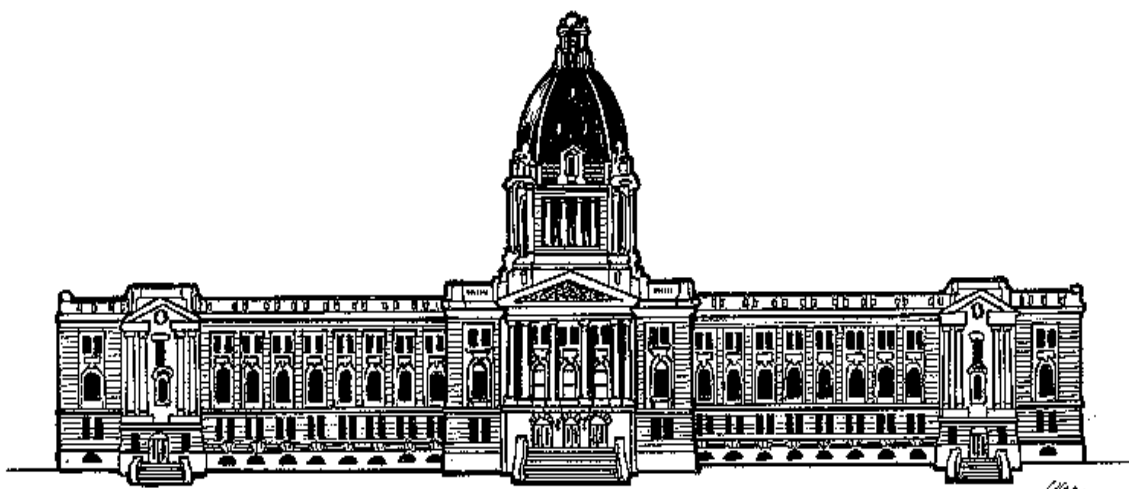




# **STANDING COMMITTEE ON HUMAN SERVICES**

## **Hansard Verbatim Report**

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## **STANDING COMMITTEE ON HUMAN SERVICES**

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Mr. Greg Ottenbreit  
Yorkton

[The committee met at 15:00.]

**The Chair:** — Good afternoon. I'll call the Standing Committee on Human Services to order. This afternoon and this evening we once again have a lengthy agenda. On the agenda this afternoon is consideration of Bill No. 63, *The Saskatchewan Housing Corporation Amendment Act, 2008*. Then at 4 o'clock, we will then move to Bill No. 66, *The Witness Protection Act*.

There's a couple of housekeeping items that we'll deal with before we call upon the Minister of Social Services and her officials. We have a substitution this afternoon, Mr. Forbes for Mr. Broten. Also we have a document tabled for the committee from Corrections, Public Safety and Policing. This is information that was requested at a previous committee meeting dealing with the estimates of spending for that ministry. So that document is tabled.

**Bill No. 63 — The Saskatchewan Housing Corporation  
Amendment Act, 2008**

**Clause 1**

**The Chair:** — So, Minister Harpauer, I would call upon you to introduce your guests. And if you have a short opening statement, I'd ask you to do that at this time also.

**Hon. Ms. Harpauer:** — Thank you, Mr. Chair. To my left I have my deputy minister, Dr. Allan Hansen, and to my right I have my acting assistant deputy minister for Housing, Larry Chaykowski. I have no opening remarks.

**Mr. Forbes:** — I've got a few questions.

**The Chair:** — I recognize Mr. Forbes.

**Mr. Forbes:** — Thank you very much. I appreciate . . . Yes, we've had a lot of time in the House, and so there's some speeches and I've had a chance to review them. And the actual amendment is relatively straightforward, and I think we'll be supporting it at the end of the day. But I do have some questions before we get to that point.

Essentially what it is is moving it from a board of one to a board of not less than five and then all the things that go along with that. Now when it's not less than five, I anticipate that you may be appointing a board, five or more. Have you thought about how big the board will actually be when you appoint it?

**Hon. Ms. Harpauer:** — Thank you for that question. Yes, we have given some thought to it. We have nothing finalized at this point yet. We're probably looking between 8 and 10.

**Mr. Forbes:** — And this recommendation came from the Merriman-Pringle report, I assume, and there were five recommendations that dealt with Sask Housing Corporation as it was at the time. And the one that drove this, I assume, is the one that was . . . And I'll just read it: "Change of governance structure of the Saskatchewan Housing Corporation to a board comprised of housing stakeholders across the province, including representation from municipalities."

I don't know completely what they meant, but clearly they were talking about housing stakeholders. They wanted people from across the province, and they wanted to see some sort of representation from municipalities. Have you thought about what the board will look like? How will it be made up?

**Hon. Ms. Harpauer:** — I was talking before . . . Very important of course, I think, is to have a representative for First Nations, for Métis Nations, the industry — because I think we need to be sensitive to what the industry can do and how quickly the industry will react and what's realistic within the industry — municipal, and of course we still need the connection to the officials within Sask Housing. So I foresee still having someone on the board. Probably the deputy minister of Social Services will still have that position to keep the connection to social housing.

**Mr. Forbes:** — Now a couple of groups I was thinking about . . . And I've talked a little bit about this in the House. One of course in the Sask Housing Act, it does refer to student housing, so there's clearly a connection between Sask Housing and student housing.

Have you thought about having someone . . . you know, ideally it might be students, or it might be somebody from the administration from post-secondary, either universities or SIAST [Saskatchewan Institute of Applied Science and Technology]. I know that you can't have everybody on the board because then it just gets too big, but it's a very important part of housing in Saskatchewan. Have you thought about putting someone on from that?

**Hon. Ms. Harpauer:** — Of course there's a number of groups that we can consider. What I will lean more towards is individuals that will have the entire, broad picture rather than specific sectors within housing. I do however expect the board to meet with those sectors.

Student housing is not necessarily . . . limited isn't the word I'm searching for, but it is narrow in what meets the needs of student housing and what those housing units will look like, and may or may not be triggered by the vacancy rate within the given city that the housing is decided upon, etc. So it's a narrower . . . specific housing unit that students are looking for.

I would rather have board members that are looking at the broad, provincial picture of what a community needs as a whole, and of that, one of the pieces may be student housing. And I'm hoping that they will be consulting with the specific groups.

Another one that I've met with — and I believe you have met with them too — on occasion is the New North leadership that we have. Again I think it's very, very important to stay in touch of what's needed in the North. But it's different, unique, and a little more narrower in scope of what is needed there to what's needed in downtown Saskatoon. So the members that I will choose, I want them to be able to look at the entire, broad picture rather than one narrow area within the housing piece.

**Mr. Forbes:** — So I think what I'm hearing you say is you're for the broad picture along this way but across also the

province, sort of both ways — the provincial picture but also the whole housing continuum. So the students would fit into part of that. The immigrants would fit into part of that.

**Hon. Ms. Harpauer:** — You know, there's so many pieces to social and affordable housing because there's both, and of course there's rental. There is seniors and there is home ownership. So there's a number of things to look at. There's the relationship with the federal government, and there's repairs that has to be remembered through the entire piece. So I want individuals that have an understanding of the industry plus the social need.

**Mr. Forbes:** — Now within the industry sector, one of the things . . . and we've talked a little bit about this. And it talks about it actually in the Act, and Merriman and Pringle talk about this in terms of energy-efficient building practices . . . is it maybe someone that you'd be looking for at one of your appointments would be really familiar with the best practices, current practices in energy efficiency in home construction, that type of thing? Or you know . . .

**Hon. Ms. Harpauer:** — When the board is brought together, it'll be a direction that definitely I will expect them to look at. Am I specifically looking for someone with expertise in that area? I haven't been. However I do want the board . . . as well as the Sask Housing officials have been very, very mindful of the energy efficiency piece. There are programs that we have made available through the corporation, through the officials' initiatives to encourage energy efficiency in homes. So we don't by any means want to see that ball dropped.

**Mr. Forbes:** — That's hugely important. And I think that particularly in Sask Housing it has been this and continues to be this way — a real leader in terms of housing construction or even within some of their work that they've done within some of the housing authorities. I know in terms of energy efficiency, that's a thing that's really important.

When you're looking at board members, are you thinking that these folks will be bringing a lot of experience, and therefore they may be on the board? I'm thinking almost, you know, we get some people or people are on the Crown boards so therefore . . . a few years, not many, many years. It's not forever. But we want them to have some continuity, and so it's not one or two year. There's no time limits on this is there? Are there time limits on the appointments?

**Hon. Ms. Harpauer:** — No, there isn't but I think it's important to revisit that because you're right. Nor do you want to renew the board as a whole. You want to have some corporate history taken along with it, so we're going to have to look at a rotation of changes in board members as time goes on.

**Mr. Forbes:** — So this will be passed and will come into effect on assent. and I assume that means by the end of the week. Now when do you anticipate the appointments? Have you put together kind of a time line over the next six months — a year? — of how you see Sask Housing . . .

**Hon. Ms. Harpauer:** — I'm really hoping within a month of the Bill passing that we can be making an announcement on the board. I have definitely compiled — with consultation with

different stakeholders — different names that have been brought forward that, potential people that are very interested in this board. So I have a name list with backups because I'm uncertain at this point whether or not that the individuals that have been suggested will be available or even interested, but hopefully that they will be interested. I think it's an exciting industry to be involved in, especially now when we are still, although not as much pressured . . . the market has cooled somewhat; it still is a very, very important item for our province.

**Mr. Forbes:** — Now do you see some of the things we've been talking about in committee in estimates that type of thing? The five-year plan, the first five-year plan for HomeFirst has expired, and so now the ministry and Sask Housing's thinking future steps. Will they be developing or how . . . What will be some of their first jobs that they'll be doing?

**Hon. Ms. Harpauer:** — One of the first jobs is to take a look at all the programs. Sask Housing has an incredible number of programs. The uptake and the effectiveness of some of those programs is really great and others are not. For example the secondary suites program — and I believe under the previous administration of which you were part of — \$2 million was allocated for that program. The uptake has been minimal to none, and you would wonder why in today's market. So I want not necessarily to scrap it, but let's take a look at what's the barrier. Or you know, is the proper funding allocated or could be better used elsewhere.

There are a tremendous amount of programs within Sask Housing. And the uptake in some, as I said, is very good, and they seem to be very effective, whereas others are not.

We also need to look at how we align and what funds are available with the recent federal government announcement and how we can maximize the dollars within the Sask Housing Corporation by partnering with the federal government. So that is an important piece.

We do not at this point have an effective home ownership program. The HomeFirst home ownership program was not entirely successful in that I don't think it helped the most in need in the larger centres where there was a vacancy stress due to lack of housing. What happened with the program . . . And it was designed again by the previous administration towards the end of the term. But the intent, I don't think the intent of the program was reached because if you could qualify for the help through the Sask Housing Corporation, your income was too low to get the additional mortgage when you were in a situation where housing skyrocketed the way it did in our major cities.

It did help the smaller communities. It definitely helped some of the communities in my constituency that was looking for housing for immigrants. And of course your small towns don't necessarily have a lot of extra housing. So it fit one scenario and not another.

I want the board to maybe go back and take a look at the NHOP [neighbourhood home ownership program] program, and would that be a better fit? I know it would need adjusting in order to be so, but I want them to look at the possibilities of home ownership.

**Mr. Forbes:** — I was going to ask you a few questions. I know that that's one of the other recommendations that Merriman and Pringle talk about. Life leases might be an interesting thing. And of course when you appoint and you get the board up and running, it might be a really good time to take a look at the Act because, in preparing for today, you know, you go back and you look at the whole Act and you say, this is quite an interesting Act in its entirety. If you read the whole thing, it talks about student housing. It talks about co-ops. It talks about urban renewal, that type of thing. And I'm thinking this would be quite exciting.

So have you thought about . . . And there are some other changes or recommendations that the Merriman Pringle report talked about, and I want to ask you about some of them. They talked about the board, changing the board here, improving coordination between Sask Housing, municipalities, local housing authorities to develop long-term planning. Will you be thinking about that? A multi-year approach? So that, for example, when you do request for proposals . . . Clearly markets change. You have to get financing into place. You have to be very quick — i.e., when the federal government announces things like they did this February — to seize that opportunity.

[15:15]

But also when you're using other non-profit organizations, when they're trying to get their money together so they can say, we actually do have our resources together and we're ready to move forward, are you thinking about using that board to help with the coordination so you have some long-term planning, multi-year planning?

**Hon. Ms. Harpauer:** — I think the long-term planning and the multi-year planning has to be done in . . . Very much that is the significant play from your municipal governments. What would be a long-term plan suitable to Saskatoon, for example, may not be the needs of Regina. And a city that leaps to mind is we really seriously, you know, there is an issue of seniors housing in Moose Jaw. So I think it's very important for this board to work closely with the municipal governments. They are extremely efficient at knowing what their cities need. And then of course for rural Saskatchewan the needs are different.

And so it's very difficult to just say, okay here's the long-term plan and we'll do X number of houses. I think we need to really look at the different municipalities, what they need, and then allocate dollars accordingly.

I definitely do see pressure in my constituency for housing for immigrants because I have, you know, the hub of the small manufacturers within the constituency that I live in. There is housing shortages in some cities, but not low-income. They've had an influx of workers. It's a lack of housing, but it's not low-income or social housing. Regina is definitely looking at a low vacancy rate right now, so they are looking for social housing.

So that, you know, you have to work I think uniquely with the different communities to meet their needs.

**Mr. Forbes:** — One of the things that when this Act was put

together back in the '70s I believe, you know, the issue around homelessness, absolute homelessness was not the same. And you know, the Salvation Army hostel could deal with those kind of issues. Clearly the world has changed an awful lot.

Where will that responsibility for that absolute homelessness, the shelters . . . Now I know some of the shelters actually have moved or not, over to some of the . . . I'm thinking the transition houses have moved to Justice.

**Hon. Ms. Harpauer:** — Yes.

**Mr. Forbes:** — So will the absolute homelessness, the shelter part, is that within the Sask Housing mandate or is that underneath the Ministry of Social Services?

**Hon. Ms. Harpauer:** — It's underneath the Ministry of Social Services because we pay per diems for the usage of emergency shelters. And you were correct. It hasn't happened yet but we are moving transition houses and sexual assault agencies to Justice to align them with the different supports and court systems they have available for the families that are experiencing domestic violence and sexual assault.

The federal government has actually dedicated a fair amount of money recently, in the last couple of years, to homelessness, dedicated to emergency shelters. And a number of our different organizations here in the province have accessed that money and are in the process of expanding their emergency shelter facilities within their cities. But in essence, right now the involvement that the province has is through the Ministry of Social Services.

**Mr. Forbes:** — Okay. That will be very helpful actually, you know, to differentiate between the two. Well it's not a major thing but it's an indicator, that per diem thing. So thanks for that.

Another recommendation was the emergency tenant fund. And I know that there's a CBO [community-based organization] in Saskatoon who's looking at trying to establish some sort of rent bank or some sort of forum for that. I'm thinking this is something that came out of the list of recommendations.

Have you done any work around the emergency tenant fund? I have questions about the legal aspects of that. I'm not sure who can lend money, wonder what are the laws around lending money. I don't think, I don't know . . . Can anybody just go out and lend money? I'm not sure if there's guidelines to that. So I'd be curious to know, now that we are talking about the Act, whether the Act could be helpful in that. It doesn't speak to that in the Act currently.

**Hon. Ms. Harpauer:** — No, and I haven't . . . What we did as a government since the report came out was we changed the tenancy Act to extend the time period that a landlord had to give in order to have a rent increase. That was also a recommendation within the report, so that has been done by our government.

The other thing that was done within the Ministry of Social Services is if the vacancy rate within a community is less than 1.5 per cent, we will pay whatever the rent is for an additional

... Just one moment and I'll ask for advice. It's either additional three or six months. Do you know?

We're just looking for that so I might have to return to that. But we extended, or have a time period, that we'll pay the actual rent. So if the rent is increased over and above what the shelter rate is that our ministry will pay, we'll pay what the rent is if the vacancy rate within that community is less than 1.5 per cent. And we will help them find an appropriate shelter. If that is not happening, we're pretty generous to how long we'll extend that. So we pay their rent actually, what it is.

In Alberta and Ontario, is the two provinces that I've just begun to — and I don't know the details — of looking at their tenancy funding, you know, because it goes beyond what would be Social Services clients. I don't know the cost of that or the effectiveness of it. I know Ontario is also lobbying to have shelter rates responsive to the community or reflective of the community in which the individual lives. And of course we made that change and changed the zoning to also include bedroom communities because the rent often is as high as the main city itself. So Ontario doesn't have that program. We've implemented that and it's been very well received.

So it's very difficult to compare when it's such a mix-match of programming and funding available. At this point it is not a consideration that I have. However I'm, you know, slowly sort of wading through questions that you have as well. Legally, how do you make that happen?

**Mr. Forbes:** — That is the concern, you know, whether it's better done through a community group or through the government, but I just would want to make sure if a community group is doing it, they have all the legal information possible because I would hate to see somebody get ... It's not the same as the food bank or, you know, other things, even though there are regulations with that too that we all have. And that's very important. So I think it's the rent supplement, is that what you were talking about, the 30 per cent, 70 per cent?

**Hon. Ms. Harpauer:** — Both the rent supplement and the shelter allowance within SAP [Saskatchewan assistance plan] and TEA [transitional employment allowance] reflect the rate within the community that the client lives in.

