



Legislative Assembly of Alberta

The 27th Legislature
Second Session

Standing Committee
on
Public Accounts

Health and Wellness

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Standing Committee on Public Accounts

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Quest, Dave, Strathcona (PC), Deputy Chair

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Margaret King	Assistant Deputy Minister, Public Health Division
Linda Miller	Deputy Minister
Glenn Monteith	Assistant Deputy Minister, Health Workforce Division
Charlene Wong	Executive Director and Senior Financial Officer

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8:30 a.m.

Wednesday, April 22, 2009

[Mr. MacDonald in the chair]

The Chair: Good morning, everyone. I would like to call this Standing Committee on Public Accounts to order, please. On behalf of all members of the committee I would like to welcome everyone. I would like to advise our guests that they do not need to operate the microphones as this is taken care of by *Hansard* staff, and I would like to note that the meeting is recorded by *Hansard*, of course, and the audio is streamed live on the Internet.

We can quickly go around the table – perhaps we'll start with Dr. Massolin – to introduce ourselves.

Dr. Massolin: Thank you. Philip Massolin, committee research coordinator, Legislative Assembly Office.

Mr. Dallas: Good morning, everyone. Cal Dallas, MLA for Red Deer-South.

Mr. Kang: Good morning, everyone. Darshan Kang, MLA, Calgary-McCall.

Mr. Chase: Good morning. Harry Chase, Calgary-Varsity.

Ms Wong: Good morning. Charlene Wong, Health and Wellness.

Mr. Liepert: Ron Liepert, Health and Wellness.

Ms Miller: Linda Miller, Health and Wellness.

Mr. Chamberlain: Martin Chamberlain, Health and Wellness.

Ms Fleming: Michelle Fleming, office of the Auditor General.

Ms White: Ronda White, office of the Auditor General.

Mr. Dunn: Fred Dunn, Auditor General.

Mr. Drysdale: Wayne Drysdale, MLA, Grande Prairie-Wapiti.

Mr. Sandhu: Good morning. Peter Sandhu, MLA, Edmonton-Manning.

Mrs. Dacyshyn: Corinne Dacyshyn, committee clerk.

The Chair: My name is Hugh MacDonald, Edmonton-Gold Bar. Corinne Dacyshyn will be substituting today as committee clerk for our meeting.

The agenda was circulated. Could I have approval of the agenda for this morning's meeting? Mr. Dallas. Thank you. Moved by Mr. Cal Dallas that the agenda for the April 22, 2009, meeting be approved as distributed. All in favour? None opposed? Thank you very much.

Item 3 is the approval of the minutes of the April 15, 2009, meeting. Mr. Chase. Thank you. Moved by Mr. Chase that the minutes of the April 15, 2009, Standing Committee on Public Accounts be approved as distributed. All those in favour? Thank you.

Of course, this takes us to item 4 on our agenda, which is our meeting today with Health and Wellness. I would like to note that the April 2009 report of the Auditor General was tabled on Monday. A copy was delivered to each committee member's office. The

committee has scheduled a meeting on May 6, 2009, to review the contents of this report. Today we are dealing with, of course, the Auditor General's reports from April and October 2008, the annual report of the government of Alberta 2007-08, which includes the consolidated financial statements and the Measuring Up progress report – included in that is the business plan – and the annual report 2007-08, section 1 and section 2, from the Department of Health and Wellness. Of course, we've had additional materials prepared by our LAO staff.

Before I invite Mr. Liepert to give his opening remarks on behalf of the department, I would like to welcome Mr. Mason. Good morning, sir.

Mr. Liepert, please.

Mr. Liepert: Thank you, Mr. Chair. It has been typical over the past while that ministers have allowed their officials in many cases to be at these Public Accounts meetings, myself included in the past couple of years. However, although we are examining the years '07-08, I had the privilege of being minister for only 15 days during that time. I know that despite the best efforts of the chair, I'm sure things will drift into what has taken place since '07-08. There have been a lot of changes that have happened, and I wanted to make sure that we presented as a team.

The members of our team have already been introduced: our deputy minister, Linda Miller. I just wanted to make sure that members around this table understood that if Charlene Wong gets up and stands in the corner, it's not because she's been bad, but she has a bad back. She's going to try and sit as much as she can, but as someone who's been there, I have an awful lot of sympathy.

I'd also like to acknowledge Auditor General Dunn and his staff for the work that they've done.

I guess I want to make a few comments about the year '07-08. It seems like that was a long time ago and that a lot of things have happened since then. In the year '07-08 we had a ministry budget of \$12 billion, which was an increase of 12.2 per cent over the previous year's forecast. During that fiscal year the ministry received an additional \$54 million in supplemental funding, including just over a million dollars for AADAC staff recruitment and \$53 million for capital maintenance renewal projects, including such things as patient lift systems. This was approved, for a total budget of \$12.1 billion.

I'd like to talk briefly about our business plan and how it's linked with the overall government business plan. We stated in that plan that we wanted to ensure that Albertans would become healthier, that we would have a supportive and sustainable infrastructure that promotes growth and enhances the quality of life. There were three core businesses: one, to advocate and educate for healthy living; two, to provide quality health and wellness services; and three, to lead and participate in continuous improvement in the health system.

Now, under healthy living one of the major initiatives that was undertaken in '07-08 was the Tobacco Reduction Act, proclaimed to introduce a province-wide smoking ban in all public places and workplaces, which took effect on January 1 of 2008. There was also the prohibition on the retail display of tobacco products and the sale of tobacco products in pharmacies. It was implemented in July 2008 and the pharmacy portion in July 2009.

There was also a refocus in the health system during that time to promote wellness. We undertook the Healthy U campaign, diabetes atlas surveillance program, and the Create A Movement campaign, which brought about a new emphasis on active living and healthy eating. We provided a \$22.5 million grant for a province-wide stroke network to improve prevention, treatment, and aftercare for stroke patients through common-link programs.

We also introduced an infection prevention and control strategy, with specific actions to prevent infections in health care facilities and to improve the quality of care. Those directions included provincial standards and monitoring, province-wide surveillance, public awareness, and education.

We had a number of accomplishments that addressed our second core business, which was providing quality health and wellness services. The Mental Health Amendment Act, 2007 was passed to provide additional care measures, which include community treatment orders, early intervention community-based services. An additional seven primary care networks were brought into operation during this time, bringing the total to 26 networks serving almost a million and a half Albertans and employing some 1,400 family physicians.

Government during '07-08 provided an unprecedented commitment of capital funding for renovation and expansion projects at existing health care facilities and the construction of new ones. Many of those are now coming on stream.

A new health workforce action plan was introduced, with 19 key initiatives to address Alberta health workforce issues. The plan included targets to create a health career and skills assessment network, increase clinical training capacity, attract health professionals working abroad, expand educational training spaces as well as funding for lift systems, aimed at reducing and avoiding workplace injury. The Health Professions Act and the Medical Profession Act were amended to strengthen mandatory reporting requirements for public health issues, bringing smaller colleges under the Health Professions Act and improving government accountability for health care in Alberta.

There were also a number of accomplishments that addressed the third core business of leading and participating in continuous improvement in the health care system. A provincial-territorial joint oncology drug review was conducted to review new cancer drugs. The Health Facilities Accountability Statutes Amendment Act, 2007 was passed to clarify roles and responsibilities of health providers and prevent safety and quality care issues and help government be better able to address issues as they arise.

