# STANDING COMMITTEE ON HUMAN SERVICES

## Hansard Verbatim Report

**No. 10 – May 14, 2012**

## Legislative Assembly of Saskatchewan

**Twenty-seventh Legislature**

**STANDING COMMITTEE ON HUMAN SERVICES**

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Published under the authority of The Honourable Dan D'Autremont, Speaker

[The committee met at 15:05.]

**The Chair**: — Good afternoon, ladies and gentlemen, and welcome to this afternoon's meeting of Human Services. My name is Delbert Kirsch, and I'm the Chair of Human Services Committee and Mr. Cam Broten is Deputy Chair. With us tonight are also Ms. Doreen Eagles, Mr. Greg Lawrence, Mr. Russ Marchuk, Mr. Paul Merriman, and substituting is also Mr. Kevin Phillips.

Before we begin, I would like to table two documents: HUS 5/27, Ministry of Social Services' response to questions raised at the April 19th, 2012 meeting of the committee dated May 9th, 2012.

**General Revenue Fund**
**Health**
**Vote 32**

**Subvote (HE01)**

**The Chair**: — This afternoon we will resume our consideration of the estimates for the Ministry of Health, vote 32, central management and services, subvote (HE01). Mr. Minister, do you have any comments and staff to introduce?

**Hon. Mr. McMorris**: — I have staff to introduce. I don't really have any comments. I made those some six and a half hours ago so that's probably enough. On my left is my deputy minister, Dan Florizone. On my right is Max Hendricks, assistant deputy minister, and to his right is Brenda Russell, finance.

I have a number of officials scattered throughout the Chamber that will be able to further answer any questions if we need their assistance, and they will identify themselves when they are called to answer questions. So with that I'm ready to go.

**The Chair**: — Thank you, Mr. Minister. Mr. Broten, do you have some questions? Mr. Broten has the floor.

**Mr. Broten**: — Thank you, Mr. Chair, and thank you to the minister and the officials for being here today. Not our normal meeting room; a little different. But as the minister said, I think this is the final, I know this is the final one and a half hours of the Health estimates. So I look forward to covering a few topics today, touching base on a few items that I haven't had a chance to go to over the previous days of meeting. And I look forward to the discussion.

I'd like to start off with a discussion about rural ambulance care, something that I don't know tons about as a new critic, but asking questions and figuring things out with respect to how the system operates. My basic understanding is that there are two types of ambulance care provided in rural Saskatchewan, one where the health region delivers it directly and then the other instance where the health region contracts with companies or non-profits that provide the service in those areas. And then the funding provided, it's my understanding that in the situations where the service is provided directly by a health region, in those instances there is an agreement through Health Sciences with respect to what the amounts are for the delivery, and that there's a variety of steps. But there is a step one within that framework for the situations where there is direct delivery of ambulance care by the health region.

In other instances where it's a contractor, it's my understanding that that step one amount is to go from the ministry to the health region, flow through the health region, and be passed on to the providers. So that's my understanding. Could the minister or the officials comment if I have a correct grasp of how the two approaches operate? Is my summary correct?

**Hon. Mr. McMorris**: — I can start by answering just generally, and then we'll try and get more specific into some of the numbers that you're saying, although that is difficult.

But I'll start by saying yes, you're right. There is kind of a combination of services within the province. There's the services such as Regina Qu'Appelle in Regina specific that has the service run through the health region. It's publicly run through the health region. The other major centre of course is in Saskatoon where that service, MD Ambulance, is run privately. The Dutchaks run that service. So there's a private example in Saskatoon, the public example in Regina. And then when you go out throughout the province it again, there is a blend of both — some public, some private. Although I believe about 65 per cent of all the calls are handled through private services. That would leave about 45 per cent through the public services.

But you can get out into again the rural Saskatchewan where there's a mix of privately owned services. There's also a mix of services where it's a community-owned service as, well like I think of Milestone and a few others. So it is a kind of a broad range of services — public, private — and on the private side a couple of examples or variations of what that looks privately.

The health regions are responsible for the delivery of emergency services within their region. So you know, the determination as to which type of service they use, whether it's a public or a private, is the decision of the health region and its boards, as well as, you know, what those services look like is the decision of the board.

You know in Fort Qu'Appelle . . . I'll use the community of Fort Qu'Appelle which I know quite well that service, and I know the owner very well, is through the Regina Qu'Appelle Health Region. They will often lobby and say, we need more funding for an extra car. That is the decision — an extra ambulance on the road; they feel that the one may not meet their demand in that area — that is then the decision of the Regina Qu'Appelle Health Region as to the service, level of service that they feel needs to be provided in the Fort Qu'Appelle area by that particular health region.

It's not the decision made by the minister even though I will get lobbied by various owners at times to step in and kind of dictate what type of service should be delivered in a specific area. That's not our responsibility. Our responsibility is general funding of health regions. And those health regions then make determination as to what service delivery, what model — private, public — and the size of that private, public model, or for example, in Fort Qu'Appelle will look like.

I think maybe we'll just leave it at that. If you want to go in

further, maybe you'd want to ask a supplement question and we'll try and maybe get some more refined numbers if that's what you're looking for.

[15:15]

**Mr. Broten**: — Thank you very much for that comment. In looking at the levels of funding, though, I realize there's this two types that the minister has explained and I realize the health regions deliver funding. But there must be, for the instances where the service is provided directly by the health region, there must be a basis for the basic amount of level that is provided, the step one level, as determined by an agreement with Health Sciences Association. So for the contractors, is there a formula in place? Is there a standard procedure that has been developed over time where funds are specifically earmarked for the provision of ambulance care in rural places for the private contractors or the not-for-profit contractors, and does that number in fact come from the Health Sciences basis, that step one amount?

**Mr. Florizone**: — Sorry. Dan Florizone, deputy minister. One of the . . . Probably should reflect, what I should reflect on is the method by which we fund. First of all, it's important to state right upfront that when regional health authorities receive funding, a large extent of their funding is for them to allocate. So they may receive a certain amount of funding that's acute care, a certain amount of funding that they receive and historically have received for EMS [emergency medical services] or emergency services. They have a great . . . Long-term care would be another example, or rehabilitation. They have a great deal of autonomy in terms of deciding and defining how they allocate those resources.