I may have to get the length of time that we'll pay the actual rent back to you.

**Mr. Forbes:** — I'd sure appreciate it.

**Hon. Ms. Harpauer:** — Yes.

**Mr. Forbes:** — And I think it's a great thing. And of course, we've talked a little bit about this and I'm curious about why the barriers though. It hasn't again had the great takeoff that I anticipated that it would because it just seems to me, especially last year, there was such a need for it.

**Hon. Ms. Harpauer:** — The rent supplement.

**Mr. Forbes:** — Yes. But I do want to ask you another question about that, and this was raised with me on Friday actually. The rent supplement is only eligible for families and disabilities.

And I was at an immigrant event and they had raised this as a concern because folks are coming here to Canada as singles actually, but they're really part of a family and they hope to establish themselves as a family shortly. But that first shock of being here, it's pretty tough when you're by yourself and you can't qualify for the rental supplement.

And so I would raise that as something for you to take back because to me I hadn't thought that this was not, these people were not single. They were single when they were here, but they do hope to bring a family here and so they do hope to find appropriate accommodations for their family. But it just can't happen on the wages they're earning and the circumstances and so ... The rent supplement is not for them so ...

**Hon. Ms. Harpauer:** — Yes. The rent supplement is for singles if they have a disability. Yes. The theory behind it is that, of course, we need to address first and foremost — and I know you agree with me on that — is child poverty. But the idea behind it is the single person has more options. They can rent a bachelor suite. They can have a roommate easier than a family or an individual with disabilities that may need special structures within the home. So that is the rationale why it was, you know, made available to families and individuals with disabilities.

So obviously in this budget that we'll be passing this week, we did not consider expanding the program. However we will be monitoring it because there isn't a lot of supports for the single individuals and we have to be very mindful that, yes, they do have more options for housing than a family would. We still have to be mindful of not letting them totally fall through the cracks.

**Mr. Forbes:** — I think it would be interesting to consider those people who are single but bringing families to Saskatchewan because that could be helpful. I don't know how big of an issue that is, but it was raised with me.

One of the things that you had talked about was of course — and it's always a good thing — increasing the transparency and the accountability of Sask Housing. And one of the issues will be around the contracts because, you know, groups get very excited about how they can participate in this. And they see housing as a core need, and a community group feels like if they can participate, this would be a good thing.

So requests for proposals ... I'm thinking of some of your projects you've had. Now you have now this year 30 million out. That's your budget, I think, and you've allotted 10. I'm thinking of where the Habitat for Humanity budgeted. That's one out of 10 million, is it not?

**Hon. Ms. Harpauer:** — Yes.

**Mr. Forbes:** — And you've got another nine to come. But there's an overall 30 million allotment. I think part of that is for renovations or upgrades.

**Hon. Ms. Harpauer:** — There's 14 million in the budget. And Sask Housing is so confusing to nail down the money available because some projects you allocate ... For example, we allocated 15 million for the student housing with the U of S

[University of Saskatchewan]. Now that 15 million will be in our bank account for a while because it won't be billed all of it this year. They're hoping, you know, of course to get it started. So that remains.

And it's kind of a rotating fund, so although you still put money in it — you know, we've added money to the Sask Housing budget — it isn't all used this year. And we're still using funding for projects that the funding was provided through the previous administration of which you were part of. That funding is, some of that funding is still in Sask Housing, and I'm very happy to spend it for you. But it's very difficult to nail down at any given time exactly what dollars is available.

**Mr. Forbes:** — Will there be a way . . . And it would be great, and I think that, you know, we can use the technology now on the website if Sask Housing is going through a bit of a transformation here to say, what are the programs out there; these are when RFPs [request for proposal] will be called for; or they're not being called for now. So that when CBOs or people are saying, so this sounds like a great program; where can I get information from? And, you know, because the explanation you give . . . And I understand that. Or I try to anyways, but for ordinary lay people it's not that straightforward. They think we're putting money aside, put it in . . . But that's not how it works.

So are you thinking about doing something, is Sask Housing thinking about doing something so they're more transparent? You know, like this HomeFirst is another example of . . . The program's called HomeFirst for home ownership. Then there was NHOP, and then there was HomeFirst, the five-year plan.

**Hon. Ms. Harpauer:** — Yes. The HomeFirst home rental development still has money. Okay. So the HomeFirst home ownership, the money is pretty well promised. Now some of those families that have been qualified may not be able to get the mortgage they need, which will put the money back into the availability pool.

The number of programs is amazing. I cannot tell you though because I'm not a big Internet person. I'll have to turn to my official, Larry Chaykowski, to say what is on the website. I'm assuming all the programs are on the website, but I can't say that for sure.

[15:30]

**Mr. Chaykowski:** — Thank you very much, Minister. Yes, on the website if you were to go to Ministry of Social Services and then there is a housing link that goes to the Saskatchewan Housing Corporation, there is a description of the various programs that are available — some of which the minister described as the HomeFirst rental development or the HomeFirst home ownership. Those programs are described.

What is not on the website at this time is whether there is another request for proposals coming up. Typically when there is either a request for proposal or an expression of interest, that kind of public process, typically we use the media and we try to hit the newspapers and those sorts of means in terms of getting public exposure. And our project development officers and our folks that are working closely with these groups are always in

contact with the groups that are always interested and make sure that they know about them.

So it's very public in that way and there is usually . . . We would typically have, you know, maybe a one-month open period just so that, you know, there's time to get in a request. But we've not typically used the Internet as a means of communications though.

**Mr. Forbes:** — You've used press releases and they would be on the Internet.

**Mr. Chaykowski:** — Yes.

**Mr. Forbes:** — So you just have to monitor that and that's on the Ministry of Social Services, I assume, on that, because you have a running thing and it goes back quite a way. Okay.

**Hon. Ms. Harpauer:** — The other thing to remember is community groups or social housing developers, they bring submissions at any time. And they're not tossed. If there is sort of a unique need, it may be looked at in isolation or because the expression of interest has its purpose. But the expression of interest that was issued right at the time of the election, many of those projects still aren't under way. So is it the most effective use and the most effective way of bringing housing on stream when we know that there, you know, is quite a stress on the availability of housing? So that's the other thing that the board can look into. Is that the best method of bringing housing on stream very quickly?

**Mr. Forbes:** — And that's one, I think, one of the recommendations, you know, when they talked, Merriman-Pringle talked about streamlining Sask Housing to be more user friendly, client focused. Then they can understand. I think if they understand, they understand there's time and there's a limit to resources. And I think there was one talking about a single window, a single point and coordinating agency for affordable housing projects.

So I think it's really important so the people know when they've talked to Sask Housing, they've really talked to the Government of Saskatchewan in all its entirety. Like they're not going to find out, oh you missed the biggest program over here. I don't know who else would be doing affordable housing. No one, I don't think.

**Hon. Ms. Harpauer:** — Well there are private groups.

**Mr. Forbes:** — Right.

**Hon. Ms. Harpauer:** — But within government there is no other, you know, agency or division or ministry that does any housing. So there are definitely a number of private developers that work on housing projects, and many of them are social housing.

**Mr. Forbes:** — . . . just asking a question about Sasknative Rentals. Is that the Métis Society, Métis Nation?

**Hon. Ms. Harpauer:** — It is . . . I'm familiar with the group.

**Mr. Forbes:** — But it's not a government agency.

**Hon. Ms. Harpauer:** — No, it is not ... [inaudible interjection] ... I couldn't hear the question.

**Mr. Forbes:** — Oh. The question is, does it have any relationship to the Sask Housing Authority or is that different housing authorities?

**Hon. Ms. Harpauer:** — I'm going to wade into this a little bit, and then Mr. Chaykowski can bail me out.

We pay the Sasknative Rentals an amount of money so that they can offer the rent at a low cost to keep it social housing. With that money, they are supposed to maintain the units. They own the units; we do not. And I will now get Larry to fill in further.

**Mr. Chaykowski:** — You described it correctly, Minister, in that we have a funding agreement. It's an operations agreement with Sasknative Rentals Inc., as we do with about five other what's commonly known as Métis, urban Aboriginal housing organizations. And we provide funding.

There's an annual basis that there is funding for those, and that is based on programs that were developed a number of years ago that were all rolled under the umbrella of this, what is called the social housing agreement with the federal government wherein all of those different pieces were put into one. And so they receive, there's a pre-set schedule in terms of how many housing units and what assistance they get from senior levels of government over time.

**The Chair:** — I recognize Ms. Junor.

**Ms. Junor:** — Thank you to my colleague for just letting me pursue this. Since it was my question I thought I might have a simpler answer, but now I have another question.

It just came to my attention that the Sasknative Rentals is in the process of changing their name to something like camino. Does that ring a bell? I just got this call just before I came in here actually.

**Hon. Ms. Harpauer:** — That will be, like I said, they're like an organization on their own.

**Ms. Junor:** — The worry of the person that called me was that he, as I gather, as a person who is using this or renting one of these facilities, that they're indicating that the funding will be running out for what keeps these units affordable. And since you've said that the funding basically comes somewhat from the housing authority, then why is the funding going to run out on these units or this entity?

**Mr. Chaykowski:** — Part of the funding agreement is tied to mortgages on these properties and so as the mortgages are paid off and drop off, the relevant expenditure that is being funded by government also drops off as well.

**Ms. Junor:** — So this gentleman has been told that when the funding runs out then the subsidy basically runs out and then the rents can go up accordingly to whatever the market value is, I guess, and so the subsidy will be gone from this project which I gather Sasknative Rentals has. There's some end date in sight for the funding which will then change the way the rents are

structured there and these people will be left with facing market value rents?

**Mr. Chaykowski:** — Not necessarily market value rents, but they would be paying rents that would be required to operate the units and that may be somewhat different than market value rents, because Sasknative Rentals being a non-profit organization, there isn't, if you like, a profit component. And by the time the projects reach that stage there would not be a mortgage on it as well, so it would really, the rents would typically then just be covering the day-to-day operating and some of the maintenance costs on that.

**Ms. Junor:** — So you're saying when the mortgages run out then the subsidy is done. Does that subsidy then move on to the organization so they can purchase more property to continue to offer subsidized housing to their clientele?

**Mr. Chaykowski:** — The subsidy drops off when the mortgages have expired and those properties then at that point are fully owned by the organization. That's an asset that the organization owns that they can use in whatever way they see fit in terms of their business plan. Whether they want to use it as an asset to lever additional mortgage money to develop other units or if there were some of the units that no longer fit their portfolio in terms of the clients they're serving, they could sell those assets as well.

**Ms. Junor:** — My question was really, does the department subsidy to Sasknative Rentals end when the mortgages are up or is there a continuation of funding flowing to them so they can invest in other properties that they would offer at a subsidized rate?

**Mr. Chaykowski:** — The subsidy does end, and it's a function of the subsidy that is wrapped up within the social housing agreement with the federal government. Those are the terms under which those projects were funded through the federal government a number of years ago when Sask Housing took responsibility for administering those in 1997 when the social housing agreement was ...

**Ms. Junor:** — Thank you.

**Mr. Forbes:** — Thanks. I just have a couple of more questions and one is just to get back to the board members. So they may be representing different ... Well I want to get this straight. They may or may not be representing different formal organizations. And will they be nominated by the ... If that's the case, will they be nominated?

I'm thinking of, say for example, SUMA [Saskatchewan Urban Municipalities Association]. There's a place at the table for SUMA. Will SUMA be nominating their person or will you be thinking of someone who has experience in municipality regulations?

**Hon. Ms. Harpauer:** — Initially we are not going to go with nominated positions but I see a lot of merit to that, of having someone nominated from SUMA and someone nominated from SARM [Saskatchewan Association of Rural Municipalities]. Or SARM wouldn't necessarily play a role in the social housing because even the small towns are in SUMA. We probably won't



go that route immediately, but I do see a lot of merit in it. And I also know of other boards that that's exactly how they get their board members. So not initially, but I think, you know, there's merit.

If I may just take up a moment of your time because I had the information brought in to me. We pay up to six months of the rent, actually what it is, if the vacancy rate is below 1.5 per cent in the given community. And if the vacancy rate stays that low and there is no alternative housing or shelter found, then we continue to pay the rent. What it is, we pay in six-month intervals and review it in every six months to see, you know, work with the individual to try and find an alternative.

**Mr. Forbes:** — Good. Yes. Now I appreciate the information, and I guess going back to the nominated thing, my main point of that question is the accountability of the board member. It's so important that there's some way — there are stakeholders — that the stakeholders feel like they are having a voice in that.

**Hon. Ms. Harpauer:** — Initially my hope for this board is that they, and I spoke to it a little bit, is that they're actually meeting with the municipalities, especially the larger municipalities where vacancy rates are very low. I want to have that one-on-one meetings and say to the mayors of those cities, what is your goal? What do you see as your community plan? And then piece it together as a province as a whole with all of those plans coming together. What are we going to need to do as a government to address those needs within the larger communities that are seeing a huge housing challenge?

Like the purpose to continue to communicate with municipalities will not change, but I think some of the direction of the board will evolve. You know, once they've looked at the programs that we have in existence and fine-tune them or toss some of them — I don't know — that won't need to be done again for some time. So the purpose of the board will evolve.

**Mr. Forbes:** — And I would encourage that you . . . absolutely right on in terms of talking to the municipalities, but to take it up to the federal government too. I think part of our housing problem has been the disappearance in this earlier. With the Métis housing situation, some of the absence of some federal, long-term funding for this is huge. And so somehow there has to be this group that can meet with those folks and lobby. So good.

And the other, the last question I have is, do you anticipate any other amendments to the Sask Housing Corporation Act in the next year or two, or is this basically it?

**Hon. Ms. Harpauer:** — I don't anticipate anything for introduction in the fall. However I wouldn't preclude the board saying, hey, we need to change this and maybe have it prepared for next spring session. I truly don't anticipate anything for the fall session.

**Mr. Forbes:** — Well thank you for that. I think that it's an amendment . . . that housing has clearly become more and more important, and I think it's one that is a good one. And I have all the answers for my questions, so thank you very much, officials and Minister. Thank you.

**Hon. Ms. Harpauer:** — Thank you as well for your questions and all the committee members for their patience with us as we went through this Act, and for my officials for being here with me today.

[15:45]

**The Chair:** — Are there any other questions for the minister? Seeing none, clause 1, short title, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried.

[Clause 1 agreed to.]

[Clauses 2 and 3 agreed to.]

**The Chair:** — Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: Bill No. 63, *The Saskatchewan Housing Corporation Amendment Act, 2008*. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried. I would ask a member to move that we report Bill No. 63, *The Saskatchewan Housing Corporation Amendment Act, 2008* without amendment. Mr. Ottenbreit so moves. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried. I'd like to thank the minister and her officials.

### General Revenue Fund Social Services Vote 36

**The Chair:** — And what I would propose now, committee members, is that we would move to vote the estimates of Social Services which are found on page 131 of the Estimates book and we will . . . Okay. We will move to vote the estimates for the Ministry of Social Services as found on page 131 of the 2009-10 Estimates.

Central management and services, (SS01) in the amount of \$41,121,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried. Employment support and income assistance, (SS03) in the amount of \$313,730,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried. Community inclusion, (SS09) in the amount of . . .

**Ms. Eagles:** — (SS06).

**The Chair:** — Oh, (SS06). Thank you. In the amount of

\$152,274,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried. Supporting families and building economic independence, (SS05) in the amount of \$70,129,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried. Office of disability issues, (SS09) in the amount of \$280,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried. Child and family services, (SS04) in the amount of 125,253,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried. Housing, (SS12) in the amount of 30,236,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried. Amortization of capital assets. This is a non-cash expense and it's presented for information purposes only of 961,000.

I would now ask a member to move the following resolution:

Resolved that there be granted to Her Majesty for the 12 months ending March 31, 2010, the following sums for Social Services in the amount of 733,023,000. Is that agreed?

**Mr. LeClerc:** — I do.

**The Chair:** — Mr. LeClerc so moves. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried.

[Vote 36 agreed to.]

**The Chair:** — I would thank the committee members for their work. We have a few minutes before we deal with the next ministry, so the committee will recess for a few minutes until the Minister of Corrections, Public Safety and Policing and his officials arrive. Thank you.

[The committee recessed for a period of time.]

#### **Bill No. 66 — *The Witness Protection Act***

**The Chair:** — I'll call the committee back to order. The next item on our agenda is consideration of Bill No. 66, *The Witness Protection Act*. We have one substitution for Bill 66. Mr. Quennell is substituting for Mr. Broten.

We have before us the Minister of Corrections, Public Safety and Policing and his officials, and I would invite the minister at

this time to introduce his officials.

**Hon. Mr. Hickie:** — Well thank you, Mr. Chair. Again it's a pleasure to be in front of the Human Services Committee as we talk about another piece of legislation. With me today are my deputy minister to my left, Al Hilton. In the back row there is Mae Boa, acting assistant deputy minister of corporate services. To my right is Murray Sawatsky, my executive director of policing services. In the back as well is Jason Rumancik, legislative officer of corporate services, and my chief of staff, Rob Nicolay, as well. And I have no preamble today so we look forward to answering questions posed by the committee members.

