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Thirty-Fifth Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, April 13, 1992

The House met at 8 p.m.

COMMITTEE OF SUPPLY (Concurrent Sections)

HEALTH

Mr. Deputy Chairperson (Marcel Laurendeau): Order, please. Will the Committee of Supply please come to order. This evening this section of the Committee of Supply meeting in Room 255 will resume consideration of the Estimates of Health.

When the committee last sat, it had been considering item 1.(b) Executive Support: (1) Salaries, on page 82 of the Estimates book.

Shall the item pass?

Mr. Gulzar Cheema (The Maples): Before we proceed with the questioning, I will just ask the member for St. Johns (Ms. Wasylycia-Leis) and the Minister of Health (Mr. Orchard) if it is possible today to just go up to ten o'clock rather than twelve, because we have been at this since nine o'clock this morning. I have been up since 5:30, but that is my problem. Still it is difficult to go after ten o'clock, but if we have to, then so be it.

Ms. Judy Wasylycia-Leis (St. Johns): That would be fine with me.

Hon. Donald Orchard (Minister of Health): Mr. Deputy Chairperson, you know how much I enjoy the Estimates process and carrying on till midnight or one or two in the morning, but I will be guided by my honourable friends. Each of us was at a debate this morning that the MNU hosted circa ten o'clock, and our day started fairly early. Do you know whether the House leader has had any discussion around this this evening?

* (2005)

Ms. Wasylycia-Leis: My understanding is that the committee in the Chamber will end at ten o'clock, and it is my understanding that as long as there is all-party agreement that it would be appropriate to do so in this committee as well.

Mr. Orchard: I am not one who pushes water uphill. Ten o'clock or 10:30, if we went for another half an hour, depending on the tenor of debate we may want to go past, so let us say circa ten o'clock, but if it turns out to be 10:15 or 10:30, I do not think anyone would argue.

Mr. Deputy Chairperson: In that case I will ask the question at ten o'clock whether the committee should continue sitting or not.

Ms. Wasylycia-Leis: A few more questions on this line--I am hoping we can move along at some point this evening on Executive Support. I hope by posing the question that I would like to put to the minister that it will not be considered so controversial that I will start the evening off on the wrong note and cause us to sit all night.

I do note the raise in wage for the deputy minister. It is an increase of $2,800. I also note that is in addition to the increase last year, when the deputy minister's salary went from $88,300 to the $92,100 mark and that in fact there was also a significant increase from the '89-90 year when the deputy minister's salary was at $75,600.

In the space of about three fiscal years, the deputy minister's salary has jumped an additional $16,500. It is an issue I have raised in the past. It is still disconcerting, and I am wondering if the deputy minister has been handed additional duties from the previous year, or if there is another explanation for this fairly major increase in salary.

Mr. Orchard: I am going to seek clarification on this year's increase and it should be coming right away, but bear in mind that the original increase--when we came into government several things took place. First of all, we terminated the contract that the previous administration had drawn with Mr. Kaufman and at that time circa the end of June, Mr. Edwards who had been deputy minister and executive director of MHSC for a number of years, retired. To replace the deputy minister, I appointed Mr. Maynard, the current deputy minister, on an acting basis. That was confirmed as deputy minister about, I guess, six or eight months after that.

* (2010)

Subsequent to that, we--and I would be much more comfortable if my honourable friend would

discuss this issue during the Premier's (Mr. Filmon) Estimates, but I will give you the genesis of what we undertook as government in terms of a review of our deputy ministers' salaries.

Departmental responsibilities were given a review, and the review was intended to reflect the complexity of the deputy minister responsibilities, and as a result, my deputy minister, having come in as an ADM, or come in from an ADM slot with a modest increase in 1988 as a flow from that review, was placed because of health, in the ministry of health, in the senior compensation level for deputy ministers. So that led to a fairly significant increase about two years ago, I think.

The increase this year is an increment which is reflective of a year's dedicated and successful professional endeavour as deputy minister, plus the 3 percent that was awarded to our senior personnel in parallel with the MGEA settlement.

Ms. Wasylycia-Leis: Mr. Deputy Chairperson, could the minister tell us who the five individuals are under the Professional/Technical category?

Mr. Orchard: Does my honourable friend want the names?

Ms. Wasylycia-Leis: Yes, please. That could be done at another time if the minister would like to provide that later on. That is fine.

In Other Expenditures, there are some major jumps in expenditures from approved levels last year. There has been an increase of about $20,000 in transportation; an increase of about $20,000 in communications; and an increase of over $30,000 under supplies and services. So we are looking at doubling and tripling of budgets in a very short period of time, and I wonder if the minister could give us some explanation for that.

Mr. Orchard: The three Professional/Technical staff that my honourable friend was inquiring about are my special assistant, Catherine Evanson, my executive assistant, Allan Hiebert, and includes the one vacant position that has been vacant for some time of special adviser to the minister.

(Mr. Jack Reimer, Acting Deputy Chairperson, in the Chair)

Ms. Wasylycia-Leis: The other question I had raised was with respect to the major increases in the areas of transportation, communication and supplies and services from the levels approved from last year's budgetary process.

Mr. Orchard: Mr. Acting Deputy Chairperson, in general terms, you might recall that I indicated, I do not know whether it was last week or the first week we got into the Estimates process, that my deputy minister—he is the senior serving Deputy Minister of Health in Canada right now, and subsequently has undertaken a number of national committee responsibilities. He has membership on the Steering Committee for the Conference of Deputy Ministers which requires from time to time out-of-province travel. He has been past chair of the Conference of Deputy Ministers. He is on the Steering Committee of the National Health Information committee. He is the national chair of the physician human resources. He is the national chair of quality assurance in the health care. He co-chairs the Manitoba Centre for Health Policy and Evaluation, and that has required one out-of-province trip to Dartmouth, New Hampshire. He is on the board of the World Health Organization advisory committee.

* (2015)

Now, with those kinds of national responsibilities there is an additional requirement for him, himself, to travel, and as well my deputy, because of the significant input to some of these committee duties, will be travelling with another individual from the deputy's office and, of course, that has compounded some of the travel costs.

Ms. Wasylycia-Leis: Mr. Acting Deputy Chairperson, I have raised in very broad terms previously questions about morale in the department and relationships of trust between health care professionals and the department. I would like to ask more specifically about that major concern, very pervasive pattern of relationships vis-a-vis the department in the context of the deputy minister, since it appears that as the chief administrative officer for the department this would be the appropriate time to raise those concerns.

I would like to begin by asking why it would appear, at least in my estimation, that so many highly qualified, trained medical practitioners particularly in the areas of community medicine, disease prevention, communicable diseases, community promotion, healthy promotion policies and so on have left the department. When I look through the history of the department over the last few years, I sense that there has been an exodus out of the department of very highly qualified medical people.

I am wondering if the minister can give us a breakdown of the numbers of medical people who have left the department, the reasons for those departures, and how many postgraduate physicians are left in the Department of Health.

Mr. Orchard: Mr. Acting Deputy Chairman, I want to add a little more information to the first line of questioning.

In terms of actual expenditure on the line my honourable friend was questioning, the increase, the increased travel is part of the increased budget. I am also informed that it more accurately reflects the actual expenditures over the past number of years on that line, which ranged from 166,100 in '87-88 to a projection of 175,900 this year.

Mr. Acting Deputy Chairman, I am a little bit at odds to scour the department to identify physicians who are working within the ministry. My honourable friend made some fairly direct accusations and laid the case of wholesale leavings of individuals from the department. It might be appropriate that if my honourable friend can and has the authority to discuss individual circumstances of the type that she has alluded to of people leaving the department, maybe she might consider giving me the individual's name and I will, to the best of our ability tonight, give my honourable friend the circumstances surrounding that change in employment status either within the department or external to the department.

* (2020)

Ms. Wasylycia-Leis: I would be happy to provide some more specific information to get the minister's reaction. Let me first say in terms of the overall concern, or the issue that I am raising, I remain concerned about our Department of Health, the level of expertise from the medical field, particularly in the areas of community medicine and community-based health delivery system in the context of moving towards health care reform, about the level of that expertise remaining in the department.

I have no reason to believe that the people who have left in great numbers have been replaced, and whether or not the expertise has been restored within the department for expert and experienced advice on such important matters as health care reform.

I am sure as I go through these names, the minister is going to have different reasons for each of those individual's departures, but the concern is still an overriding one about the numbers who are leaving. The fact that some have clearly left for reasons that are pertinent to the administration of the department, that being the—and I have said this before in Question Period, and I will say it again—low morale, chaos in terms of decision making, poor relations, and a lack of a collective collaborative approach in terms of decision making.

Let me give you a list of names of those that I know and indicate that I obviously do not have a complete list, there would still be others. I go back to Dr. Ian Johnson—community medicine—Dr. Linda Poffenroth, Sharon Macdonald, Chris Greensmith, Margaret Fast, Peter Cooney, Gary Tipping, Richard Voss, John Wade, Larry Wiser, and others.

That is a preliminary list and I do not have any research.

Mr. Orchard: Would you repeat those a little slower?

Ms. Wasylycia-Leis: The minister has asked me to repeat them. I would be happy to: Dr. Ian Johnson, Dr. Linda Poffenroth, Dr. Sharon Macdonald, Dr. Chris Greensmith, Dr. Margaret Fast, Dr. Peter Cooney, Dr. Gary Tipping, Dr. Richard Voss, Dr. John Wade, Dr. Larry Wiser.

All of those individuals have left the department, and I know that there are probably different circumstances with some of them, but I think what is first of all clearly a serious matter is the exodus of such a large number of postgraduate medical practitioners from the department.

* (2025)

The other concern is that there are some who have clearly left for morale reasons. I am wondering, first of all, what is the minister's assessment of this situation? How is he trying to redress it? When will the department be back up to a certain level of highly qualified, experienced individuals in the area of community medicine and healthy public policy?

Mr. Orchard: First of all, I think my honourable friend, in terms of introducing this subject, in talking in terms of chaos and low morale, et cetera, leaves the impression that each of these individuals have made that accusation to her.

Ms. Wasylycia-Leis: I clearly said the opposite.

Mr. Orchard: Now my honourable friend from her seat says, clearly I said the opposite.

Point of Order

Ms. Wasylycia-Leis: Just on a point of order, the minister will know that I did not make any generalization with respect to all these individuals, and that I clearly said some of these individuals have indicated that they have left for morale reasons, and that the broader concern was the loss to a Department of Health of just about every highly qualified postgraduate medical practitioner.

* * *

Mr. Orchard: Mr. Acting Deputy Chairperson, this is exactly what I find offensive with my honourable friend's style. Because when she talks about her sources at the various hospitals, she maligns every person as being a source. She named a group of people, and when I caution her that she is maligning the whole group, she says, oh, no, I am not, I did not say anything about them all. Then she immediately turns around and says that some of them have indicated to her that they have left because of low morale. That is what you said. You just said that some of them have said to you personally that they have left because of low morale.

Now having named all of those individuals, and then making that statement without naming those individuals, you have maligned the whole works—exactly the point I made to start with.

Now I realize you do not recognize you do these things in your wanton drive to create a political issue, but let us deal with some of these individuals.

Dr. Wiser: One year contract, contract not renewed.

Richard Voss: I do not believe he is a doctor. He was executive director in terms of mental health reform, is now working for the government of the Bahamas on an 18-month secondment by the government of Bahamas. I expressed concern about Richard Voss leaving in a critical time of mental health reform, but he thought this was a unique opportunity and went to the Bahamas.

Dr. Cooney: I have dealt with Dr. Cooney in the House. He is working with the federal government. We are on close working relationship with the department with Dr. Cooney and he is, in fact, on a leave of absence from the ministry. I have had personal discussions with Dr. Cooney, and he has indicated to me that should I need advice, he is willing to provide that kind of advice. Hardly leaving in disgust, as my honourable friend might indicate.

Dr. Margaret Fast: Working now in Cadham Lab in the same area that she was in, in terms of communicable diseases from the Cadham Lab aspect, probably more able to utilize her unique medical experience in that area.

Dr. John Wade: I think my honourable friend mentioned Dr. Wade. He is working for the department two days a week and chairs some committees for me, including the Health Advisory Network—hardly an individual who has left in disgust, hardly one who should be given that kind of shadow over his head that my honourable friend put in.