For our publicly funded, publicly delivered services, those services that would be to the largest extent under the SAHO [Saskatchewan Association of Health Organizations] payroll system., we have a fairly refined method by which to calculate the impact of, say, a Health Sciences agreement or a SUN [Saskatchewan Union of Nurses] collective agreement or CUPE [Canadian Union of Public Employees] or SGEU [Saskatchewan Government and General Employees' Union] or SEIU [Service Employees International Union].

We go through . . . We do the calculations, define and decide what the funding ought to be, and then on that basis that's the funding provided to regions. Now that funding could globally be adjusted for efficiency targets or overtime and sick time targets that we've established for the system. So they may receive an increase consistent with the collective agreement, but they also receive efficiency targets overarching with their budgets that they're intended to meet.

Now with the private sector, we don't have that kind of payroll information. We don't do that specific calculation. So the calculation on funding is based, again you mentioned the various levels, we baseline and we define how we should fund the regional health authorities according to those incremental pressures. But there's no obligation on the regional health authorities to pass along the base and the incremental funding info to private sector operators. They may choose that they want the private sector, for instance, to run primary health care services or to add additional services or provide training in certain areas. That could be very much incremental to the funding that normally we would have historically provided. That's up to them to decide. They may decide to fund less and decide to maybe make investment somewhere else. That's entirely up to the regional health authorities to decide.

What we hold them accountable for is to make sure that they're providing sufficient service of a sufficient quality and safety to the population. They have legislative requirements to deliver, where a service is in place, a certain standard and a standard of training. But this notion of, you know, that what we fund is in fact what regional health authorities pass on, is a false reflection of how it's actually done.

Many regions have attempted to hold the line to what they believe to be the historical pattern of funding, but that's definitely and completely their decision to make.

**Mr. Broten**: — Thank you. So in the concern raised with me by some providers, contractors, is that there has been a long-standing convention in practice that the deputy spoke of this formula where you go from the situations where there's direct delivery by the health region. Using that, there's a formula in place which determines the amount that it's given to the health regions in the situations where there is a contractor.

It's my understanding from many of the contractors in rural communities that that money has traditionally been earmarked and ought to flow directly through the health region to those providers. And the concerns raised with me — and the deputy in some ways commented on this, but I'll allow him or the minister to expand — is that there are situations where the health region is taking part of those dollars that is earmarked for ambulance delivery in the regions and using it for something else or whatever the case may be. That creates a situation in the province where you have certain locations receiving an amount for delivery and other situations where you have contractors in rural communities doing their best to provide the care that they are required to do so.

So this approach of getting dollars, the health region receiving dollars and skimming some off from what was the allotment for ambulance care, how long has that approach been endorsed by the ministry? And is this a common thing throughout health regions in the province?

**Mr. Florizone**: — So this approach would date back to 1993. In fact it would be April 1st of 1994 when ambulance services were delegated to district health authorities, district health boards. That carried forward under *The Regional Health Services Act*, as those district health boards were continued under that Act. The legislation that currently exists and the rights and obligations of those regional health authorities allowed them to make allocation decisions.

Again, it's not about skimming off. It's about sitting down with a provider of a service, a contracted agent, and in some cases negotiating. But most often it's through an understanding of what it's going to take to deliver the service at hand.

There is a contract obligation and just like any other contracted service, that negotiation would result in an amount. That amount may or may not link to how much we fund. That's the

discretion of the regional health authority. We obviously want to make sure that a full range of services are provided across the care continuum, but there's got to be a certain amount of flexibility within regional health authorities to decide on what their priorities are.

So if they receive an incremental dollar funding, it's theirs to decide, within very broad-based rules, theirs to decide where it goes. At the same time, overarching, they need to maintain staffing standards and once again make sure that there's adequate trained staff to be able to respond in accordance with *The Ambulance Act* and legislation. They also need to make sure that they carry out all of their other duties and obligations across that care continuum.

Now we're hopeful that the mix between first responders, which is another area that they've been investing in with EMS — a variety of services, both public and private, with air ambulance and helicopters — that there is a way and a method by which they can provide a full range of response. Having EMS alone is insufficient, so we expect that they're going to strengthen and continue to strengthen trauma care for the population.

I guess what I'm saying, Mr. Chair, is that it's extremely important that these regional health authorities are responsive to the needs of their populations, and as the populations change and shift, that they're negotiating accordingly.

**Mr. Broten**: — Thank you. In looking at how the health regions make their decisions, one aspect is the existence or the use of a costing sheet. And I have a copy of the costing sheet; it's a SAHO document. And this is for Sunrise where it lists specific providers: Crestvue Ambulance in Yorkton, Shamrock Ambulance in Foam Lake, Canora, Preeceville, Duck Mountain and so on.

So when there's specific allocations like this, how does that jibe or mesh with the idea that health regions can simply allocate and determine on their own where they want dollars to flow, and whether they would, from the global amounts going to a health region, how would they make the decision as to where they could take dollars from a certain spot?

**Mr. Florizone**: — I'm not familiar with the costing sheet that you refer to, but I have no doubt that there's a variety of methods by which we allocate funding based on formulas that we might choose to use from time to time.

Once again just because we fund it, there is no obligation on regional health authorities to actually have it flow through them to the actual operators whether it's public or private. There are many ambulance operations right now that either — well in some cases even community-run and region-run — that actually fund more than, and decide to fund more than what we would traditionally have provided. They make those decisions, again, locally. That's a complex series of discussions, negotiations, and decisions around where they want to put their investments in meeting the health needs of the population.

**Mr. Broten**: — On the issue of the contract and the rules around the funding flowing from the ministry through the health region to the contractors, is the deputy or the minister certain that there's no language around the issue that the dollars that flow for ambulance care to the health regions ought to go in their entirety to the contractors?

**Mr. Florizone**: — Well we certainly have used very much a bit of moral persuasion in terms of wanting to make sure that where incremental dollars are at play that the regions consider if they're attached to a program or a particular initiative. So for instance, there's an initiative underway within the private sector and public sector around use of GPS [Global Positioning System] and use of computer-automated systems. Well we'd rather not have regions decide to opt in or opt out. That's an area where we want to see provincial consistency. If we were where we have provided funding for the purposes of moving a service from basic to advanced, we'd want to make sure that regions would provide that to, and in, by way of funding directly as a flow through.