#### **Clause 1**

**The Chair:** — Okay. Clause 1, short title. I recognize Mr. Quennell.

**Mr. Quennell:** — Thank you very much, Mr. Chair. I guess a general question about the philosophy of how this program, witness protection program, is now going to be delivered by and through government. And it's not a criticism but it's, I think, it's a slight change of philosophy, a slight change of direction that might require some comment.

And it's similar in this respect to legislation, I think, that was certainly announced at the same time and has already gone through Intergovernmental Affairs and Justice Committee, and that's *The Seizure of Criminal Property Act* — in both cases taking programs initiated by the previous government and moving, I think, the sort of governance and administration of those programs from police services to government ministries.

In the case of seizure of criminal property, the application for seizure of property, instead of being made primarily under former legislation by police chiefs and RCMP [Royal Canadian Mounted Police] commanders, being made by the Minister of Justice. In this case where the funding was going to go to police services, now that there's an administrative structure within government to actually administer the program.

It's not a criticism but it's a bit of a centralization in both respects, and I wonder if the minister has any comments about the desirability of that. I assume the government thinks it's desirable.

[16:00]

**Hon. Mr. Hickie:** — Yes. Well thank you for the question. Mr. Chair, the reason that we went to this format, and talking witness protection Act, is that the program that was in place before was very ad hoc. Where chiefs of police would recognize a need for witnesses to be protected, they would consult with the ministry officials and on their own initiative, sometimes, they would have to start protecting witnesses to ensure that they would show up for court. Having done that myself, actually, in Prince Albert, understanding how it worked, that when we formed government this was brought to my attention, that it was a program funded through supplementary estimates and that it was ad hoc very much, where there was questions as to how the process could be bettered and made more efficient.

Now recognizing that the program, as I say, was ad hoc, we do know that under the previous administration, the policing services division started looking at what's happening in other jurisdictions. So there was legislation in place in Manitoba, British Columbia, and Ontario. And there was an announcement in September 2007 that there was going to be 80,000 for a support person plus there was some commitment to a larger fund of 320,000 to manage the program.

However at the time when we formed government, on the advice of my executive director of policing services, given the problems we were having in this province with gangs and violence and the fact that the chiefs of police had been asking for this, as had the Sask Federation of Police Officers, as you're very well aware, that having a program run with no real guidelines to it, ran mostly by police chiefs, the information we received is that they would like to have in place a form of oversight where they would bring forth an applicant and they would have the ministry officials then review it and see if in fact it meets any kind of criteria. They were very overwhelmed with their operations when these things were taking place, and I'm sure you're very aware of that.

So rather than leave it as an ad hoc program, my executive director of policing services and I and the deputy minister of the day talked about it, and it was very clear that we wanted to look at a legislative Act, a Bill, that would in lots of aspects mirror what other jurisdictions are doing because we see this as a bigger problem across the western part of this province now. Alberta's looking at legislation as well now, to do this, and it provides us with various aspects. And my executive director of policing services, I'll have him weigh in here.

But it gives us a lot of coverage in regards to liability issues, assuring directions given to a director that will allow that director then to ascertain the suitability of the actual applicant made by the police and have some guidelines as to whether or not this person can be in the program, and gives us also the out if the person doesn't follow guidelines established. So it gives us the liability coverage on that one as well. We also have the availability of looking at their extended family and other people that could be protected to secure convictions.

So that gives a pretty high level as to what happened within the office once I became minister and we started talking about this.

Now the 80,000 that was allocated wasn't expended because it wasn't enough for the remainder of the year. We wanted to have legislation come in, and hence we've got the package this year with the \$500,000 budgetary ask.

So maybe if my executive director, Murray Sawatsky, wants to fill in some information there as well.

**Mr. Sawatsky:** — Thank you, Minister. If I could just add, what the legislation does, sir, is that it also, as the minister mentioned, it talks about liability. It also defines the powers of the director, establishes an approval committee, talks about eligibility for admission to the program and what services can be provided. So it sets out a number of parameters that place legislation in a solid framework around this legislation so that the director has a clear understanding of what his or her responsibilities are when it comes to providing protection.

And as well, the person being protected also understands what his or her protections are. They sign an agreement. There's also provisions in the Act that allow for termination of the agreement when it's appropriate or necessary as well. So it sets clearer framework for the program itself.

**Mr. Quennell:** — Okay. The minister mentioned legislation in other provinces. Which other provinces again?

**Hon. Mr. Hickie:** — British Columbia, Manitoba, and Ontario. And Alberta's looking at it right now.

**Mr. Quennell:** — Okay. And is there model legislation prepared nationally that the provinces have followed, or has each province gone its own direction? And depending on what, I guess, the answer to that question is, on which legislation model or which province's legislation — if any — is this legislation modelled on?

**Hon. Mr. Hickie:** — I'll have my executive director actually answer that question. He was fully involved in that knowledge.

**Mr. Sawatsky:** — I worked with legislative drafting on this, Mr. Chair. And of course we looked at all legislation available, including the federal witness protection program. Probably we also sat down and decided which services or which pieces of those legislations we would like in ours. At the end of the day, I would suggest that this legislation probably models Manitoba perhaps more closely than anywhere else.

**Hon. Mr. Hickie:** — Just in British Columbia, they actually use the RCMP for witness protection more so than their municipal services. So we're talking to them right now about how they might want to modify the legislation to allow the municipal services to actually do more.

**Mr. Quennell:** — I appreciate the minister didn't want to filibuster the committee with a long preamble. But it might be useful to talk about what gap provincial witness protection program is intended to fill.

I think a lot of people hearing about this legislation think about a lot of TV shows and movies they've seen with people's identities changing and with more or less success depending on the drama involved. There is federal legislation and a federal program which I think is closer to what people's expectation of witness protection is all about. The provincial legislation is more concerned about getting people to trial safely and getting their testimony safely and co-operatively. I think that's correct.

And if the minister or his officials could comment on the purpose of the legislation, its ambit, you know, and sort of when the program comes to an end, when the provincial program comes to an end and a federal program might be taking over.

**Hon. Mr. Hickie:** — Well thank you for that question, Mr. Chair. As most people know, the federal program involves a very intensive level of acceptance where the person has to, for the most part, leave where they are and change identity.

What we've found through the chiefs of police, and I'm sure you're aware, that when they came . . . and I was member of the

Saskatchewan Federation of Police Officers, recognizes that the issue here becomes one where these particular witnesses don't require a complete change of identity or a move. However because they have fear of intimidation in the local community and the province, but they still want to testify, they feel that and we feel that their testimony is critical to secure the conviction. But we don't need to have their life impacted as such.

So the particular reason that this program was looked at — and with, you know, mirroring to some extent Manitoba — it involves a short-term removal of the person from the area possibly to a community safe house. Police officers would supervise as well. It also allows these individuals' families to be removed and not have a complete impact on their life. But for a short term, we could provide them with some financial assistance.

But knowing full well that as soon as they testify and that we have a secure conviction, they are not going to be just cut loose and left alone either. The program will still monitor if they have ongoing concerns. Or if they feel that, if there is intimidation coming forward, we would look at advising them through the director and the board then to either move them into the federal program . . . comes with consultation with the RCMP or to maintain our protective services in the short term to see exactly what's going on through an investigation by the local police service out there.

So it's a measure in place that won't impact peoples' lives as severely as a federal witness protection program would, but it does assure that now with the legislation we are mandated by government to give them protection, and we have the powers of the director and the board now to do certain things to ensure that takes place.

**Mr. Quennell:** — That's a reassuring answer from the minister. As he said, this is not entirely but primarily given rise to because of the concern about crime from gangs and organized crime. And the reason they call it organized crime, it's somewhat organized and it's not necessarily just the individual that's . . . I think the ministry used the term secure sentence.

I assume that the minister expects that the director responsible for this program will be working closely with the federal program.

**Hon. Mr. Hickie:** — That's a good question, Mr. Chair. The director absolutely will, especially when there's these borderline cases that we look at through the application process and the director's investigation of the applicant's needs. That if it becomes more severe through consultation with the local police service asking for this applicant to be protected, that if there is a liaison to the federal system, it'll happen sooner than later. It'll be working pretty much with the idea that the RCMP will also have a say in this matter, to be possibly part of the board or at least through a consultable process, in case we see that this is a very widespread organized criminal activity, crime activity, that we just can't look at initial protection within our province.

We also have the availability, I might add, within the Act now to share resources. We can send our witnesses to other provinces as well, and they can send theirs to us with the idea

that it's a short-term security measure. And again it's going to be evaluated as we go through the process. If there's a need to heighten that to a federal protection program, absolutely the RCMP would be part of that.

**Mr. Quennell:** — Does that require agreements with other provinces? My recollection is that when . . . [inaudible] . . . cross-border policing agreements across the country including with Manitoba but we couldn't ever seem to get the attention of the solicitor general of Alberta. And when I left office as the minister of Justice, Alberta still hadn't signed on to the cross-border policing agreement. So these arrangements won't have been entered into yet, I appreciate, but it would require some kind of reciprocal arrangements, I assume, with other provinces.

**Hon. Mr. Hickie:** — Yes, correct. And, Mr. Chair, good question because what we found in the Acts of other jurisdictions is that there is some provision in there for some shared agreements. So in this case, we're going to be looking . . . That's why it's in this Act as well.

Now with Alberta, we've had our conference out in Calgary with the Western AGs [attorneys general] and SGs [solicitors general] just about two months ago or a month ago, and we recognize this gang issue, organized crime. So they are working with our ministry officials now at the level of executive director to work at their legislation to ensure it's seamless, to ensure we have the sharing of agreements in place.

**Mr. Quennell:** — I think it was the deputy minister, the deputy solicitor general in Alberta who called it passport policing. And I don't think he meant it as a compliment. But that's criticism of, I suppose, of another government, and that's not my job. It's my job to criticize this one.

The approval committee, what is the role of that committee? It's not to approve witnesses is it?

**Hon. Mr. Hickie:** — No. The approval committee will sit to actually review the applicant and review the director's recommendation and to put in their parameters as to what level of protection will be provided and, you know, for a lack of a better word, an agreement that will be signed then by the witness. But I'll let my executive director of policing services follow up on that as well, if there's things more detailed to that you might want to know about.

**Mr. Sawatsky:** — Thank you, Minister. Mr. Chair, the director has the authority under the Act to bring someone into protection immediately if he or she deems that appropriate, and then can continue to provide services up to 30 days. After which, if the term is going to be longer than that, it comes to the approval committee.

The approval committee contains a senior police officer and two officials designated by the minister — one from the Attorney General and one from our ministry, Corrections, Public Safety and Policing. And that committee will then work with the director to establish appropriate terms and conditions and then work towards an agreement with the person or persons being protected so that they understand clearly what services are being provided.

**Mr. Quennell:** — It seemed a little bit heavy to do on an applicant-by-applicant basis to have one senior police officer and two different ministry officials. Is there any concern that this might be a little cumbersome?

**Hon. Mr. Hickie:** — No, in fact thanks for the question. Mr. Chair, it's not cumbersome. It provides a level of accountability and a matrix that we believe, after consulting with the chiefs of police, they wanted this as well. So the idea here is that especially for the cases over 30 days, we want to have another mechanism in place to ensure that if the director may want to have the person terminated, but we want another body to say, no, this person needs to continue, and/or the existing information may lead us to believe that there's no need to continue on with the 30 days. So the board then, the committee then can sit and also say that there's also that provision.

So it's not cumbersome. It's an issue that's been vetted with the chiefs of police and they asked for it, and I think just another level of accountability in the Act.

[16:15]

**Mr. Quennell:** — I note in section 7 that to meet the eligibility threshold an applicant may have been not eligible for admission to the federal program or simply refused admission to the federal program. I know provincial governments are always concerned about having the responsibilities that federal governments download on them, and is that a concern of the provincial government in this case, that they will be taking people under this program that should have been and would previously have been in the federal witness protection program?

**Hon. Mr. Hickie:** — Well that's a good question and to answer it in a little broader context, I think the idea with the federal program is that the reason they would not be included in that program for the most part is because they have chosen not to change their identity and their place of residence. But now with our director liaising with them in this province, that we do have a situation where being brought in at the time when the federal witness applicant may not want to take part in that program, our director then would look at the process and say whether or not this person meets the criteria, knowing full well that we also have federal witness protection people who don't want to enter into agreements with the federal program to, for the most part, oblige by the direction of their program.

So it gives us the opportunity still to secure conviction, knowing that our program is more limited. We can still remove them from the area and protect them, but that person has to agree to the various terms, and that's where not everyone may want to be part of our program. But we want to, under the Act, advise them that we have a mandate to protect them and this is the criteria to do so. If they don't agree to that, well then they may not, wouldn't be in our program either, so we would do everything in our power, though, to ensure their safety.

**Mr. Quennell:** — The minister referred to, at one point, members of extended family. And the Act appears maybe broader than that. Section 14 refers to associated persons at risk and the definition of that means a person whose safety or security may be at risk because of their relationship or association with the person who is a witness.

So you're not, in this legislation — and this is not a criticism either — but you're not, in this legislation, confining this to family members of witnesses to crime?

**Hon. Mr. Hickie:** — No, in fact thanks for the question. I mean when I mentioned the idea of extended family, I mentioned it as a kind of broad kind of context when it first came to mind. But there are many people who are associated persons at risk when it comes to gang and organized crime files. I know you're aware of that from your previous legal background.

So the idea here is to ensure that we provide protection to those who need it. But having said that, we do have an obligation to ensure that we still protect people. But if there is still information that is required through the court process, they may have to, those associate persons may become witnesses as well through the police investigation. So as this program rolls out, we'll understand how the . . . [inaudible] . . . plays, especially when it comes to that level. But I'll let the executive director answer more on that level too.

**Mr. Sawatsky:** — I could just add a wee bit to the minister's comments, Mr. Chair, and that quite often when a witness feels intimidated, it may be because not only that person has been threatened but perhaps family members or associates or friends or whatever. So I think that section, we particularly, in drafting this, requested it be broad so that the director could consider and the committee could consider a larger number of folks for protection if required.

**Mr. Quennell:** — Section 16 refers to protect the persons — that's our witnesses — and their outstanding legal obligations. Now I know a part of this section refers to them being a party to a civil proceeding or involved in a civil proceeding, but I assume that one of the significant reasons for this section being here is that many witnesses will have their own criminal charges, perhaps not unconnected criminal charges. Is that the case?

**Hon. Mr. Hickie:** — Yes, absolutely that's the case, Mr. Chair. That's the reason why that's in there, in that we still have to fulfill an obligation to ensure that people who have an alleged crime and are charged and have a civil matter, we still have an obligation then to still have due process.

**Mr. Quennell:** — And I know it's not the intention in the Act, and there's probably no provision within the legislation anyways for the government or the ministry to assist those people with those charges, but as the minister I'm sure is well aware, there have been in the inquiries into a number of wrongful convictions elsewhere in Canada — not, I think, into the one in Saskatchewan — a concern about jailhouse informants and people who are witnesses. And this turns out not witnesses to actual confessions because of their own interests in respect of their own criminal matters.

So if the minister could make some reassuring comments about what is meant in 16 as to taking reasonably practical steps to enable the protected person to comply with obligations and proceedings, I think that would be good for the record.

**Hon. Mr. Hickie:** — Well this is pretty simple, that a person still has to, if they're protected . . . so they wouldn't be in jail;

they'd be out in the public. But if a said subject has a outstanding criminal matter that has to be taken and has to appear in court, again we would provide protective services to that individual when they attend court, and civil matters as well. The director would try to do everything in their power to serve the documents on the protected person versus having to tell the people where the protected person is. So that's the idea that we looked at within that provision of the Act, not dealing with those people who are actually in custody right now in jail.

**Mr. Quennell:** — But broader than people actually in custody, I think, it's not the intention of government, it's not the intention of this legislation to provide any assistance to witnesses involved in their own criminal matters other than their protection. Is that correct?

**Hon. Mr. Hickie:** — Yes, as I understand it, yes. My executive director of policing services can follow up here, but . . . If you want to restate that question because I'm a little confused of what you're talking about, what you're asking for.

**Mr. Quennell:** — Because we're dealing with in . . . Section 16, I think, recognizes that people who have their own criminal proceedings, there might be a concern that one of the assurances that a government might give, and it would probably have to come from the Minister of Justice, not your ministry, but that . . . and to enable you to provide testimony against this other person, you know, we can provide some assistance — and it would have to be with the co-operation of prosecutors, obviously — some assistance to you in your own charges. That's not intended by the government. That's not in this legislation. Is that correct?

**Hon. Mr. Hickie:** — That's correct. Yes. No, we're not looking at that kind of an issue you're talking about. I understand completely now, yes. No, this is dealing with matters in hand and we're going to get this process through and do everything in our power to secure a conviction without acquiescing on a person's criminal charges and making a deal per se.

**Mr. Quennell:** — I was sure that was the case, Minister, but I just, I wanted to be . . . I think it's a legitimate concern because a lot of the people that the government will be protecting through this program and should be protecting through this program, will, as section 16 recognizes, have their own issues as well and those issues have to be dealt with the same way as they would be if they were not witnesses. Certainly if something is going to be done, it's not being enabled by this legislation.

And I think that's all my questions, Mr. Chair. Thank you very much.

**The Chair:** — Are there any more questions for the minister? Seeing none, we will move to vote the Bill No. 66. Clause 1, short title, is that agreed?

**Some Hon. Members:** — Agreed.

[Clause 1 agreed to.]