Dr. Sharon Macdonald: Working at the Community Health Sciences Department, Faculty of Medicine, was an ADM in the department and left the department of her own will. I cannot make career decisions for individuals, but Dr. Macdonald is now working quite closely with Heart Health Project and other areas of the department. We have a good working relationship, in my humble opinion, with Dr. Macdonald. [interjection] Right. My deputy reminds me that Dr. Macdonald was at the invitational MHO conference.

* (2030)

Dr. Poffenroth left to work for the City of Winnipeg at a higher salary than we could offer in the Province of Manitoba, one of those areas that I have to tell you, quite frankly, burns me up a little bit, that the City of Winnipeg can have a higher schedule than the provincial Civil Service and then complain to us that we do not give them enough money. But that is the reason Dr. Poffenroth is no longer with the Department of Health.

I cannot give my friend details about Greensmith, Johnson or Tipping, but surely already my honourable friend might be willing to reconsider the blanket accusation she has placed on all of these individuals, that they have told her, one or two or three or maybe them—I do not know them all—that they left because of chaos and low morale in the department.

My honourable friend has some of that, that she is now sharing. Does she have the individuals' permission to share those thoughts at committee and remove the blanket suspicion over the rest of these professionals? No, of course she does not. She just wants to carry on with her games, that this is a sort of a cutesie little way to get around the issue, that there is a chaos, there is low morale.

This department happens to have gone through one of the most significant reorganizations that it has ever gone through. That has been something that was in the discussion stages for approximately a decade and not undertaken. Why? Because I suppose the previous government did not want to upset the apple cart. They did not want really to bring divergent and noncommunicating areas of the department together in a public policy way of reorganization.

Certainly, I will admit to my honourable friend that in that reorganization I know of one of the individuals whom my honourable friend referred to who was dissatisfied that the leadership in that area was not given to the individual. That caused some dissatisfaction. But not wanting to get into that area, because I do not think it is germane to the public debate, I simply want to indicate to my honourable friend that the leadership in that area is very excellent leadership.

If my honourable friend wants to question the hows and the whys and the wherefores, I will be glad to get into it with her. But I consider us to be fortunate, in one of these areas, to have an individual with medical training, who is providing probably some of the best leadership we have ever enjoyed in the province of Manitoba in terms of public policy on community health issues, some of the best advice we have ever had in this province, and maybe some of the best advice that any province has at its access in Canada right now.

So, you know, my honourable friend--and that is why I indicated that my deputy should come down and listen to this dissertation by my honourable friend because we are all deeply interested in hearing her thoughts about the organization of the department. I will be pursuing her with specifics, because I will not accept a blanket accusation which maligns a full 10 or 11 professional people with my honourable friend saying that some of them have told her that they left because of chaos and low morale in the department, thereby maligning all of them, a number of whom I have clearly indicated to you what they are doing now and why. Some of them are still working with the Department of Health.

Ms. Wasylycia-Leis: Well, clearly this is a sensitive area for the minister, given his overreaction first of all to some of the different areas of concern that I raised. It is not untypical when we have hit a particularly sensitive issue with this minister for him to react in this way.

The minister will know that I have raised two or, one could say, possibly three concerns here with this matter. Number one, the fact that there are individuals that have clearly left out of disgust because of the management and morale in the department--the minister should pay a little attention and perhaps pick up some of the issues that we are certainly being informed of from his department and do something to address some very serious problems in his department.

I am not going to name names, because the minister has a very clear record of being spiteful and vindictive and is known for his attempt to keep anyone from talking and information, of course, secret and under wraps. That was one concern, and it is a real concern.

The second is the major loss to this government and Department of Health of so many highly qualified, experienced individuals in the area of community medicine and healthy public policy.

I do not know about you, Mr. Acting Deputy Chairperson, but it sure strikes me as a fairly serious issue to see that kind of medical experience leaving the Department of Health, leaving what I would believe to be a significant gap in policy and an absence of necessary expertise at this critical juncture in our time, so I raised the general question of that significant number of highly qualified medical practitioners from the Department of Health. I have asked very clearly what steps are being taken to replace those individuals and that expertise.

Mr. Orchard: I guess the best I can do is sort of chase phantoms with my honourable friend because, again, you know she is saying that she will not name names of these people who have left the department in disgust, according to her allegations. If they have left the department, how can they possibly be concerned about my honourable friend's allegation that I will be vindictive toward them? How could I possibly be vindictive as Minister of Health to a person who my honourable friend alleges is already gone from the department? That really does not make a whole lot of sense when you think about it, does it?--which brings me right down to what my honourable friend has tried to do for two, three years now to create this phantom of chaos, low morale in the department. This is the third or fourth time now my honourable friend or her predecessor as Health critic has attempted this tactic.

My honourable friend has the permission to bring even one of these individual's circumstances up. I will be glad to discuss it openly, because there are probably a few more details than what my honourable friend is aware of. Such things as salary–does my honourable friend know that the City of Winnipeg recruits from our department at a higher salary than we can pay? If my honourable friend does not know that, I will indicate to her that is the case.

Now, does my honourable friend want to lay those details out, because I do not have the authority to do that for any of the individuals so named here? Does my honourable friend have that authority from them? If you are going to lay an accusation, you better be prepared to back it up. You are not prepared to back it up because you cannot. Again, you are chasing phantoms.

Ms. Wasylycia-Leis: I am wondering if the minister would like to answer the question about how he is replacing these individuals. If he could perhaps give us some indication in each and every case if that individual has been replaced or how the necessary expertise is being provided to the department.

Mr. Orchard: Mr. Acting Deputy Chairperson, we have replaced some of these individuals with either direct hiring or, in some cases, contractual arrangements, and that varies depending on the nature. If my honourable friend had a specific name, I could try to give her a specific indication as to whether there is yet a replacement recruitment in process or whether we do not intend to replace, if that might be the case.

Ms. Wasylycia-Leis: Let me try it from a different angle. How many individuals are there in the department now with a postgraduate degree in community medicine?

Mr. Orchard: I think we would have to do a little research into finding that out for my honourable friend.

Ms. Wasylycia-Leis: In terms of the overall hiring pattern of this minister or this department, in terms of the overall hiring policy in the department, it appeared to me from the discussion in the last Estimates, partly as a result of the reorganization, that on that chart there were a considerable number of vacancies in fairly senior positions within the department. I am wondering how many of those vacant positions were filled by competition or by direct appointment.

* (2040)

Mr. Orchard: Our medical officer of Health area is always one that we find difficulty to recruit into.

Mr. Cheema: Mr. Acting Deputy Chairperson, I would just ask one question about Dr. Fast. I want to also offer some comments about her services to the Department of Health, as she is in charge of the clinical diseases. We have worked very closely with her during the last four Estimates, and I just wanted to say that she has done a wonderful job. We wish her all the success in her new position which is equally important and very vital right now. From our point of view, we hope we can continue to communicate with her and get advice from time to time. She has been a very valuable source on a very noncritical basis.

My question is to the minister: Has there been any direct recruitment from outside this province for a major position in the Department of Health? Specifically, I am raising a question in terms of the executive director of the urban hospitals. I understand there was a new position created and there has been recruitment from outside the province. I just wanted to know whether that is a fact. Can the minister give us the information about the qualification of the person and whether that position was advertised in Manitoba and, if it was advertised, then why there was not somebody picked up from here.

Mr. Orchard: Mr. Acting Deputy Chairperson, in December–let me back up a step or two. We have had an executive exchange with St. Boniface Hospital which had Mr. Kalansky serving as 2IC to Frank DeCock in the commission. Now, as you well know, Mr. Kalansky successfully acquired the executive director position at Seven Oaks–I believe it is executive director–and subsequently left the department. To carry on with the exchange with St. Boniface, a recruitment effort was undertaken and a Mr. Ken Clarke from Saskatchewan was hired in December. As I understand from memory, his experience involved both ministry of Health work and he was president of St. Paul's in Saskatoon, so he offers quite a balanced opportunity for service in the ministry in that he has had both senior management or senior executive function in both a ministry of Health as well as in a significant acute-care facility in Saskatchewan, St. Paul's.

Mr. Cheema: Mr. Acting Deputy Chairperson, I am not questioning the qualification of the person. I just want to make it very clear, Mr. Clarke may have one of the best qualifications in the whole world and his service in the province of Saskatchewan is very well established. I know that for a fact, because I was partially trained in Saskatoon and I still go off and on there and have contact with people there. My question is simply: Was there an effort made to bring Mr. Clarke directly or was there a position advertised in Manitoba or not?

Mr. Orchard: We had input into the hiring process, but St. Boniface, because of the exchange aspect is the actual employer and to my knowledge I think they did an open competition on it and sought candidacy from within the province and external.

Mr. Cheema: Mr. Acting Deputy Chairperson, my reason for my questioning is, as the minister will understand, because some people have raised that issue with me in a very serious way. I told them very frankly that we have to discuss in a very direct way and see whether anything was violated as far as the province of Manitoba is concerned. If Mr. Clarke has been hired through the St. Boniface Hospital and then from there he has been assigned to work as executive director of the Urban Hospital which is a new position, then we have no difficulty with that.

I just wanted to be sure that somebody in the Department of Health was given the opportunity, and if that is the fact then we have no problem, but if somebody was brought, and somebody was already there in Manitoba who had all the training, who had served us very well, and if some person is not given the chance to promote his or her chances of promotion in the department, I disagree with that. If that is not the case then we have no problem with the appointment.

Mr. Orchard: Mr. Acting Deputy Chairperson, two things, and I will back right up again as to where the exchange commenced. We did a personnel exchange with St. Boniface. Mr. Searcy from the department went to St. Boniface and is serving with St. Boniface, and at that time Mr. Kalansky came over from St. Boniface and his subsequent departure, so in fact Mr. Clarke is the exchange individual now in place for Mr. Sherase out of the department.

Mr. Clarke assumed responsibility at the Urban Hospital Council for two reasons. Not at all questioning the dedication of the individual that we had working there, but Mr. Clarke's experience was both as an executive director of a major tertiary care facility in western Canada, Saskatoon to be exact, as well as experienced at the senior levels within the ministry of Health. That sort of hands-on experience on both sides of the system in a senior level made him quite a reasonable candidate to slot in and work with the Urban Hospital Council.

The individual that was there put in a lot of dedicated hours. We are even going to lose that individual's services due to a transfer out to the northwest region of the province.

Mr. Cheema: Mr. Acting Deputy Chairperson, we just wanted to make sure that the process was followed. It was not a question of the credibility of the person. I made it very clear, because his reputation is very, very good, and that is without question. We just wanted to make sure that somebody from Manitoba was not bumped to accommodate another person from outside the province. I just wanted to make sure that that is not the case.

Mr. Orchard: I can give my honourable friend that assurance.

Ms. Wasylycia-Leis: If I could just for a moment pursue the appointment of Ken Clarke from Saskatchewan. I do not quite understand this exchange agreement with St. Boniface. This goes back to when?—if the minister could tell us that.

* (2050)

Mr. Orchard: Nineteen eighty-nine was when that first exchange took place. It was a new initiative that we undertook as government, knowing full well that the ministry—without provoking a political fight—there was too much tendency when I came into government as the Minister of Health that the whole system dealt with issues on a them-and-us basis, and there was too much head-to-head and too much controversy and too much lack of understanding of the role of the ministry and of the ministry legitimately not understanding the role of the facilities.

We undertook investigation around an exchange program where each of us could benefit. Someone from the ministry would see the inside operations of a hospital and someone from a hospital would see the kind of challenges that senior management in the ministry of Health deal with on a day-to-day basis. That kind of openness benefits the ministry as well as senior hospital management in terms of

understanding–sort of, walk a mile in my shoes and you understand the circumstance a little bit better.

I think it has been a worthwhile initiative that has been ongoing now for about three years to try to make each other familiar with our respective roles, one in management as senior health care facilities and the other, of course, in management of the highest-spending ministry in government.

Ms. Wasylycia-Leis: If I could just get clarification that Mr. Ken Clarke is on this payroll of the St. Boniface Hospital, seconded to the Department of Health, what is the exact position that he holds?

Mr. Orchard: The Executive Director of Hospital and Community Services.

Ms. Wasylycia-Leis: I would like a few more to follow this up first. Although he is on St. Boniface's payroll, could the minister indicate what his salary is and also where he shows up in terms of the organizational chart or organizational presentation for the department?

Mr. Orchard: The salary is one which is negotiated by St. Boniface, and I do not have that information at my disposal. I suppose we could provide the information of what the salary of Mr. Searcy is, which is our end of the bargain, if you will. In terms of location within the ministry it is, as I indicated, within the administration area of the Hospital and Community Services Division, under the Associate Deputy Minister Frank DeCock.