There is also the Auditor General's report, as you mentioned, Mr. Chair, of '07-08 and October '08. There were a total of six recommendations. These dealt with the department's mental health standards, housing and supportive living, clients with concurrent disorders, opportunities to reduce gaps in service, compliance monitoring activities, and province-wide services. In light of the time, I don't think I'll go into the details relative to the Auditor General's recommendations other than to say that I think five out of the six are well under way. I can deal with those in any questions.

With that, I would turn the microphone back to you.

The Chair: Thank you. I appreciate that concise overview.

The chair would like to welcome Mr. Quest, Mr. Jacobs, and Mr. Fawcett, who have joined us.

Mr. Dunn, do you have any comments at this time, please?

8:40

Mr. Dunn: Yes. Assistant Auditor General Ronda White will read in the comments, please.

Ms White: As the minister has already referred to, we did a couple of significant pieces of work in the ministry this past year. We audited the ministry's mental health service delivery system, and we conducted annual audits of the financial statements and control systems of both the department and Alberta Health Services. In our April 2008 report we reported on the results of our audit of the

ministry systems for implementing the provincial mental health plan. As a second phase of this audit we examined the ministry systems for delivering mental health services in the province. The results of this audit start on page 151 of our October report.

The provincial mental health plan envisions a service delivery system that focuses on client recovery, community-based services, and integrated services and supports. In this audit we found that all regional health authorities try to provide a continuum of mental health care services, but the system faces serious challenges in meeting the goals in the plan. We have made nine recommendations to the department and Alberta Health Services to improve these systems for delivering mental health services in accordance with the principles set out in the provincial mental health plan. These recommendations are focused on helping the ministry achieve the goals and policies in the plan and improve the cost-effectiveness of mental health service delivery across the province. The committee may want to ask the ministry about their response to these recommendations.

Starting on page 299 of the October report, we outline the recommendations we made to the department and Alberta Health Services arising from our annual financial statement audits. We recommended that the department develop a risk-based audit plan for its compliance-monitoring activities. Without this plan the department's compliance-monitoring activities may not be focused on key risk areas. We also recommended that the department define roles and responsibilities and update procedures for funding province-wide services. This is recommendation 36 on page 303. This recommendation is a repeat of a 2002-2003 recommendation on the same issue. The government's response indicates they are reviewing this recommendation. The committee may want to ask the department for further information about their planned actions.

We also recommended that the department improve controls for health facility infrastructure grants.

We made seven recommendations to Alberta Health Services, which start on page 306 of the report. These recommendations relate primarily to information technology and financial management controls at several of the health authorities.

Finally, on page 384 of the report we list the outstanding recommendations that we've made to the ministry in previous years. The committee may want to ask management about their progress in implementing these recommendations.

With that, it's back to you, Mr. Chair.

The Chair: Thank you very much.

We have a list already. We will proceed with Mr. Chase, followed, please, by Mr. Fawcett.

Mr. Chase: Thank you. As mental health impacts 1 in 5 Canadians, frequently showing up as early as age 14, and has costs reaching throughout the health care system, why, as referenced on page 64, did the ministry fail to introduce strong systems to plan, monitor, or report on their progress on the first round of planning for implementing priorities of the widely acclaimed provincial mental health plan?

Mr. Liepert: Well, I'm going to have our folks expand on that. I can only remind the member that a number of significant things have happened in improving the quality of our mental health delivery in the past year and a half. Again, Mr. Chairman, I will find myself wandering from the '07-08 report because I think that it's hard to answer questions relative to that without talking about what's actually taking place today. I believe that one of the most significant initiatives that we developed last year was the children's mental health strategy. We will start to work on that. That wasn't necessar-

ily something that we were told to do, but we believe it's very important.

With that, I'd ask my deputy to make some comments relative to the actual implementation of some of the recommendations.

Ms Miller: Thank you, Minister. We certainly did take the plan very seriously, obviously, and what has occurred is that many of the recommended strategies have evolved into what we established as a mental health innovation fund of approximately \$75 million. Within that were established numerous innovation projects working with each of the regions in terms of how they could best integrate mental health services within their geographical area.

In addition to that, as the minister has mentioned, we launched and announced the children's mental health plan of about \$50.5 million. As well, we've allocated to Alberta Health Services approximately \$17 million for the Mental Health Amendment Act to help implement what is called the community treatment orders to help facilitate the delivery of mental health services within the community as opposed to just within facility walls. So we have acted on many aspects of the plan.

As the minister has commented, because we have reorganized the administrative boundaries within the province of Alberta, we continue now to work with Alberta Health Services in terms of the full integration of mental health services within their full scope of practice, and we anticipate that within the next year or two we will be setting specific performance measures on a system basis in regards to mental health.

The Chair: Thank you.

Mr. Chase: Thank you. I do appreciate the minister's comments about going forward as opposed to concerns of the past, so this is kind of a double-barrelled question resulting from the past, and hopefully you can help me with how things are going forward. Referencing page 64, can the ministry explain why four years after the plan was introduced the department still has not ensured that there is a complete accountability framework in place for mental health, which would include a framework to implement the plan? With the future considerations when will this framework be introduced?

The Chair: Mr. Chase, is that page 164 of the Auditor's report?

Mr. Chase: That was page 64.

Mr. Dunn: Page 64 of the April 2008 report.

Mr. Chase: Thank you for qualifying it, Mr. Dunn.

Ms Miller: I will take the answer. If I understood the question correctly, what we have done are the various initiatives that we spoke to. In terms of the various performance metrics we have built those into the expectations of the innovation fund, each of the strategies around the children's mental health plan, et cetera. So the performance metrics have been identified as part of those individual initiatives. Again, because we have now established a single organization, Alberta Health Services, our ability to implement performance targets as was exactly identified in that original plan has to be modified, and our plan is to introduce performance metrics province-wide within the next year to two at the outset.

Does that answer your question, sir?

Mr. Chase: Thank you.

The Chair: Thank you.

Mr. Fawcett, followed by Mr. Kang.

Mr. Fawcett: Thank you, Mr. Chair. I have to admit that I think the minister is right: it's hard to talk about some of the things in last year's report because there have been so many changes in our health care system, some positive changes, I think, and the minister must be commended for that.

The question I have is around the population funding formula that I believe was probably used for the health regions back when they existed. I don't know if that formula is still used today within the Alberta Health Services Board, but I'm wondering if I could get some comment about how that worked, what sort of accountability mechanisms were there because we saw a number of the health regions run deficits. I'm suspecting that in some of the answer we might see why the decision was made to go to one Alberta Health Services Board.

Ms Miller: The use of the population-based formula has always received a lot of controversy and probably always will. It has been used sporadically in the various previous years. Off the top of my head I can't remember. It was used in '07-08. It is really an allocation method for the existing pool of money. The question that always is under challenge is: is the existing pool of money sufficient from the regional health perspective? That is often where the challenges arose. We have various variables that went into the population funding model, all of which were defensible, but of course with anything as substantive as that it received a lot of questioning and answering.

On a go-forward basis the allocation of funds will be under the purview of Alberta Health Services. However, there is an expectation that before final decision-making is done, they will report back to the ministry and the minister in terms of how that allocation will be undertaken.