[Clauses 2 to 30 inclusive agreed to.]

**The Chair:** — Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: Bill No. 66, *The Witness Protection Act*. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. I would ask a member to move that we report Bill No. 66, *The Witness Protection Act* without amendment. Ms. Eagles so moved. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. I thank the minister and his officials.

### **General Revenue Fund Corrections, Public Safety and Policing Vote 73**

**The Chair:** — We will now move to vote the spending estimates for the Ministry of Corrections, Public Safety and Policing, which are found on page 46 of the Estimates book. Central management and services, subvote (CP01) in the amount of 33,336,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Adult corrections, subvote (CP04) in the amount of 99,978,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Young offender programs, subvote (CP07) in the amount of 51,062,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Public safety, subvote (CP06) in the amount of 9,486,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Policing services, subvote (CP10) in the amount of 142,126,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Major capital projects, subvote (CP09) in the amount of 31,100,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Amortization of capital assets in the amount of 450,000; this is for information purposes only.

I would now ask a member to move the resolution:

Resolved that there be granted to Her Majesty for the 12 months ending March 31, 2010, the following sums for Corrections, Public Safety and Policing in the amount of 367,088,000.

**Mr. LeClerc:** — So moves.

**The Chair:** — Mr. LeClerc so moves. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried.

[Vote 73 agreed to.]

**The Chair:** — Thank you. That brings the agenda for this afternoon to a close. At 7 o'clock the committee will resume with consideration of Bill No. 49, *The Ambulance Act*, 2008, and upon conclusion of the consideration of Bill No. 49 we will resume consideration of the spending estimates for the Ministry of Health for the fiscal year '09-10.

So with that, ladies and gentlemen, this committee stands recessed until 7 o'clock this evening. Thank you very much.

[The committee recessed for a period of time.]

[19:00]

### **Bill No. 49 — *The Ambulance Amendment Act*, 2008**

#### **Clause 1**

**The Chair:** — I'll call the Standing Committee on Human Services to order. I would like to welcome everyone here this evening. This evening on our agenda we have Bill No. 49, *The Ambulance Amendment Act*, 2008 and when we've completed our deliberations on that Bill, then we will resume with the spending estimates of the Ministry of Health. We have with us before the committee this evening the Minister of Health and a number of his officials, and I would ask the minister to introduce the officials that he has with him this evening for Bill 49.

**Hon. Mr. McMorris:** — Thank you Mr. Chair. I will introduce the officials that I have with me, and then I have just a few remarks regarding *The Ambulance Act*, and then I guess we'll open it up for questions.

So who I have on my left of course is Dan Florizone, deputy minister of Health. On my right is Duncan Fisher. Duncan Fisher is special advisor to the deputy minister. Behind we have Deb Jordan, Kari Harvey, and Melissa Kimens joining us, and they'll help me if there are many questions regarding *The Ambulance Act*.

So just a few comments regarding *The Ambulance Act*. This is regarding the changes to the legislation. Certain sections of *The Ambulance Amendment Act* are either obsolete or addressed in other legislation such as *The Regional Health Services Act* and *The Paramedics Act*. The proposed amendments are related to the following areas: operation of the ambulance board and districts which no longer exist, providing grants for emergency medical services, regulations of paramedics now covered under other legislation, transitional provisions.

There are no specific financial or legal implications as a result of these changes. The proposed amendments have been discussed with representatives from the regional health authorities and the Saskatchewan Emergency Medical Services

Association or SEMSA, and they are all supportive. The Ministry of Health is also currently working with SEMSA and the RHAs [regional health authorities] to develop a new contract template.

I am confident that collectively these measures will contribute to improved governance and accountability in the emergency medical services section in Saskatchewan. I would be pleased to answer any questions that you may have on *The Ambulance Act*.

**The Chair:** — Thank you, Minister. Before I ask if the committee members have any questions, I should note that we have a substitution this evening. Mr. Taylor is substituting for Mr. Broten. Are there any questions for the minister with regards to Bill No. 49? I recognize Ms. Junor.

**Ms. Junor:** — Before I get into my actual questions that I had on my list, when you were talking, Minister, about transitional amendments, can you tell me what you were meaning by that? I just missed it. I know there's transitional amendments that are being repealed, so I missed your reference to what those were that are, sort of sounded like they were staying, or it was some sort of transitional amendments staying.

**Hon. Mr. McMorris:** — What that refers to is the original Act, I believe in '86, and these transitional provisions, all that stipulates or what that talks about is the transition into the amendments of this new amended ambulance Act. It's just the transition from the old Act into the amendments in this new Act.

**Ms. Junor:** — It has nothing to do with . . . On the explanatory notes that we were given under transitional — I think it must be section 45 or whatever part it's called — that is the part that's listed as transitional and those are recommended as being redundant and recommended for repeal. So that was what my confusion was, when you're still referring to transitional portions of the Bill.

**Mr. Fisher:** — So yes, in section 45, it's when the boards and the operations that were in effect prior to the Act coming into place, we're now moving into amending *The Ambulance Act* itself to repeal some sections of the Act that are redundant and to update the other sections of the Act so that *The Regional Health Services Act*, which has those provisions in them, are now taken out of *The Ambulance Act*.

**Ms. Junor:** — It must be late in the evening because section 45 addresses transitional provisions related to ambulance agreements that were in place prior to this Act coming into force. This section is now redundant, and thus is recommended for repeal.

**Mr. Florizone:** — I wonder if I just might clarify. And in fact, your reference to this section, which is a transitional section, was intended to cover for the continuation of the boards renamed under the district health board. So this had to do with the move from ambulance boards through to district health boards. Since that time, we've amalgamated and continued these organizations under regional health authorities. So the removal of this provision, it is covered under *The Regional Health Services Act*.

When I say continue, that would be the legal frame for amalgamation. In other words, the body corporate would be continued as under a new name. In this case, it was districts, then to regions.

**Ms. Junor:** — I understand all that. What I don't understand was the minister's reference to leaving some transitional piece in, and if I misunderstood that reference, that's what I'm referring to. Were you referencing that that is what's coming out?

**Hon. Mr. McMorris:** — That's what it says, is that section 45 is the only piece that's being repealed, talking about ambulance boards. That's being repealed because that language is redundant.

**Ms. Junor:** — Okay. I'll read *Hansard* and find out what you said because that's what's confusing me. But I do have a couple of other questions particular to the Act as well.

With these changes, there will not likely be any difference in or any change in the ability of the health regions to charge whatever they want for district. You were talking about a template for a contract. But does that override each district or region or authority's ability to set their own charges?

**Mr. Florizone:** — Technically under the legislation, regional health authorities do have a provision written in — the ability to set rates and fees for ambulance services. We have in this province, since 2000, had voluntary guidelines that have been adopted by regional health authorities. In addition to that, there is the ability and a condition under *The Regional Health Services Act* that regions follow either policies or ministerial directives. Right now it is a voluntary arrangement where regions fall within the guide set centrally, provincially through the ministry. So none of them have veered off of what is very much a standard guide across the province.

**Ms. Junor:** — When you say it's voluntary, are you saying also that all of them follow it voluntarily?

**Mr. Florizone:** — They do. And what I'm saying is, if they didn't, we have provisions. The minister has the ability to either set out policy or ministerial directive which are both binding upon the regional health authorities. At this stage they have the legislative authority. They're voluntarily complying with that rate. If they weren't, we would have an ability to compel them using another part of *The Regional Health Services Act*.

**Ms. Junor:** — Does anything in the Bill contemplate better coordination between the regions for transport? Nothing stops them from working together to ensure that people are transported in a timely manner and, if there's an empty ambulance going back and someone else is being transported back, that someone can ride in that ambulance and ... better coordination between the regions.

**Mr. Florizone:** — Right. There is nothing within this legislation that would prevent working co-operatively with other districts, other regions. In fact the ministry is undertaking, under the direction of the minister, an ambulance services review which is looking very much at the coordination of EMS [emergency medical services] services, the provision of those

services, and how we can better coordinate patient transfers.

**Ms. Junor:** — That's the perfect segue to my next question, is what is the status of the review?

**Hon. Mr. McMorris:** — I mean, I could answer that question now. It's really not relevant to the Act, but we'd certainly be glad to answer that question when we deal with the estimates because that would actually fall into the estimates.

**Ms. Junor:** — All right. I'll save it for the next few minutes then. That made Serge happy.

I think that's about all that I have for this Act itself because it does seem pretty innocuous in its entirety that we see. So I really don't have any other questions, Mr. Chair.

**The Chair:** — Are there any more questions for the minister on Bill No. 49? Seeing none, clause 1, short title, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried.

[Clause 1 agreed to.]

[Clauses 2 to 13 inclusive agreed to.]

**The Chair:** — Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: Bill No 49, *The Ambulance Amendment Act, 2008*. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried. I would ask a member to move that we report Bill No. 49, *The Ambulance Amendment Act, 2008* without amendment. Mr. LeClerc so moved. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. That concludes our deliberation on Bill No. 49. Minister, will you have more officials joining you for estimates?

**Hon. Mr. McMorris:** — Yes we will. I'm not sure if they're here yet, but they'll be joining us shortly.

**The Chair:** — Would you care to take a short recess to allow your officials to join you?

**Hon. Mr. McMorris:** — Yes, that would be a wise idea, thank you.

**The Chair:** — Okay, we'll recess shortly for a while until the officials are able to take their place.

**Hon. Mr. McMorris:** — Okay, thank you.

[The committee recessed for a period of time.]

**The Chair:** — I'll call the committee back to order. The last



item on our agenda for today and this evening is consideration of estimates for the Ministry of Health for the '09-10 fiscal year.

**General Revenue Fund  
Health  
Vote 32**

**Subvote (HE01)**

**The Chair:** — Once again we have the Minister of Health with us. He has some officials with him, and I understand that, Minister, you have a statement you'd like to put into the record. So I would invite you to do that at this time.

**Hon. Mr. McMorris:** — Thank you, Mr. Chair. Yes, I do have a statement that I would like to make, as well as I'll introduce some of the officials that we have currently here. And as we go through the evening and other officials are called to the table to help with answers, I can introduce those officials at that time.

Who we have here so far this evening is, on my left, Dan Florizone, who is the deputy minister of Health. On my right is Duncan Fisher, special advisor to the deputy minister. Over my right shoulder is Deb Jordan, executive director, acute and emergency services branch. And over my left shoulder is Kari Harvey who is the executive director, capital and regional services branch. So those are the officials we have with us so far, and as I said, more will be joining us.

We had the opportunity of reviewing the estimates. I think we were probably one of the first before the committee, and I believe we are the last before the committee. So I guess we're kind of the bookends for the Human Services Committee. But we're certainly glad to answer any questions.

Since I was here last a couple of months ago, there have been a lot of changes. And so I just want to briefly touch on a few of those changes, and then I'd be glad to answer any questions.

As I said, when the ministry last appeared before you on March 30, H1N1 virus was not really even on the books at all or heard of. And since then, it has been the lead story for a couple of weeks now. And in Saskatchewan, we were a bit of an island for quite a while with no confirmed cases. That has changed of course as of last week where we've had a couple of cases. And right now as of tonight, we have 10 confirmed cases in the province.

And you can see that things have escalated quite a bit throughout Canada and around the world. My officials have regularly briefed me, and I want to say very clearly that Saskatchewan Health Ministry — that this province's public health system — is on top of the situation. For the past several weeks, managing the H1N1 issue has been mission critical for public health sector.

Last week, as I said, Saskatchewan joined the rest of Canada, and now we are sitting at 10. All of them are of the minor nature, and no one was hospitalized out of those 10. This information does not change the pandemic response plan in the province. We will continue to monitor the illness in Saskatchewan and encourage all residents to practise best

infection control measures.

Our government is committed to taking action where required, and we are ensuring that all the necessary resources are made available as needed to address this situation. We are well prepared for health emergencies and are active in surveillance and response. The Ministry of Health has taken immediate action to safeguard the health of Saskatchewan residents. Our 24-hour emergency operation centre has been up and running in the T.C. Douglas Building since April 24, the initial stages of H1N1.

The level of coordination and information-sharing, which is critical in situations like this, has been incredible. Public health officials in Saskatchewan are in close communication with federal and provincial public health colleagues, and the regional medical health officer speaks several times a day.

Saskatchewan was one of the first provinces in the country to post notices to travellers at the Regina and Saskatoon airports. The notice asked everyone who has influenza symptoms and has been in Mexico recently to see their health professionals. Information for schools, health providers, employers, and the public is on the Ministry of Health's website and is upgraded regularly. We are sharing information widely and broadly with health professionals, other ministries, and the public, and we are providing the media with updates as a way to reach Saskatchewan people with the latest on this situation. A new policy has been approved for the people to get antivirals by prescription at no cost for those who are symptomatic and diagnosed by a physician.

The Saskatchewan disease control laboratory plays an integral role in our response. Saskatchewan has always been able to do the majority of the testing for the H1N1 virus, except for a small handful that couldn't be subtyped and needed to be sent to Winnipeg for confirmation. We now have the ability to test for those subtypes and can confirm in Saskatchewan. These changes mean faster test results for Saskatchewan people. Saskatchewan's HealthLine has been a key resource during the time as well. We encourage people with questions or concerns about their own health to call HealthLine at 1-877-800-0002. The number of calls are up, and people are able to receive advice 24 hours a day from registered nurses who are linked into the latest information about the virus as it becomes available.

With all these measures and our continued vigilance, I am confident that we are doing everything that we can to prevent illness and control this infection. So that's a brief update regarding the H1N1.

[19:30]

The other area that I wanted to talk about that has been really quite new as of Thursday of last week is something that we talked about in last year's Speech from the Throne, as well as in the budget, where we promised to introduce a comprehensive physician recruitment strategy during this sitting. So as I said last Thursday in Saskatoon, we met that commitment and unveiled a new physician recruitment strategy for Saskatchewan. This strategy will enhance efforts to recruit and retain doctors and help build sustainable medical practices

throughout the province. Our government will spend 3.5 million on this initiative which includes specific targets and builds on a number of programs already under way.

Currently Saskatchewan ranks ninth among the other provinces and territories in the number of physicians as a percentage of their population. We have fewer family physicians than the national average and far fewer specialists, hence the problems that we see in many communities. More than any other province, we depend on IMGs or international medical grads to provide care, particularly in rural Saskatchewan. At the same time, we retain fewer of our medical graduates than most other provinces. The consequences of our physician supply challenges have been well documented. Wait times to see some specialists are too long. Access to family physicians is limited for some people. Emergency rooms in certain communities have been temporarily closed. The workload of some doctors is far too heavy.

The supply of physicians in Saskatchewan has been a long-standing concern for provincial residents and for the government, so we are taking action. The primary objective of our new strategy is to encourage the establishment of sustainable medical practices throughout the province.

We consulted extensively with stakeholder groups and medical interns and students to develop a made-in-Saskatchewan strategy that addresses our situation, and those consultations took place with the Saskatchewan Medical Association, the College of Physicians and Surgeons, residents, medical students, and a number of other interested groups. Specific key initiatives include enhancing the physician application and licensure process, developing a Saskatchewan-based program for assessing foreign-trained physicians, enhancement of medical training to prepare graduates to practice in rural Saskatchewan, development of a provincial physician recruitment agency, a marketing campaign aimed at expat physicians and University of Saskatchewan medical students, competitive compensation, and programs to address lifestyle and professional support issues.

As we move forward, I'm confident the strategy will make a difference in our recruitment and retention efforts. It will take the combined effort of government, regional health authorities, physicians, the University of Saskatchewan's College of Medicine, and communities to get the job done.

I want to mention that, in addition to the strategy, our government has already taken action to bolster the supply of physicians in Saskatchewan. We are on track to ensure that the College of Medicine has 100 undergraduate seats and 120 residency positions by 2011. By September there will be 24 additional undergraduate seats at the College of Medicine, bringing that number up to 84, and 24 new residency positions.

In addition we have also made a significant investment in recruitment and retention, continuing education bursaries, and leave programs for physicians. And the Ministry of Health is currently negotiating a new collective agreement with the Saskatchewan Medical Association, ensuring Saskatchewan has an adequate number of health care providers continues to be one of the top priorities.

In addition to our efforts to recruit and retain more physicians, we continue to make progress on the nursing front. Last month I was pleased to join with the Saskatchewan Union of Nurses at a media conference to inform the Saskatchewan public about the solid results that we are achieving thanks to the SUN-[Saskatchewan Union of Nurses] government partnership agreement. It's hard to believe that a mere 14 months ago our government and the Saskatchewan Union of Nurses signed this partnership agreement, and we have seen some very encouraging numbers since. The province has 50 fewer full-time equivalency nurse vacancies compared to last year. In addition to this number, we know that, according to SAHO [Saskatchewan Association of Health Organizations] payroll, the health regions are employing 159 more nurses in the first 11 months.

This decline in nursing vacancies and increase in nursing FTEs [full-time equivalent] is very encouraging and shows a solid progress of the partnership. We want to make progress in other areas as well. The partnership has produced much more than just increased numbers of nurses, including specific hiring targets for health regions and collaboration with the regional health, the employers.

In closing, before I turn the floor over to questions, I want to reiterate our commitment to improving patient-centred care in Saskatchewan. We are moving forward with our efforts to revitalize health care in the province, and we are addressing immediate needs in the health system while providing a long-term vision to guide future decisions and investments.