Ms. Wasylycia-Leis: Thank you. Mr. Ken Clarke would report to Frank DeCock, who is Associate Deputy Minister of Hospitals and Community Services. Mr. Acting Deputy Chairperson, I would like to raise a question from that information, and again it is a concern. I hope the minister will treat it as a sincere and serious comment. In my estimation it would seem that the two individuals heading up this whole are of Hospital and Community Health Services, are both from hospital backgrounds, and that at a senior position in that whole area, the minister does not have someone whose first area of expertise or major area of experience and expertise is community health services.

I am wondering, if that is the case, how that is then dealt with in terms of this reorganization which was to ensure better integration between institutions and community facilities, but also to move from an institutional-based system to a more community-based system.

Mr. Orchard: Mr. Acting Deputy Chairperson, one must appreciate that within the ministry we have, if you will, attempted to level the organization and bring in a closer working relationship within divisions and ADMs' responsibilities. In that regard, I have to indicate to you, we, in my humble opinion, have one of the best Community Care individuals in a senior executive level of Assistant Deputy Minister in the person of Betty Havens, and the working relationship between those two is excellent within the ministry.

In addition we have on an acting basis, Ms. Sue Hicks in terms of the ADM on Healthy Public Policy, again with a fairly substantial amount of community experience. Our Assistant Deputy Minister of Mental Health Services Mr. Toews, prior to leaving the provincial ministry of Health, was a regional director responsible for community service programming in the ministry of Health and spent some substantial amount of time working through the Mennonite Central Committee on a lot of community service delivery prior to his return and subsequent retention by the ministry as ADM in Mental Health. We have in addition brought in John Gow, a regional director from the community side, to get a more hands-on sense of operations on the hospital side to further enhance that working relationship.

Ms. Wasylycia-Leis: Just one other question before I pass it back to the member for The Maples (Mr. Cheema).

How many other such people are there involved in exchange agreements with St. Boniface and who are they?

Mr. Orchard: Two, Mr. Acting Deputy Chairperson. We have Mr. Clarke, as we discussed earlier on, and Mr. Roch who is right across the table from you.

Ms. Wasylycia-Leis: So the exchange for Mr. Clarke is Mr. Roch?

Mr. Orchard: Mr. Acting Deputy Chairperson, we do not have the–how do I put this in genteel terms–we do not have a body exchange in terms of Mr. Roch's exchange with the St. Boniface, but rather our position and the salary attachment went to St. Boniface for their recruitment internally in exchange for having Mr. Roch serve with the department.

Mr. Cheema: Mr. Acting Deputy Chairperson, can the minister tell us who is the head of the Health Advisory Network now?

Mr. Orchard: Dr. John Wade chairs it now.

Mr. Cheema: Mr. Acting Deputy Chairperson, is that Dr. John's, then, two days of involvement per week a major commitment as a part of the Health Advisory Network?

Mr. Orchard: Mr. Acting Deputy Chairperson, it is a two-day per week commitment by Dr. Wade to the ministry, and that can undertake a number of different roles and responsibilities. I think it is fair to say we are getting him as chair of the Health Advisory Network outside of those two days.

* (2100)

Mr. Cheema: Mr. Acting Deputy Chairperson, it seems that Dr. John is working very hard.

Mr. Orchard: We get good value for our two days.

Mr. Cheema: Mr. Acting Deputy Chairperson, can the minister tell us now--he promised us last week that there are two or three reports out of the Urban Hospital Council that will be coming in a final form from the Health Advisory Network--when can we expect some of the final reports?

Mr. Orchard: There are some of the Health Advisory Network final reports that are translated and are ready for tabling. I have to confess to my honourable friend that over the last three weeks with the preparation for and expedition of the Estimate process, and I have another confession to make, I took a total of 10 days and did not do anything with the ministry of Health during the mid-term break, so I think it is fair to say that we are a little bit delayed in terms of the tabling of those reports.

But I give my honourable friend this commitment. If we can arrange to have those reports--like, I do not want to just lay them out without some background as to their genesis and what government might wish to implement from the recommendations, because I think that would give short shrift to the work that many people put into development of those reports. On the other hand I sense that my honourable friend's desire to have those as part of the debate, that would be appropriate at the time of Health Estimates. So I am going to try and walk a fine line and see what we can table in terms of those reports, not this week but as soon as next week.

Mr. Cheema: Mr. Acting Deputy Chairperson, this morning, and I think it was last week also, I think it was made very clear that some of the major package of the health care reform is going to come by the end of this month or early next month, so I think it would be at least to our advantage to inform ourselves to understand the whole process so that we can at least make informed judgments. So that is why I am requesting that we should have the information also in time, because, then the minister can also hold us responsible if we are saying something different. My next question is, we do not see any line of funding for the Health Advisory Network now in the expenditure. Can the Minister of Health tell us who is so generous to the province, who is giving all the free time to compile all the reports?

Mr. Orchard: Mr. Acting Deputy Chairperson, we have included the budgeted funding for the Health Advisory Network on page 88, where we have the Manitoba Health Board at $469,300. Some $250,000 of that is budgeted, potentially, for the Health Advisory Network and completion of a number of its studies and initiatives.

I think my honourable friend would find it explained on page 83--no, that is not the right page. The dollar amount is not specified in the Detailed Estimate, but of the $469,000 we are estimating a $250,000 commitment towards the Health Advisory Network.

Mr. Cheema: Can the minister tell us exactly how much money we have spent on the Health Advisory Network as of 1988?

Mr. Orchard: We will have to compile that for you, but it should be available tout de suite.

Mr. Cheema: Can the minister tell us then how much money we have spent on this new report on the study of anesthesia manpower? The report of March 1992 from Ontario, how much is that?

Mr. Orchard: We will try to have that answer tomorrow afternoon.

Mr. Cheema: Mr. Acting Deputy Chairperson, can the minister tell us how much money was paid for the report that was in December 1990 for the mental health services. It is called the Drysdale report. How much was paid for that report?

Mr. Orchard: We will bring that information tomorrow afternoon as well.

Mr. Cheema: Mr. Acting Deputy Chairperson, can the minister tell us how much money was paid to develop a policy out of this province? That was the reporter who got the contract to tell us what was wrong with our health care system. I do not have the exact name, but I am just curious to know how much money we have spent in total in all of these reports.

Mr. Orchard: We never pay anyone to tell us what is wrong with the system, we pay them to tell us what is right. I jest, my honourable friend. Are you referring to the teaching hospital cost overview?

Mr. Cheema: Mr. Acting Deputy Chairperson, it was one of the reporters who first used to work here, and then she was working for one of the papers in Toronto. It was a significant amount of money. The issue was raised in the House, and at that time we wanted to know how much it was costing the province.

Mr. Orchard: I think I got the one you mean. We had retained the services of this writer who worked with the Canadian Institute for Advanced Research. Is that the same person? Yes.

I will have to bring you exact details, but it seems to me that it was under $10,000 that we retained her writing services for. We will have to get the name for you as well too, because I have forgotten the name of the individual.

Mr. Cheema: Is any of that study right now going on for which the Department of Health had paid or is supposed to pay? Is there any other study at this time?

Mr. Orchard: The teaching hospital cost overview—we still have probably some cash flow through the Health Advisory Network on that one. We have one other contract outstanding that will be less than $10,000 in terms of putting a framework around the discussion paper on the reform of the acute care side of the health care system.

Mr. Cheema: Can the minister please give us copies of those reports if they are ready, at least for both of us as critics so that we can also gather some information on behalf of the taxpayer and see if we can learn something from those reports?

Mr. Orchard: I can answer positively for both of those. It is a matter of when they are available. I am hoping that the latter one is available this month and for certain not too long into May, if it is not this month, on the reform of the acute care side of the health care system.

The teaching hospital cost overview, as I indicated to my honourable friend on a previous occasion, the interim report has been at both St. B. and HSC, and we are receiving feedback. That is why I had to say that we may have to retain the consultant for some finalization work. As soon as that report is ready and I receive it from the Health Advisory Network, the intention is to make it available.

* (2110)

Mr. Cheema: Mr. Acting Deputy Chairperson, I am just going to ask a very sensitive question. I want to be very careful, because I think everybody needs comforts in life and you want to have the best things in life, but I just want to know, when the Department of Health travels, are they travelling in first class or the economy class?

Mr. Orchard: If you are asking how I travel, I travel on the business class.

Mr. Cheema: Mr. Acting Deputy Chairperson, how are the other members of the staff, the senior members of the staff, if they have to travel, are they travelling within the country on economy class or business class?

Mr. Orchard: My deputy travels on business class as well.

Mr. Cheema: I think that given the difficult circumstances we are in, and I have said that the ministers in this province are not paid very well, and each and everybody's comfort and their lifestyle is very important, but I am a little bit disappointed because I think when we are talking about so much of taxpayers' money, we can save some of the money on trips by travelling in economy, as long as we are travelling within the country. If you are travelling outside the country, if it is a long distance, I understand the matter of convenience, but I think it does not really send a good message to the public, because it seems that we are taking advantage of the situation.

Mr. Cheema: It may very well be everybody else is doing it in this country, but I think it will be worthwhile for us to consider—I do not know whether other deputy ministers and other department heads do that, and it is no reflection on the deputy minister, I am very fond of his capabilities and I admire his work in the department, but it is a matter of basic principle. I am just raising a concern that maybe it needs to be reviewed.

I would even, if there is the opportunity, maybe we should ask the Premier (Mr. Filmon). If the Premier can travel in economy class, why not the ministers and deputy ministers? If you are travelling within the country, I think that is the way it should be.

Mr. Orchard: Well, I accept my honourable friend's advice, but normally–although this probably does not cut a whole lot of ice–when one is travelling, you are often on a very tight time schedule, you are not taking extra time. I have a habit of flying back the same day if I can, and that involves an early morning flight out and a late evening flight in. In fact, if the flight itself is not an opportunity to do some work, it is an opportunity to sleep.

I know that is a sensitive area. As a matter of fact, I received an unsigned note the last time I flew. I know that the individual who sent the unsigned note to me made a similar case to what you are making today and I know phoned at least one of the political parties because the individual informed me so.

(Mr. Gerry McAlpine, Acting Deputy Chairperson, in the Chair)

I guess you could always make the case that we should not even travel at all if we wanted really to ultimately save the money, and I guess I kind of regret from time to time that the debate gets personalized like that. At no time did I ever criticize the travelling habits of cabinet ministers. I mean, I suppose in an ideal world, we might even take the bus, but the reality is that, you know, I put in 70-plus hours a week in trying to understand and trying to expedite issues in this portfolio. I travel maybe a maximum of four times a year.

I guess maybe I will have to sustain the wrath of those who might say I do not deserve that, but you know, I do not think I abuse travel and I often try to combine the efforts of a plane trip with either expedition of work or catching up on some sleep.

If that offends some individuals, then I guess maybe my simple advice would be to those individuals, they should get involved in elected life and seek to become a cabinet minister and enjoy all of the wonderful benefits and exorbitant and extravagant pay, the lack of pressure, the genuine love and affection expressed to them by all Manitobans for doing exactly the right thing 100 percent of the time, and then maybe some of those individuals who from time to time–it has only happened to me once–have sent me an unsigned note, might reconsider the narrowness of their approach. I guess I am trying to be as genteel as I can, but I am not too much apologizing for myself flying in business class and I am not apologizing for my deputy doing the same thing because I put in 70 hours, and I swear he puts in 90.

If we are down to the judgment of our abilities as ministers and deputy ministers as to whether we fly economy or business class, I guess we are down to a pretty narrowed understanding of government today.

Mr. Cheema: Mr. Acting Deputy Chairperson, I just want to assure the minister and the deputy minister, I think it is worth discussing because if somebody will read those comments, they will appreciate what I said from the beginning. If I had my choice, I will probably be more generous than the minister is or the deputy minister, because as I said from the beginning, for 80 hours a week it is not more than $3 to $4 extra the minister makes than all of us in this House and that is very tough.

We live in public perception and the reality of life. The minister said he will not apologize, and I said the same thing to the person and individual who raised the issues. I said there is no need for those things, but I said, I will still, as in my responsibility to just make sure that the people would know that ministers and deputy ministers are not having a fun flight to Hawaii or someplace else just to discuss a meeting.

