 spaces just through the ASLI program alone in this three-year business plan.

Ms Woo-Paw: Essentially you're confident that we're on track.

Mr. VanderBurg: Well, there's no doubt that we're going to have to do an assessment of the needs going forward and what

we're providing. There are a lot of units coming on next year, I think 1,400 next year alone. But I also realize the demographic change that we're under. As you know, when we all go visit our seniors' facilities, they're not filled with 65-year-olds. They're filled with 85-year-olds.

Ms Woo-Paw: That's right.

My next question is: actually, how many long-term care beds do we have in the province? What percentage of what you just quoted is long term?

Mr. VanderBurg: Well, the ministry monitors long-term care facilities. As of December 31 there were 174 long-term care facilities occupied by 1,492 residents. Now, there was some concern that those numbers were a little bit off, and we'll have a better rundown of that in the upcoming reporting.

Ms Woo-Paw: How do you plan for these different facilities to ensure that there is sufficient supply of different accommodations to meet the different needs?

Mr. VanderBurg: Well, the department of health is going to help us determine that need. They've targeted areas of the province that we need to put our resources towards. They're going to target the number as well.

Ms Woo-Paw: Thank you, Mr. Minister.

The Chair: Thank you, Ms Woo-Paw.

Thank you, Mr. Minister. That was a very interesting evening listening to your estimates. I think you did a very thorough job for us. I appreciate that.

Are there any other members wishing to speak at this time?

Ms DeLong: I'd like to entertain a motion to end our session.

The Chair: Thank you, but I didn't call for a motion. We don't need a motion. But I appreciate your support.

Seeing none, then pursuant to Standing Order 59.01(5) the estimates of the Department of Seniors are deemed to have been considered for the time allotted in the schedule.

I'd like to remind the committee members that we're scheduled to meet next on Monday, March 5, 2012, at this same location to consider the estimates of the Department of the Solicitor General and Public Security.

Thank you, everyone.

[The committee adjourned at 9:10 p.m.]