8:50

Mr. Liepert: Mr. Chair, maybe I could just add a couple of comments. I think what we need to ensure – and it's one of the reasons why we've moved to the one health board – is that we provide equitable health care across the province. It's not necessarily going to be the same care but equitable care. I think under the old funding model that was difficult to do.

Let me back up. I think we were using some artificial numbers to try and provide equitable care, but those who were delivering the care tended to not believe our numbers. I think in some cases it was almost working against providing the equitable care just to prove that the numbers were wrong. I think now that we've got one health board that is responsible to everyone in Alberta equally, we're going to get away from that funding issue. Goodness knows, there are going to be lots of funding issues, but that one, which seemed to really generate a lot of excitement in the media, hopefully is gone.

Mr. Fawcett: I think the minister answered my supplemental already.

The Chair: Thank you.

Mr. Kang, please, followed by Mr. Dallas.

Mr. Kang: Thank you, Mr. Chair. In the Auditor General's October 2008 report, page 151: "The mental health service delivery system in Alberta faces serious challenges." On page 153 it goes on to say that "Alberta Health Services should eliminate the gaps in mental

health service across the province.” What steps has Alberta Health Services taken to address the gaps in mental health service in Alberta?

Mr. Liepert: If I could, I think in some regards the question has been partially answered, but I think I need to just make this comment. We need to work to ensure that the mental health delivery gaps are closed, but the delivery of mental health is always going to be one of those challenges that we’re going to face. I guess I sort of refer to it as one of the hidden illnesses, if you might. So much of mental illness is around, I guess, admitting to yourself that you might need help. You know, if we’re physically ill, we don’t hesitate to seek help, but if we’re mentally ill, sometimes, whether it’s family issues or what – we need to do a better job in terms of working with the community, I think, a better job in closing the gaps in identifying mental illness as much as delivering the service.

Mr. Kang: My supplemental is about the community-based services because we benefited from that. So as community-based services are a key component of mental health recovery, that helps a long way for people to, you know, get stabilized and stay healthy. That saved lots of money for health care. I know that for a fact because we’ve been there, done that. What actions has the minister taken towards encouraging and developing community-based services across Alberta? Where are the priority areas, and how much funding has gone towards this initiative?

Mr. Liepert: I’ll start with that and ask my deputy to sort of fill in some of the financial questions. But the member is absolutely right. If you look back, Alberta has been a leader in developing community health, reintegrating into society. I know there are certain views that use statistics – they use beds, they use institutions, all of those factors – to argue for more money when, in fact, the delivery of mental health services has to change. I think Alberta has been a leader in that change, and I appreciate the comments that you made. I’d ask my deputy to talk a bit about the finances and some of the initiatives that are taking place.

Ms Miller: Specifically, some of the finances that we’ve been able to achieve are through the SafeCom initiative. Alberta Health and Wellness for ’08-09 and ’09-10 has been able to secure \$114 million through SafeCom for mental health/addiction-type services. Including that is opening 80 new beds for mental health and addiction services as well as some other outreach services for addiction treatment, prevention strategies for schools, building capacity for health promotion, early intervention in immigrant and refugee youth in the settlement and integration process, and implementing a life skills training program for substance abuse and prevention for aboriginal children and youth in First Nation communities. Those are just a few that will be launched or are in the process of being launched as a result of some funding secured through SafeCom.

Mr. Liepert: If I could, Mr. Chair, I just want to add this one final comment. A number of the things that the deputy alluded to, as you can hear, are cross-ministry. That’s one of the strengths of our safe communities initiative: it is cross-ministry work. You know, there is little doubt that the treatment of mental illness can have a significant impact on our Solicitor General department, our Attorney General’s department, Aboriginal Relations. I mean, it literally crosses all bounds, including Education, Community Supports, all of those. That’s one of the reasons why the joint initiative through safe communities is the right one. We need to keep funding it accordingly, and I believe we are making progress.

The Chair: Thank you. Mr. Dallas, please, followed by Mr. Mason.

Mr. Dallas: Thank you, Mr. Chairman, and thank you to Minister Liepert for participating in our process this morning. I think Albertans have readily grasped the concept of improving accessibility and working hard on improvements in terms of health service outcomes. They also recognize that at the point of delivery a key to being successful with this is having a workforce that is qualified, trained, positioned in the right place, and in the right numbers to ensure that Albertans that need to access our system can find the supports that they need. I wonder if you could speak briefly, with respect to the health workforce action plan, to what degree that has enhanced our ability to recruit and also to retain health care workers in our province and if you feel that we’ve found good value for that investment.

Mr. Liepert: Thank you. I think some of the comments I just made to the Member for Calgary-McCall are not dissimilar to what we have here. Again, solving some of our workforce issues is not just a department of health initiative or challenge; we have to work across with Employment and Immigration, with Advanced Education because it involves a whole number of factors. There’s no one right answer to it.

It’s everything from opening up more seats, which we’ve done an excellent job of – I’ll ask the deputy to just maybe briefly touch on that. It also involves working with our colleges to make sure that we don’t have artificial barriers at the college level for accreditation within the province when you have other people from outside the country wanting to practice in our province. Thirdly, it involves Employment and Immigration to do the recruitment.

We’ve done a lot of recruiting abroad in places like the Philippines to help us with our nurses and aides. I know that there’s been some suggestion that somehow we’re raiding Third World countries. Well, I have to tell you that in the Philippines the experience that we’ve had is that the Philippine government actually overtrains the number of nurses so that they can work abroad. In many cases the money that’s earned abroad is sent back to the Philippines. It’s multifaceted.

I’ll maybe let my deputy talk a bit about the numbers around some of the actual workforce action plan achievements.

9:00

Ms Miller: Thank you. Specifically, in September we funded 258 new spaces. Of those, 209 were for nursing, 29 for rehab medicine, and 20 for medical programs. In September 2008, additionally, 1,038 training spaces were also created for those same subspecialties. In addition to that, through a bursary funding program we funded 379 former nurses to do refresher programs. In the fiscal year ’08-09 we recruited to the province of Alberta 1,272 internationally educated nurses. I think we’ve made good progress in terms of enhancing our workforce over the last few years.

Mr. Dallas: Thank you. That in part answers what I had planned for a supplemental, but I’ll maybe take that one step further. I’ve met a number of individuals that are new to our country that have come here with, to varying degrees, health care backgrounds and education that don’t perfectly mesh with the accreditation process that we have. When I’ve talked to them about some of the supports that are in place, in particular in Calgary and Edmonton, to access upgrading, access some of the exam process and the pathway, I guess, to full accreditation, one of the things that they’re telling me when they’re positioned in rural Alberta is that out of necessity, whether it’s to support family or because it’s where they want to be, they’re not

willing to relocate to access all of the training or accreditation process that they'd like to see. Given that in the rural areas the need is significant to attract new professionals delivering health care, have we contemplated at any point how we might improve access for those new to the country in terms of the accreditation but outside our two major urban centres?

Mr. Liepert: I'll briefly make a quick comment. As you know, as I said in my first answer, this is not just a health issue. In particular, the comments you just made really come down to: what ability is there through our postsecondary colleges to offer training? As you probably are well aware, in the past few years I think the availability of space in our postsecondary colleges has been a challenge, but it's work that we continue to do with Advanced Education. I guess I'd just put a plug in there that having a former assistant deputy minister of health as the Deputy Minister of Advanced Education and Technology is not going to hurt us any.

I'd maybe ask my deputy if there's anything that you wanted to add.