They are doing their jobs, and I have no difficulty with that. I want the minister to be 100 percent sure and positive that if I had my way, then he should probably be getting more than the Deputy Minister of Health. That is a pity because this is the only country in the whole world where the deputy ministers are paid more than the ministers. So I would–

Mr. Orchard: You know, the hell of it is he will not even share it with me.

Mr. Cheema: Mr. Acting Deputy Chairperson, I hope that I made myself very clear and not offended anyone in a real way because that is not my personal intention. That is why I was very clear. I was very sensitive. I did not want to cause undue pressure or undue discomfort to anyone. I hope that you do whatever you think is morally and otherwise good for you. I have no difficulty with that.

My question is with the minister in regard to the Standing Committee on Medical Manpower. Can the minister tell us, who are the chairs of those

committees? Are they the same individuals as they were last year? What is the budget of that committee and have they been spending the money allocated to them on a yearly basis or has there been a substantial savings?

Mr. Orchard: The Standing Committee on Medical Manpower is still co-chaired by Doctors Dow and Postl. Now in terms of the budget we will gather as much information on actual expenditure for the past year. Do we have that close by?

If it is all right with the member for The Maples (Mr. Cheema) could we provide you with that information tomorrow in terms of the actual budget this year, and what their actual expenditures were last year to give you an idea of any lapse of funding?

I know that they have undertaken a number of new initiatives over the last two years with the increased funding that we made available to the Standing Committee on Medical Manpower, not the least of which is the Pro Show at the Faculty of Medicine which was held again this year and I think quite successfully, the Dauphin family residency program and then an enhanced ability to provide support to students in two of their graduate years.

* (2120)

I think my memory is correct here, but I believe we are providing twice as many scholarships at twice the dollar value per scholarship today then what we were when I first came into office. I think that has gone some way to helping successful recruitment and retention of our new graduates in rural and northern Manitoba.

Mr. Cheema: Mr. Acting Deputy Chairperson, I want to go into a lot of detail on the Standing Committee on Medical Manpower at a later time, but I just wanted to ask the minister, has the minister consulted the committee on one of the recommendations which was made at the Banff meeting of deputy ministers? One of the major recommendations that the minister said that was widely publicized was the cut in the medical school numbers and how that coincided with the policy or with the efforts of the Standing Committee on Medical Manpower. Has there been any formal communication from the minister's office?

Mr. Orchard: No, I would have to say that we have not had a direct discussion with the Standing Committee on Medical Manpower as a committee or with the co-chairs, but we have had some discussions with Dr. Postl, not as necessarily directly tied or linked to his co-chairing of the SCOMM, but rather his position at the Faculty of Medicine.

That is only part of a much larger discussion that we have undertaken with the dean and the Faculty of Medicine per se, but let me tell my honourable friend--I am having a little trouble because I raided the candy bag there, so I am glad that by the time they translate this through the word machines, your garbled words come out reasonably cogent--how it fits with a reduction in faculty size.

I think the two can work very effectively together, and that of course is the nature of our discussions with the Faculty of Medicine, because for some time, and I will share with you the directness I have shared from time to time with the dean of Medicine and indeed, I guess, at a meeting at Portage la Prairie about two and a half years ago around the issue of physician training in Manitoba and a Manitoba-made solution, if you will, of recruitment retention into rural and northern Manitoba.

Currently I think it is fair to say that a significant portion of our physician recruitment to urban centre physician supply has been fulfilled by graduates of foreign medical schools. We need to create that solution internally, and there are a number of initiatives that we have undertaken already and more to come with the Faculty of Medicine to assure that our recruitment retention problems will be solved to a greater and greater degree, as years go by, by Manitoba graduates of medicine. I have made the case with the Faculty of Medicine that this is an issue that is long past the time of resolution, because there is going to come a time when Manitobans--because appreciate that nationally there are other provincial jurisdictions that want to close the Canadian borders to graduates of foreign medical schools, and we rely on them to a significant degree to provide our services in northern and rural Manitoba.

The argument from some of the other provinces, like Ontario, like British Columbia, is that these physicians, once they put in their two-year stint in Manitoba, end up moving to Toronto or to Vancouver and causing an exacerbation of their already oversupply of physician problem.

There is pressure on one end to restrict graduates of foreign medical schools. We have resisted that, because we do not have our act together provincially to assure that we have the ability to fill

medical personnel needs outside of Brandon and Winnipeg. The two will come together in a solution, because I have made the case with the dean of Medicine that the taxpayers of Manitoba are going to start asking for greater solutions than what they are receiving for the tax dollars they are putting in to support the Faculty of Medicine. I do not think that is unreasonable.

I think that is a very open and very direct indication of, I think, what I perceive to be the public will of Manitoba to create our own solutions in turn. We have lots of bright young men and women from outside the city of Winnipeg, who would make excellent physicians in their home communities should they have the opportunity to gain access to the Faculty of Medicine, and hopefully we can achieve that. We are already enjoying some success as a result of SCOMM, and I think more success is in order.

Mr. Cheema: Mr. Acting Deputy Chairperson, this issue of the manpower supply in training and postgraduate training is a very extensive one. I would pursue it probably tomorrow or some other day. I think there are a number of issues on the whole in terms of the whole issue of the national standards and national training and postgraduate spots and how the scene is going to be made, which school is going to have less numbers, which province has more medical schools, which province has more medical students per capita population.

I think all those things have to be considered, and certainly I would like to go into detail on those issues. I think it is very Important for us in Manitoba to make sure that we are not being taken advantage of by other provinces in terms of some provinces having per capita more medical school graduates than in Manitoba. Rather than having a 10 percent cut across the nation that may not be right for us, I will leave it there and let the member for St. Johns (Ms. Wasylycia-Leis) ask further questions.

Ms. Wasylycia-Leis: A few more questions on this area, and maybe we can even pass a line tonight, although I am not so sure. Over the dinner hour my fortune in the Chinese cookie said, depart not from the path which fate has you assigned. So I am not so sure it would be wise to move on, but perhaps we might since some of these questions could be asked at any point, anywhere in the Estimates.

Just on a couple of points as follow-up to the member for The Maples (Mr. Cheema). The questions of the advisory network and SCOMM reporting are now under the Manitoba Health Board, I think, in my mind denotes a significant departure from previous arrangements and a further problem in terms of the integration of these important areas into the department.

* (2130)

I am not sure why the minister has those two important areas in his department in effect now reporting to what I would assume to be a politically appointed board.

Mr. Orchard: Mr. Acting Deputy Chairperson, the Manitoba Health Services Commission board assumed to be the Manitoba Health Board with passage of the amendments that I introduced on Friday, under the change, yes, it is appointed by Lieutenant-Governor-in-Council as it always has been.

The difference being in this reorganization is that now the Manitoba Health Board will have a role and responsibility beyond the function it enjoyed as the commission board. In other words, now the Manitoba Health Board will have the opportunity to review and give comment on all of the areas of the department, not narrowed to the commission responsibilities that are outlined in Resolution 71.

The Health Advisory Network, in terms of its role, was a consultative body on a number of areas of the ministry of Health. Some of them--Continuing Care, for instance, was investigated under Services to Seniors. Other areas were much more directly investigated as they were a part of the hospital system. Extended Treatment Bed Review, of course, was in the commission.

With the expanded role of the board--and not narrowed to, basically, if I can be so direct as saying, the insured service aspect of care delivery, Medical, Hospital, and then the noninsured but under the Canada Health Act, PCH and Ambulance, et cetera, Pharmacare--that with the expanding role of the Manitoba Health Board, it was deemed to be an appropriate mechanism to have the Health Advisory Network which is dealing with issues not narrowed to the insured service aspect, i.e., hospitals, but across program lines and departmental responsibility that the reporting of the Health Advisory Network to the former commission board now under the Manitoba Health Board would be an appropriate change in reporting structure reflecting

that the issues now are ministry of Health issues not Department of Health, MHSC issues.

Ms. Wasylycia-Leis: With respect to SCOMM, I understand that to be the responsibility of both the Minister of Health and the Minister of Education (Mrs. Vodrey). How does this reporting line and the structural change accommodate both or provide for that dual responsibility?

Mr. Orchard: Are you saying, how does the reporting structure of SCOMM work?

Ms. Wasylycia-Leis: You have two ministers, two departments.

Mr. Orchard: I do not understand the question. I have essentially joined my two departments, the Department of Health and the Manitoba Health Services Commission under the aegis of Manitoba Health in general. The Standing Committee on Medical Manpower still works for the ministry.

Ms. Wasylycia-Leis: I guess I was not very clear. I am raising a concern with respect to the reporting lines in the department with SCOMM reporting to a government-appointed body and advisory board, the Manitoba Health Board, which is quite a change from the past. How does it in fact accommodate the fact that there are two ministries involved in terms of that policy area?

Mr. Orchard: Does my honourable friend mean the relationship with the ministry of Education? I do not think it has any greater degree of difficulty or no difficulty compared to what it has had over the last 11 or 12 years that it has had that dual reporting role. I do not think that. Certainly not under this government or under the Lyon government. I do not believe, although I cannot speak for the Pawley administration, I think the primary responsibility in the reporting line was to the ministry of Health. The Minister of Health upon occasion may well liaise with his or her colleague, the Minister of Education (Mrs. Vodrey).

The reporting relationship and the closeness of the working relationship with the Minister of Health certainly predominates over a relationship with the ministry of Education. I simply say to my honourable friend that we have really revitalized the Standing Committee on Medical Manpower, because I have met with them on quite a regular basis, not with the entire standing committee but with the co-chairs. That was a closeness of operation that had not been the pattern of relationship prior to 1988.

Ms. Wasylycia-Leis: One other question on that end of this organizational chart, what does this box that says "Committees" mean? What committees are we talking about?

Mr. Orchard: Which page is that on?

Ms. Wasylycia-Leis: Introduction, Schedule 2. It is four, I am sorry.

Mr. Orchard: We will not waste time tonight. We will provide that later, Mr. Acting Deputy Chairperson.

Ms. Wasylycia-Leis: A couple of follow-up questions as well to the member for The Maples (Mr. Cheema) on studies and reviews. I am getting quite confused about the number of studies. I have expressed this before. I am wondering if it would be too much to ask the minister for a complete list of every study and review and task force underway in the Department of Health, with some sort of progress report on each one.

Mr. Orchard: Yes, it would be.

Ms. Wasylycia-Leis: The minister has indicated it would be too much to ask for that. Let me ask more clearly, will the minister agree to table for this committee a complete list of every study that is currently underway in the Department of Health?

Mr. Orchard: Mr. Acting Deputy Chairperson, I note with a great deal of glee how quickly you ask me to respond in these very sensitive matters of government, and I will simply indicate to my honourable friend that I will certainly make best effort to have that kind of information available to my honourable friend for discussion tomorrow.

Ms. Wasylycia-Leis: Thank you, this is amazing. I am quite anxious to see what this list looks like.

While we are on the question of studies, and further to the member for The Maples' (Mr. Cheema) request for the costs of the study on anesthesia, could I ask for a further breakdown with respect to that request? Could the minister provide us with the cost pertaining to the first study that was done on anesthesia going back two years ago, I think? Could he provide us with the cost of the study that was done by the out-of-province individuals? I believe they are John Atkinson from Ottawa, and I think an Arthur Scott from B.C., and then could be give us the costs associated with the company, Michael Lloyd and Associates, that was hired to rewrite or fine tune or do the final production of that study on anesthesia?

Mr. Orchard: Mr. Acting Deputy Chairperson, we will attempt to put together those numbers for my honourable friend and provide them to her.

Ms. Wasylycla-Lels: Thank you. On the organizational chart, reporting to the deputy minister there is a change from last year's organizational chart, the addition of an advisory committee for the Continuing Care Program. Maybe I have missed this and maybe he has mentioned this in the past, but I have forgotten. Could the minister indicate when this committee was struck, who was on it, and what purpose it will serve?

Mr. Orchard: I am pretty sure we discussed this last year, because this was the committee that really had its genesis in the Price Waterhouse report.

Ms. Wasylycla-Lels: It may not have been on the chart or I may have missed it.

Mr. Orchard: It may not have been on the chart last year, but I am pretty sure we discussed the committee as one of the outflows of the Price Waterhouse report, either last year or the year before.

* (2140)

Ms. Wasylycla-Lels: One last set of questions on the overall restructuring of the department. The minister will be aware that I have raised this with him before in the House, and that is the question of a phased approach in additional restructuring to this department over the next period of time, and I referenced a document that I believe was widely circulated among our community clinics pertaining to Phase I and Phase II of Hospitals and Community Health Services Division with that part of the department going through some changes over a period of time and ending up with Phase II indicating that the department would be back to an executive director for urban hospitals and Winnipeg Community Health Services and another executive director for rural hospitals and rural Community Health Services.