So with that I would like to start fielding some of the questions that you may have, and I think you had mentioned that perhaps some questions around the recent ambulance review may be the start of it, so we'd be glad to answer those questions.

**The Chair:** — I recognize Ms. Junor.

**Ms. Junor:** — I will start there since that's what's freshest on all of our minds, so that's where we left off with the status of the ambulance review.

**Hon. Mr. McMorris:** — What is the status of the ambulance review?

**Ms. Junor:** — Yes.

**Hon. Mr. McMorris:** — Okay, just one second. Thank you. The status of the review is that, you know, a lot of the work has been done since the announcement. In fact I think he's probably concluded most of the work that he was doing. Now it's a matter of putting together the recommendations, and there was a meeting last week where those recommendations were worked on, probably another couple meetings before the final report is ready to be submitted.

**Ms. Junor:** — Thank you, then I'm just going to touch on some of the new things you brought up and in particular the H1N1 virus. And I think there was a fair amount of comfort in the province and in the people in the province of how this was handled, and I do have to say my colleague sitting next to me from North Battleford, when he was the minister of Health, was instrumental in putting many of these things in place that we

now see we're using in this response to this pandemic.

My question is more particular about Tamiflu. I understand there's three companies, three drug companies, who can supply Tamiflu. And I have got a letter from one saying that they were told that there's only one going to be allowed to supply the Tamiflu, and they were wondering how that happened.

**Mr. Fisher:** — There are three distributors in the province that handle this product. What happened was when we first had word that there was a possible pandemic outbreak, we mobilized a portion of our antiviral stockpile and, as part of the pandemic plan, it was distributed by one supplier so that we had an orderly transition to get the antivirals out to the community pharmacies and also had pretty tight controls on how much was going out and where it was going. So as part of the pandemic plan, we chose to use one distributor.

**Ms. Junor:** — Will that hold for future pandemics?

**Mr. Fisher:** — Well this pandemic fortunately has not turned very severe at this point in time. So I think we've had the ability to see our pandemic plan in action, and we'll learn from this and move forward to tweak the plan where it's required.

I think it is important in the future though, that if we ever do have to distribute the antivirals again, we need to know exactly who's doing what to whom and how much of the product is being released at any one time. So whether it's one or two or three, I can't say. It will depend on the circumstances. But as I said, the reason that one distributor was used was to expedite the processing and keep some close watch on the utilization of the antiviral.

**Ms. Junor:** — Can you tell me how that one was picked over the other two?

**Mr. Fisher:** — They serve the majority of the pharmacies in the province.

**Ms. Junor:** — They were the largest distributor. Okay. Then I want to talk a bit about recruitment and retention, since you were mentioning a new strategy for recruitment of doctors. Was there a cost attached to that announcement last week — a total cost of how you see this rolling out, this new program, all the pieces to it?

**Hon. Mr. McMorris:** — At the announcement, and as I said in my notes opening this evening, at the announcement last Thursday, the number is \$3.5 million that will go to seeing this new recruitment strategy for physicians. And that will cover off a number of things. I don't know if we have it completely itemized yet. That's the global number that we have, and there's going to be, certainly, money put towards different streams that we're looking to move towards. And particularly, and the one issue that, you know, we talked an awful lot about in the strategy last Thursday — and I certainly heard more of again today as I had a resident shadow me all day — is the fact that just over in the past they really felt like they haven't been even asked as much as what they felt they should be to stay in Saskatchewan.

So that will take some work. It probably won't be the lion's

share of the 3.5, by any stretch of the imagination, but simply getting in touch with the medical students as well as the residents to make sure that they're welcome here in Saskatchewan, before they start looking outside the borders, would be a great place to start.

**Ms. Junor:** — So is this 3.5 million for this new strategy, is that above and beyond anything that will be bargained into the contract that they're just currently negotiating?

**Hon. Mr. McMorris:** — Yes, this will be over and above anything that is settled with the SMA [Saskatchewan Medical Association]. This will go, as I said, to, you know, getting in front of medical students and residents, as well as some of the work that we're talking about doing with the College of Physicians and Surgeons regarding licensure and perhaps even — and this is not in the short term but over a long term — looking at perhaps an assessment model that is done here in Saskatchewan as opposed to the CAPE [clinicians' assessment and professional enhancement] that we are currently using right now.

Regardless of what model we use, whether it's the CAPE or if we determine that a self . . . not a self-assessment, but an assessment within our own borders. A self-assessment wouldn't be the best. But an assessment within our own borders, the whole point of that is not to lower the standard, by any stretch of the imagination, but to make it maybe a little more workable for some of the IMGs that are in the province. You know, when they first come to a community and they spend pretty much all their day dealing with the issues in that community, not a lot of chance to prepare for an evaluation such as CAPE.

**Ms. Junor:** — Before we leave questions of recruitment, actually particular to the doctors, when I was at the SMA meeting on Friday, there was talk about physician assistants. And I'm wondering, how far along or where are we in preparing a program that would train these types of professionals?

**Mr. Florizone:** — And I had the privilege as well of being at the SMA meeting on Friday, as well as to listen to some of the follow-up reports and the interest by physicians, by the SMA, and physician assistants. We are aware of training programs in Manitoba and out east. We are not far along at all in terms of looking at it, and I think it was intriguing for the ministry to hear the renewed interest in such positions.

So I have to admit we did not and have not put a lot of work together looking at and exploring the use of physician assistants, but with the prompting of the SMA, I think there is an interest in at least taking a look at it and seeing what the application might be here in Saskatchewan.

[19:45]

**Ms. Junor:** — I would assume that we wouldn't be only looking at how we use them; I would assume we would have to look at how we train them. If we're interested in keeping people here, then we would probably have a program of our own, which wouldn't mean we'd have to invent one because there's programs out there. But I would assume we'd still be looking at something about training, offering a program here to train them

if we're going to use them.

**Mr. Florizone:** — Absolutely and I think a lot of it would be linked to what the need would be and how many we would perhaps start out with if we decided to go down that path. So training in Saskatchewan is always the optimal outcome. Having said that, if we were to start with a pilot or start with a lead-out of looking at the application in a certain geographic area, it may be of benefit to look at pre-existing qualified candidates to lead out in that way.

**Ms. Junor:** — Moving into nurse recruitment, I was also at the SRNA [Saskatchewan Registered Nurses' Association] when Laura Ross announced that her report had been given to the minister, and there was no mention about will anyone see it other than the minister. Is it going to be a public document which is going to be released? I didn't hear any of that in her report.

**Hon. Mr. McMorris:** — Yes, Legislative Secretary Laura Ross has finished her work on her report as far as recruitment and retention is concerned, and we have a copy of it and are going through it right now. It's quite a lengthy report, quite an extensive report with lots of background information to support what they're saying.

And we will be making a public response to that and the recommendations that are within the report in due time. And we haven't been able to completely go through the report and again chart our next steps as to following through with the recommendations. So that will be conducted in due time; I would think in the next month or so.

**Ms. Junor:** — I still wonder if we'll see the report. I understand that you'll have to look at the recommendations and issue a response to the recommendations, but will the report be made public in its entirety? I understand it's 130 pages or whatever it is, but that's my question.

**Hon. Mr. McMorris:** — So what we plan on doing with the report is releasing the recommendations and our response to those recommendations. As I said, it's really quite an extensive report — well over 300 pages. I mean the most important part of course is the recommendations. Those will be released as well as our response to those recommendations. We think we should have that done within the next month or two. I know how time goes by, so I'll say within the next two months those recommendations will be made public, along with our response.

**Ms. Junor:** — Thank you. Sticking with recruitment, I understand all the nurse practitioners in the province that have been trained as nurse practitioners have jobs as nurse practitioners. So my question is, are we contemplating increasing the access to the nurse practitioner program?

**Hon. Mr. McMorris:** — I'll start by saying that, you know, the nurse practitioners, I remember the first time that I had a meeting with the nurse practitioners a few years ago when I was in opposition. I believe there were about 100 nurse practitioners with 50 working to their full scope as nurse practitioners. Now I believe — and we'll get the exact numbers — but I believe all the nurse practitioners are working, with a number of vacancies. And so the question is very valid — what are we doing to fill

those vacancies? Will there be more nurse practitioners training, and to fill those roles? And that would certainly be our hopes that that would be the case.

There are some challenges that nurses have before they get up to the nurse practitioner level. And a lot of them, I mean, they're working full time. And for some of them, it means giving up a paycheque to go back to school for a year or two, and that's not always very easy to do.

So I guess it would be fair to say that we're looking at some things because we certainly know that the value of a nurse practitioner within the primary health care team is huge. We know that we have vacancies, so, you know, having more registered nurses taking on the role as a nurse practitioner is good for the health system.

If there's any change in those numbers, I'll get back to you. But I think we could safely say that all that want to work as a nurse practitioner are working as a nurse practitioner.

**Ms. Junor:** — I know when the program first was started here in the province, there were incentives. In fact some districts actually paid the people to go off and get the designation. So I'm wondering, are you contemplating having some incentives? Because not only are we talking about nurse practitioners in a primary health care setting like we traditionally saw it in small communities, we're talking about them in emergency, in acute care in different ways, in gerontology, in cardiac — everywhere. A nurse practitioner can almost be attached to a specialty, and that would certainly do a lot of good to change the way our health care system is delivered or our health services are delivered. So I'm wondering if we are contemplating offering some incentives or having the districts offer some incentives so people could actually do that.

**Hon. Mr. McMorris:** — There are initiatives, I guess, that the ministry has in place to attract and help nurses, registered nurses, become nurse practitioners, and the initial one is a bursary. Originally it was a two-year bursary for \$10,000. That has been expanded to be a three-year bursary for \$15,000. So there is some help that way. We do know and hear of some health regions that are helping in that way as well, which would be separate from the ministry.

But even more than that, and I've had the opportunity of meeting with different communities that have been very active in the recruitment of physicians and nurses, and now they're also expanding into the area of nurse practitioners. And one community, I believe, has a registered nurse that is interested in becoming a nurse practitioner, going back to school. And the community really wants that to happen and is getting involved as well. So there are different levels depending on where that person is located.

But from the Ministry of Health, we've expanded the bursary program. And it may be something that we need to look at into the future. Again I know, meeting with Maureen Klenk and the nurse practitioner association, that there is some concern there. They feel that more people would enter into the profession if there was more assistance, and we'll look at that as we move forward.

**Ms. Junor:** — Before I leave the different places or different new, sort of, tracks for nursing careers, I'd like to just have you comment on the status of the RN [registered nurse] first assist program. We did a pilot and I don't know what happened to it.

**Hon. Mr. McMorris:** — Maybe what I'll do is I'll let Lauren Donnelly answer this question, please.

**Ms. Donnelly:** — So we have been just starting some work with the SRNA around looking at nurse practitioners in expanded roles. The focus, as you're likely aware, has been in primary care, though there have been pockets of nurse practitioners in areas like the first assist. We're not aware of it expanding outside of that pilot in Saskatoon. But the focus now with the SRNA is around nurse practitioners in roles outside of primary care, in increased roles outside of primary care while ensuring we have sufficient nurse practitioners to support the primary care expansion as well.

The 10-year HHR [health human resources] plan, a big portion of the consultation will occur over this year through '09-10. So looking at the whole range of roles for nurse practitioners and areas of highest need will be a key focus in consultation with our health stakeholders as well as in discussion with all the, sort of, nursing leaders in the community as we work with Advanced Ed on the nursing education strategy and pursuing educating nurses through two programs — both the SIAST-U of R [University of Regina] partnership and the U of S program — with the First Nations University of Canada partnering with both.

So that is an area that will be fully explored this year, but it isn't one other than the initial discussions that we've identified some of the areas that could be aggressively pursued.

**Ms. Junor:** — So is the pilot still ongoing in Saskatoon?

**Ms. Donnelly:** — I can't speak to tonight. We would have to follow up and get back to you whether those nurses are still acting in that capacity.

**Ms. Junor:** — Thank you, and actually you did lead me into my very next question. The second degree program with the partnership between the U of R and SIAST, could you tell me what it's going to be called? And that's just the start of my questions. I want to know about numbers of intake. I'm talking about what it's going to be called for what kind of a degree — I know other provinces have two degrees but they're called different things — and the length of the course, when it's going to start, and what's the number of the intake that you expect to have.

**Ms. Donnelly:** — There are currently 78 seats in the second degree entry option program. Advanced Ed is the lead on the nursing education strategy, looking at what the increase in seats will be and how it will be delivered in the new structure. I expect SRNA sits on that nursing education task force. Our chief nursing officer participates in a number of the nursing education task groups that are in place now, working through where the focus of each program is and what it will be called and how many increased seats we might look at as part of the go-forward strategy.

[20:00]

**Ms. Junor:** — Do you have a starting time for it? Do you expect intake to start in 2010, 2011?

**Ms. Donnelly:** — Beyond the 78 seats?

**Ms. Junor:** — Are those 78 seats going to transfer fully to the program only delivered by the U of R [University of Regina] and SIAST, going towards a different type of degree than a B.Sc.N. [Bachelor of Science in Nursing]?

**Ms. Donnelly:** — I don't know that we can speak to that yet. I think they have to work through the process as to . . . My understanding is it will transfer fully, but there might be some nuances to that as the two programs work through it. Again, Advanced Ed would be more closely tied. 2011 is when the two programs are looking at their first intake in the new programs.

**Ms. Junor:** — So anybody who comes in now in 2009, this fall, would anticipate to go through all four years or three, three and a half or four years in that stream of the B.Sc.N., would not have the option to flip over if, as has been discussed in some circles . . . I don't know if this is what's still out there, is that the B.Sc.N. would be sort of a track to a research, teaching, administrative type of career in nursing whereas a B.N. [Bachelor of Nursing] perhaps would be more to bedside, community, a different track of nursing, more to practise than to more the academic for research.

I imagine that's discussions that we'll have happening, too, that if someone goes in 2009, by 2011 if they wanted to change streams, they still could?

**Ms. Donnelly:** — I think those discussions are still in the early stages, but people are looking at the greatest flexibility for changing streams through the planning process.

**Ms. Junor:** — And the end result will be a degree — a degree as the entry to practise in Saskatchewan. So the end result would be a degree in both programs?

**Ms. Donnelly:** — Yes.

**Ms. Junor:** — Okay. The last question I have, I think, about recruitment and retention has to do with the Filipino nurses. I know there has been a great deal of success with the nurses fitting in and sort of meeting the requirements of the exams and whatnot. But I have heard that there are a number of them who have failed and have failed three times, and some of them have called and said they have no recourse. And I would like to have a template contract of how they were brought over because I would assume they have something in the contract that would guarantee them a return-home fare if they can't make it here. I don't know that, and that would be one question.

My other question is, if they have failed — they're RNs in the Philippines, and we recognize their courses over there or their program over there as equivalent for here — is there some assistance with immigration so they could stay and be LPNs [licensed practical nurse] until they could have another chance to try for the RN designation? I've heard as many as 15 are really kind of floating out there in trouble.

**Hon. Mr. McMorris:** — As you had mentioned, the Philippine recruitment process has been very successful. They've, for the most part, fit in very well into many different settings, whether it's acute care or long-term care.

Of course there's always the issue of the registration and how they are doing with that. I think at one point it was looked at as 65 per cent passed that process. That was a good number, but I think we've learned a lot over the couple of trips with recruiting and making sure that we are attracting some of the best nurses because we're up to about 80 per cent pass rate of their exams. So that means, as you said, there are a few haven't passed, and what happens to those nurses?

We have a template contract here that deals with the very issue as you mentioned. Will they get a ticket back to the Philippines? We can let you have a look at a copy of that template because that is addressed there.

As far as will they be able to practise as LPNs, I mean there's a process and evaluation to be an LPN. It isn't that they, because they don't pass as an RN, they automatically, you know, move to an LPN level. That's not necessarily the case. But there is, you know, work done with the ones that haven't been successful in their first attempt to try and, you know, bring their skills and knowledge base up to the level so that they will be successful in their next attempt.

**Ms. Junor:** — So the ones that have failed three times, that's the end of that for this time. I don't know how much time has to elapse before they can try again. And is there some assistance for them as they stay here to get their skills changed and upgraded or whatever it's going to take? Is there some assistance from the districts or from anybody?

**Hon. Mr. McMorris:** — So as I said, there is a template contract that you can have a look at and take. We can make that available. It really does kind of vary a little bit from region to region because they are employees of a region. And so I think every attempt is made to bring their knowledge base and skills up to the level so that they can be successful. As is the case with any student, whether they're a Canadian grad as well, that same work is done through the regional health authorities to try and bring the skills and knowledge base up.

If they're not successful, as you said, after three attempts, then it tends to kind of revert back into Advanced Education, Employment and Labour, an issue there as far as changing a, I guess it would be a work visa that they would be ... or a student visa. So those unsuccessful students or RNs, if that's the case, would move over into AEEL [Advanced Education, Employment and Labour] and look for possible options.

**Ms. Junor:** — As far as you know, we are helping them if they are at that point. We're helping ...

**Hon. Mr. McMorris:** — Yes, I think it would be safe to say that they are being assisted.

**Ms. Junor:** — Okay, I just have one more question in this theme, and then I'm going to turn it over to my colleague from Cumberland. I know when you and SUN signed the MOU [memorandum of understanding], there was one point in there

that no RN vacancies would be converted to anything else as of November '07. So I'm wanting to know if there has been any RN vacancies converted or filled by LPNs or other health providers — for example paramedics — since that time.