Ms Miller: I'd like to actually call up the assistant deputy, Glenn Monteith, to give you some specifics. It would help.

Mr. Monteith: Thank you, Deputy Minister. To the rural issue there are two pieces. One is a formal training element that's required for some individuals to meet the certification standards. For example, in nursing through Advanced Education and Technology and Alberta Health and Wellness we now have two sites to do the competency assessments. They are in Edmonton and Calgary, but originally they were just in Calgary. They can handle up to 600 assessments a year now, so they have significant capacity.

In addition to that, we are working with Alberta Health Services on a plan because the other element is to assess competency. Now, a lot of those competency assessments are really on-the-job competency assessments, so they require significant time and energy and effort with proctors and preceptors, which are academic terms for the people who oversee and do the assessment for individuals to determine their competency.

There are requirements for the regulatory bodies such as the College and Association of Registered Nurses, the College of Physicians and Surgeons, et cetera, to assure that those competencies are met. Those preceptors and proctors do that certification process to assure the licensing bodies that they have their abilities to do that.

What we're doing now is moving a lot more access assessments. Employment and Immigration has put two offices out – one is in Red Deer, for example – to allow folks to come in to get an initial assessment to determine what those competencies might be. That covers a wide range of health professions. They may have had their competencies lapse over time, they didn't practise, they may have been international: any number of circumstances. That, then, helps them determine what might be the best pathway to deal with.

The other thing we're doing is through our integrated clerkship program, that we're also funding through the health workforce action plan. We're putting third-year students in medicine out into rural communities now, working with physicians in those communities to not only increase the training capacity but also give them exposure to those kinds of communities, that may be appropriate practice settings. We are expanding that process as well, and we're currently looking at that for other health professions.

The Chair: Thank you.

Before we move on, the chair would like to remind members and the minister and his officials that we have developed quite a long list

of members interested in asking questions today. If we could be concise in our answers and in our questions, the chair would be grateful, and I believe all the members would be grateful as well.

Before we proceed to Mr. Mason, the chair would like to welcome Mr. Benito this morning and also Dr. Swann. Good morning.

Mr. Mason, please, followed by Mr. Quest.

Mr. Mason: Thanks very much, Mr. Chairman. Minister, I wanted to ask about long-term care beds. On page 52 of your department's annual report there's a table that shows the numbers, and I'm interested in the numbers of people who are either waiting in an acute-care hospital or waiting in the community, urgent cases waiting in the community. Between 2006 and 2008 that number more than doubled. It has gone from 516 to 1,102. I note that a majority of those cases are waiting in acute-care beds. My question is: what plan does the department have in order to hit the target for '07-08, which, by my count, would cut that by more than half?

Mr. Liepert: Clearly, the member hits on a subject matter that is of great concern to us, and we've been addressing that diligently, including through our continuing care strategy that we announced last fall. The reality of it is that when you make a commitment to build long-term care facilities, it doesn't happen overnight, but the good news is that there are a number of facilities that are coming on stream, I think, later this year.

In addition to that, we have in our budget, and again, Mr. Chair, I'm going to pull forward here – we just had some recent statistics through Alberta Health Services indicating that those numbers are starting to trend down because we have been able to provide home care in many cases. We've been able to assure physicians that with the provision of home care they can discharge some of these seniors out of acute-care facilities. We've added more money to home care in this budget, and we're going to continue to drive towards providing the care where it best suits the patient, not where the patient best suits the system.

Mr. Mason: Thank you very much for that. You mentioned that there are more beds coming on stream later this year. I would appreciate knowing how many, where, when, and if, in fact, these are all long-term care beds as opposed to some other form of housing.

That will do. Thanks.

9:10

Mr. Liepert: Sure. Well, I don't have all of the list in front of me, but I do know as an example – I just drove by it last weekend – that there's a large facility under construction in Calgary called Garrison Green. I believe it has something like 200 beds. That's going to help significantly in the city of Calgary.

I am familiar with a project in Stony Plain, which is a joint venture with the Good Samaritan Society. That, I'm told, has about 50 beds coming on. We also have either under way or in the plans I think it's two or three projects in the city of Edmonton. They're jointly with nonprofit societies, so I'm pleased that these are under way.

Now, there are other situations where we want to take a review, and I want to ensure that the review doesn't take long. I'll give you an example. In Strathmore we have allocated dollars. The dollars are there. We will fund the project. We want to ensure, however, because we've just announced a significant number of affordable lodge units in Strathmore out of the Department of Housing and Urban Affairs and out of Minister Jablonski's seniors' portfolio, that when we go forward with the long-term care facility, we determine

whether the location attached to that project makes more sense than the hospital. We're not saying it does. We want to just make sure before we start putting cement in the ground that it's in the right place. We have a couple of projects like that around the province.

I'd be happy, Mr. Chair, to provide a complete written undertaking for the member as to what is happening, when they will be opened or projected to be opened, what is on the plans.

The Chair: Thank you. And if you could do that, Mr. Liepert, through the clerk to all members, we'd be very happy.

Mr. Liepert: I will do that.

The Chair: Mr. Quest, please, followed by Ms Pastoor.

Mr. Quest: Thank you, Mr. Chair. The first question, just for clarification, to the Auditor General. Looking at the '07-08 consolidated financial statements, page 14, on transfers from the government of Canada. We had budgeted for \$3.7 billion and an actual of \$3 billion, variance \$667 million. I'm wondering if the bulk of that was health transfer payments?

Mr. Dunn: I'm trying to follow you. Page 14, under the consolidated financial statements for '07-08?

Mr. Quest: Yes. That's right.

Mr. Dunn: Okay. The wrong set of statements here.

Ms White: I'll respond. If you actually look at the Ministry of Health and Wellness's financial statements, on page 104 of their report there is a variance of about \$500 million on the transfers from the government of Canada.

Mr. Quest: Sorry; page 104?

Ms White: Yes. Page 104, second line.

Mr. Quest: Okay. Thank you, then.

A question for the minister. That variance: that's quite a shortfall in the federal transfer to us. I'm wondering, maybe, if you could expand on why that is or what that is.

Mr. Liepert: I'm going to ask Charlene Wong to respond.

Ms Wong: It's, basically, how the amount is calculated to us. Because of our strong tax base for corporate and personal taxes, we ended up receiving less from the federal government. In addition, there was completion of federal funding for the public health immunization initiative.

Mr. Liepert: Do you want to explain that a bit?

Mr. Quest: Yeah. If you could just expand a bit. It sounds a bit to me like we're being penalized for our tax base.

Ms Miller: If I could address the immunization, there was a commitment in previous years from the federal government for some dollars for immunization. In '07-08 we didn't receive that money because the money had been received previously.

In terms of the tax base, as I understand it, we do an estimate in terms of what we anticipate we're going to get from the federal government, but once the tax system is in, personal and corporate,

there's obviously an adjustment. It was a strong year for Alberta. In terms of our economy our tax base was higher. Therefore, we received less federal transfer money.

Mr. Liepert: I'd be happy, Mr. Chair, though, to take that and get a complete answer because much of this is work that's done by the Department of Finance and Enterprise. I think I'd want to make sure that we had it answered completely, so we would take that away and get that back to you.

Mr. Quest: Thank you.

The Chair: Thank you. We appreciate that.

Ms Pastoor, followed by Mr. Jacobs, please.