I am wondering if the minister could explain what this all means and if this is the case.

Mr. Orchard: Is this the area that my honourable friend got into the House one day?–ah, yes, okay. I just wanted to check. We have one executive director in service now and, with evolution of the departmental reorganization, we certainly are retaining the flexibility to consider a second one and a reinstatement of the urban-rural if that were deemed to be appropriate, but as it stands now, we have retained one executive director position.

Ms. Wasylycla-Lels: Thank you, I raise it again and look for a more detailed explanation, because in the past, in last year's Estimates the minister indicated the fact that John Robson, who had served the government for some 28 years, had been laid off, fired, whatever word you want to use, from the department because in fact there had been an amalgamation of urban and rural facilities. I checked the record, and I am not mistaken in that very clear answer to my questioning last year, so I am very concerned to receive an organizational chart that once again, after a period of time has passed, proposes to separate out the two positions.

I am wondering, since the minister is now saying that they have not ruled out the creation of those two separate positions sometime in the future, has the minister experienced difficulties in terms of amalgamating rural and urban facilities and Community Health Services into one branch? Is that the reason for the change, or was it a temporary restructuring? I hope the minister does not take offence at this, but I have to ask it. Was it a temporary restructuring to get rid of an individual?

Mr. Orchard: Mr. Acting Deputy Chairperson, no, I cannot feed my honourable friend's worries in terms of allowing her to conclude the conclusion that she just concluded.

We have one executive director. There has been discussion with affected individuals and some reorganization charts for discussion which have re-established a split responsibility for discussion purposes, but we are remaining with one executive director. Again, I simply say to my honourable friend, this flies completely in the face of her often stated secret agenda that we are on and all of these behind-closed-doors without-consultation decisions.

Here is an example where we circulated a potential reorganization chart with that position split urban and rural for discussion and feedback, and when my honourable friend receives a copy of a for-discussion-purposes reorganization chart, my honourable friend jumps to the conclusion, oh, there is something Machiavellian going on here. Government has this hidden agenda.

The reason she has this organization chart for discussion purposes is that we are circulating it out to people to get feedback and opinion. If we had

this secret, behind-closed-doors agenda, we would have never sent out a suggested reorganization chart with those changes and invited comment back from the individuals to whom it was circulated.

This is an example of the extreme openness of this ministry, in inviting discussion as widely as we can, the danger being that the moment we put anything out for discussion purposes, my honourable friend will latch onto it and say, Aha, this is the hidden agenda of government. Well, if it was hidden, she would not know a doggoned thing about it, but because we are so open she has all of these documents in her possession from time to time and inappropriately concludes that this is a hidden agenda of government when it is the most open consultation process the ministry has ever undertaken.

Ms. Wasylycia-Leis: It is the minister's words that anyone thinks this is a hidden process. However, if the minister had wanted to be quite directly open about it, he would have included these charts in discussions at some point with the Legislative Assembly, and we would not have to find out such developments indirectly and through sources in the community.

Naturally, Mr. Acting Deputy Chairperson, I am going to be very suspicious of restructuring in these matters and developments along these lines when this minister and this government fires someone of John Robson's experience and abilities and long service to the province and people of Manitoba. I said last year that was a disservice to the individual and to the health community and to the province. I will say it again this year, and I am no more reassured in this set of Estimates that that dismissal and that firing was not done for anything more than political reasons.

I will leave it at that and indicate to the Chair that we would certainly be happy at this point to move to the next line before—unless the member for The Maples has any more questions on Executive Support.

Mr. Orchard: I cannot allow this to pass without comment [interjection] No, I am not. I mean, there has been an allegation made here that there was some Machiavellian agenda to fire a career civil servant, but that is not the case. Mr. Acting Deputy Chairperson, the reason I want to make comment on the record at this juncture is now my honourable friend is suggesting that everything that we have for discussion to health professionals, to care deliverers, to institutions ought to be shared with herself so she knows what is going on.

Well, I tell you, I am really intrigued with this new-found openness of the New Democrats, because I was Health critic for about three years, and you want to talk about a closed shop in terms of what was going on in the health care community. There was no opportunity for discussion, but my honourable friend, seeing the wisdom of Progressive Conservative administration and the openness with which we proceed with discussion, is now saying, I am even going to make it more open if ever I am a New Democratic Party in government, and I really look forward to the—no, I do not, pardon me.

* (2150)

Hold everything now, I must be suffering from that earlier debate. I look forward at some time when I am retired at 65 and there is a New Democratic Party government in this province, enjoying critics who accused them of being the most secretive, closed-door bunch of individuals in government that the province has ever seen and breaking every kind of commitment made by the member for St. Johns in her days as critic, saying that the process which is far more open than it has ever been would be even more open should the NDP ever be in government—wistful thinking.

Ms. Wasylycia-Leis: Let me try to end this line on a more pleasant note and just indicate to the minister that if, as he has promised, he delivers tomorrow a complete list of every study that this government and this department has undertaken in the area of Health with some indication of what is the stage of progress with respect to that particular study, then I want the record to show now that I will have positive things to say about the minister.

The Acting Deputy Chairperson (Mr. McAlpine): 1.(b) Executive Support: (1) Salaries $497,600—pass; 1.(b)(2) Other Expenditures $175,900—pass; 1.(c) Evaluation and Audit Secretariat: (1) Salaries $804,100—pass.

Mr. Cheema: Mr. Acting Deputy Chairperson, we probably can go book by book if we have to. That is your whole department, but I think the ministers would like to put a lot of things on the record. I think we will just start with the line: Manitoba Health, Evaluation and Audit Secretariat. I think there are only five minutes left now before 10, so can the

minister tell us if there is any vacant position in the senior management level in the department?

I did ask the question already. How many positions are vacant in the Evaluation and Audit Secretariat?

Mr. Orchard: We were giving sort of serious consideration of having a change at the senior management of this committee, because you would not allow me to answer this question. I was just dying to answer this question, but no reflection on the Chair, sir.

We have two vacancies here. One of them is the senior economist, and we have a vacant analyst position.

Mr. Cheema: How long have those positions been vacant?

Mr. Orchard: The senior economist position has been vacant at something between six months and a year. I do not think it is over the year yet. The individual left us for the Ontario Medical Association, and we regretted his loss and so does the deputy minister of Health in Ontario.

Mr. Cheema: Mr. Acting Deputy Chairperson, I do not reflect on the other provincial ministers, I probably may not get a job, I may not get my licence any more anywhere, so I would be very careful. I will just be in "friendly" Manitoba. I think that is a lesson I have learned now.

Mr. Orchard: As long as I am Minister of Health, you can practise medicine. We are buddies.

Mr. Cheema: Mr. Acting Deputy Chairperson, I have been accused even by the member for St. Boniface (Mr. Gaudry) and of course by the member for St. Johns (Ms. Wasylycia-Leis), but I think what has been happening here for the last few days, we are seeing a lot of positive things. The member for St. Johns is trying to be on a positive trail now and that is very good, and, that is, for the last five and a half minutes she was positive, so that is very good. [laughter] I think it is getting very late and I would leave it there. I am quite delirious at this time.

As I told you, I have been up since 5:30 this morning and I think I will not be doing any justice to any taxpayer if I continue beyond ten o'clock, so if it is the wish of the committee, maybe we can call it ten o'clock.

The Acting Deputy Chairperson (Mr. McAlpine): Is it the will of the committee to call it ten o'clock?

Mr. Orchard: Mr. Acting Deputy Chairperson, I want my honourable friend the member for The Maples to get a good night's sleep tonight, so I move committee rise.

The Acting Deputy Chairperson (Mr. McAlpine): Is it the will of the committee to call it ten o'clock?

Some Honourable Members: Agreed.

The Acting Deputy Chairperson (Mr. McAlpine): Agreed. Ten o'clock, committee rise.

FAMILY SERVICES

Madam Chairperson (Louise Dacquay): Order, please. Will the Committee of Supply please come to order.

This section of the Committee of Supply is dealing with the Department of Family Services. We are on page 61, item 5.(b), Community Living and Vocational Rehabilitation Programs.

Will the minister's staff please enter the Chamber.

Item 5.(b) Community Living and Vocational Rehabilitation Programs, (1) Adult Services.

Ms. Becky Barrett (Wellington): I have some final questions on the Adult Services category. The minister spoke this afternoon about some service agreements or service contracts that his department was working on with some of the external agencies that were providing services to families and children in this area.

I know that when we discussed Estimates last year, we had talked about service and funding contracts with Child and Family Services agencies and in other contexts. I am wondering if the minister is working with these other agencies in this area to talk about funding contracts or service agreements or that kind of thing that I believe the agency relations group was working on last year. Is that work ongoing with groups in this division?

Hon. Harold Gilleshammer (Minister of Family Services): Yes.

Ms. Barrett: Are the funding contracts that are being worked out, are they being worked out on an individual, agency-by-agency basis, or is there a general kind of contract that is being worked out that could then be tailored to each individual agency?

Mr. Gilleshammer: Yes, there is a boilerplate that is used and then it is adapted to each agency.

Ms. Barrett: Has the boilerplate contract been devised and is now being worked through with the

agencies, or is the boilerplate contract itself still being worked on?

Mr. Gilleshammer: Yes, we have a draft copy of that boilerplate that we are discussing with the agencies.

Ms. Barrett: Are these discussions going on between the department and each individual agency as to the general elements of the contract and/or the specific elements that would relate to each individual agency?

Mr. Gilleshammer: Yes, there are discussions on the draft copy of the boilerplate, and then there are schedules that refer specifically to those agencies that are also under discussion.

Ms. Barrett: So that both sides are being discussed concurrently rather than linearly?

Mr. Gilleshammer: Yes.

Ms. Barrett: Do those contract negotiations include financial elements like specific dollar amounts for per diems or grants or things like that, or is it more general than that?

Mr. Gilleshammer: Yes, I think it is fair to say the funding agreement does deal with specific dollar figures.

Ms. Barrett: Then the figures that we have received today, in the external grants listing, those reflect what the government anticipates will be the outcome of these contract negotiations, or are these figures based on last year's plus a certain percentage which can be opened to negotiation with the individual agencies as they talk with the government?

Mr. Gilleshammer: The service and funding agreement was to delineate the services that were being purchased within the funding amount.

Ms. Barrett: As part of these negotiations, is our part of the negotiations the balance between, for example, grants and per diems as we talked about earlier today?—so that an organization can say, well, I have got $125,000 in my Estimate line from the provincial government this year, but I would like to see my operating grant increase, and my per diem decrease or vice versa. Is that the kind of negotiation that is—is it at that level?

Mr. Gilleshammer: As indicated on those grant lists at the bottom, in most cases, it indicates that the per diem funding is not included in that, but it is an attempt, I suppose, on the part of government and the organization, to have a better understanding of the funding that goes towards the operation of that organization.

It is not a negotiation about whether the grant is too much or too little. It tries to identify the reason and delineate the services and identify what that amount of money is intended for.

* (2010)

Ms. Barrett: Are any of these contracts close to being signed? Are they all still in the negotiating process, or are some of them at the beginning of the process and others further down the line?

Mr. Gilleshammer: That is correct.

Ms. Barrett: Can the minister tell me which part of my question was correct?

Mr. Gilleshammer: There are contracts that are close to being finalized, others that are part way towards completion and others yet are in the early stages of it.

Ms. Barrett: To make sure I understand what the process is, the contracts themselves will not have any effect on the dollar amounts that are in the external grants so that agencies can plan for their fiscal year based on these dollar amounts. The service and funding agreements say, if you are given a $100,000, this is what we are giving you a $100,000 to do, for how many people under this number of and kinds of programs. Have I got it generally accurately?

Mr. Gilleshammer: Yes.

Ms. Barrett: Is it possible for the minister to share with us a copy of the boilerplate contract?

Mr. Gilleshammer: Yes, we can do that.

Ms. Barrett: I do not have any further questions on the Adult Services, so if I could go on to the Children's.

Madam Chairperson: 5.(b)(1) Adult Services $41,198,800—pass; 5.(b)(2) Children's Special Services.

Ms. Barrett: I have a few questions in the Estimates. Actually there are a fair number of questions that deal with numerical kinds of items, specific, statistical and service provision things. They may not all be available immediately, but I would like to ask the questions so I can get the answers at some point.