**Hon. Mr. McMorris:** — So regarding the issue of vacancies and being converted, right now there are some positions that are being filled temporarily by paramedics, I guess, in various centres. But if there's any sort of long-term conversion or permanent conversion, you know, there's been lots of conversation around the table, through the partnership table, as to what would need to take place if that was ever to happen — sort of a long-term strategy and more of a provincial strategy as opposed to a health region by health region strategy. I think the very important part of all of this is that there is lots of discussion, and we're able to come to some agreement and look at some of these issues that perhaps were maybe festering before, but now we're able to deal with them directly face to face through the partnership table.

And you know, I think both parties have moved a long ways to deal with these issues. Whether it's the Saskatchewan Union of Nurses, and I'll even say we at the Ministry of Health, or the health regions, are, you know, finding a lot of common ground to deal with some of these, perhaps at times, long outstanding issues that we're able to deal with now.

**Ms. Junor:** — Thank you.

**The Chair:** — Mr. Vermette.

**Mr. Vermette:** — Thank you, Mr. Chair, to the minister and his officials for being here to answer some of the questions. I guess get right into it.

Addictions services, and your department is responsible for that for out the province but also for the North. And I look at that, and I've got some questions in that area that I would like to go to, to see what your strategy is provincially but also for the North — Aboriginal people in the North, northerners — and some of those addictions that, you know, we are dealing with. And I just want to see where your guys' plan is and just some ideas of where you see that moving, if you can, and then I'll come back to direct questions, please.

[20:15]

**Hon. Mr. McMorris:** — I guess what we would say, regarding kind of the provincial-wide strategy, is it's still a work-in-progress. There are 88 more beds that we are in the process of getting up and running — they're not up and running yet — but that will be up and running.

As far as the northern, and you were kind of more leading towards what is being done in the North, I'm just going to read a number of points here that are advancements and improvements, we think, towards addiction services, that are targeted specifically to northern Saskatchewan. And they are: four additional youth addiction outreach positions have been hired between the Keewatin Yatthé and Mamawetan Churchill River regional health authorities; enhancements to needle exchange programs was provided to those regional health authorities, mainly Mamawetan Churchill, I should say.

Funding for one prevention coordinator plus funding for prevention materials and resources to provide prevention education and community development services aimed at preventing and reducing substance abuse has been provided in each health region. Mobile treatment services have been implemented in those two northern health regions. Community supports funding has been made available to each health region in the province. One-time funding through the community support program was approved for training to build community and staff capacity to address addictions in Stony Rapids and Black Lake.

Two outreach workers have been hired to assist client recovering from addictions in Mamawetan Churchill. Work continues to secure a housing unit to provide transitional housing support to clients who have been discharged from treatment services. A community development worker has been hired to assist with mobile treatment and community development in the Keewatin Yatthé Regional Health Authority.

So those are some of the initiatives that have been just most recently worked on.

**Mr. Vermette:** — Thank you. I guess I'm going to go to I guess some of the northern communities. And we know that for the North it's 45 per cent of the province, the district that the health districts have to deal with, or health authorities. Do you think the resources that you just talked about, in your opinion, I guess I'll ask you that, in your staff's opinion, is going to make an impact on the addictions of the young people, northern people, Aboriginal people that are in the outlying communities?

When you talk about a number of staff, a number of positions — and I'm not going to say there's a lot of them — so it's almost a loaded question, I understand that, but I'm sincere when I say it. Do you think it's going to have an impact on our youth and the North and some of the addictions and the problems we're having with alcohol and drugs? It's a loaded question maybe. And more needs to be done.

But I guess I put it out there to you because I think to me it's important and to some of the community members that I deal with, it's very important to them. So I just leave that with you.

**Hon. Mr. McMorris:** — That is a, you know, it's a major question. Is this the answer? Is this the be-all, end-all, the points that I had raised? Absolutely not. There's lots more work that needs to be done. You had asked me, is it enough? And I would say, no, there's more, obviously more work to be done.

It isn't, I don't think, dealing with these situations, this situation, addictions and the services that provide it, I don't think there's anybody that can say, well if you would just do this, that would cure the problem because that isn't really realistic. The problems are created, you know. Addiction and the effects of addiction is usually the kind of the final outcome of a number of issues that need to be dealt with prior to. And whether it's, you know, community support, whether it's family support, whether it's work, whether . . . It's just so many different societal issues that need to be dealt with that will help reduce addictions. When we start dealing with the addiction, that's usually the end of a number of things that perhaps need to

be addressed prior to.

That being said, we have, you know, we have a number of individuals that we need to have support for that are addicted, and you know, you'll probably say — and fair enough — that the list that I read off is nowhere close. And I would probably agree with you.

But it's been a problem and a long outstanding problem for very many years, and this is a start down the road to try and deal with some of the individuals that we have to deal with. And I'll say that it isn't everything; it's a start. We're adding to the services that are provided to the North, and that's what we can do. We can continue to try and add to the services that are provided in the North, but the root cause also has to be addressed — such as the societal issues that I talked about.

**Mr. Vermette:** — Okay. Thank you for that. I guess I want to go a little further into that, and I know that there's a lot of different issues, and why people get hooked on drugs. There's many different, I guess, issues that a person's faced with and makes a choice. And influence from young people, peers — we know all that.

But at the end of the day, it looks like younger and younger and younger people are getting involved in drugs and alcohol. We know that the trend's going the other way, from all information we've been told and we see. You see it in our communities. We don't know why, and I guess the staff that's there — and I've said this before and I'll again comment to the staff that are in the addictions field — you know, they do all they can and I commend them for what they're trying to do, and I mean that.

But at the end of the day I know that they have to make sure, and we have to make sure that they have the resources to deal with the addictions and the problems. And maybe it's not just one department. Maybe it has to be a community, it has to be the parents, it has to be a lot of different processes in the end, to make sure that we don't lose anybody.

And it's unfortunate when we do lose somebody — and a young member of our community — for whatever reasons. It's sad.

But there's many things going on, and I guess we have to work forward and we have to bring those concerns forward to your department. And I say that because I think it's important that parents, community members, young people, the youth that are addicted — when you talk to them, their struggles, and you see what their experience — I think I have an obligation to bring that message here today to you, to your attention. Whether you know it or not, I have an obligation on their behalf to make sure your department knows what's going on.

And I think back home the health districts have an obligation to do that as well, and so does the mayors, so do our leadership, to address with these problems and to deal with the problems.

So when I say that, I guess you know, I'm also saying questions to you, but also making sure you understand from my point. We need to do what all we can. And I hope your department and your officials, when requests come forward to you, I hope that all attempt would be made when a plan or an idea comes to you

— and I'm not sure how that process is dealt with — but I'm hoping, you know, that at the end of the day a plan comes forward that you guys will seriously give it your consideration to work with the communities when they do have ideas coming forward.

And sometimes some of the community members say, well we have a plan and, you know, you can blame people and you can say, well fix it — here's the problem; fix it — but sometimes people will take ownership of the problem. And I've found that the community members back home do do that and they will take the responsibility to say, here also are some solutions — not just the cause and the blame but here are some solutions.

And I guess I bring that forward to you, that I would encourage and will be encouraging as we have the discussions, and we are, with different areas about making sure that their plan is very clear — what they want, what they feel, ideas that might help deal with some of our youth, some of the community members with their addictions come forward. Some of them are a ban on alcohol, a ban on drugs. So some of that stuff is starting.

So I just bring that to your attention and I guess if there's more we can do and those ideas come to your officials, I hope that there is a process there for our northern community members and anybody who's dealing with addictions to bring it to your attention. I just want to see where you are with that when people come with ideas to your officials and your departments.

**Mr. Florizone:** — We have for several years been very involved with the northern health strategy, and the strategy has been under way for several years. As recent as just this past week, we had the opportunity as a ministry to meet with Nap Gardiner to connect with the northern health strategy, with the various players, and what's really important, I know for the strategy itself and for the regions and for the Northern Inter-Tribal Health Authority, is that this really becomes part of a community solution — that this isn't somehow ideas that are generated in Regina and applied in an area that we're not familiar with.

So we are talking; we're doing our part in terms of not just looking at treatment but co-operating with other ministries in tackling some of the very significant social issues from suicide to drugs and alcohol to some of the chronic disease that we face — diabetes is one example. And we certainly are highly committed to working through with those partnerships.

I can tell you that the North — and you'll know this well — they're in a unique circumstance in terms of all of the various jurisdictions that they connect with. The only common alignment that really matters most would be the community, that sense of working and trying to find solutions through elders, members of the community, and trying to really tackle what is at the fabric of the culture to be able to really work with people and communicate in an appropriate way.

**Mr. Vermette:** — Okay, thank you for that. I want to go to I guess long-term care and some questions on long-term care. And I know there was a number of facilities that were announced, 13 of them in a previous announcement. Also there was announcement I believe . . . I'm trying to think of the health authority that got the announcement but actually it was

the Swift Current area. I believe they're looking at 450,000, was the press release. There's three facilities being looked at, whether they're going to be upgrades or whatever, but I think that it's 198 beds that were being looked at. And that announcement went through.

Now having said that, I don't know the process that happened for all that wonderful things to be done in those communities and there was obviously a need so there's announcements made.

You know that we're currently from the community of La Ronge, and like I said there may be other communities petitioning, and I've served petitions in the House to look at the planning process, long-term care facility, and palliative care in the North. I truly do not feel that it's adequate. It needs to be addressed, and we'll find out here. I've got some questions going out to the health districts as well, but also to the minister I guess the question would be: how does one and what is the best way for one to get to your officials and yourself to truly commit dollars to the planning and looking at that, the planning phase of it? What would be the best way to do that?

I'm giving you an opportunity, you know, to give me the heads-up on it, if you would. I'd appreciate that, and we will move forward as a community and try to follow through on that. So I put that to you. What would be the best way you would suggest a community bring to your attention an effective way to deal with I guess long-term care and palliative care, especially when we see a community in the North?

It's large. There's not a lot of beds and our loved ones have to go south, you know. Constantly you're dealing with that and I have people tell me there's no place for their loved ones to be, so they send them south. So we'll wait to get the numbers and everything, but I just want to put that through. Maybe you got a magic way to present it and it could happen — maybe an announcement like, you know, you just announced in the Swift Current area. Anyway I thank you in advance for your answer to that one.

[20:30]

**Hon. Mr. McMorris:** — The delivery of long-term care throughout the province of course is a regional health authorities' responsibility. So regional health authorities on an annual basis put in requests for capital projects, what they feel is needed in that area and, you know, they certainly would look at the demographics, the population of course, and the need. They also look at the shape of their facilities and what needs to be, whether it can be upgraded or whether it needs to be replaced. And that is done on a regular basis.

And that has been done throughout the province and, as I said, when we announced the 13 new long-term care facilities, \$152.8 million, regional health authorities had been identifying those projects for quite a while. And so it does, it runs on two really kind of veins, one on the demographics and one is on the shape of the facility.

Having toured a number of those facilities I certainly knew that, you know, it was no secret that the shape of those facilities . . . And the VFA report also substantiates that, a report that was



done looking at all the health care facilities across the province and then rated would suggest that they were in pretty poor shape, as well as the ones in Swift Current.

The one in Swift Current has received some media attention over the last couple years and when you tour it — and I've had the opportunity of spending some time in that, touring that facility — you know that the condition is just not acceptable for people to live. This isn't where they're at for a day or two days as they recover. This is their home and they're in very rough shape and need to be replaced.

So it really initiates from the regional health authority. What is the secret to get . . . You know, I mean, certainly having an MLA [Member of the Legislative Assembly] that's active and presenting petitions can raise the issue. An MLA that is working with the regional health authority and communities to raise their issue to the regional health authorities can be effective.

But the regional health authorities generally are, you know, I would have no questions saying, are pretty in tune and in touch with what is needed in their particular area for delivery of all services whether it's acute care, whether it's long-term care, whether it's home care. They're the ones that kind of set the direction for that.

I guess I'll leave it at that.

**Mr. Vermette:** — Okay. Well thank you very much and like I'd said, it's good to know then that the health authority is the one that usually would identify that, so it clear lies with them then is what I'm hearing you saying. So I thank you for that.

**Hon. Mr. McMorris:** — Maybe if I could just, one other point regarding long-term care is that we know the, you know . . . Again the study done by VFA will talk about the shape of our facilities and we have an aging infrastructure. And the pressures are only going to continue with that aging infrastructure, as we put more pressure on it because of, you know, the age of our population in the province. And I know issues in the North and La Ronge, which you have been reading petitions on behalf of, is no different. So we're certainly aware of it and, you know, we have a fixed budget, a capital budget that goes to address as many of those facilities.

In the first budget that we introduced, we had \$100 million that we're able to put towards repairing some long-term care facilities and a lot of acute care facilities because we weren't putting the repairs into it. And you can imagine if you don't repair the facilities, then sooner than later you have to replace them if you haven't kept them up to speed and properly repaired. So we're able to put a fair, you know, \$100 million in the first budget towards that.

This budget, past budget, you know, we're looking at again capital issues and what is needed throughout the province. And long-term care is one of those pieces.

**Mr. Vermette:** — I guess then just to finish up, just to be clear on that, I believe currently in the Cumberland constituency there's 14 long-term care beds available for the whole Cumberland constituency that I'm aware of. So anyway just

when you talk about facilities, so thank you.

**The Chair:** — I recognize Ms. Junor.

**Ms. Junor:** — Before we leave long-term care, I just want to refer back to a written question that was submitted in the House to the minister. Question no. 272 was specifically that: what was the official list, when you're talking about the VCI and the VFA that was done, the facility condition index was done by VFA Canada. The question was actually, "What was the official list for the priority of capital investments into health care facilities projects as of January 1, 2008?" The answer you gave didn't answer the question. The question was, where's the list? Like who's on it? Where's the list? And this just told the process, which we already knew.

So my question is, is there a list for capital priority in long-term care? And the second point is, is there a list for capital projects in general in Health?

**Hon. Mr. McMorris:** — So I guess to kind of follow through, is there a list? There is a list that the VFA supplied, rating every facility in the province, every health care facility in the province. That would be a list. There's other lists because regional health authorities, as I had mentioned to the earlier questioner, regional health authorities put forward their priorities.

Sometimes they match up pretty close with the VFA, sometimes not, because the VFA is just studying the physical plant, just the actual bricks and mortar and roofing and the physical building, whereas regional health authorities will take that into consideration as well as demographics and patterns of travel and needs for communities. So there's more that goes into that than just a pure number of a physical plant.

The other thing with the VFA study is that when, you know . . . And we've talked about some of the numbers. The last time we were in estimates we talked about some of the numbers. But you have to make sure that that number is completely understood.

I think there was the question of Redvers that the VFA number wasn't all that bad; you'd question that it would need to be replaced. But what they looked at, for example, in Redvers, is the hospital combined with the long-term care facility. Well the hospital has been redone. The long-term care facility is not in very good shape. The VFA number doesn't look that bad because of the newer hospital combined with the older long-term care facility. If the long-term care facility was a stand-alone, looked at by itself, that number would be quite a bit different.

So you know, just to look at the pure number and say, well why this one and not that one, that can be a little bit misleading. But as far as a, you know, a master plan list, as I had mentioned before, it's the regional health authorities that look at their needs in the area, combined with, you know, the numbers that we see from VFA.

We know that again that our infrastructure is aging — that, you know, if the money was there, a lot more would have to be replaced as well as new ones built to deal with some of the

demands we're seeing in our major urban centres. And we talked about this at our last round of estimates.

So you know, there's a lot of information that goes into the determination of what is or isn't going to be built.

**Ms. Junor:** — I guess I'm thinking of the process that's in Education. And when I was the minister of Learning, we had a priority list for capital projects in Education, in K to 12. There was a set process and a standard way of assessing the needs of the districts or the school boards when they put their needs in. It's much the same as the health regions putting their needs in. There was a provincial process. So all people understood. It was fairly transparent and fairly fair, actually.

Now when the member from Cumberland asked questions about La Ronge, that's one community seeing another community getting something that they don't see how come they couldn't have got it. If you have a process like Education has, then they understand how it works.

This way, I think, Health never done it. But you've got this study done by VFA so you have an opportunity to actually put something like that in place so communities do understand that this is the process; this is a fair way of allocating our resources. And they can see how they can get into the queue, and that their health region can then benefit from the money that's out there.

Right now some communities don't feel that, and obviously that's what Mr. Vermette is feeling and bringing to us from Cumberland. So I would really encourage the ministry to look at publishing, like Education does, a yearly list of priority projects in Health. I don't think it's that difficult. If Education can do it, we should be able to see it done in Health.

**Hon. Mr. McMorris:** — Thanks for that question and, you know, you do raise some very good points, you know, the comparison between Education and health care. I don't think they are completely comparable. I don't think you can just take a template from Education and put it into health care, because the facilities, number one, as you will know, are completely different. But education . . . A school is a school. In health care you're dealing with many different levels, whether it's long-term care, acute care, be it in a community setting, a regional setting, or a tertiary care centre, mental health facilities. There is a wide range. That being said though, I think there is some merit, absolutely, to try and have a better process because you're right — Health hasn't done that in the past; Education has.