Ms Pastoor: Thank you, Mr. Chair. I'd like to go back to something that the minister had talked about before. Just actually what I'm looking for, I think, is a clarification of the decision process, the decision tree. The health board – and I've forgotten when you said they were going to come back to you – works on an idea, works on a project, works on something, and then they come back to the ministry. Now, is that going to be the final decision, or are they just updating you or keeping you in the loop sort of thing? Then at what point do we have true medical oversight into these decisions?

Mr. Liepert: I need clarification, Mr. Chair, on the first part of the question. Are we referring to capital or policy?

Ms Pastoor: I think you were talking policy. But you know what? I'm not sure.

Mr. Liepert: Okay. I'm not sure what answer you're referring to. Sorry.

Ms Pastoor: Okay. Well, then, do both.

Mr. Liepert: Well, let me try and do this as quickly as I can, Mr. Chair.

Ms Pastoor: I just want the tree.

Mr. Liepert: Let's talk about capital. Prior to the dissolution of the various regions the regions would submit a capital plan to us. Within our budgetary abilities we would meet those capital requests, but then it was up to the regions to handle the capital expenditure. With the Alberta Health Services Board and the consolidation that we've gone through, the decisions on capital will return to the department of Health and Wellness, but Alberta Health Services will continue to provide us with a capital requirement plan. Once a decision has been made on funding and it is now time to build the thing, we turn that over to Alberta Infrastructure because they're the builders of stuff.

If you're talking about policy, one of the things that we now . . .

The Chair: Mr. Liepert, we're going to move on to the next question, if you don't mind, please.

Ms Pastoor: Can I have the balance of that in writing?

Mr. Liepert: I will provide a more comprehensive answer in writing, yes.

The Chair: Thank you.

Mr. Jacobs, please, followed by Mr. Chase.

Mr. Jacobs: Thank you, Mr. Chair. Welcome, Minister. It's good to see the minister here this morning. Minister, one of the things that really intrigues me about the cost of health care and one of the solutions to that is the subject of wellness. I think we need to continue to place a great deal of emphasis on wellness and healthy lifestyles and encourage people to live accordingly. I noticed that it is paramount in your strategies and goals and objectives. Specifically my questions this morning are: how do you assess progress, and what specific programs are you working on as a ministry to continue to encourage wellness?

Mr. Liepert: Well, I'm not going to go into all of the details of the programs on wellness because I think they're fairly well publicized. I think the problem we have, hon. member – you know, you can beat people over the head as much as you want, but what we need to have is some ability to encourage individuals to look after their own health on their own initiative rather than being incented or whatever. I'd like to see – it's in the early stages of discussion right now – some sort of an Alberta wellness program, plan, whatever you want to call it, not run by government. You know, we have so many people out there who are doing so many good things and want to do more in the area of wellness. I would like to get this off the ground. I'm just kind of thinking out loud, and I've been thinking out loud about it for a while, but I've got some people who are interested in kicking this off.

9:20

You know, I think Albertans will buy into it better if they are part of it, if it's an Alberta plan and not somehow a government-run plan. Your comments are absolutely correct. We've got to do a whole bunch of things around wellness. We have to start to incent our professionals appropriately so that they are encouraging wellness. They're not incented that way today. This department is called the Department of Health and Wellness, not the department of sickness, doctors, and hospitals. So we've got work to do there.

The Chair: Thank you.

Mr. Jacobs, that was two questions. There was a how and a what there.

Mr. Jacobs: That's an interesting assessment.

The Chair: There were two questions there. Rules apply to everyone.

Mr. Chase, followed by Mr. Drysdale.

Mr. Chase: Thank you. A very brief comment. Government and governance go hand in hand. When we talk about the government getting out of health care, that causes alarm bells to be ringing towards privatization.

However, I'm referencing the April 2008 report, specifically page 72, recommendation 5.1. What steps, including funding allocation, has the ministry taken to implement recommendation 5.1 on page 72 of the April 2008 report of the Auditor General?

Mr. Liepert: Mr. Chair, I'm going to let the deputy respond to that question. Before she does, I'm not going to let that cheap shot go unresponded to. Nobody's talking about privatization. For you to say that is absolutely purposely misinterpreting what I said. I'm talking about volunteers here. I believe in 3 and a half million Albertans working as volunteers and not being told what to do by bureaucrats. Either you purposely misunderstood me, or you misunderstood me, and if you did, I want to clarify that.

Ms Miller: I will respond just to reiterate mostly the answers I gave previously about establishing a broad-based innovation fund of approximately \$75 million with the regions at the time in terms of looking at innovative ways to integrate within their local communities, an additional \$50 million for the children's mental health plan, \$17 million for the Mental Health Act. Those are the kinds of initiatives that we have proceeded on in terms of responding to 5.1 as well as our intention over the next one to two years to establish performance metrics to measure the success of these initiatives and report on them

Mr. Chase: Thank you. Minister, I apologize if you thought that was a cheap shot. I'm looking for further clarification on how 3.4 million Alberta volunteers are going to improve the system.

My questions have to do with suicide prevention. What steps has the Alberta Health Services Board taken towards establishing a province-wide suicide prevention strategy? As page 89 emphasizes, suicide is a serious problem in Alberta and work should begin immediately on a province-wide suicide prevention strategy targeted at the general population, school aged children and vulnerable populations, especially Aboriginal youth.

Mr. Liepert: I'll let my deputy respond.

Mr. Chase: Thank you.

Ms Miller: A large part of that is addressed through the incorporation of what was previously AADAC into Alberta Health Services as part of one organization. There are a number of programs that AADAC continues to provide and will do so under the new Alberta Health Services. As well, we have several programs that did receive new money under the safe communities program, one I read off before in terms of some addictions programs and support for First Nations communities, et cetera, et cetera. There are also addiction programs, beds, and services as part of AADAC that have received money through safe com as well. Having AADAC incorporated under Alberta Health Services really helps to deliver those programs in more of a continuum of care way rather than in silos, which we've had traditionally before.

Mr. Chase: I'm pleased that AADAC is well and continuing on. It's a terrific program.

The Chair: Mr. Drysdale, please, followed by Mr. Kang.

Mr. Drysdale: Thank you, Mr. Chair. I have a couple of general questions on the electronic health records. I just was noticing in section 1 of your report, on page 78 – it's nice to see goals and targets that were overachieved, more than was expected. Some general questions are: what are the major components of the electronic health records, and what benefits have been achieved as a result of this program?

Ms Miller: The electronic health record has I believe achieved significant results in terms of modernizing our health care system. Really, the three major data sets that are in the electronic health record today are all lab data, essentially. As of this last fiscal year we've got over 90 per cent of all data on the drugs dispensed. We continue to work on getting all diagnostic imaging data presented in the electronic health record. We're not quite there in a full way on the DI file, and the rationale for that fundamentally is some of the technology limitations.

In terms of the benefits that the electronic health record has achieved clinically, there are an innumerable number of providers, primarily physicians, that can speak quite eloquently in terms of how the quality of their decision-making has improved dramatically as a result of having the information at their fingertips. We continue to work at hooking up, if you will, more and more physicians all the time so that we can start to measure the benefit in a more quantifiable way across the system and to get that broad-range perspective. But we do get anecdotally a number of reports of people having to wait less time from GP to specialist referrals because we don't have to repeat tests if they've been done recently. So it does have an effect in that way as well: reduced duplication of tests and reduced in some measured way the wait times, primarily the GP to the specialist part of the waiting cycle, if you will.