Can the minister say how many children under 18 years of age, who are in the general category of

having a mental handicap or a mental disability, are in foster homes?

Mr. Gilleshammer: That is one of those pieces of information the member referred to that we will have to get her the answer for.

Ms. Barrett: The number of children whose caregivers receive respite care funds–I would like to have it split out between numbers in institutions and in foster care and in homes, but generally, how many clients of this division have their primary caregivers receive respite care?

Mr. Gilleshammer: I can give the member some information on the caseload in Children's Special Services. This is in all regions of the province. There are 1,175, and all of those receive respite services under Family Support.

Ms. Barrett: So there is a difference between the respite program under Children's Special Services and the Adult Services? Is that accurate, seeing as how we talked earlier today about the respite services to the 625 primary caregivers to adult clients, which is not even half of those who are actually serviced by this the adult special needs, but you are now saying that in children's special needs, all of those 1,175 children, their families or their primary caregivers receive respite. Is that accurate?

Mr. Gilleshammer: That is correct.

Ms. Barrett: Can the minister explain the difference in the respite program between the adult special services and the Children's Special Services?

Mr. Gilleshammer: Generally, there is more money spent on the respite for the clients who access it through the Children's Special Services. I indicated there are 1,175 getting the basic family support. There is another group of 175 clients who get additional care and support, and another 14 who are deemed to be medically complex. The first and largest group receives family support including respite as well as child development transportation, supplies and equipment–services up to $3,000 annually.

The second group that requires additional care and support, including respite, child development, transportation in the rural area, supplies and equipment are able to access services up to $2,499. For those who are deemed to be medically complex, where a ventilator life support may be required, registered nursing respite necessary to maintain the child, and where the family is eligible for community programs, services may go up to in excess of $25,000 annually.

I suppose without getting into the individual circumstances of these children, children tend to be more dependent than the adults we spoke of this afternoon. There are more of them receiving this support through Children's Special Services and, in some cases, much more costly.

Ms. Barrett: I agree that children in many cases can be more dependent, but it appears that there is almost a philosophical difference between the concept of respite in the adult special needs community versus the children's special needs, where all primary caregivers of the children in this category, if I am understanding the minister correctly, receive respite of one of those three categories, where in the adult there is a finite amount of money and only a percentage of the primary caregivers who are technically eligible to access that respite money actually do take advantage of it. Is there a difference there?

* (2020)

Mr. Gilleshammer: I think maybe another way of looking at it rather than philosophically is that it is demand driven. This afternoon we were talking about the Adult Services–and I forget the numbers–but there were close to 600 who were accessing it because it was needed. With some of the other adults and families, there was not a requirement for respite. Here, with these children, the demand is greater, and there are larger numbers of children whose caregivers are taking advantage of or accessing the respite and other services. Again, these children are much more dependent than the adults we spoke of this afternoon.

Ms. Barrett: So it is a question of percentage of uptake rather than a difference in thinking or a difference in the actual delivery of the service that makes the uptake much closer to 90 percent in the Children's Special Services where it was less than a quarter in the adult, or about a quarter in the adult.

I will ask the same question for my clarification. This afternoon the minister said that they had always been able to find money for the respite demands or requests from the adult special needs clients, but it was not the same thing as the social assistance program which was a statutory requirement and if more people were eligible the money would have to be found. This would be more

of a voluntary, trying to find additional funding. Is the children's special needs respite program the same in that context, and just the difference that there is a much higher percentage of those caregivers that are asking for this respite?

Mr. Gilleshammer: Perhaps to assist the member in understanding to a greater degree why only 600 out of 3,100 were accessing respite, there are various placements in which these clients find themselves where respite is not required. For instance, there are 585 who are living in community residences. There are 282 who are in supervised apartment living. There are 356 who are in independent living arrangements. There are 104 who are in personal care homes, and there are 89 who are in hospitals.

The respite care tends to be requested by those who are living in their parental home, where there are some 859 clients, or with extended family, where there are 248 clients. Again, there are some circumstances in which these clients find themselves where there is not a need for respite care. Perhaps that sort of moves the numbers around more to where the member can understand that a little better.

Ms. Barrett: Yes, so my understanding is that--not having all the numbers probably in the right order, but there are about 1,000 adults who are living either in their parental home or with extended families, and the rest of them are in other living arrangements. The majority of the requests for respite on the adult side comes from those parental or extended-family homes.

Okay, and that is the parallel to the children's side, where virtually all of those children live or a much higher percentage of those children live in their homes.

Mr. Gilleshammer: That is correct.

Ms. Barrett: Thank you. I think I have it now.

Could the minister tell us how many of those 1,175 children who receive respite are in the various categories that he has listed for the adult clients?

Mr. Gilleshammer: The children whom I referred to under Children's Special Services are all in parental homes. There are 1,175 calling on the family support fund, 171 who draw on the additional care and support, and 14 who are medically complex, giving us a total of 1,360. All of those getting some respite care.

Ms. Barrett: Could the minister, on going now to the Salaries line of Children's Special Services, explain the decrease from three to two professional and technical staff years and where would that decrease occurred geographically? What kind of a position was that that was lost?

Mr. Gilleshammer: Yes, the affected staff year was a vacant full-time position. The position title was Research and Evaluation Specialist and was classified at the HS4 level.

Ms. Barrett: Can the minister tell me how long that position had been or was vacant?

Mr. Gilleshammer: I am told it was vacant for about a month.

Ms. Barrett: Can the minister separate out under Financial Assistance and External Agencies as he did for the Adult Services between the amount of money that goes to Financial Assistance and the amount that goes to External Agencies? Can you separate that out, please?

Mr. Gilleshammer: I am told that $17.6 million is in Financial Assistance and a little over $3 million is grants to agencies.

Ms. Barrett: Would those agencies be agencies such as Society for Manitobans with Disabilities, Canadian Paraplegic Association, Manitoba League of the Physically Handicapped, those types of agencies that receive the $3 million in funding?

* (2030)

Mr. Gilleshammer: Two agencies are grant funded, the Community Respite Service Ltd. and the Society for Manitobans with Disabilities Inc. One agency is per-diem funded, and that is the St. Amant Centre Inc.

Ms. Barrett: Speaking of St. Amant Centre, can the minister give me now or at some future date, how many of the children at St. Amant are of aboriginal descent.

Mr. Gilleshammer: That is information we do not have with us, but we will make an effort to get that for the member.

Ms. Barrett: Thank you. As well, could the minister provide us with how many are status Indians with funding coming from the federal government, if that is available, in the same kind of category?

Mr. Gilleshammer: Again, we do not have that information with us. We will attempt to get some information for the member in due course.

Ms. Barrett: I would like to go back to the respite area, if I might. I have a general understanding, I believe, of the kinds of respite that are available to children. What is the process and procedure whereby children or the families of children are able to access those services and to whom do they make application and who makes the determination as to what kind of service respite and additional services are able to be provided and at what level?

Mr. Gilleshammer: There is some detail here that I will go through, if that is okay. A physical or developmental delay in a child is generally identified by a parent, and 90 percent of the children in Manitoba identified with a delay will be referred to the Child Development Clinic at the Children's Hospital in Winnipeg.

The Child Development Clinic will do an assessment of the child's needs and the family's needs. The assessment may include a developmental test, speech, occupational, behavioral or physiotherapy and may include genetic screening for the parents. Based on the individual child and family assessment and screening, a referral is made to the appropriate program.

Most of the referrals for children go to the Department of Health or the Department of Family Services–in the former case, to Continuing Care, in the latter, to Child Day Care. Children with developmental or physical delays are referred to Children's Special Services at the regional office where the family lives. A case manager is assigned by the regional office; the case manager meets with the family to develop a service plan. Service plans are reviewed annually at a minimum or when the family or child circumstances change.

Ms. Barrett: My understanding is that these services, at the basic level, not including the additional care and support in the medically complex, those services are up to $3,000 per child per annum. Is that correct? That amount could be made up of a range of service provisions depending on the assessment and the case management process that is undertaken by the case manager and the family. Is that accurate?

Mr. Gilleshammer: That is correct.

Ms. Barrett: The respite part of these programs, is that like a two weeks a year kind of a determination, or is respite more individually determined and might make up the vast bulk of that money that is spent, or is there a limit on what amount of time and resources can be allocated for respite to a family?

Mr. Gilleshammer: I am told there is some flexibility with that, but that the plan or program would have to be developed within that $3,000 which is granted for that purpose.

Ms. Barrett: Can the minister tell us what the rate is for respite care, how much it costs per hour?

Mr. Gilleshammer: There is a schedule of rates. We do not have it with us here, but we can get it. It averages about $8 an hour.

* (2040)

Ms. Barrett: What is the respite used for? Maybe I should be a little more specific. There is also a transportation program or delineation of transportation as a service that is provided under this as a support. I am thinking in particular of rural areas and rural families who have one or more children under the children's special needs and who have to travel to the city for doctor's appointments and therapy, et cetera, for their children. I have heard that in many cases they have to use respite hours for the time to get into the city to take their children to appointments or for themselves to go to appointments, and I am wondering if there is not, under that transportation service, a way that some of those respite hours could not be used for transportation of the children or the families but more for what I believe respite probably was intended to be, which is a time away from the necessity of 24-hour care for the child.

Mr. Gilleshammer: Again the child will be in one of three categories. The bulk of those children, as I indicated earlier, are in the Family Support area, and for rural families, part of that $3,000 is to cover transportation. If additional care is required, then there is an expansion of the amount of money that is given annually, from $3,000 up to almost $25,000. Again, if it is someone living in the rural area, part of that may be used up, those dollars, for transportation.

So there is no question that transportation has some impact on how the total sum of money allotted is used. That is one of the realities, I suppose, of living in rural Manitoba, that people having to access specialized services may have to transport the child to Winnipeg.

I have heard of families–I heard a story not too long ago where a family was living outside of Winnipeg but, because of the special needs of the

child, decided to relocate to Winnipeg. Well, it probably is not a common occurrence. If the child has the need to have additional care or is medically complex, that is a decision the family has to make.

Again, I would point out, if additional care is required, and there were 171 children in that area, or if the child is medically complex, and there were 14 of them under the program, there is considerably more funding. I do believe I understand what the member is saying, that if transportation becomes a major factor in eating up those dollars, it may mean less of something else. Again, I say that is a fact of life that we in rural Manitoba have grown accustomed to, that sometimes we have to access the city of Winnipeg for specialized services, whether it is children coming to university, or whether it is for medical reasons, or whether it is for reasons where these children have to come in for specialized therapy.

Ms. Barrett: Yes, I agree with the minister's comments about the difference in facts of life for families who live outside the major service area. That was the reason for my question about the use of respite hours and the use of transportation parts of the program.

Many families are finding that their respite hours are being eaten up by transporting their children into the city for appointments, where when children are living in the city, their parents can use more of their respite hours as respite rather than transportation. I just am wondering if there is any understanding or any recognition of those regional differences in the way respite dollars and hours are granted to families with very differing circumstances.

The case I am thinking of specifically is a family that lives southwest of Winnipeg about 45 minutes or an hour out southwest, and they are a farming family. For them the option of moving into the city is not a viable one, but it would seem to me only fair that their respite and transportation dollars be allocated with an understanding that the quality of that respite time is as important to them as it is to families who live in the city, and that that respite should not be eaten up by transportation requirements.

I am asking if there is some recognition of those regional differences, and if there is not, would the minister consider that so that families living outside the city can have the same quality of respite care that families living in the city have?

Mr. Gilleshammer: Madam Chairperson, there is also, as part of Children's Special Services, a mobile therapy service which is an attempt to bring the service to the people. I hear what the member is saying, that there would be a lack of fairness in application here if respite hours could not be achieved because of dollars being used for transportation, and that, I guess over and above the balance of the pros and cons of living in the rural area, is something we could look at.

Again, if that child is needing additional care because of the severity of the services required, or if the child is medically complex, there is more latitude to work within a bigger budget. I think probably the member is referring to the larger number of children in the first instance where there is some 1,175 children, and my understanding is that those children probably require less of the professional services which would occasion that trip to Winnipeg. It is something we can review and see if there is any pattern there whereby perhaps somebody is not getting respite because of transportation costs. We are prepared to review that.

Ms. Barrett: I appreciate the minister's taking that concern under review. If he would add a second element to that review, speaking on behalf of rural Manitobans, that particularly in this same case—it is a farm family—the child who is receiving Children's Special Services is getting older, heavier and bigger, and the family finds that the respite hours they are getting, which have been cut substantially over the last year, are not enough, particularly during seeding and harvest time.