Now if you want to, Mr. Chair, the basis by which regions are directed by the ministry, there are actually only a few vehicles that you could go back and find by way of an audit trail in terms of those directives. In other words, the must do. Ministerial directives? Right now I'm only aware of one since 1993 which is a ministerial directive. It has nothing to do with EMS; it has to do with CEO salaries.

The second way is by policy, and right now I'm unaware of any policy. And it could be in correspondence that holds regions to account for using those dollars for the purposes by which they're specified. If that has been done, it will be reflected in the correspondence to regional health authorities, which would be a matter of obviously open and public scrutiny.

**Mr. Broten**: — Thank you. As I understand it, the payments that are provided to contractors are determined by the costing sheets. And the one example I gave was the situation in Sunrise where it lists the communities and maps it out for '09, 2010, 2011, 2012 and gives the total. As I understand it, this is information provided by the contractors to the region or SAHO, I guess, to determine what the amount of payment should be in the years based on usage — you know, expenses, trips, and all the rest.

So with this information being provided by the operators to the health region or to the ministry, are all contractors, are they able to receive this information? Because I have reports in certain areas where contractors are able to receive the costing sheet and in other areas where they're not able to get the costing sheet. And the experience is that, some of the conversations I've had is that the absence of this costing sheets is preventing the contractors from knowing what is earmarked for ambulance delivery in their area and then what in fact might be flowing through or not flowing through the health region to the operators. So my question: are contractors entitled to receiving these costing sheets?

**Mr. Florizone**: — Just to finish up on the last question. I did forget to mention one other document the Qu'Appelle's regional health authorities do, what needs to be done, and that's the accountability document that's issued each year. So any operator could reflect back on previous years to that accountability document to find out what specific directives are included there related to funding for EMS or anything else.

With respect to calculation sheets or access to that sort of information, EMS would have the same access under freedom of information as any other public or provider would. I can't speak specifically to this calculation sheet. Normally when SAHO's doing calculations for the purposes of collective bargaining those matters are usually confidential, but if the individual would be so compelled or the company would be so compelled as to request that, either through freedom of information directly through to the ministry or through the local authority freedom of information Act, that information may be available.

[15:30]

Having said that, if we knew a little more about what the sheet was and what the calculations were, maybe we could take a look at a copy of it and see if that's something that's generally available to the public. Now having said that, there's one thing I do want to say, Mr. Chair, in terms of correcting the record. It is in flow through, so even if . . . And where these calculations are done, it may appear to those that are in a position to receive funding that somehow it should flow through, it still is up to and the obligation of the regional health authorities to decide and define funding either provided to their direct delivery services or through to contracted agents.

It would be the equivalent of a supplier coming to the regional health authority and saying, you know we provide housekeeping supplies. What's our fair share of the money? We wouldn't do that, nor would we calculate and give them the budget calculations that say, here's how much soap we think we should use in the next year, and then share that information because you better believe, Mr. Chair, that that's the bill that we'll get. They'll take a look at it and say, well we want it all and we want more.

So part of the reluctance here is two, in terms of matching what we fund and what private organizations are funded, are two different things. They may for practical purposes look fairly close, but ultimately it's up to the regional health authority to decide.

**Mr. Broten**: — Is there any language in the contracts, in the situations where it's the ministry or the region with a private contractor, is there any language in those contracts that states the contractor is entitled to access that costing sheet, that schedule?

**Mr. Florizone**: — We'd have to check with each of the individual contracts. I'm not aware . . . To a large extent the contracts that currently exist are dictated through *The Ambulance Act*. That Act, which was introduced in, I believe we're into '89 or 1990, specified what was to be contained in the contracts. Those provisions under *The Ambulance Act* provide very clear checks and balances. There are all kinds of opportunities for ambulance operators to appeal or to take steps to ensure that their contract obligations, that there's a quid pro quo, that they are being treated well by the regional health authorities. I am unaware of a specific contract that compels a regional health authority to provide funding confirmation, but I stand to be corrected if such a contract does exist. Again, I just am not privy to every individual contract with every individual provider.

**Mr. Broten**: — Thank you. The deputy mentioned that if individuals wanted this information they could do an FOI [freedom of information] request. Just to be clear, that would mean if a request was granted, it would be within the ministry's power to redact any information it wanted, right? Black out any information that it wanted to black out?

**Mr. Florizone**: — The regional health authorities are a local authority. Under freedom of information, the request could be made directly of them. Now again, is there a potential? I mean it is a sad state when relationships are at the place where you have to issue, as a vendor, a freedom of information with the agent that you're contracting with.

I think what it comes down to is that we would hope, as a ministry, that there would be the kind of discussions back and forth and relationship where this shared knowledge about how funding is set and established by the regional health authority would prevent such a thing from happening.

**Mr. Broten**: — Well I take the deputy's remarks there to be an invitation to establish or to reinitiate or allow for communication between parties that might be frustrated and dealing with the ministry or the region.

The situation that I'm speaking of is actually in Sun Country Health Region, and we have two individuals who have come for the committee meetings today — from Supreme Ambulance, Mr. Rae Fenwick, and Mr. Michael Androsoff who works with representing providers in the province. And these were, I know these were some questions. And it's interesting listening to the deputy say that such communication can flow and it's his hope because I know there have been discussions between the minister's office and these individuals. So with the deputy's statements there, I'll allow officials from the minister's office to carry on any conversation that needs to occur or that could perhaps occur between the interested parties, if that's agreeable to the minister or the deputy.

**Mr. Florizone**: — The areas that we will want to facilitate is obviously that close conversations need occur between the regional health authority and the operator. So we'd be pleased to make sure that the parties get together for the purposes of sorting this out. I'm sorry, the name of the ambulance service once again?

**Mr. Broten**: — Supreme Ambulance.

**Mr. Florizone**: — Out of?

**Mr. Broten**: — Stoughton.

**Mr. Florizone**: — Canora?

**Mr. Broten**: — In Sun Country.

**Mr. Florizone**: — Oh, Sun Country. Stoughton.

**Mr. Broten**: — Yes.

**Mr. Florizone**: — Okay. Yes. I'm familiar. I actually was the CEO [chief executive officer] of that ambulance service.

**Mr. Broten**: — Or pardon me, Supreme is Carlyle. Anyway I think the individuals who are involved can carry on discussions from this point. I was happy to raise the issues.