We're going to be working on a 10-year capital plan that will bring all that together and so that, you know, if the dollars are there for capital improvements or renewal that, you know, it's a bit of a process that is transparent, that communities can see. But I will say that it is a little different because you have again tertiary care centres that are completely funded by the province. You have some community facilities that are on a cost-share basis. There's a lot of variables that go into it and it's a little different compared to Education. Not saying that we shouldn't be looking at, again number one, a 10-year capital plan, but within that 10-year capital plan, a better process on evaluating what comes next.

**Ms. Junor:** — I think that would give communities some degree of comfort and faith that there is integrity in the process, and that's what Education has always strived for. And I have a fair amount of faith in the department that they could actually figure out how to do this. So I understand the difference between a school and a hospital and a long-term care facility, but I still have faith that the department could figure out how to do that.

So I can move on to another line of questioning. I think we're going to break at a different time. In the capital, keeping to a capital questions . . . Oh before I actually leave capital or go to capital entirely, I'd like to actually follow up on something that Mr. Vermette raised, and that was the Aboriginal Health Transition Fund, and that was announced and federal government money. I see nowhere in the press release that there's any matching or contributing provincial money. Is that the case?

[20:45]

**Ms. Greenberg:** — There was no matching provincial dollars. The Aboriginal Health Transition Fund is a federal program with three funding envelopes, and so the projects that were announced were provided through the provincial envelope, but it is all federal dollars.

**Ms. Junor:** — So then in the budget summary when it talks about a strategy, "Implement Saskatchewan's plan under the Aboriginal Health Transition Fund . . ." what does that mean?

**Ms. Greenberg:** — Money is being used for us to participate with a number of projects that are funded under the Aboriginal Health Transition Fund. We wanted to have some dollars in order to be able to contribute. For example, we have an MOU with FSIN [Federation of Saskatchewan Indian Nations] and Health Canada, and that's money that was obtained actually through another funding envelope called the Integration Fund.

And we are expected to participate with the other two parties in holding everything from an SCN [Saskatchewan Communications Network] event — which is happening in May — to helping to facilitate, to pay for food, room rentals. We are also expected to pay for printing costs and whatnot. We are also participating in other projects with Métis Nation Saskatchewan who have received funding, and we are allowed, the way the program is designed, all the provinces are allowed to ask for funding to pay for staff to be involved in these projects.

**Ms. Junor:** — The announcement from the feds on these seven projects — the seven projects that are listed with their attached dollars — they're accountable to the feds, then, for that project?

**Ms. Greenberg:** — They're accountable to the province. The projects had to be approved by the province first before they were submitted to the federal government, and as part of the project process and approval there's an accountability and evaluation process. So there is process involved in that they have to be accountable, they have to have an evaluation done within a certain time period after the project ends next year, plus they also have to submit reports twice a year through us, which we review and then forward to the feds.

**Ms. Junor:** — The province is overseeing all of the projects in all of that?

**Ms. Greenberg:** — Yes.

**Ms. Junor:** — Then just one more question on addictions. I understand — and I'm not sure where I heard this — but I thought the member from Saskatoon Sutherland was doing something on addictions. Did I misunderstand that? Is there something coming?

**Hon. Mr. McMorris:** — Yes. Joceline Schriemer, the member from Saskatoon Sutherland, is the Legislative Secretary regarding addictions and she has been looking at and working through, you know, I guess consulting with regional health authorities as well as CBOs throughout the province, and again also has a report that has been submitted to the ministry with some recommendations that we're looking at as to what we can do in our responses to those recommendations.

**Ms. Junor:** — So will we see that report?

**Hon. Mr. McMorris:** — I believe you'll see the recommendations and our response as we develop our response to those recommendations.

**Ms. Junor:** — Okay then. One more question actually, going back to capital. The Cancer Agency's annual report in '07 and '08 suggested that they . . . well they have actually put in a request for a fair amount of capital, additional space to accommodate all the workloads and the programs, and a major renovation proposal to Health for the Saskatoon Cancer Centre. Can you tell me what's going on with that?

**Hon. Mr. McMorris:** — So the Cancer Agency definitely has some pressures and, you know, I guess whether it's increased demand but some pressures on space. In the interim — and this is a short-term solution — what they have done is moved some of their administrative staff out of the two sites, both sites, and moved them into office space and freed up some space for delivery within the two sites. It is an interim, short-term solution.

They're working on a long-term capital plan that will go into the 10-year capital plan of the Ministry of Health. But, you know, as that is worked on, you know, we'll have to get it into the budget, the wants and the needs to address the shortage of space in both sites.

**Ms. Junor:** — I'm thinking of particularly the Saskatoon site, since I believe it's pretty close to the health sciences. And I don't know if there's any efficiencies in doing something with that site when you're doing the health sciences. And I'm just asking the question.

**Hon. Mr. McMorris:** — I don't know. I guess the issue is that the health sciences building is more of . . . would be for administration so, you know, if they could relieve some pressure that way and take some of the administration off, but the health sciences building isn't for delivery of, you know, the programs that the Cancer Agency delivers in Saskatoon.

**Ms. Junor:** — So are there conversations going on between the

Cancer Clinic and the health sciences so they could use some of that space?

**Hon. Mr. McMorris:** — Yes, there are.

**Ms. Junor:** — I just have another question under capital. I think from the budget that there's about \$10 million in this year's budget for capital — that's excluding the 152 for the long-term care facilities. So I'm wondering what the status of the Westside Clinic is in Saskatoon, given that they had needed some money for expansion and had expected to get it. What's the status of that?

**Hon. Mr. McMorris:** — The Westside Clinic, we know there's some issues with pressure there and, again, size capacity. They offer a lot of programs that are, you know, valuable to the inner city, as do the regional health authority.

I think in that area when you look at the St. Mary School and the money that's going into that and other programs . . . Not to say that that solves the issue of the Westside Clinic, not at all. But we as the government have put money into that area, whether it's the primary health care bus, whether it's the new community school — St. Mary School — as well as extra, you know, money into the health region to deal with issues, as well as the Westside Clinic.

But as far as the direct capital asked to increase, that wasn't in this year's budget. We'll certainly look at it in the coming years and especially through our 10-year capital plan.

**Ms. Junor:** — So their need is pretty pressing. Their space is pretty much maximized and they need to offer more programs for the inner city. I understand St. Mary and the bus and all that, but I think the Westside Clinic does a different type of work and have certainly indicated that they are desperate for space. And I just was wondering what the 10 million is. That's just for general projects in Health for this budget, or what is that 10 million going to be used for?

**Hon. Mr. McMorris:** — Certainly we understand the pressures that Westside Clinic has and, you know, the programs that they're trying to deliver. And as you can imagine — I'm sure are well aware of the fact that — there's always more pressures at times than there are dollars. And we've moved a lot of money into the, as I said, the programs that we've already moved into, whether it's a community clinic . . .

As far as the \$10 million is concerned for capital, you can imagine, and it was identified again through the VFA study that our capital infrastructure is worth \$4.4 billion and there are needs to again keep that up and running, as well as other pressures and some money looked at for planning in other facilities. So that \$10 million will be used on any number of different fronts throughout the next year.

**Ms. Junor:** — So the message to the community clinic would be to get another proposal in for consideration for the next budget cycle.

**Hon. Mr. McMorris:** — As with every other, you know, every other affiliate or regional health authorities, they put in on an annual basis their wants and needs. And I know that it hasn't

gone away for the Westside Clinic, their capacity issues, so we'd certainly be willing to look at it.

As you know, there's competing pressures around the table — not only for Health capital but Health around the bigger cabinet table with allotment of resources. So as you know, it's an ongoing process. Each year we review it and, you know, the allotments for Education, Health, and Labour and Social Services are defined, and then within the Health ministry we work on dividing that money up on the priorities that we have.

**Ms. Junor:** — Before we go to our break, I have one question still on the Cancer Agency's report. Under their oncology drug heading they talked about the agency, CancerCare Manitoba, and the Saskatchewan Association of Health Organizations or SAHO, finalized an agreement in the development of a multi-provincial oncology drug purchasing program. I would like to know what drugs and what savings have we seen.

[21:00]

**Mr. Fisher:** — There has been some collaboration between the Manitoba and Saskatchewan cancer agencies on the purchase of drugs. Manitoba has basically worked with the Saskatchewan Cancer Agency through SAHO to avail themselves of some of the SAHO contracts, SAHO bulk purchasing for drugs that they wish to participate in. I can't give you any details on which drugs those have included tonight but we could certainly get that information.

**Ms. Junor:** — And I'd also like to know about savings, if we've recognized some savings from this partnership or this bulk purchasing or group purchasing.

**Mr. Fisher:** — Basically to this point Manitoba has used the contracts that are already in place so there hasn't been any advantage to Saskatchewan. Manitoba has participated when they've seen some savings but hopefully as the process matures and Manitoba and Saskatchewan can work together on group pricing on new contracts, there may be some savings for us as well.

**The Chair:** — This would be a good time to take a break. The committee will recess for approximately five minutes. And then we will resume and continue with the estimates of the Ministry of Health. Committee is recessed.

[The committee recessed for a period of time.]

**The Chair:** — I'll call the committee to order. We'll continue with the consideration of the Ministry of Health estimates, and I believe Ms. Junor has some additional questions for the minister. I recognize Ms. Junor.

**Ms. Junor:** — I have some just random ones that don't fit any actual theme — and I know the minister has had some correspondence with these people — but one of them is about Lyme disease, and there's a whole bunch of questions raised by this particular case. I know there's some work being done at the federal level, and I don't know how fast it's going to be, but one of the things that really concerned me is when the person explained to me that there's no screening for blood donors for Lyme disease, which is I think an extreme problem.

And I know that there's ticks out already, and I'm not exactly sure why we're so unconcerned about Lyme disease when it is a proven disease that is actually taking quite a toll on quite a few people in the country and even in Saskatchewan. There is work being done in the province, and I understand from David Butler-Jones some of this will be coming forward. But this one about the blood screening does concern me and I'd like you to comment on that.

**Hon. Mr. McMorris:** — Mainly around the blood donation piece in Lyme disease, that would be handled through the Canadian Blood Services, which is a national organization. They set standards for the screening protocol.

And we can check into that a little bit more. We don't have a list here of all the protocols, screening protocols that are in place. We can certainly check into that, but that really is more of a Canadian Blood Services issue that set a national screening protocol.

**Ms. Junor:** — I think it would be worthwhile checking into it and raising it with your counterparts that it is a . . . That would be a huge issue. There is more and more people coming forward with Lyme disease, and the person that has raised this with me has had some concern about the Infectious Diseases Society of America, which we appear to rely on for our research or for setting our standards. And they are, I guess, under investigation for conflict of interest, since many of their board members sit on the boards of insurance companies, drug companies, or receive funds from research organizations.

We appear not to draw on our Canadian experts, including the head of the Canadian Lyme Disease Foundation, who has been invited to other countries to help draw up their guidelines. We are allowing or somehow relying on American research and discounting our Canadian research.

That's another question I think would be useful to have an answer to or a comment on.

**Hon. Mr. McMorris:** — Duly noted. We'll certainly look into it. I don't know if we have many comments regarding the American versus Canadian, but we'll certainly look into the issue around Canadian Blood Services as well as your other comment.

**Ms. Junor:** — And I think maybe since my colleague is telling me that there are several cases coming to his attention too, so I think it's probably worthwhile bringing up perhaps at a federal meeting of your counterparts as well. And I know that there is a mention that the government is looking at something, I imagine through the public health officer, David Butler-Jones, so probably a good time to actually mention this.

[21:15]

Another one is of particular interest because it's actually close to my riding, I believe. But a woman is writing about how she was sent home from the hospital and that her prescription that was given to her, she was told she could only have it filled at one particular pharmacy. And she said she deeply resents that. She wonders what on earth the policy of the health district would be to insist, because she's going to Sherbrooke

Community Centre, that she has buy her drugs through a certain pharmacy. And I wonder if you can comment on such a policy from a health district.

**Hon. Mr. McMorris:** — What I can make is a general statement on the issue. But if you would like to forward the complaint on the specifics, I can't really comment on that here until we see it. But generally it wouldn't be appropriate for anybody to try and influence, you know, a person with a prescription to use a particular drug store or pharmacy, I should say. I mean the only time, and I don't know this situation, but if a certain prescription could only be filled because of availability at a certain pharmacy, that might be the only thing that, as we were talking, may kind of relate to this issue.

But let us, if you would, we would certainly pursue that because it wouldn't be appropriate, if the prescription could be filled at any number of drug stores, that one would be recommended.

**Ms. Junor:** — Actually I don't have to share this with you. This is addressed to you; it's just copied to me. The woman goes on to say that the fee that she was charged for this was \$918 and it is available at competing pharmacies for \$200 less. So I can show you the letter and you can perhaps take a copy and find it in your files to see. I don't have a date on it — she hasn't dated it — so I don't know when she would've sent it to you, but I'm encouraged by your response and I think she will be as well.

So my next series of questions is actually on SHIN [Saskatchewan Health Information Network] and I'd like to know the status of the Saskatchewan Health Information Network or electronic health record or actually even what we call it now.

**Hon. Mr. McMorris:** — So I'll just briefly talk a little bit about the dollars spent and what that will be going to. Through SHIN, the Crown corporation, last year we spent by the end of the year \$39 million roughly, a little bit more than that. This year's budget is a little over \$47 million so an increase of roughly about 8 or \$9 million. That will be going to finishing off the PACS [picture archiving and communication system] system throughout the province as well as work on the laboratory system and, you know, monies that kind of bring it all together.

So it's progressing. You know, it's a large investment when you look at the total dollars, but not when you look at the total dollars compared to the Health care budget of \$4.075 million. So it looks like quite a large sum of money, but compared to again the whole budget, it is getting a lot of work done for that money.

**Ms. Junor:** — You don't have to sell me on the benefits of SHIN. Since I was on the first board which would have to be 12 years ago, I would think, when it started, I'm quite anxious to see money spent. Because at that time and in the ensuing years, it was a hard sell to tell people that you should get this computerized system, you should get this program or that program, when they didn't have a doctor and couldn't get a bed for whatever surgery they wanted. It was a hard sell.

But I think the evidence now shows that if you don't have an

electronic health record, the whole system does not communicate and it does not work very efficiently. So I think that the money that we're spending is well spent.

What I really want to know is, what have we bought from it so far and what is the next plan? Like where are we going? Do we have an end date for an electronic health record that would be connecting all health districts so that I could move freely between them with my X-rays and my blood work and my consultation and my MRI [magnetic resonance imaging]? When can I expect to do that?

**Hon. Mr. McMorris:** — I will have Max Hendricks, the assistant deputy minister, answer this question.

**Mr. Hendricks:** — Okay. So we already have the PACS system up and running in Lloydminster, North Battleford, Swift Current, and Saskatoon. It will go live in Regina later this year, as well as in Yorkton and Moose Jaw. So we've built that piece.

The pharmaceutical information program is almost completely built, and what we're actually doing this year is linking, starting to link the physician offices in through the electronic medical record or electronic medical record agreement that we sign with them.

So they're very anxious to see the labs come on stream as quickly as possible because that's the biggest thing for family physicians. And so we're starting to build the glue that would bring all of that together. And we anticipate that a lab system probably in early next year and the glue to bring it all together and have a single interface shortly thereafter because the electronic medical record really has limited value unless there's the plug-in to the bigger architecture within the system.

**Ms. Junor:** — Thank you. And along that line about electronic capabilities in this system, a little comment about Telehealth. I understand in New Brunswick they're doing something with home care called telehomecare. Have we considered that or do we, are we, do we have any comments we could make on that?

**Mr. Florizone:** — We're just in the process of leading out with a bit of a pilot, a test. There's a partnership between Kelsey Trail, SaskTel, an initiative that we're watching very closely and providing oversight for through the Ministry of Health, looking at tele-home care application within the Kelsey Trail Health Region. The notion here is that if we could take Telehealth and make our Telehealth care, tele-home care even more robust by using the most up-to-date technology, perhaps there's application right across the province. So that is in the planning phase right now and bound to kick off within the next several months.

**Ms. Junor:** — I still hear a fair amount of complaints about home care delivery being, you know, so many different providers coming. There doesn't seem to be a lot of coordination nor does there seem to be a consideration of patient first.

And I know that there was a question to the minister during the SMA meeting about individualized funding which has been an issue for a long time, and the fact that it's actually — and I don't know, maybe it isn't; you can tell me if it isn't — still

delivered through home care, which seems to be one of the things that stop it from being terribly successful. There has to be . . .

**Mr. Florizone:** — I'm sorry. Individualized funding?

**Ms. Junor:** — Individualized funding was set up to be delivered through home care. They administered it, and I don't think it was very successful. And I know that the people that have tried to use it, that do use it, it's a very onerous process. And I've even heard people that have, you know, degrees, who can't fill out the forms.

And so I think we've done ourselves a disservice with a program that could be useful and that people were willing and able and quite anxious to use, and we haven't done much with it. And the frustration was evident at the SMA meeting. I mean we need to do something with this program, and I think taking it away from home care would be the first step. Any comment on that?

**Mr. Florizone:** — Perhaps I could speak to individualized funding, just give you a sense of the utilization, and then we can talk a bit about the arrangement and the organization of the program. As of February 26 — that's the most recent statistic I have in front of me — 83 people were using individualized funding, so they availed themselves to that. That involved 10 out of 13 of our regional health authorities.