The Chair: Thank you.

Mr. Kang, please, followed by Mr. Sandhu.

Mr. Kang: Thank you, Mr. Chair. The waiting lists are getting longer in the health care system and Albertans are waiting up to 20 hours in the emergency ward before they even get their bed. The Peter Lougheed comes to mind. My aunt was there, and she spent 20 hours in a chair before she could get her bed. On page 152 it shows achievement bonuses of \$1.8 million. Is it justified, you know, to have bonuses handed out when the health care system is going downhill? What criteria are being used for determining how achievement bonuses are allocated?

Mr. Liepert: Well, the criteria for the government of Alberta bonus system are pretty clear, and we follow that. You know, we have to ensure that we aren't penalizing individuals because they're working within a system that is not as efficient as it should be. You don't penalize people financially when they've done their job but the system doesn't allow them to do it to the best advantage. That's one of the reasons why we've taken the initiatives we have in the last year and a half to make our system more efficient.

Yes, you're still going to hear about emergency wait times. I think we can probably do as much as we can, and there will always be times when there are emergency wait times. We've got to make sure that it's not the norm. One big issue that we've dealt with is the whole area around emergency medical services. This is going to have a huge impact on our emergency wait times and, as we mentioned earlier, around what we're doing for seniors who are in acute care that shouldn't be there.

It's not just one particular initiative. It's going to be a combination of things, but clearly we have to do a better job.

The Chair: Thank you.

We're moving on now, please, to Mr. Sandhu, followed by Mr. Mason.

Mr. Sandhu: Thank you, Chair. I've got a couple of questions. The first one is on the Auditor General's report, page 311, misuse of credit cards for expenses. What measures have since been taken to correct that?

Mr. Liepert: I'm sorry. Did I hear "misuse of credit cards"?

Mr. Sandhu: Yeah, by employees.

Mr. Liepert: Employees?

The Chair: What page is that, again, Mr. Sandhu?

Mr. Sandhu: Page 311.

Mr. Dunn: This relates to the Peace Country health region.

9:30

Mr. Liepert: I'm sorry. We're going to have to respond to that – we're not familiar with that particular item.

The Chair: Ronda White, do you have anything to add?

Ms White: Well, we just know from doing our work this year that they are working on improving their control systems, but if the ministry can get a more formal response to the committee, that would probably help.

The Chair: Thank you.

Mr. Liepert: We'll see if we can get a response from Alberta Health Services as to specifically what they are doing and respond.

Mr. Sandhu: The second one is in the Health and Wellness report on page 77, public rating. If you look at the last five years, '04 to '08, it's kind of up and down: 65, 67, 65, 55, 60. The target is 69. How close are we to the 69 target?

Ms Miller: My understanding is that we were a little below that target, a very small percentage below, a couple of percentage points as I recall. It is a survey. As any survey is, it is a point-in-time snapshot of how people are feeling about the public health system. We continue to work and try to improve the rating. When we compare our rating across the country, we do very well. But as with anything there's always room for improvement.

Mr. Liepert: If I could briefly add, Mr. Chair, what I continually hear is that when someone is in the health system, the care is outstanding. Our professionals do an outstanding job. The big issue is getting into the system, and that's what we have to work at: access.

The Chair: Mr. Mason, please, followed by Mr. Dallas.

Mr. Mason: Thanks very much, Mr. Chairman. Mr. Minister, I want to follow up on the long-term care strategy, if that's the right term, because the continuing care strategy of the government does not include increases in the number of long-term care beds for about six years. When you outlined those that were being built, I just inferred, perhaps incorrectly, that these were new beds that were being constructed sort of outside the purview of the department. So I'm making the assumption that they are outside the strategy or at least just private companies.

[Mr. Quest in the chair]

There's a report today about a request for consideration of increasing the fees for long-term care from \$54 a day to around \$100 a day. I guess my question to you is: is it the department's strategy to close the gap in terms of the shortage of long-term care beds in our province by providing higher fees to private corporations and then waiting for the private corporations to build the long-term care beds?

Mr. Liepert: Well, first of all, accommodation rates are the jurisdiction of the Minister of Seniors and Community Supports.

But we may as well put it on the table, Mr. Chair, that we have, probably, between this member and myself a fundamental disagreement on who should build up. I do not believe, and I don't believe that our government believes, that government should build everything. We've got plenty of long-term care providers both in the private and the nonprofit sectors who have served this province very well. They have been under some tremendous pressures the last few years relative to construction costs, to workforce issues, and in some cases they're businesspeople who will always try and do as well as they can for their business, which is exactly what they should do.

This member and one of his different-name so-called fronts for the NDP that are out there creating fear is helping nothing, so I would suggest that we had a good meeting. I'm not going to deny that we met with the long-term care providers a couple of days ago. That's my job. We discussed some of the challenges. We agreed that we all needed to be at the table together. The long-term care providers, home-care providers: all of them have come together as one association to work with government to solve this situation as best we can.

Philosophically we're going to disagree, but I believe that we are on the right path. At the end of the day what we need to ensure is that we're fixing this system to build it around the patient, not around some philosophical belief that government needs to own everything.

Mr. Mason: Thanks very much for that. Mr. Minister, I don't think anyone would be surprised to think that we disagree on some of these issues. I don't think that's news. But I am interested in how seniors and their families are going to be able to afford the care that they need if you or the department of seniors allows a doubling of fees for seniors in our province in long-term care as a strategy to ensure that more beds are built.

Mr. Liepert: Well, again, if this particular member wants to take one particular so-called ask – and I'm not going to suggest that it was an ask. I'm not going to believe what his little group out there says, and I'm not going to believe what I read in the media, and I have not spoken to the individual named. I can't speak for my caucus colleagues, but I've got to tell you that I'll bet my seat against yours in the Legislature that my caucus colleagues are not going to allow a doubling of fees for a long-term care facility, so let's get real.

The Deputy Chair: Thank you.

Mr. Dallas, followed by Ms Pastoor, please.

[Mr. MacDonald in the chair]

Mr. Dallas: Thanks, Mr. Chair. I'm looking at page 104 of section 1 of the Health and Wellness report on the consolidated statement of operations. In the expense category, about halfway down there, there's a line item: protection, promotion, and prevention. I'm looking at the '07 actual, the 2008 budget number, and the number that we actually expended, which is significant. I think it's about \$98 million different than the budget. Now, I suspect that some of this might have to do with the way that the former health regions allocated prevention expenditures. But it, I guess, at the outset doesn't give one a lot of confidence in terms of how the plan was made and how we worked the plan there. I'm wondering if you could comment on that.

Mr. Liepert: There are some anomalies there that need to be put on the record, and I would ask my deputy to explain those.

Ms Miller: To be specific, \$30 million reflects the one-time funding in '07-08 for the pandemic influenza supply inventory, and an additional \$67 million relates to additional community funding for the community-based services, of which \$30 million relates to the children-at-risk program, a further \$30 million for the implementation of the positive futures assertive community treatment initiative, and \$6 million in the man-in-motion initiative as well as an additional \$1 million for miscellaneous increases. That should explain the differences.

Mr. Dallas: Thank you. That's all.

The Chair: Thank you.

Ms Pastoor, please, followed by Mr. Benito.