Moving on to another topic now. It's a follow-up to a conversation we had last time we were in committee. It had to do with funding that was provided to CBOs [community-based organization]. In committee I asked the ministry about the funding that non-profit organizations receive and you'll recall the deputy or the ADM [assistant deputy minister], I can't quite recall, listed 25 organizations that received levels of funding. We talked about some of the different organizations that were in that list.

Now when I reviewed *Hansard* and went back through, I noticed that Alzheimer Society was not listed among the 25 organizations, but I believe it was the ADM who did say that Alzheimer's received about $2,000 in funding for a different project. So I know this is something that the Health minister and I have discussed in question period before — if that's the right word to use — on this issue of Alzheimer's care and the issue of resources provided to the Alzheimer Society. So I know that under the previous NDP [New Democratic Party] government there was an agreement to put funding in place for three years, in 2006, to implement the First Link program, and then I believe the Sask Party continued that in 2010-11. So when Alzheimer's was listed in the list of non-profits according to the *Hansard* record — and if you're wanting to go back and look, it's around, it's in the April 30th piece of *Hansard* around page 134 — I was concerned that that funding for that First Link program had been discontinued or something had happened to it perhaps.

So I contacted the Alzheimer Society to see if that was in fact the case, if the funding had been removed or discontinued. And I was told that there was actually, there's a contract in place, a three-year contract for $150,000 and that they did receive $50,000 this year. So I was just curious why, according to discussions I've had and past experience with over the years of budgets, Alzheimer Society was receiving $50,000 for program. But unless I missed it in *Hansard*, and maybe I did, but I didn't see it show up other than the $2,000. So if you could, please explain why it appears they received money, but they were not provided in the listing of organizations that received money.

**Hon. Mr. McMorris**: — So last time when we went through the list and kind of by the 20 different organizations — and I remember as we kind of read them out and lined them up — the different values, and Alzheimer's was mentioned, but at 2,000. And those were, for the most part, on a list where those organizations delivered direct service. Alzheimer Society received a couple thousand through that list, but is on another list, and they are receiving the 50,000 that they have received in the past. So the Alzheimer Society is funded at the 50,000 mark.

We could probably have a discussion and probably within the Ministry of Health in cleaning up those lists. We have the one list which is service delivery which we read off two weeks ago in estimates. This was the Alzheimer Society, all their grant money wasn't on that one list. It's on another list of a society or organization that received the money. So they received as much money this year as they did the year previous.

**Mr. Broten**: — Okay. Well the list is pretty extensive, and there's significant organizations — I mean, they're all significant organizations — but I remember going through the list and there are organizations that have perhaps a smaller focus and those that have a broader focus and different sizes of organizations. And for example, the Schizophrenia Society is a very well-known and broad organization, CNIB [Canadian National Institute for the Blind] as well. So it's puzzling to me why a question about funding to non-profits wouldn't in fact have that instance. Are there other situations, other organizations that did in fact receive dollars, and they weren't in fact on the list that the minister provided?

**Mr. Carriere**: — Roger Carriere, executive director, community care branch. The list that was read out at the last committee meeting was basically a historical list of service delivery CBOs. There is another list of some CBOs that haven't delivered direct service as much. Some over the years have crossed, like Alzheimer Society where they did get 50,000 for First Link which is a direct service, but they still remained on the other list.

As well in the budget there can be certain targeted initiatives that at budget time come out, but the CBO that is to deliver that service has not yet been determined. So for example, if we have allocated some additional dollars for FASD [fetal alcohol spectrum disorder] that is presented in the budget, there may not yet have been a discussion with the CBO that might receive those funds once the budget has been released.

So there are some other CBOs that do get funds through the budget that aren't on that master list.

**Mr. Broten**: — So did I just hear correct, the master list that was read out, those were instances where there was direct service being provided?

**Mr. Carriere**: — That's correct. On that master list, they were the historical direct service CBOs.

**Mr. Broten**: — Would not the First Link program of Alzheimer's be characterized as direct service?

**Mr. Carriere**: — Yes. On the initial list of direct service CBOs, it wasn't there. It was on another list because they got a small grant for some general administration previously. Over the years they got additional funding of 50,000 a year for First Link. They were never transferred to the other list for the direct service. They're still on the other list. They probably should be transferred to the new list.

[15:45]

**Mr. Broten**: — Are there any other instances where the ministry wants to clarify the record with respect to that question? Because it is a rather important point, I think. When a question's asked in committee about which non-profits received funding, it's not like this was actually a small amount; $50,000 a year is more than what many of the other organizations were receiving.

So I think it is problematic in situations where, as an opposition and for the functioning of democracy, we don't have as many

resources at our disposal. We don't have many officials. And one thing we really do rely on is the accuracy of information. So is there any . . . Are there any other instances where there should be additions to that list for the questions I asked?

**Hon. Mr. McMorris**: — So what we were doing is, it was obvious that the Alzheimer Society wasn't on these direct service delivery. They should have been; we see that. And obviously there was a second kind of list of CBOs, and some of them may be direct delivery. We've refined the overall list from the last time we've had estimates. But before we just say this is exactly who is and is not — well we're not saying who's not but who is on the list — we will want to do some work.

So we can give you an idea. For example, the Alzheimer Society is one. There will be a couple of others that we can identify here. But why don't we commit to you to getting back to you all the CBOs that receive funding, whether it's direct service delivery or not? We don't want to have them . . . Because I think your question really was: it wasn't to be broken out; it wasn't direct delivery and just support. You wanted the whole list of CBOs that receive money from the Ministry of Health. We can commit to doing that.

We've obviously had, you know, a couple of lists now we're combining, but we want to make sure, even now, that if we give you what we've got, I want to make sure that we're 100 per cent sure it is all the CBOs. So we can get back to you as soon as we possibly can within the next day or two because we'll have them. We just have to combine it on one list, all CBOs, not broken out by service delivery or just administration.

**Mr. Broten**: — How many lists were there or are there currently?

**Hon. Mr. McMorris**: — So my understanding is that we have really three lists of CBOs. One is direct service delivery, which Alzheimer's should have been on. We have others that is just for administration, some money that goes to help them with their administration, so not direct service delivery, which is where Alzheimer's was but should have been moved over.

