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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Alberta | 17e  | 1re  | Réplique au discours du budget  | 21 mars 1972 | M. Neil S. Crawford | Ministre de la Santé et du Développement social | PC |

**Mr. Crawford:** Mr. Speaker, at the outset, I would like to record in respect to the budget delivered last week by my colleague, the hon. Provincial Treasurer, my confidence in that document and my full support for it as presented. Along with that, I would affirm my confidence that it will be well received by the people of Alberta over the coming fiscal year, and will be recognized for the responsible document that it is and a valuable instrument of service to the people of Alberta. I would have to say that I’m particularly pleased with the emphasis in the budget, as of course would be anticipated following the Speech from the Throne, in regard to senior citizens, the handicapped, and mental health.

 I would like to join in the congratulations that have been offered to the hon. Provincial Treasurer in bringing down his first budget and in presenting such a fine one. I would also like to remark upon the quality of some of the speeches that have followed the formal introduction of the budget, in particular, that of the Minister of Mines and Minerals, who should be commended for the detail and the clarity of his presentation. Now that remark isn’t entirely without some little trace of self interest in it, Mr. Speaker, because I have the feeling that what he brings in through his department, goes out through mine and I just want to keep on the best possible terms with him.

Mr. Speaker, the imposing figure attached in the estimates to the Department of Health and Social Development is in the neighbourhood of $393 million. Because of that I think the House would certainly like to have, and would be interested in, an outline of some of the programs that are being maintained from existing programs of the past: some programs that are being expanded, and as well of course, a reasonable statement of the new priorities which are being highlighted by the budget, consequent upon the highlighting of them in the Speech from the Throne, and in particular the financial framework in which these new priorities are to be regarded. In presenting this information I will try to dwell, not so much on criticism of the policies of the recent government, as on the directions for today and for the future.

On the things, Mr. Speaker, that I have tried to achieve during the preparation of estimates and generally in familiarization with the many tentacles of my department since last fall, has been the question of improved financial control within the department. I am afraid the record shows that over 40% of the amount that had to be requisitioned as a supplement to the budget passed by the last Legislature, is attributable to inefficient estimating by the last government in my department, and that figure stands in excess of $34 million. To try to overcome this failing in the future, we have from the start, over the last several months begun to increase our expectations of the program directors in the department, with regard to their financial responsibility and accountability: this area was notably without emphasis prior to out taking office, and one would suspect perhaps over rather a long period of time.

Now the means by which I hope to be successful in this connection are these: Firstly, the program directors have been involved in the determination of estimates and priorities, as well as in the reorganization of the appropriations in the department into program groups. We have commenced – and I think that is the right word—the practice of priority budgeting, and have attempted to apply our cuts in the estimates on a program by program basis, where the weak points could be identified, selected and cut, rather than by making cuts across the board which, of course, levels the same axe on a god program as it does on a bad one. I do feel that with just that much leadership in the department, the officials, at estimate time respond better than I believe was the situation in the past. As Provincial Treasurer has said, we will use the budget as an instrument of the management of government programs and the management of the directors of government programs and not, as in the past, when the budgetary procedure appeared to be rather too much of allowing further pudgy growth around a doubtful core of programs.