We have talked about the special needs of families in rural Manitoba in those times when it comes to general child care programs, and I would suggest that there is again this special category of family who needs—and I hope the program can have flexibility enough to provide those additional respite hours. This family currently is paying babysitting or child care out of their own pocket so that both parents can work on seeding and harvesting, and are finding it exceedingly difficult, and more so as the child gets older, to find someone in the community who is able to do that. That is another area that I would appreciate if the minister could look at.

* (2050)

Can the minister tell me how many hours a family is entitled to of respite? Is there a limit, or is it part of the whole $3,000 and technically $3,000 worth of respite could be accessed every year?

Mr. Gilleshammer: Madam Chairperson, in answer to the first part of the question, I think any family can have their situation reviewed and get fair treatment from the program. That has to be balanced, of course, with services provided generally for families. There is always a danger of getting too involved in one specific case, and I am sure that for parents all of them feel that they have a special case. I am satisfied that the application is as fair as it can be, but if somebody wants to have their specific circumstances reviewed, the branch can certainly do that.

The answer to the second question is the family has to work within that $3,000 to access those funds, whether it is for respite or for equipment or supplies or transportation, and make some decisions along with staff on how those resources are going to be spent.

Ms. Barrett: Can the amount of dollars to any one part of the case program that is worked out with the family be unilaterally reduced by the case manager without consultation with the family?

Mr. Gilleshammer: It would be the practice of the department to be in consultation with the family to review changes in the circumstances and changes in the needs of that family. Decisions would be made following that type of consultation.

Ms. Barrett: Would the changes in circumstances ever be changes, not in the family, but changes in the financial line of the Estimates or the budget, where the need or the uptake was greater than the budget item and therefore the directive came down that every one or certain categories of service would be cut back because the ceiling had been hit, the budget had been reached, so circumstances are not necessarily driven by the individual case but could as well be driven from the other end of the process, the government budget line?

Mr. Gilleshammer: I am told that the family circumstances are reviewed annually and sometimes twice annually. There are times that if there is a surge of new cases that would seem to warrant assistance through this program, the staff may revisit some of those to try to provide as much service as possible to those who are in need, and it may result in some changes to enable us to serve those people.

Ms. Barrett: So respite or other service provisions could in effect be decreased as a result of the needs of the government as opposed to the circumstances of the individual family changing, and the $3,000 ceiling might in effect not be accurate in cases where there needed to be a revisiting of the individual circumstances based on a surge in the uptake of the program.

Mr. Gilleshammer: There are certain circumstances where the families perhaps are not using the entire amount, and there are circumstances where the department will revisit certain cases where it may be possible to do some re-allocation which would mean spending less than that $3,000 with that specific family in order to help some other families that have just come on to the program. The department and the staff do so in consultation with the family to try and provide as much service as possible within the budget amount that has been allotted.

Ms. Barrett: How many cases does one case manager have?

Mr. Gilleshammer: The member will appreciate that some of the cases vary in difficulty from other cases, but I am told approximately 75 to 80 per worker.

Ms. Barrett: These are all cases that are within the Children's Special Services category.

* (2100)

Mr. Gilleshammer: Just to further clarify the information, there are 11 Children's Special Services workers that work with those 1,360 cases. Then, in addition, there are community service workers who are responsible for Children's Special Services programming in some of the regions of the province. It also includes one employment development specialist working with Voc Rehab clients, and there is a part-time psychologist and 2.25 positions perform the dual role of community service worker and Voc Rehab worker. There is a position of a regional psychologist serving all programs with one of these functions being that of a behavioural specialist.

So it varies in that some of these individuals that I have referenced have other responsibilities over and above the 11 full-time workers who work for Children's Special Services.

Ms. Barrett: I would like to go back to when the minister was talking about the process whereby children get into this program. He said that children go to the Child Development Clinic for assessment. Is that in the Department of Health, the Child Development Clinic? Which department funds that clinic?

Mr. Gilleshammer: Yes, they are referred to the Child Development Clinic at the Children's Hospital, and we fund one staff there through our department, and other staff, I presume, are the responsibility of the Department of Health.

Ms. Barrett: Can the minister tell me how long the ceiling of $3,000 annually for the regular children's support services has been in place, how long that ceiling has been there?

Mr. Gilleshammer: We do not have that information available. We will have to do a little research on that and get an answer for the member.

Ms. Barrett: I appreciate that, but it has not been raised since 1988 to your knowledge, or has it been raised in the last four years?

Mr. Gilleshammer: We will check the exact answer for you.

Ms. Barrett: Could the minister give me an approximation of the cost per annum per child at St. Amant Centre?

Mr. Gilleshammer: The per diem cost is $155.06 and the annualized cost is $56,600.

Ms. Barrett: I guess a comment, I am sure the minister is figuring out generally where I am going, that the $3,000 per annum ceiling for children's special needs for families, to provide for all of the services that are provided under that support area--including respite, child development supplies, special equipment, transportation and counselling--that $3,000 ceiling, which I imagine has not been increased at least in several years, allows children to remain with their natural and extended families, in the community, with an increased quality of life--that we all agree--and at an enormous savings for the department.

Even if you factor in the salary and staffing costs of the 11 full-time workers and the other part-time workers who are providing services in this area, per child it still comes out to much less than the cost of institutional care. Even if you say that St. Amant provides institutional care for the most severely handicapped children and young adults, it is still, I believe, a fair comment to make that, without parents' willingness to have children and parents' ability to have their children in their families with them, the costs physically, emotionally and psychologically for the parents, their children and the society as a whole, would be much greater.

(Mr. Bob Rose, Acting Chairperson, in the Chair)

It just seems to me, in those contexts, that it is only the fair and equitable thing to do, to make sure that parents and families have the kind of support that they need to enable them to provide this care to their children in their home communities and in their families, and that we should seriously consider a fair and equitable funding formula for those services, and that $3,000, in many cases, is not appropriate, that families, many families, are finding that they are being cut back on their respite hours.

There are far too few services for children in the areas of counselling, in the areas of physio and occupational therapy, in the whole area of music and dance therapy, which has been found to be very functional in helping many children develop to their fullest capacities. All these things need to be looked at, and I would suggest that in the short run as well as in the long run it would be to the best interest, both financially and certainly from a quality of life perspective, for the minister to seriously consider increasing that ceiling and providing more flexibility in the kinds of services that are provided to parents and children, particularly those with needs for special equipment and who live outside the city of Winnipeg or other major service areas.

Mr. Gilleshammer: Mr. Acting Chairperson, there is a danger of trying to compare the children who are served by Children's Special Services and the children who are part of the St. Amant Centre. I might point out for the 14 children who are at home but are deemed to be medically complex, the cost there is some $48,500 per child. So it is difficult to compare the amount of money and the services provided for that larger group who are by and large in their homes with their parents and who do get some respite care to the medically complex who are served at home and then again to the ones who are in St. Amant. It is such a wide range and it is difficult to indicate or to work out the amount of funding that is appropriate.

* (2110)

I can tell you that this whole area of Children's Special Services was almost nonexistent four and

five years ago, and a fair amount of progress has been made in this area. As is the case in so many parts of this department—and you know that we are asked to spend more in this area and I can tell you, you can make a valid case for that. The member for Selkirk (Mr. Dewar) wants us to spend more money in his community in employment training. The Leader of the Liberal Party (Mrs. Carstairs) is asking us to spend more on social allowances, and it goes on and on and you can make valid cases.

We did in fact increase the spending by almost 9 percent, and, you know, how much more can we spend relative to the demands that other departments of government place on the public purse as well? There are a couple of alternatives and that is higher taxes or a higher deficit. So, I mean, we have made those decisions, and I appreciate that you can pick a single area of the department and say, this should be a priority and that we could spend less elsewhere or even less, as some members asked last year to spend less on natural resources and less on agriculture and less on highways, to spend more within this department. Those are the competing demands that are always there.

We provide services to something like 180,000 Manitobans, and every critic has suggested we spend more money in almost every area of the department. It is a question of how much we can allocate to the various parts of the department, but this area for sure is an area that you could make a strong case for, even though there has been a remarkable growth in the expenditures for Children's Special Services. Obviously the cost per child, either at St. Amant or with the medically complex, is very, very high. I am not sure what the answer is and where those resources should go.

To deinstitutionalize, for instance, is very expensive as well. I know when we looked at some of the data brought forward by the working group on community living, and when we look, as we did this afternoon at the three-bed residences and the five-bed residences, some of those costs are very high. Depending on the complexity of the children or the adults whom you want to deinstitutionalize, sometimes it is as expensive or more expensive because you do not have the offsetting reduction in costs, for instance, in a large plant like MDC.

If you take six people out of there, unless you have really made some staff reductions, and recognizing that you cannot reduce in some cases the size of the plant that Government Services funds, it is hard to offset that without additional savings within the institution.

Ms. Barrett: I will be speaking in the next section or two on the Manitoba Developmental Centre. Never have I stated that deinstitutionalization was inexpensive, and for sure, at the beginning of any of those processes, you have perhaps even more short-term expenses because of the various factors that the minister has outlined.

I am suggesting in the case of Children's Special Services that we have the potential for the reverse. The vast majority of these children in the province who are being serviced by this division are being serviced in their homes, and that is where we want them to be able to stay. The costs of having them not in their homes, if they went even into a three- or a five-bed residence which we talked about earlier, not even going to the extreme of St. Amant, would be substantially several times, seven times, eight, nine, 10 times higher than they would be in maintaining them in their homes.

That is what we want to do, but the effect of not looking realistically at the actual costs and the needs of families with special needs, like the rural transportation issue, potentially, very quickly down the road, can lead to families saying, we cannot afford to keep our children, much as we want to have them, much as we feel we can provide the quality of life, and they give so much to us as well.

If we as a government, and you as the government, and we as opposition, do not take a look at those needs as they come out and as they change over time, then we are running the risk in the not too distant future of an enormous burnout with all of the concomitant costs that that will have, and that is all I am saying.

Finally, I will say that on whole issue of the 8.9 or 8.7 percent increase that this department has over last year, 80 percent of that, as we have said before, is in additional social assistance payments. That is estimated over an entire fiscal year.

If there were job creation programs, if there were job creation upgrading education training, retraining programs, a priority placed on those kinds of expenditures of money by this department and other departments in the government, that additional $40 million would not all be necessary.

Some of that money could by the end of the fiscal year have actually had the impact of training people

to go out and get jobs, thereby putting money back into the system through taxes.

It is not an easy issue, and no one is making light of the fact that these are incredibly difficult circumstances we all find ourselves in. There are choices, there are alternatives. The government has made certain basic choices about where it is going to spend its money, and we are critically examining those choices, the impacts that they are having and the offshoots that they are having or not having on other areas of the department and of the government, not necessarily saying spend more; spend smarter.

I have no further questions in this area.

Mr. Gilleshammer: I want the member to know that I too recognize that there are choices and there are choices.

Mrs. Sharon Carstairs (Leader of the Second Opposition): Lest the minister stay on the record as having put words in my mouth, I did not ask for additional social service benefits today. I asked for no decrease per client. There is quite a significant difference between asking for more money and asking for the government not to provide less money than they are presently providing.

With respect to respite services, in terms of the philosophy of respite, as I understand it, and I started to get on this with adults and the minister indicated that it was primarily a child thing and I thought he wanted to wait until Child and Family Services, but obviously he is dealing with it here.

We have had a philosophy essentially that relatives cannot be paid for providing respite services. That is not this administration; this has been going on for decades. Is there any evaluation of that going on right now with the possibility of perhaps allowing a relative of a child under some circumstances to be paid for providing respite care?

* (2120)

Mr. Gilleshammer: This is, of course, kind of a tricky issue of, in some cases, economic development by having children stay with other members of the family, and we get into this, I suppose, a bit in Child and Family Services and fostering where extended family are responsible for looking after that child. You know, I suppose in some areas it is a transition from the way that people have lived, where they have looked after their friends and relatives and used uncles and aunts and grandparents as part of a larger family structure.

It is a pretty difficult thing to get into, where you start offering or providing remuneration for extended family. We have an ongoing request, not from extended family, but from the parent of a child who is now almost an adult and prefers to look after that individual as opposed to one of the alternatives, using an institution or foster care.

The request is for payment for the responsibility of looking after that child. It is difficult to get into that area and then make the distinction about where you are using the actual family and paying them to look after the child, as opposed to their responsibility as parents. So it is something that comes up from time to time that the department has to take a look at and review.