And the third is targeted dollars to a CBO that may be one-time funding or may be multi-year funding but with a sunset, with an end date. And the one example that I just was given was some money that would go to FASD to a specific program. And the one that was mentioned would be, for example, CUMFI [Central Urban Métis Federation Inc.] out of Saskatoon that would be money for a targeted program. It is a CBO. It is a targeted program. But it's not ongoing funding; it's sunset.

Whereas some of the other ones, you know, have been traditional, as we had talked two weeks ago or whenever the last estimates were, which are traditional CBOs that we fund and have for many, many years. That's where the Alzheimer Society should have been. It should have been moved over. It was on the wrong list. But we can combine those three, if you'd like, and give you a little bit more of a descriptor on each one.

**Mr. Broten**: — Thank you. That'd be very appreciated if I could get that in the near future because it is a real . . . Not to overreact here, but it really is a privilege issue with respect to how opposition members can do their work. We need to be able to know. And I think it's also a head scratcher to the organizations if they don't show up on lists where they think they're getting dollars. So thank you for clarifying that. With that, the member from Saskatoon Centre has not more than five minutes of questions.

**The Chair**: — Mr. Forbes has the floor.

**Mr. Forbes**: — I just have a quick question. I was approached by a family support group in Saskatoon that does support work around suicide, supporting families where a member has committed suicide. And they're anxious to get support. They do really good work and it's an important issue. And I'm just wondering if the ministry supports that group. Sorry, I don't have the name in front of me. But if you're aware of it or support any, if you have supports for families that are dealing with that kind of issue and what that is. And I'd be very interested in knowing more about that issue.

**Hon. Mr. McMorris**: — I'll kind of do a general answer. It's hard for us to get too specific. When you don't know the name of the organization it's hard, and when you ask do I support, would I support that organization, it's a little difficult when we don't know who it is. But I would say generally that, you know, we know the impact of suicide, that it has in this province, and we talked a little bit about it earlier. It's not necessarily, you know . . . It's certainly an issue in the North, absolutely, but it's not isolated to the North. It's across the whole province. So any organization, whether it's a CBO or any organization that provides support for families, or just as important, or more important, you know, support for young people that are contemplating, you know, we would like to . . . And support comes in many different levels. Some will be looking for financial support. Some just want to kind of have the endorsement saying yes, we're doing good work. So support comes in many different levels.

The regional health authorities, again not to belabour the point but the regional health authorities are the ones that are the deliverer of services and choose to contract or support — sometimes financially — organizations maybe such as the one that you are talking about. Regional health authorities contract and fund CBOs directly through the regional health authority to deliver programs in their areas. We have probably a pretty good idea of most of them but I wouldn't say that we would know exactly every CBO that a health region contracts with directly because that is their responsibility and authority, although we do have a pretty good idea of a number of them that they would support. So I can't really get any more specific than that until you're able to be able to be a little more specific on the CBO that you're asking about.

**Mr. Forbes**: — No, I appreciate the answer and as we're coming down to the final days, and I have that information somewhere. But that was pretty much what my second question would be and I think you've answered, in terms of should they be approaching the regional health authority more than the ministry as they refine their, what they're looking for. So I will take that back and I think that you've answered my question.

**The Chair**: — The floor is back to Mr. Broten.

**Mr. Broten**: — Thank you. And I'm sure that organization is

on the list too somewhere. I'd like to chat on the topic of ambulance care, talk about helipads for a moment — something we've talked a little bit about through QP and different stories with the rollout of STARS [Shock Trauma Air Rescue Society]. It's my understanding that there isn't a helipad planned in the near future in Saskatoon and that they would still be landing at the airport and then making their way across the bridges to RUH [Royal University Hospital].

As I recall, one of the initial reports that the government commissioned when considering or explaining the decision to go with STARS, the original report said that in order to experience the benefits of helicopters over fixed-wing aircraft, it was important that helipads at the sending and receiving locations. And without that, really the health advantages for saving people or assisting people as well as some of the financial consideration aren't exactly helped if the helipads aren't there at the sending and receiving. And so I understand the helipad is in the works with construction of the children's hospital but that won't be up before STARS is functioning. So if the ministry could please shed some light on what the plan is for the helipads in the Saskatoon Health Region and what the timelines are and what the short-term plan is there before there is an actual helipad.

[16:00]

**Hon. Mr. McMorris**: — So maybe I'll just kind of give a bit of an update, a brief update as to how the program is up and running now. In Regina it started a couple of weeks ago and will be up and running in Saskatoon — I shouldn't say up and running, up and flying — in Saskatoon in the spring.

We're continuing to work with the regional health authorities, STARS as well as ourselves, to make sure that we have the appropriate landing facilities in both Regina and Saskatoon, the receiving facilities. Right now in Regina it's at the General Hospital . . . or sorry, right now in Regina it's at the airport where its base is, and then people are transported over to the General, probably the receiving hospital, the General.

Planning is in the works right now to ensure that the Regina General Hospital has a site suggested on the rooftop eventually. There needs to be some work with Transport Canada and others in the area to make sure that this is going to fit, but it's, you know, estimated within 18 months that we should be in that position if everything goes well.

In Saskatoon, the children's hospital of course will be the preferred site and, you know, with the planning of the children's hospital there is a landing spot or helipad designed in that construction. In the meantime they'll be, the Saskatoon Health Region is working with the university and others to ensure that there is a spot as close as possible but, you know, you need to have the clearances of all the various Meewasin Valley Authority and the university and Transport Canada. So work is being done on that.

I stand corrected. The Saskatoon base is for the fall of 2012, when it should be operating.

In Regina, within the first week, the STARS program was dispatched seven times. It picked patients up three times; the other four times it was determined that it wasn't needed after it was dispatched or appropriate ground service could be, would be the correct mode. I do know that speaking with the emergency room physician in Regina who's instrumental in the STARS program, just kind of by word of mouth, he had said how valuable — on one of the first few flights of the STARS program — was that he was able to receive the patient much quicker than he ever would have through any other system, in better shape than maybe through any other system of EMS, and the result was better than perhaps could have been expected had the STARS program not been involved. So I can't get into details other than that, just word of mouth by the emergency room physician that I'd talked to was very, very positive.