In another very important area, we are trying to achieve increased cost sharing with the federal government. I wonder how many members of the House realize just the significance and the importance of this subject. In particular, I wonder how many of the new members understand just how important this subject is. As I became acquainted with this area of concern in my department, it was a real eye opener. I don’t suppose we have achieved all that is to be done there yet, but we are working very hard in the direction of increasing cost sharing with the federal government. With the limited funds available for new developments, these funds are very important indeed. While the fiscal relationship on health costs is being discussed, it is important to utilize the present agreement to the maximum possible extent that Albertans get their fair share. This refers to the dialogue that is taking place and the change we sense as a future possibility in our relations with the federal government. But while we are still anticipating, it is necessary to get as much sharing as possible under existing arrangements. I am not satisfied that the previous government undertook this responsibility with dedication. It has been found that at least one program not previously shared is shareable under The Canada Assistance Plan, and this relates to the geriatric centres at Camrose, Claresholm and Raymond that are shareable to the extent that patients are unable to pay for the cost of their care. I am optimistic that other programs are shareable, and would say that every effort is being made to insist that Albertans receive their full share of these programs. I can certainly say that if successful, we are talking about a saving of several millions of dollars each year for Alberta taxpayers. Mr. Speaker, it is my hope that through a meeting of the First Ministers, of the Finance Ministers, or of the Health Ministers further progress can soon be made in regard to a new cost sharing formula relating to the health and social development fields. One of the limiting factors in developing new directions in the health care and changing the existing system is that the federal-provincial formula is itself one of the contributing factors in increased provincial costs. The present formula inhibits the development of alternatives by encouraging excess hospitalization and discouraging community care which is not cost-shareable.

To go on to another point, that of health manpower, yesterday we heard the hon. Leader of the Opposition say that the Department of Health and Social Development was looking to 220 new positions. My count is 213, an increase of 3.4%, but I think the House should have regard to where these new positions are to be used. Without going into all of the detail, 160 of these new positions are going to be used in three areas. The first one, where 33 new positions will be used, is the area of the Alcoholism and Drug Abuse Commission.

At the time that we came to office last fall, that organization was in crisis condition. I t was claimed by the commissioners to be under-budgeted and understaffed, and the statement was made that they had been budgeted on the basis of the old Alcoholism Division, with no capability built into their budget of last year—the year that just expired. No capability was built in for the handling of the additional problems of drug abuse. Therefore, the 33 new positions that will be going to that commission are to enable them to handle their duties properly in both of their areas of interest, and as well, their budget has been substantially increased. We look forward to a more solid effort in this area than has been possible for the commission in the past.

The other two areas, where the health manpower increases were substantial, both relate to programs for the handicapped. These involve 127 new positions, providing services that were non-existent under the recent government. They are involved in new positions in Edmonton, and the House is very familiar with the run-down I gave a few days ago in regard to the facilities at what was the old Misericordia Hospital in Edmonton, where some 96 positions are involved. The Balance of the 127 are involved in Red Deer.

Mr. Speaker, this brings me to a brief summary of programs for the handicapped that will be funded from the special government allocation referred to in the budget for this purpose. First, a new director of services for the handicapped and necessary supporting staff will soon be appointed to ensure the development and implementation of new services for handicapped persons in Alberta and their coordination with existing services. During the next year, primary consideration will be given to mentally retarded children because of their established need for additional service which have not been developed to date. Steps will be taken to arrange for a review of the approximately 600 retarded children reported to be awaiting admission to the Red Deer School Hospital to determine if the extent of their needs has changed, and to explore other alternatives as to their placement.

I think that this sort of initiative, Mr. Speaker, is important. It implies, as I believe to be the case, that no continuing review of the status of children on this waiting list was being done over the past several years. One will be done now and the exploration of other alternatives for their placement appears to have real possibility. One might wonder that it is possible not to have sufficient information on those both on the waiting list and in the institution to permit consideration of whether or not an alternative for each patient might be found outside of the institution. Since the numbers of physically and mentally handicapped person in the province, where they are located, and what services are best suited to their individual needs, is not known, it is proposed to conduct a survey of the province to obtain the necessary information with which to plan the rational development of services for these handicapped people.

Next, on the basis of present knowledge, and the results of the survey to be undertaken, it is expected that new programs and changes in existing programs will be required as follows. First, an assessment of the unit in Red Deer to prepare residents of the Alberta School Hospital and Deerholm for discharge into community facilities, including a follow-up program. Secondly, an improvement in the staff to residents ratio at the Alberta School Hospital and Deerholm in Red Deer to expand their social and vocational rehabilitation programs. Thirdly, a foster care program for persons discharged from these two institutions in Red Deer, as well as for persons who may benefit from foster care placement as an alternative to placement in an institution. Next, the expansion of the existing community residence program to provide for a group living situation for handicapped persons as an alternative to institutional placement on foster care. And fifthly, the possible establishment of day care centres for handicapped persons in Edmonton and Calgary. If it is possible to establish such centres within the new program, they would have as their main objectives the more adequate preparation of the children for admission to special school facilities, and to assist the parents of the children in providing for their care at home.