Ms Pastoor: Yes. Thank you, Mr. Chair. I wanted to go back to something that the minister had said, and I'm definitely on the same side on this one. It was about volunteers and about health and wellness. I think we all know that health and wellness starts with a good diet: good foods, a good supply of food, affordable food. But one of my concerns – and I'm hoping that I'm going to hear that you actually are working closely with the feds because I think it's probably primarily their responsibility – is, actually, food safety. Perhaps I shouldn't put this on the record, but I, for one, check labels, and I would never buy anything from China. It's the food safety coming into our province. Do we work closely with the feds?

The other thing is that you also mentioned that you're looking at volunteers, but I think we all know that the volunteer sector has had a huge cut in their budget. Volunteers, of course, are volunteers. They're not paid. However, the administration, to be able to make programs go forward and work with the volunteers, does require money. I'd like just a few comments around that basic health and wellness, which is food and volunteers.

9:40

Mr. Liepert: Okay. Briefly, on the first one I'm informed that that issue that you just raised is on the agenda for the next federal-provincial deputy ministers' discussion. I would like to add that we have a new chief medical officer of health. I don't think that members around this table have had an opportunity to meet Dr. Corriveau yet. I can tell you that in the meetings that we've had – there have only been a couple – that issue is first and foremost on his agenda, so I think you're going to see some steps being taken there.

Relative to volunteers, I want to make it clear. I have had so many people come forward and say: what is it I can do to create a healthier Alberta? These are people who are very prominent in the community and want to lead some sort of an initiative around health and wellness. I accept your comment that volunteers get burned out, I guess is the word that I'm looking for.

I'm not suggesting that this is necessarily even going to be run by volunteers. I believe that we've got an opportunity to create an entity that all Albertans are part of, not necessarily operating it. I'm not suggesting that we don't fund it. I'm suggesting that instead of everything being funded, operated, and run out of the Department of Health and Wellness, let's take advantage of those literally hundreds and thousands of people who've said to me: I want to do something for health and wellness. I'm saying: "Let's work together. Let's create something that is an Alberta initiative, not just a government initiative."

Ms Pastoor: Could I have a supplemental?

The Chair: No, Ms Pastoor. We're moving on. Thank you. You had a question on volunteers and one on food safety.

Mr. Benito, please, followed by Mr. Chase.

Mr. Benito: Thank you very much, Mr. Chairman. On March 21, 2009, the hon. Member for Lesser Slave Lake invited me to her 20th anniversary as MLA for that area. During that visit when I was in that area, I heard a lot of information and stories about the children abusing drugs. My question is: what did the Alberta Alcohol and Drug Abuse Commission, AADAC, do in 2007 and 2008 to support the Protection of Children Abusing Drugs Act?

Mr. Liepert: Did you want to answer that, Margaret?

Ms King: Sure.

Mr. Liepert: Margaret King is an assistant deputy minister who has had dealings with AADAC in the past. She's getting prepared.

I think that part of the problem not only with what AADAC does but also so many of these good agencies out there is that they're involved in treatment and rehabilitation. You know, where we need to place our emphasis is on the children not getting there in the first place. It has seemed to have sort of hit us so quickly that we probably haven't done as good a job over the years in ensuring that we're working closely with our children to make sure that they don't get there in the first place. Maybe, Margaret, you could add a couple of quick things.

Ms King: Sure. AADAC has since July 2006 delivered a court-ordered detoxification and assessment program which will support youth who are mandated under the Protection of Children Abusing Drugs Act. The other activity that's ongoing in this area is, in fact, the children's mental health plan. The children's mental health action plan was announced in August this past year. Mental health and addiction activities that focus on children in need are a very important part of that plan, 23 recommendations that we're working forward on.

The Chair: Thank you.

Mr. Benito, please.

Mr. Benito: Thank you. My supplementary question is about performance measures. What is being done about performance measures that were not achieved for this specific issue?

Mr. Liepert: You're referring to that area that you were just referring to?

Mr. Benito: Yeah. That's correct.

Ms King: In fact, we've been evaluating the performance of that initiative, and about half of the youth who participated in the evaluation of the program were still continuing in treatment after they were discharged. The program has five days of intensive activity, and following that, people are still continuing and participating to improve their health. Over half, 58 per cent, reported an improvement in their general ability and quality of life posttreatment. While parents perceive that five days may not be long enough, we are seeing that follow-up in the community is having the required and supportive effects.

Mr. Benito: Thank you very much, Mr. Chair.

The Chair: You're welcome.

Mr. Chase, please, followed by Mr. Quest.

Mr. Chase: Thank you, Mr. Chair. I'm going to pass my space on to Dr. Swann, and if I may, trade for his spot on the roster.

The Chair: Wow. Okay. That's a first.
Proceed.

Dr. Swann: Well, thank you, Mr. Chair. We like to set new precedents wherever we can.

Referencing the 2007-08 annual report, section 1, on January 29, 2008, the government announced \$300 million towards seven new facilities and hundreds of new long-term care beds to reduce pressure on the acute system. The funding is also referred to on page 14 of the annual report. What is the status of the projects that were supposed to add 600 new long-term care beds in these seven facilities? I hope you haven't dealt with this already.

Mr. Liepert: We have to some degree dealt with it, but I think in order to give a complete answer, Mr. Chair, I'd like to respond in writing. I think I actually committed to doing that earlier. Let's ensure that we have addressed each of the specific situations, where they're at, and I'd like to do that in writing. I guess we can distribute it to all members at the table if that's okay with you.

The Chair: Yes. That's certainly fine with us.

Dr. Swann: Included in that, then, it would be good to know whether Capital health, Calgary health, East Central, and David Thompson have received the entirety of their funds yet.

Mr. Liepert: Yeah, we'll do that. We'll have to respond in that way because I want to make sure we've got the right answers.

Dr. Swann: Thank you.

The Chair: Thank you very much.

Mr. Quest, please, followed by Mr. Kang.

Mr. Quest: Thank you, Mr. Chair. The 10-year Alberta immunization strategy was implemented at the beginning of '07. I'm just wondering what strategies have been implemented to increase access to immunization.

Mr. Liepert: I'm going to have someone respond to that. Do you want to do it, Linda, or do you want to have Margaret?

Ms Miller: Actually, I think it would be good for Margaret to come back. She'll give you some good specifics to answer your question. Margaret?

Ms King: Sure. The funding was distributed to the regional health authorities to support their initiatives in improving the immunization levels of the children in their areas. In addition, we have provided some general information for parents of children and for physicians to encourage the programs that we have in place on immunization. We're looking forward to an enhancement of the immunization rates, and we're also working with the federal government on a new initiative that will also be focusing on more general information for parents and children around the immunization programs that are in place in the province.

Mr. Quest: Just a supplemental. An evaluation plan? How are we going to measure how we're doing with this immunization strategy?

Ms King: There are a few measures in place. One of them will be around: are the messages that we're providing actually useful to parents? Are they understanding them? Are they moving forward? But the more important measure is: are we improving the rates of coverage among the children in the province?

The Chair: Thank you.

Mr. Kang, please, followed by Mr. Benito.

Mr. Kang: Thank you, Mr. Chair. On April 20, 2007, the province announced \$250 million in initial funding towards a new hospital in Grande Prairie to meet the growing demands. What is the status of the work completed on the new hospital in Grande Prairie?