So that's kind of the timelines that we're working on. We're working in Regina to ensure that the Regina General Hospital is the site, hopefully within 18 months. And Saskatoon, it will be up and operational in the fall with a preferred site as close to the RUH as we can possibly have, until the children's hospital is complete at the RUH.

**Mr. Broten**: — Okay, thank you for that clarification. What are the implications for the existing air ambulance service that the province uses? Do they expect major reductions there or . . . yes, some information on that please with respect to usage and number of planes and staff, all of that. And additionally to that, how is the determination made — I believe perhaps, I'm sure it's a medical decision — but how is the calculation made as to when it's appropriate for STARS to get up and when it's appropriate for fixed-wing aircraft to do the job, recognizing that there's different costs for each, and that there is also the transport speeds which vary between the two as well? And there may be different advantages to one over the other at different points in time.

And I might as well add one more question into that hat trick there. On the issue of . . . No. I'll leave it at that, finish that first before we go somewhere else. Sorry.

**Mr. Florizone**: — Maybe what I can do is kick off, and I'll have Deb Jordan speak to the clinical algorithms that would be used in the method by which we would dispatch. First off, with respect to the mesh, the interlink between fixed wing and rotary wing, we see this as very complementary. And in fact they're not in competition. They complement each other by way of . . . not necessarily being the same method by which we would respond. So between road, fixed wing, and rotary wing, we see it as a whole, in a much broader range of potential responses.

We were at a stage — and again Deb could fill in a bit on more detail on this — but at a stage with our volumes that we were probably looking at an investment in an expansion of our fixed-wing service. What STARS has allowed for is to avoid having to expand but rather complement and be able to provide a broader range of service and response.

We have worked closely with STARS with our dispatch, with air, and who have in turn all three working together, the third being our road dispatch in terms of the algorithms and deciding on who best to respond. As you can see, we're working out some of the kinks in that system. I would say that they were very positive in that first week with seven responses, three that ended up carrying patients, four that it was found and

determined to be that another more appropriate response could take place and did take place. So there is a lot of logistical coordination between and clinical decisions that are being made in terms of who should respond to what, when. Deb?

**Ms. Jordan**: — Deb Jordan, and I'm the executive director of acute and emergency services. And as our deputy minister, Dan Florizone, has just indicated, there has been significant work that has gone on among the wide-area dispatch agencies in the province, those that dispatch EMS of which there are three — Saskatchewan air ambulance and STARS as well as ground ambulance — to develop algorithms, one based on a scene response, the other based on times where it might be an inter-facility or inter-hospital transfer, to ensure that each and every time we're doing the very best for patients.

As you can appreciate in this province, weather conditions and other factors need to be taken into consideration, and those can change on a day-to-day basis. So it is very much if the patient is deemed to be a critical-care patient then, as we move forward, Saskatchewan air ambulance as well as the STARS communication centre wide-area dispatch would all be linked. And if the ground ambulance has already arrived at the scene, that information would be discussed among the providers. And then based on transfer time, condition of the patient, weather conditions, a decision will be taken as to what, on that particular day and that patient's needs, what's in that patient's best interest.

**Mr. Broten**: — Thank you for that information. I do appreciate it. A question about the children's hospital now. What is the projected start date for construction? And second one, at one time I heard that through the construction process the above-ground walkway from RUH to the Dubé Centre was going to be knocked out, that above-ground bridge between the two institutions. Is that still the case or is something else happening now?

**Hon. Mr. McMorris**: — So as far as the children's hospital and when construction starts, we would say that construction has already started through the early works program which is around the issue of parking. There needs to be some work done with that because, of course, where the children's hospital is going to be part of the RUH, we need to make room. And so there's some changes going on with parking and dealing with some of the concerns and issues around the parkade that have been issues for a long time.

So construction has started really, and it will be continuing on. We think that construction should be complete by September of 2016. There is a detailed design. Construction drawing and specs and project tender all need to be done. There has been a number . . . There's been quite a bit of work done on it already through the Saskatoon Health Region, and going through a lean process and involving all the providers to, maybe I wouldn't say pare down, but to make sure all the services are being supplied within the most efficient footprint that we could have — reducing or eliminating extra steps by patients, but also extra steps by health care providers. So a lot of that work has already been under way. The pre-work is started at the RUH. There's still more work to do of course on the exact design of the children's hospital, but construction is expected to be in September of 2016.

When you reference about the Irene and Les Dubé facility and a walkway to that facility, we're not aware that there would be any change in that. Although we have been hearing concerns . . . I've had a couple of concerns expressed to me that, are they looking at an underground tunnel? Now we have no, we have . . . From the ministry's perspective, that hasn't been raised as an official design at all. We haven't heard anything of that, but there is concern out there. We're hearing it from a couple of sources. So we're certainly going to be looking into that and making sure that, you know, the appropriate walkway to the Irene and Les Dubé facility is in place, and as we move forward we'll keep that in mind.

**Mr. Broten**: — Thanks. Those that are concerned about it, what sector of the community would they be coming from?

**Hon. Mr. McMorris**: — So I've heard it from I guess a couple sources. One or two MLAs [Member of the Legislative Assembly] from Saskatoon, who have heard it from probably the same group that also was in touch, I believe in touch with our office, and it would be a support group for patients suffering from mental health challenges. And their concern was they had heard — and I don't know where they heard this from because we haven't — but they had heard that it may be a tunnel, that they may be tunnelling and going underground to get to the Irene and Les Dubé centre from RUH and that would not, you know, they feel that that wouldn't be appropriate. I have no recollection or no information to say that's the direction, other than the concerns that have been raised through this support group which is who, again the MLA that I had talked to had heard it from that group as well. So it seems to be, for the most part, stemming from one source and I don't know where they have their information or if they're just not being a little pre-emptive and saying this would not be appropriate.

]16:15]

**Mr. Broten**: — Okay, thank you very much. A question on — aware of the clock here — a question on the children's hospital with respect to maternity and child delivery as it's currently setup in RUH. There's the assessment, labour, delivery, and post-partum, different areas. I understand with this approach, with the new design, the idea is to put those all together into one so that patients have their own room, and would there be less moving around?