Further, in connection with the handicapped, I would like to outline new initiatives in the field of sheltered workshops, which are so important in providing useful activities for mature handicapped people to the extent of their abilities. Currently, there are seven sheltered workshops in Alberta, plus three others in the planning stage serving the handicapped, both physical and mental. In the past, no policy was established by the Alberta government to assist and provide direction to this important service. Sheltered workshops are considered by the government an essential service program within a community as part of the total delivery of health and social development services. Our objective is to enable handicapped persons to function to the best of their ability within their community. A six-point program which will be the first organized in Alberta in this field, has been drawn up. In connection with developing a formula for providing capital and operating funds to agencies that would operate sheltered workshops, the House should be aware that sheltered workshops, when they are normally developed, are the result of a private association or society getting together with this commendable motive in mind, undertaking certain programs that would be of assistance to the handicapped, and then seeking from the government as much assistance as they may require to make their operation viable. Now the assistance that can be looked forward to from the government in the future will be as follows.

First, a capital cost grant for new workshops or the expansion of existing workshops to accommodate additional clients will be calculated according to the number of persons to be accommodated.

Secondly, as to the above grant, the total would be $900 per client for land, buildings, equipment and furnishings. This represents about 50 per cent of the minimum cost of establishing a sheltered workshop. The remaining 50 per cent would be the responsibility of the sponsoring body and would stand as an indication of community support.

Thirdly, where an association or agency is renting space for a sheltered workshop, a yearly grant of 50 per cent of the annual rental cost may be made in lieu of a capital grant.

 Fourthly, the amount of the operating cost grant will be establishes on the basis of $3.00 per day, times the number of spaces available in the workshop, based on 240 attendance days per year. Where spaces are available for only a portion of the year the grant would be calculated as $3.00 per day times the number of days available times the number of spaces.

The fifth item in the program is that the operating grant will be made for a 12 month period covering the period of the government fiscal year- April 1st- March 31st.

Lastly, the cost of material, client wages, and equipment or renovations would be offset by revenue from the sale of products manufactured by the clients in the work shop, and expenditures from these items and revenues from this source would not be considered in calculating the operating grant. In order that a firm financial footing can be planned by the department for the coming fiscal year, we will be asking agencies and organizations to have budgets and submissions prepared and submitted by September of each year for the following fiscal year.

For the purposes of the coming fiscal year and the present budget, the current funds that will be allocated to support these critically important services have been based on estimated known requirements according to the expression of interest in sheltered workshops received by the government from different communities. Additional financial support could be made available on a selective basis if the demand were greater and if sufficient funds were available.

In summary, I am proposing that operating grants totalling approximately $200,000 in operating funds will be provided for newly established workshops and approximately $100,000 for capital costs.

It will be seen that when the matching funds from the private sector are taken together with the funds available from the provincial grant initiative, a substantial fund will be created for the development of sheltered workshops.

Mr. Speaker, moving on to mental health - much has been said and will be said in regard to the Blair Report. The priority recommendations are well known, but I would like to summarize some of them. First, one of the priorities listed was the development of a new organizational and administrative structure for health services in the province. One that I referred to at the time of the Throne Speech Debate was the introduction of an active program of recruitment and training of mental health professionals at realistic pay scales. Next, the coordination of community facilities related to mental health. Next, the integration of health units and clinics and possibly welfare units on a regional basis. This is a substantial challenge and would not be free from difficulty. One that I have just touched on in regard to handicapped people to some extent is the improvement of standards, facilities and services in connection with the treatment and care whether the handicapped person be emotionally disturbed or otherwise handicapped. The $1.2 million special fund provided for in the budget will be used for seed money to begin and redevelop the sagging and unimaginative mental health program.