The decision that has been made up until this time is not to pay the family for looking after that individual.

Mrs. Carstairs: Mr. Acting Chairperson, while I realize that has been the philosophy, I am wondering if it is not time to revisit some of that philosophy. I will just give a hypothetical situation, one which is not so hypothetical because I know it in fact is occurring.

You have a university student who is the older sister of a severely handicapped child. This older sister works part time, because she is going to university, can work outside of the home, but if she chooses to quit that part-time job in order to provide some help and support for the family, to look after the multiple-handicapped child, there is no way that the parents have any resources, financially, to pay that sibling.

Yet, they are much more comfortable with that sibling looking after their child than anybody that the department can provide, for the very simple reason that the child has been there. This now young adult has been with this child since birth, knows exactly how to treat that individual, knows all of the symptoms, all of the signals of stress which, perhaps, an ordinary respite worker may not know.

Yet, because of the relationship, if she was a friend, they could potentially hire her as a respite caregiver but, because she is related, they cannot hire her as a respite caregiver. I think we are going to encounter more and more of this kind of thing, particularly not so much in Child and Family Services, as with aging parents, where, for example, some cultural groups simply do not want their family

members to go into personal care homes, so they will quit their jobs in order to look after this individual.

Sometimes they cannot afford to do that, and so you have this crazy situation where somebody will be hired to provide home care where somebody really wants to provide the home care within the family unit. Nothing can change overnight. I am not suggesting anything should, because there have to be all kinds of controls in order to make sure that this can work.

I wonder why we are not even looking at it or evaluating it or perhaps we are looking at it and evaluating it and finding ways in which we can respond to this very human need to recognize the work that is being provided by some of these people.

Mr. Gilleshammer: Well, I indicated that these cases come up from time to time and are before the department to review. They again always offer the danger, I suppose, of setting a precedent whereby then if that becomes the standard you open up the program to requests from a lot of families to receive remuneration for looking after their children.

I think in a lot of programs there have to be safeguards where there is public funding involved, whether it is in hiring practices, where I recall at the federal level a couple of years ago there were members of Parliament who were hiring their own children as political assistants and so forth. That was contrary to some of the regulations, and again I guess it relates back to the use of public money. There certainly are individual cases where it makes some sense in terms of the guarantee of quality service and love and kindness and all of the things that we would want in a caregiver, yet extending that to become part of the practice could leave the program open to some use that it was not intended for.

It is not that these items are not looked at, because they do come forward from time to time. I can think of a couple that are before the department on an ongoing basis. When we look at it we come back to the same conclusion that it sets some dangerous precedents in terms of how the department and how government is going to fund services to people.

Mrs. Carstairs: Well, there is no question that it sets some dangerous precedents. The only unfortunate part about it is that if you have money in our society then you can afford to get these services often and you can afford to pay for them. If you do not there is sometimes an isolation between those who genuinely care and those who are delivering the service simply because they cannot afford it. I think that is an area that has to be considered as well.

In terms of other issues in respite care, has there been in fact a budget curtailment for respite care for parents? There were certainly discussions last year that fewer people would be eligible for respite care than had been in the past. Has that in fact happened? Was there a curtailment of the number of people eligible for this kind of expenditure?

Mr. Gilleshammer: There is an increase in the number of families accessing these services. A small increase in the family support services in 1990-91, there were 1,275; in 1991-92, there were 1,360; and the projection for this year is 1,425.

As we indicated earlier, there are times when there are more requests coming forward. We have to go back and review with families the amount of respite they are receiving and in consultation with them make some adjustments, but overall there are more families accessing that service now than there were a year ago and the increase is slight.

The increase in the budget from 1991-92 to 1992-93 is $785,000.

* (2130)

Mrs. Carstairs: I have just one final question. It really could be asked anywhere, but I will ask it here because we are into grants to external agencies. What co-ordination is done?

I mean, the minister indicated earlier, and I think he used the figure five staff people whose function it is to make sure that we get the maximum we are entitled to from the Canada Assistance Plan. I talked to external agencies, whether it is Marymound, whether it is the Association for Community Living or whatever. They all tell me the same thing, that more and more of their time and energies are spent trying to find what government program they qualify for and how they can get money from here and money from there and money for something else.

What kind of co-ordination is done within departments, your department with the Health department, for example, with the Education department, so that there could be a one-stop shopping for many of these external agencies, so that they do not have to use valuable dollars which should be spent quite frankly in the delivering

services to their client base, trying to delve into government departments and try to find where is the secret pot of money in every one of these particular departments?

Mr. Gilleshammer: Mr. Acting Chairperson, yes, I indicated there were four people in our research and planning area who pretty well spend their full time in looking at the programs we offer in reference to the Canada Assistance Plan where the federal government does some cost sharing with us.

In terms of agencies relating to this department, the relationship is pretty straightforward. It is a grant and a per diem. I think where some of these individuals may be spending their time is attempting to access project funding from the federal government, and there is always an upside and a downside to that. The federal government does frequently fund programs on a pilot basis, and earlier today we were talking about Premier Personnel and funding that they got, and then they reduce that funding until it disappears. Time after time we have looked at those programs. The Core Area Initiatives were some of them. I remember one of the first issues that confronted me was the parent-child centres that were no longer going to receive that funding, and they come to this level of government to pick that up.

I hear what the member is saying, that some of those agencies are spending time and resources trying to access new dollars and new programming, and some individuals within those agencies are particularly adept at writing proposals which allow them to achieve that funding. I think most of those initiatives are initiatives that go to the federal government, and as I say, there is an upside and a downside, because when that money disappears sometimes they have not fully prepared for that, and the understanding is that they will try and achieve some self-sustaining funds through grants and through fund raising and whatever means they can.

I know in talking with the United Way and the Winnipeg Foundation, they are frequently looking at the same sort of thing where they are confronted by organizations that are going to go out of business because their federal funding has come to an end.

I am told that recently in one analysis of the core area in a matter of I do not know how many city blocks, it was 460-some agencies, some of them doing similar work to others. I know that the Winnipeg Foundation and the United Way are busy categorizing those now with some assistance from us to see if we cannot make more sense of the services being provided by so many agencies.

So, from my point of view, the Department of Family Services' relationship with some of these is fairly straightforward. Having said that, I recognize that they also access, in some cases, money from Education or from Health.

One of the things we have done in the last three budgets is to have senior department staff work together in an envelope approach to budgeting, whereby they share the budget thoughts and budget suggestions with each other to see where there is that sort of overlap. Even that system is not perfect, because there are areas where there is some overlap even after these extended meetings with our top bureaucrats. Sometimes not all of these overlaps are spotted on the first go-round.

It is true that even the provincial government is complicated, but when you look at the federal funding it is far more complicated. I would think that agencies, some of them are very successful at accessing that money, and others perhaps spin their wheels a bit. It is a fact of life, I suppose, that in searching for those funds, sometimes they achieve programs that can become self-sustaining. In other cases, it leads to some headache down the road when that funding disappears.

Mrs. Carstairs: There is nothing the provincial government can do about a myriad of projects coming out of the federal government other than to perhaps give some warnings. If you take Marymound, for example, you find it twice on one listing here, one under Residential Care and one in Child Care Institutions. I can find it at least twice in Education, probably three times if I really look hard, and I can find it at least twice in the Health department. It seems to me that there is an awful lot of wasted effort going on by agencies that have to work with two or three departments. The question is: Is there any kind of super agency contemplated or debated or discussed for this kind of one-stop shopping approach?

Mr. Gilleshammer: Well, I guess we do not want to inhibit agencies for branching out into new areas of endeavour as they are able to do so, and with an organization like Marymound who not only have their campus in town here but are located in Thompson and, I think, have a presence in The Pas as well, that if they want to put together an

educational component to the work they do and qualify for some special educational funding for certain students, we do not want to prevent them from being innovative and responding to a need out there. But I hear what the Leader of the Liberals is saying, that sometimes these items do become complicated, but the way government is structured, I suppose, even within our own department there are groups that may, for instance, access some daycare dollars, and they have to be in compliance with the regulations within that branch of the department.

* (2140)

If they are doing some work in the Child and Family Services area there can be different regulations that they must adhere to there, so while it is still part and parcel of the same global budget, there are different regulations that they would have to adhere to, but it is something worth thinking about that we attempt to simplify our relationship with these agencies.

Ms. Barrett: I just have another general set of questions that I would like to ask the minister. I hope I am asking him in a proper area. Is there any training program that is undertaken with families that work with adults and children who are living at home, training other than counselling, but more training in how to deal with the issues and needs that these children have? Are there programs that are in place to deal with that kind of training?

(Madam Chairperson in the Chair)

Mr. Gilleshammer: Earlier this afternoon I read a list of workshops that were put on for service providers, and often parents do attend those workshops along with other service providers to become familiar with how to deal with their own children. Another example I can think of is Central Speech and Hearing. I attended their offices about a year ago and I watched as the clinician or the professional worked with this child in helping the child to speak. Part of the training was to have the parent present so that the parent could reinforce the learning that went on and work with that child at home.

As well, there are other workshops put on that parents attend. I believe when I was at SMD once there were parents attending there in the daycare preschool program who observed the routines and the different manner in which the teachers there worked with the children and were able, again, to reinforce that when the child was at home.

Ms. Barrett: Those workshops and courses at community colleges and other places, where do the dollars come from to enable the staff and the parents to access those programs? Are those programs funded by the department or are they funded by the parents and the staff themselves?

Mr. Gilleshammer: We provide just over a quarter of a million dollars, I think it was $265,000 for those training programs. Now, I am sure that there are programs that parents want to access over and above those that probably they use their own resources for, but our budget line is $265,000 and those programs are put on for their training needs.

Ms. Barrett: Those programs and workshops that the minister read out this afternoon, were they specifically designed for parents of children and adult children with special needs, or are they regular programs that would appear to have some applicability to families in this area?

Mr. Gilleshammer: That list that I read earlier today is for service providers in particular, but the parents will sometimes sit in on them. Again, depending, in Children's Special Services, on the needs of the child, they may want to become familiar with the needs of that child and be able to attend to that child if there is special training. As parents, of course, they have probably received information from their family doctor, from other clincians who work with the child and so on and so forth.

I know there are two small children in my home community, twins who in the last couple of years were accessing services from Children's Special Services, but they have had just a tremendous amount of support from the community as well in volunteer time, and a lot of training has gone on so that the parents can carry on with their careers. In this case, the grandparents do a lot of the care as well as community volunteers. Some training has been extended to all of those people just to be able to cope with some of the emergencies that might happen from time to time.

Ms. Barrett: Please forgive my obtuseness here or my lack of attention earlier, but these programs, courses and workshops, are they delivered by the department, or are they delivered through community colleges or other academic institutions?

Mr. Gilleshammer: There is quite a wide range of people who deliver these programs: Red River

Community College, Assiniboine Community College–in some cases the department contracts for someone to put on a special course–ACL Manitoba. MCRW offers courses for the workshops and for individuals working with some of their clients, so the provision for these courses is rather broadly based.

Ms. Barrett: Finally, so staff know about this fund, this $265,000, or are they made aware of courses that are coming up and asked if they want to participate, and then parents would have access to that information as well through contacts with the staff people?

Mr. Gilleshammer: I think that the staff working in conjunction with the parents and through surveys from time to time are able to identify the demand for courses, and if there is sufficient demand then a course will be brought forward.

Madam Chairperson: Item 5.(b)(2) Children's Special Services $20,987,200–pass; (c) Manitoba Developmental Centre–

Ms. Barrett: Seeing as how it is 10 minutes to 10 and we had agreed to end at 10, if the minister and the Leader of the Liberal Party would agree to it being seen as ten o'clock, so that we can start on (c) tomorrow, if that is agreeable?

Madam Chairperson: What is the will of the committee? Is it the will of the committee to call it ten o'clock?

Mr. Gilleshammer: I think in a spirit of accommodation for all of us, we would be prepared to call it ten o'clock. My understanding is that we will be back at this tomorrow and Thursday and be able to finish up next Tuesday, if everything goes well.

* (2150)

Madam Chairperson: The hour being 10 p.m., committee rise. Call in the Speaker.

IN SESSION

Madam Deputy Speaker: The hour being 10 p.m., this House is adjourned and stands adjourned until 1:30 p.m. tomorrow (Tuesday).

Legislative Assembly of Manitoba

Monday, April 13, 1992

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