Mr. Liepert: The \$250 million remains in our five-year capital plan. In our three-year capital plan we have allocated dollars for planning. Now, I need to be very clear. That \$250 million is probably not going to build us a new hospital. We need to work with the community of Grande Prairie, the MLAs in that area, to determine how we allocate this \$250 million appropriately to serve the needs of that community, and we're going to be doing that over the coming months.

9:50

As you well know, the ability to access surplus dollars in our budget is probably not there for – it's anybody's guess, but I would say at least several years out. So we need to ensure that we provide the right facility to meet the needs of the residents of northwest Alberta, and we'll work with the community to accomplish that.

Mr. Kang: My supplemental – you probably answered it a little bit – how much of the \$250 million has been spent to date, and how much additional funding do you think you'll need?

Mr. Liepert: Virtually nothing has been spent of the \$250 million.

Mr. Kang: Okay. Thanks.

The Chair: Thank you.

Mr. Benito, followed by Mr. Mason.

Mr. Benito: Thank you very much again, Mr. Chair. This is a follow-up on my first question a while ago about what the Alberta Alcohol and Drug Abuse Commission did in 2007-2008 to support the Protection of Children Abusing Drugs Act. My question: can you elaborate, more or less, on how many youth are mandated under the Protection of Children Abusing Drugs Act?

Ms Miller: I'll look for the stats.

Mr. Liepert: Okay. Apparently, we've got that information.

Ms Miller: In '07-08 there were 672 admissions into that program. Of these admissions, approximately 54 per cent of the youth continued with AADAC voluntary treatment, and 529 family members were also involved in the treatment process.

Mr. Liepert: If I could very briefly, Mr. Chair, it needs to be added that AADAC is not the only treatment for children with addiction problems in this province. There are a number of other treatment

facilities and programs around the province. I want to make sure that that's clear.

Mr. Benito: My follow-up question is: are there any performance measures that were not met with regard to this?

Mr. Liepert: I'm not sure if we have, necessarily, performance measures in place, but what we have been able to do in the short period of time that this particular act has been in place is to make some determinations around what is working and what isn't working and where improvements need to be made.

As you're well aware, Bill 6 is before the House right now. In listening to some of the debate, I believe that all parties are supportive of the changes that we're making to this legislation. Keep in mind that the legislation was a private member's bill, and sometimes private member's bills haven't had the benefit of the research and the background that government bills have. It's been a very, very positive program, but it needs some refinement, and that's taking place in Bill 6 in the House right now.

Mr. Benito: Thank you.

The Chair: Thank you.

Mr. Mason, please.

Mr. Mason: Thanks very much, Mr. Chairman. Mr. Minister, I would like to turn to the question of mental health beds now. The report which we released earlier this week indicated that there was a severe shortage of mental health beds in our province, that we're, I think, slightly below half the national average. Now, I don't want to suggest that averages are what should guide us. But I would like to know: in the department's assessment how many mental health beds do we have, and how many do we need?

Mr. Liepert: I'm going to let the deputy actually talk about numbers, but I'm going to quickly repeat some of my earlier comments. We have done a very good job in this province in terms of community rehabilitation. We're not just going to get bogged down on the fact that if Ontario has X number of beds, we're going to have, you know, the equivalent. We're going to do things differently and, hopefully, better. That being said, there's always going to be a requirement for beds, whether they are in mental illness or in addictions.

I made comments earlier relative to safe communities, but I'll ask Linda to give us some actual data.

Ms Miller: There are a total of 16 designated mental health facilities in the province, there are a total of 92 community mental health clinics, and as of September 30, 2008, there were 1,490 psychiatric beds in service in the province as well.

Mr. Mason: How many do we need?

Mr. Liepert: Well, I think I want to answer that. One of the things that we have to do is ensure that we have a plan around how we're going to deliver mental health services. We have, as I said, begun with the children's mental health plan of last year. There's some good work that has been done already in facilities around children's mental health. One that comes to mind is right here in this city with the new facility with the CASA program. We need to make sure that we're not just out there building facilities without ensuring that it meets a plan. We've got some work to do to update our mental health plan. We started with children's mental health. We're going to continue to work on it.

The Chair: Thank you.
Dr. Swann, please.

Dr. Swann: Thank you. Referencing page 181, promotion, prevention, and protection services, the Alberta Mental Health Board was budgeted \$14.7 million, and \$7 million was spent. What is the reason for the difference?

Ms Miller: For the other \$7 million not being spent?

Mr. Liepert: Was that the time when we turned the delivery over to the regions?

Ms Miller: This would be in '07-08. It probably was due to the delay in some of the services because the responsibility for almost all of the direct service delivery turned over to the regions. The only thing that was left that wasn't turned over was forensic psychiatry. I would assume that was the rationale for the discrepancy, but I can validate that and get back to you in a written report.

Dr. Swann: Could you in your response give some detail about what those promotion, prevention, and protection services consist of?

Ms Miller: Certainly.

The Chair: Thank you.

Are there any other members who have questions at this time? Mr. Chase, followed by Mr. Mason. If you could read your questions into the record, please, we'll get a response from the minister and his officials in writing through the clerk to all members. Mr. Chase.

Mr. Chase: Thank you. Mr. Minister, this may have to do with cross-ministry co-operation, for example, with Education. Obesity leads to untold costs on the health care system, and page 31 from the 2007-08 annual report, section 1 is reporting that less than half of Albertans are considered to be of an acceptable BMI. What steps has the ministry taken to address obesity and ultimately reduce the burden of this problem on the health care system? The supplemental: what percentage of Albertans who have diabetes are aboriginal, and what is being done to specifically address this growing trend?

Mr. Liepert: We will respond to that.

The Chair: Thank you.
Mr. Mason.

Mr. Mason: Thanks very much, Mr. Chairman. I would appreciate it if the department could respond to a couple of questions. One, for my follow-up: how many active treatment beds are currently being occupied by mentally ill patients? Secondly, what is the status of the syphilis epidemic in Alberta, and what steps have been taken by Alberta Health? What's the trend in the number of cases that we've seen? Thanks.

Mr. Liepert: Mr. Chair, the first question caused me a little concern. I presume that we will be able to provide that information, but I just don't know that we can break down how many patients are in acute-care facilities because of mental illness. That might be a very judgmental kind of – we'll do our best, but I can't promise that one.

The Chair: Okay. I appreciate that.
Mr. Kang, please, to conclude.

Mr. Kang: Section 1 of the Health and Wellness annual report 2007-08, page 148, line 2.0.6 shows that academic alternate relationship plans were unexpended by \$40 million. What was the reason for the unexpenditure, and was there a review conducted to ensure that funding for this program is fully utilized going forward?

10:00

The Chair: Thank you.

On behalf of the committee I would like to thank Minister Liepert this morning for his attendance. We appreciate it. We wish you and your officials the very best as you carry on with your administration of our much-needed public health care system. While we conclude our other items under the agenda, sir – I know you've got a tight schedule. Thank you, and you're free to go.

Under other business, item 5, is there any other business that committee members wish to raise at this time? Thank you.

The date of our next meeting, with Service Alberta, will be on Wednesday, April 29, at the usual time, 8:30 to 10 o'clock. May I have a motion to adjourn? Mr. Sandhu, that the meeting be adjourned. All in favour? Seeing none opposed, thank you. Have a very good week.

[The committee adjourned at 10:01 a.m.]