My review of the developments since the Blair Report of April 1969, showed little program development had taken place. Not such significant leadership had been undertaken and no usable planning had been commenced. The reorganization of Alberta’s mental health services can be commenced simultaneously in several areas and I will deal with some of them.

First, under delivery of service, our planning is placing emphasis on the development of community based comprehensive services. Such cost effective proposals as day, night, and weekend services, follow-up clinics, drop-in centres, domiciliary care and emergency services are receiving attention. Special emphasis will be placed on the urgent need to expand greatly the foster home care program. Foster parents will be appropriately remunerated and will receive training in the necessary support services. Two basic principles must be accepted in order to ensure an improved service. Decentralization is the first of these. Each area of the province has its own special problems in its own different stage of development. No overall plan will apply easily to all regions, yet services must be developed without duplication. Special attention will be paid to the development of services in Alberta cities, and the plans can soon be forecast for travelling clinics to provide a more equitable distribution of mental health services in rural Alberta.

The second basic principal is that of community participation. With the cooperation of the Alberta Mental Health Association, it is hoped that local communities will be organized so that each has a mental health organization which will support and assist travelling clinics. Existing service delivery systems such as the Public Health Service and the Alberta Guidance Clinics will be used in early detection follow up and in information gathering.

Next, in respect to manpower, existing programs aimed at training nursing staff social workers, psychologists, and other mental health workers are not adequate for the development of new community health programs. Brief training and orientation programs will be instituted as soon as possible to provide necessary information to registered psychiatric nurses, public health nurses, general nurses, social workers, psychologists, and physicians. The government plans the appointment of a Director of Education who would be concerned with the education and re-education of mental health workers.

In respect to the existing institutions, the Alberta Hospital at Edmonton will develop its long term and remand forensic functions, and will continue to look after long term psychiatric patients and maintain an acute function to relieve city hospitals. Consideration will be given to transferring geriatric areas to the Hospital Services Commission. An intensive behaviour modification unit will be developed.

In respect to Ponoka, I made some remarks about that in the Throne Speech debate, and an effort will be made to develop a further rehabilitative program at the Alberta Hospital, Ponoka.

Now, Mr. Speaker, I have dealt in moderate detail with two or three very important areas and in closing in just a few minutes, I want to make passing reference to the question of hospitalization. I mentioned earlier that my department was well represented (to the extent of over $34 million) in the supplemental estimates that had to be passed as a result of estimates that were carelessly, or at least inaccurately, made last year. An attempt is being made now in the hospital area to rationalize this sort of explosive budgeting, which we indeed had some difficulty and some concern in trying to bring under control in regard to the Hospital Services Commission during the last several months. Just to draw the figures to the attention of the House in brief summary: in 1970-1971, the actual cost of the services that are now provided by the Hospital Services Commission, including nursing homes, amounted to $188 million. The recent government budgeted for an increase to $195 million in 1971-1972, the current fiscal year, and therefore proposed a modest increase of about $7 million or about 4 per cent. In fact, compared to the figure of $188 million for what will be the base year of 1971, $24 million: this was not an increase of approximately 4% as budgeted for, but an increase of some 13 per cent.

Mr. Speaker, I suppose that this relates to the difficulty that one has in estimating programs which admittedly some people across the country have said are out of control. I think a much better job could have been done than what is painted by the figures I have just been obliged to recite.

I am aware that the rate of increase in these costs per year has averaged 14% in each of the last five years in Alberta. For the next fiscal year, in respect to the present budget of 1972-73, we are budgeting for a conservative 11 per cent increase and if successful, Mr. Speaker, this will represent – and I think this is very important, and conclude in making this remark – if we are successful in sticking to the 11 per cent increase that we are budgeting for, it will represent the first downward pressure on the inflationary trend in hospital costs within recent memory.

Thank you.