To give you a sense, the average age of those that would be using the program is 41 years old. And again the main reason, as you'd be well aware, would be consistency in care provider, more flexibility in scheduling, more control over care that's provided, and better care in a remote community — so that notion of empowerment and ability to organize care accordingly.

I did hear the suggestion around maybe more of a centralized approach to it. Philosophically the way it has been organized to date, and it's something that the patient-first review will likely speak to, this organization through home care was rooted in the notion that those that are on the ground delivering care, assessing need, would be in the best position to identify the range and type and level of funding that may be available.

What we are hearing through patient-first review, as you've suggested, is that in the traditional home care model, there is some concern about scheduling and availability of services. So there's no doubt in our minds, and based on what we've heard from Mr. Dagnone to date, that it's something that he will be speaking to in his report and something that the Ministry of Health will have to take a look at from a policy perspective.

**Ms. Junor:** — I was the minister at the time we brought this in, and actually we spent a lot of time with the unions making sure this would work. So it's a real disappointment to see that we got through so many barriers and then we put one in ourselves. The uptake is not good. The satisfaction isn't good.

So I'm hoping that with the patient-first review and whatever else you do to look at this, that we'll see something come of this because it is a good program, and I think it could really be useful for the people that need it, especially the young disabled.

And I think that's something that we should probably spend a little time having a look at.

Before I leave home care, I noticed in the budget book that there is, under seniors, there is a home care subsidy. Is that something new?

[21:30]

**Hon. Mr. McMorris:** — This would be related to Social Services and the increase of the senior income program and the expansion. So there'll be more seniors eligible because seniors on SIP [seniors' income plan] pay the lowest fee regarding home care, but because there's an expansion, that would cover off the cost. That's what is related to the change in that number.

**Ms. Junor:** — Speaking to seniors, there is still a fair amount of concern about their issues not being addressed, and one of the things that I know we had in place was an advisory committee, an older persons advisory committee to the minister. What is the status of that committee?

**Hon. Mr. McMorris:** — The status of the advisory council or committee that you had mentioned, it's still in place, although it hasn't met or we haven't met for quite a period of time. There's a number of spots open on that council or committee, and we have to decide if we're going to continue to move on.

That being said, there are a number of other seniors' organizations — such as the Seniors Mechanism, which I had the opportunity of attending their conference last week; other groups, one in Saskatoon, seven throughout the province — that we meet with on a regular basis. So although the one advisory council that you had mentioned hasn't been as active, there is input to government regarding seniors' issues on many different levels.

**Ms. Junor:** — I think what I'm hearing is they're looking for a more formalized mechanism. And I know that there is a promise in one of your documents of a seniors' strategy, and I'm wondering where that is at and what focus it will take.

**Hon. Mr. McMorris:** — It would be safe to say that the senior strategy is certainly a piece that was in the mandate letter to me from the Premier, and that will be worked on in conjunction with or kind of in the same process as the patient-first review, which is identifying a number of issues related to seniors such as long-term care, access to different levels of care. So the senior care strategy will be worked on. I made a commitment last week, and we will follow through with that, plus a wider range of consultation.

But I made a commitment to the Seniors Mechanism that they would be involved in the development of any seniors' care strategy, as will a number of other organizations that represent the interests of seniors.

As we work along that, it hasn't been officially announced yet, the workings of that strategy or how that's all going to be developed and the consultation, but I can say here tonight — and I would hope that you would pass it on to the different organizations that you may be in touch with — that there'll be some strong consultation before the announcement of any

senior strategy as we move forward.

**Ms. Junor:** — I think there was also, moving to a different topic, there was also a mental health strategy promised, and I know mental health could take us a long time to discuss — all the deficiencies in the mental health system and how people are treated and what's available for them. So I will just simply ask, where's that strategy?

**Hon. Mr. McMorris:** — I think it would be safe to say that it's kind of along the same lines as the senior care strategy. A lot of this will follow off of the patient-first review as the commissioner, Tony Dagnone, identifies a number of the issues that are coming forward from patients' views — whether it's long-term care, whether it's acute care, or whether it's mental health — and then we'll move forward with strategies that will address those concerns that patients have had throughout the province.

**Ms. Junor:** — Thank you. I'm going to move now to the tobacco control issues. There is a report, *8 Prescriptions for health*, submitted by the Saskatchewan Coalition for Tobacco Reduction. And I'd like to know, what's the status of their recommendations?

**Hon. Mr. McMorris:** — I will have Rick Trimp, executive director, population health branch, kind of deal with those questions regarding the tobacco control strategy.

**Mr. Trimp:** — Thank you. We had a meeting with the stakeholders including the Saskatchewan coalition, also the Canadian Cancer Society, the Lung Association, and a variety of stakeholders in March. And we've received their strategy, the prescriptions for tobacco reduction, and we considered their proposal to inform our strategy. So they actually provided input and further context into the items that they had within their strategy.

**Ms. Junor:** — So what ones of them will be moving forward do you believe?

**Mr. Trimp:** — Sorry, I didn't hear that.

**Ms. Junor:** — What recommendations will be moving forward, and how do you see that happening?

**Mr. Trimp:** — We've looked at all their strategies, and we do agree that those strategies do make sense. And we're considering them in the development of our own strategy as we develop that, and that's currently under development now.

**Ms. Junor:** — Thank you. I have one question that's particular to a letter I have written to you, Mr. Minister, a woman who has a brain aneurysm and is waiting for a procedure that is called coiling, and she's been told she can't have it in Saskatchewan because we don't do it. We have a doctor and staff who is trained to do it and the equipment is available at RUH [Royal University Hospital].

I've written you last April 9 about this. She is a ticking time bomb with this aneurysm. And given that I have had several relatives die of this very thing, it does touch me that she sits and waits while we wonder, why can't we do this? If we have the

doctor, we have the staff trained to do the procedure, we have the equipment at RUH, why can't we do this for this woman? Who's stalling this? It's performed in every major hospital in Canada except in Saskatchewan. Well why? We're being told, she's been told it's being studied. Why?

**Hon. Mr. McMorris:** — On this specific issue, I'll have Deb Jordan, who is the executive director of acute and emergency services branch.

**Ms. Jordan:** — With respect to this particular case, if you would permit us the time to follow up on what the circumstance of what this specific patient is, and we'll provide that information back to you through the minister's office tomorrow. There are also discussions going on with the Saskatoon Health Region as it finalizes its '09-10 budget about the provision of the service.

**Ms. Junor:** — I appreciate that. I also appreciate the woman's absolute terror to be going to going to bed every night not knowing if this aneurysm is going to burst on her. So I think that the imperative is that we do this very quickly for her and for others who are sitting waiting like her. So I appreciate that; an answer tomorrow would be great. Thank you.

I just have a couple of closing questions, going to your strategies and action, your ministry plan for '08-09, which I have to say I actually quite like. You know, you'll be surprised. There are certain things in there that I've read that, you know, I think there is a good direction for the department.

There are some things I was going to ask. One of them is, under one of your goals, you talk about doing something with things that . . . eliminating, creating more value for customers by eliminating activities that are considered waste. Just give me an example that you would consider a waste, a wasted activity.

**Mr. Florizone:** — When we're using that language, a lot of what we're attempting to do is define value and the converse of value, namely waste, from the patient's perspective. Now I guess a more fair way of putting it would be non-value-added activity. So it would be those things that if the patient were paying for it, they wouldn't be willing to pay for.

So a good sense of what you'd receive as direct value would be that touch time that you get from an RN, the actual procedure, whereas the waiting in a waiting area would be pure waste. The delays in treatment, the errors that may occur, would be the worst case. So waiting, queuing, delays, hand-offs, miscommunication — all of that would be considered waste within the system. I could certainly provide you with very practical examples if you need further detail.

**Ms. Junor:** — Thank you. We'll probably have this conversation again. I just have a couple more questions before we leave this evening and the whole session will be done.

I'm quite concerned about infection control in the districts, with MRSA [methicillin resistant *Staphylococcus aureus*] and VRSE [vancomycin resistant *Staphylococcus epidermis*]. I had a particular personal experience in my family with this, and it wasn't handled very well in the Saskatoon Health District. The follow-up was quite appalling, and I asked the district to give

me their policies on this community-acquired MRSA and it took months before I got it. I asked Regina for the same thing — I still haven't got them. And that's been months.

So my question is, on a general, broad basis, what is the department doing to help districts deal with what is really becoming quite a large problem? Especially community-acquired. I mean we've had it in the hospitals for a while, but now it's out in gyms and all kinds of places where . . . If you get it in the community and you're being treated by your family, say, somebody is pouring hydrogen peroxide on you in the bathtub, what would you do with the bathtub afterwards?

There is no information for the public on how to deal with MRSA out in the community, and we're not doing anything about this. And it's spreading quite rapidly and I'm hearing quite a few people — I hear a great deal of the population have it on them — and so we are exposing a fair amount of the population. And the districts don't appear to be ready to deal with this. And those were the two big districts. So if the two big districts aren't up on it, what are happening to the other 10 or 11?

**Ms. Donnelly:** — In '08-09, the ministry put two positions in place in the North and South in infection control to work with the regional health authorities to do an assessment of their infection control practices in the community and in facilities. At the end of that assessment process, we did ask regions to submit, to the '09-10 budget, business cases proposals for addressing some of the gaps identified in the needs assessment.

And as part of our '09-10 accountability document, we've actually set a direction, a goal for all of the regions to ensure implementation of Accreditation Canada's required organizational practices around infection control. Those address a lot of better monitoring of infection rates and surveillance in the community and in the hospital, better in-hospital or in-region reporting and sharing of information, increased attention to hand hygiene. The whole process has been set up to both ensure consistency across regions and implementation of best practices as identified by Accreditation Canada.

Additional resources have been put in our regional targeted funds to be disbursed to RHAs — 1.4 million currently in regional targeted. We do have the business cases from the regions, just prioritizing to ensure that all regions have a minimum level and all have a business case or plan to progress to best practice.

[21:45]

**Ms. Junor:** — Interestingly enough, I was reading somewhere where the Saskatoon Health Region has gone to using green or organic or environmentally friendly products for cleaning, and that is actually the wrong thing to do because those products do not have the strength to kill the germs. So while we're thinking we're going to be environmentally friendly and going green, we're actually going to see an increase in our infection rate if we don't stop this. So I would hope that someone gives that message to the Saskatoon Health Region to stop doing this, because it isn't going to work and it's going to be quite harmful.

I think we're just about done. I do want to just say, with the patient-first review, I've listened to Tony Dagnone at several places where he has spoken. At first I was disappointed in the lack of content of what he was saying, because he's telling the good stories and the bad stories which we've all heard. And I thought, this is nothing new. But at the SMA the other day, I had a little more hope because he was pretty forceful to the doctors and said that the status quo basically isn't an option.

There's very high expectations in the public with this patient-first review. There's everything that's being, any letter that's being written to people who have complaints basically have been referred back till the patient-first review will be looking at this, and so everything is kind of in limbo and on hold until this comes. So there's huge expectations that there will be change.

So I asked the SMA, what's the appetite for change? And they appear to think that there is an appetite for change, which is encouraging. I'm not sure if it's all across the health piece with all providers. Are they all ready for change? I'm not sure. But I did get a better sense.

I listened to Tony Dagnone at SAHO, which I thought was . . . I wasn't encouraged. But when I listened to him at the SMA, I was more encouraged because he was speaking to an audience that needs to change and needs to lead change. And so I was encouraged by his demeanour and the message actually, and the response I was encouraged by too.

But I'm looking forward to his report. I understand there's people who have not felt comfortable with the way that, like 83-year olds not comfortable with telling him their story because they feel it will be identified and they feel vulnerable in their situations.

But I think that for the most part, hopefully people will tell their stories so that we can do something about this because I think we have a lot of the tools to change. It always has been the will, so I'm hoping we do find that the will is there because I think the public is really tired of being reviewed and paying for it, and I think they want to see something done. So I'm looking forward to this summer and his report.

And I thank the minister and his officials for long time spent here and answering all the questions.

**The Chair:** — Thank you. I recognize the minister.

**Hon. Mr. McMorris:** — Thank you. Thanks for the questions over the five and a half hours, I guess, we've had through this estimate process. And I too would like to thank all the officials that are seated behind me, and the rest that are back at, whether it's the T.C. Douglas Building — not as we speak, but when they're there doing the work that they do. It's amazing when you deal with a budget, and I said I think million, but it's \$4.075 billion, and to deliver a health care service in the province.

But, you know, we also realize the health regions do a lot of that delivery, but the Ministry of Health is where it all originates from. So I just want to on behalf of myself and the Government of Saskatchewan thank all the officials that are



here tonight plus all the other employees that work through the Ministry of Health for the work that they do throughout the year. Thanks.

**The Chair:** — I'd like to also thank the minister and his officials for appearing before the committee. And I would ask, are there any other questions for the minister with regards to the spending estimates for the '09-10 fiscal year? Seeing none, we will proceed to vote the estimates, and the minister and his officials may stay if they so desire, and if they feel they would like to leave, they are certainly free to leave at this time.

So we will proceed with voting the estimates for the Ministry of Health as found on page 93 of the Estimates book. Central management and services, subvote (HE01) in the amount of 16,591,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried. Provincial health services, subvote (HE04) in the amount of 193,793,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried. Regional health services, subvote (HE03) in the amount of 2,825,347,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Early childhood development, subvote (HE10) in the amount of 10,504,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That's carried. Medical services and medical education program, subvote (HE06) in the amount of 653,789,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Drug plan and extended benefits, subvote (HE08) in the amount of 375,818,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried. Provincial infrastructure projects, subvote (HE05) in the amount of 10,485,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — And that is carried. There's an allowance for amortization of capital assets of 1,368,000. This figure is provided for informational purposes only.

Resolved that there be granted to Her Majesty for the 12 months ending March 31, 2010, the following sums for Health in the amount of 4,086,327,000.

I would ask a member to move that. Ms. Eagles. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. That completes the voting of the

Health estimates.

[Vote 32 agreed to.]

### **General Revenue Fund Advanced Education, Employment and Labour Vote 37**

**The Chair:** — Committee members, we have one more ministry's estimates to vote this evening, and that is the Ministry of Advanced Education, Employment and Labour, vote 37 and vote 169. We will begin with vote 37 as found on page 29 of the Estimates book.

Central management and services, subvote (AE01) in the amount of 25,464,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Student support program, subvote (AE03) in the amount of 61,439,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Post-secondary education, subvote (AE02) in the amount of 625,082,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Immigration, subvote (AE06) in the amount of 12,604,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Training programs, subvote (AE05) in the amount of 40,574,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Career and employment services, subvote (AE04) in the amount of 41,663,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — Carried. Graduate retention program, subvote (AE15) in the amount of 18,500,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Labour Relations Board, subvote (AE10) in the amount of \$1,001,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Labour relations and mediation, subvote (AE11) in the amount of 695,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Labour standards, subvote (AE12) in the amount of 2,478,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Worker's advocate, subvote (AE13) in the amount of 654,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Occupational health and safety, subvote (AE09) in the amount of 7,481,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Status of Women office, subvote (AE14) in the amount of 432,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. Major capital asset acquisition, subvote (AE08) in the amount of 2,000,000, is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. There is also an allowance for amortization of capital assets in the amount of 1,909,000. This is again provided for information purposes.

I would now ask a member to make the following resolution:

Resolved that there be granted to Her Majesty for the 12 months ending March 31, 2010, the following sums for Advanced Education, Employment and Labour in the amount of 840,067,000.

Mr. LeClerc so moves. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried.

[Vote 37 agreed to.]

**General Revenue Fund  
Lending and Investing Activities  
Advanced Education, Employment and Labour  
Vote 169**

**The Chair:** — We have one final vote, committee members, to deal with and that is vote 169, Advanced Education, Employment and Labour as found on page 166 of your Estimates book. There is only one subvote, that is loans to student aid funds, subvote (AE01) in the amount of 41,500,000. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. I would now ask a member to move the following resolution:

Resolved that there be granted to Her Majesty for the 12 months ending March 31, 2010, the following sums for Advanced Education, Employment and Labour in the amount of 41,500,000.

Mr. Ottenbreit so moves. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried.

[Vote 169 agreed to.]

**The Chair:** — That completes the voting of all the estimates that this committee is required to vote. We now must deal with our report. Do the committee members have a copy of the report? Are the committee members in agreement with the report, the seventh report?

**Some Hon. Members:** — Agreed.

**The Chair:** — We'll require a member to move the following motion:

That the seventh report of the Standing Committee on Human Services be adopted and presented to the Assembly.

I believe Mr. Allchurch moves. Is that agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. That brings to an end the work of this committee for this spring sitting and, seeing that we have a half an hour, I think we can take some time to deal with a number of issues. No, the Chair is only jesting.

I would just like to thank all the committee members for their co-operation and all the hard work that was done in this committee. I believe we have spent over 30 hours, 30-plus hours in this committee room. I believe we have served the citizens of this province well. And with that I would ask for a member to move a motion of adjournment — and Mr. LeClerc so moves. Mr. LeClerc moved adjournment. Is the committee agreed?

**Some Hon. Members:** — Agreed.

**The Chair:** — That is carried. The committee is adjourned. Thank you very much.

[The committee adjourned at 22:00.]