And so my question is . . . I know the lean approach has been used in the design and in the planning process, so I understand there is a general approach with the construction how the footprint could be reduced and things could be done better perhaps than what is currently existing and when you're starting from scratch with a new building. I have heard from certain physicians and nurses that the total number of beds, on this topic within maternity or whatever the proper umbrella term would be, may not be adequate for Saskatoon over the long term. And I understand the ministry has done some adjusting there, I think, with respect to the size of it.

So I'm just looking for a comment from the minister or the ministry with respect to, is there a fairly high level of confidence that the size of that part of the hospital is adequate to meet Saskatoon's needs over the next decades? Especially recognizing that it's a major . . . the catchment area is very

large, taking in a number of health regions for certain types of deliveries.

**Hon. Mr. McMorris**: — So I'll just maybe answer generally, and then if you want to get into more detail on specific services . . . But a functional plan was developed in 2007, and it was called the maternal and children's hospital. There are some examples in other provinces where maternal may be kept out of a children's hospital. Although we're seeing combinations, most of the facilities that are newer are combining all under one roof or in one facility. And that's what we have. That's what the functional plan has said. And that's the direction that the Saskatoon Health Region has been going. So you know, you can imagine, as you identify three different areas all combined into one children's maternal and children's hospital. And we can give you more detail of those services if you'd like.

On the size of the facility, that work is still being conducted. But I think the most important piece, and we certainly heard this in Moose Jaw, and I'm hearing it in Saskatoon is that if . . . And I said to a few people in Moose Jaw which the hospital is like a 1950s model. A new hospital that we're designing isn't going to look like the old hospital. The care that we deliver, the procedures that we deliver aren't 1950s. They're 2012 and beyond. The way we deliver care into the future will be different. So do we need the exact amount of beds that we had before and designated certain beds that we did before? That isn't kind of the way health care and new facilities are designed.

We've had the opportunity of seeing a few facilities. And one that I saw was the Children's Hospital in Seattle and the design of that and, you know, the advancements that they had made with flex space as opposed to just designated space that you can, you know, if you need more room in the maternal area, that you have that, but it can flex into some other care that is needed if that is what is appropriate.

So in order to have a better I think understanding of what a hospital is going to look like into the future, we have to get out of the past as to the way everything was delivered before. And the people that are, I think — and it's not the proper term, coming to grasp — but understanding the way the facilities will look like in the future are the ones that are thinking about the way health care will be delivered in the future and looking at what facilities have been built recently and what they're doing in those facilities. Again if we're going to construct a facility the way we did in 1950, we may need the exact same beds, or if we're going to deliver care like we did in 1950. But in 2012 the design has changed a lot. The need for beds has changed a lot, and the way we deliver services has changed a lot.

So I think it's not that we don't . . . You know, those concerns are valid, and we want to hear those concerns. I think it's a little early to say that there's just not going to be enough room. There's not going be enough beds. Because, you know, real design work is still continuing on.

**Mr. Broten**: — Well thanks for that information. I guess I'm relaying concerns that people, you know, are telling me that are actively involved in such things.

And I know, I fully recognize that the types of services provided changes, as does the way that it's being delivered. But there's not a . . . If someone's having a baby, they're having a baby. There's not too much that can . . . You still need spots for them. And so I would be curious to see what the, if you added up the three areas now and then looked at what the plan is for the total number of beds, if that would be a similar amount because it's not as though people are staying in hospital now after a baby for days or weeks. It's you know, it's 24 hours or 48 is pretty common for many people. And I know in speaking to some nurses saying that well, once we used to have some lulls with respect to steady flow through the three areas, but it's more or less steady now. And we see that through the growth in Saskatoon. Anyway I'm glad that the work is being done there to ensure that the appropriate size is there for the long term.

Also touch on an issue, different topic, back to the Dubé Centre I suppose. And we talked a bit about this a bit in question period one time. And it was instances where there are people staying in the Dubé Centre once they're stabilized for maybe a longer period than what they would need to be receiving that type of care, and that individuals are staying in that situation longer because of the absence of community spots. And I know the Saskatoon Health Region recently opened up, in partnership with the Lighthouse, the complex needs wing, in opening up some spots there. Is the minister able to share any information with respect to how many . . . how often it is that there be people in that situation in the Dubé Centre that could move on to somewhere else within the community, but the appropriate types of supports or options aren't there for them?

**Hon. Mr. McMorris**: — So you kind of identify one area around the Irene and Les Dubé Centre and people that are staying longer because there aren't supports into the community that would allow them to move out and be supported, and that is a reality. That is, you know, the way it is at times. We would hope that we have enough support out there. We know we don't. And the mental health report talks about number one, the first thing that needed to be done was replacing the facility in North Battleford and the provincial hospital, but that's only one step of more that needs to be done. And where it was identified, the more that needs to be done is that support outside of hospitals or institutions to move forward.

The Premier has talked about this twice, once at the announcement, that we needed to do more work on that community-based care that needs to be expanded. He's also raised it on the national level and talked about it on the national level and really set a bit of a target for us over the next five years to address that issue because we know we're not addressing it. We know we have people that are either kept in the hospital longer than they should because that support isn't there or, you know, hopefully not, but released from the hospital and not getting the support that they needed. And so there is a gap really there on the continuum of care, as they come out of institutional care or hospital care, that we need to work on.

We have, I mean I don't want to sound like there are no supports. There are some supports, but I know if you talk to a family, and I've had the opportunity to talk to a couple of families whose children have had some mental health issues, and they have been frustrated because after they come out of, you know, a facility, those community supports aren't as readily available as what they think they should be, even though there

are some, depending on the location. But that is an area that we need to do more work on. It's been identified, I think, on many different levels, Mental Health Commission, by the Premier as well as ourselves within the ministry.

**Mr. Broten**: — Thank you for that response. On the topic of the Saskatchewan Hospital in The Battlefords, I don't have the information right in front of me, so pardon me if I'm little foggy on some of the details, but there were different parts in the announcement. There was the construction rebuild, but then there was also a commitment made for additional beds that were separate from the actual hospital. If the minister could quickly comment on that and confirm that that plan is still going ahead with respect to the two types of beds there.

**Hon. Mr. McMorris**: — I guess what I'll have to do is answer it fairly generally as, you know, the detail that maybe that you're looking for is not in place yet. We are working with and will be continuing to work with others in, you know, the health regions and CBOs into the future as to what this should look like.

There's really two things that have to happen. We have to have, you know, a better understanding or kind of a better vision or picture of exactly what that needs to look like, those supports need to look like, and support in the communities need to look like. And then the second piece is what will the cost of that be? We need to make sure that we have budget allocated to be able to fulfill those commitments as we move forward.

So our first step really has been the replacement of the provincial hospital in North Battleford. Having said that, we know that doesn't end; we don't end our work there. There's a lot more to do, but that is the first step. And as we move forward, we're working to design a, you know, a more robust and community-based support system, you know, as to supporting people that come out of institutions. Again what that exactly looks like, we don't have detail. And the costing, we need to first of all find the detail, look at the detail, and then look at the costing.

**Mr. Broten**: — I remember at the announcement there was two components to the Premier's announcement. There was the hospital and then the additional component. So in listening to the minister's response, is the government's commitment at this time just to the hospital, not the additional?

**Hon. Mr. McMorris**: — No, I wouldn't say that. I would say that our commitment to the hospital is very clear. It's tangible. It's dollars going to the Prairie North Health Region because they are the lead in this. But having said that, you know, that is very evident and it's tangible. Our commitment to moving with the second piece is there. It is in our strategic operating document for all health regions. Mental health is in that as a priority moving forward, so it isn't the provincial hospital and then kind of step back. It's a provincial hospital, and let's continue to work on the second piece, which is more community support.

[16:30]

**Mr. Broten**: — But the second piece operates on a different timeline than the provincial hospital.

**Hon. Mr. McMorris**: — Well I would say that they're working in conjunction, I mean, but it's certainly a lot easier to see the construction of the facility and the design of the facility. That's something that's, you know, kind of right there in front of you, the funding that's gone with it. I wouldn't say that's an easy one, otherwise it probably would have been done many years ago. But that is certainly one that we can see and identify because we can see a facility. We can identify it's replacing a facility that already has been there and served the province very, very well. The second piece isn't replacement. It is designing a stronger community support system. So that work is under way as we speak.

**Mr. Broten**: — Thank you. I think we have till 4:36. Is that correct, Mr. Chair? Another question: it's been a little while in the legislature since we've talked about Station 20 West. I see construction progressing in Saskatoon on that. My question to the minister: how much space will the Saskatoon Health Region be leasing or occupying within Station 20 West?

**Hon. Mr. McMorris**: — We don't have the exact number. We don't have the number from the Saskatoon Health Region but we will work with and commit to getting it back, getting you a number. If they have even . . . I'm not even sure . . . Have they approached the Station 20 West group and asked for a specific allotment of space? We're not sure of that so we'll check on that, first of all if they've asked for a specific allotment of space, and if they have what that space would look like. Because it's my understanding Station 20 West is a little ways from opening yet as far as they'll need to do more fundraising, you know, to get their facility up and running. So it's a ways away yet.

**Mr. Broten**: — Well thank you. I have heard that they will be occupying a sizable amount of the complex, which I found interesting. But I don't know the exact numbers. So just to be clear to the minister, you say you'd be willing to table some of that information?

**Hon. Mr. McMorris**: — We'll work with the region to find out what their plans are around Station 20 West. But it's really a bigger question. I mean Saskatoon Health Region has a number of different landlords throughout the city and depending on their need for space and leases that they have, will vary the space that they rent from landlords. So as I say, you know, it's part of a bigger issue.

**Mr. Broten**: — Thank you very much. Now with that I see the time has elapsed for our estimates this afternoon. And so I'd like to thank the minister for the last eight hours of quality time, and the officials, and thank the many officials who were here today and the days prior. I know they do a lot of good work throughout the year. So thank you so much for being here today. And to also the legislative staff, whether they be in Hansard or the Clerk's office facilitating everything that we do here. With that I would conclude my remarks and thank the minister.

**The Chair**: — Minister, do you have any closing comments?

**Hon. Mr. McMorris**: — Other than to say thank you very much to the committee for your indulgence of the eight hours of quality time, some would say. Others may disagree with that.

But I'd also like to thank all the officials that in the committee room 8 were behind me, but they're off to my left side here, but thank all the officials that have provided information. As you can imagine, it's a huge, huge file of $4.68 billion so there are many idiosyncrasies and many details that I would never be able to know. And so the use of the officials and having them here, and their expertise and knowledge, is always great to have. So I want to thank them all for the work that they've done over the past well number of years if they've been in Health for a long time, but specifically in preparing this budget and allowing me to defend it. I just want to thank them for their work.

**The Chair**: — Thank you. If there are no other questions, we'll move into the vote. The committee has considered estimates and supplementary estimates throughout the season. Is it agreed that the committee will now vote on the estimates and supplementary estimates that are before the committee? Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. We will start with 2012-2013 main estimates. Vote 32, Health, central management and services, subvote (HE01) in the amount of 12,644,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Regional health services, subvote (HE03) in the amount of 3,234,094,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Early childhood development, subvote (HE10) in the amount of 10,937,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Provincial health services, (HE04) in the amount of 219,957,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Early childhood development, subvote (HE10) in the amount of 10,937,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Medical services and medical education programs, subvote (HE06) in the amount of 819,017,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Drug plan and extended benefits, subvote (HE08) in the amount of 382,058,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Provincial infrastructure project, subvote (HE05) in the amount of 47,697,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Amortization of capital assets in the amount of 1,797,000. This is for information purposes only. No amount is to be voted.

Health, vote no. 32 in the amount of 4,726,404,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — I will now ask a member to move the following resolution:

> Be it resolved that there be granted to Her Majesty for the 12 months ending March 13th, 2013, the following sum for Health in the amount of 4,726,404,000.

**Mr. Merriman**: — I so move.

**The Chair**: — Mr. Merriman. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried.

**General Revenue Fund**
**Advanced Education, Employment and Immigration**
**Vote 37**

**The Chair**: — We now move to vote 37, Advanced Education, Employment and Immigration, central management and services, subvote (AE01) in the amount of 17,731,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Subvote (AE03) in the amount of 107,028,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Post-secondary education, subvote (AE02) in the amount of 642,131,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Immigration, subvote (AE06) in the amount of 12,771,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Labour force development, subvote (AE16) in the amount of 108,945,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Amortization of capital assets in the amount of 1,945,000. This is for information purposes only. No amount is to be voted.

Advanced Education, Employment and Immigration, vote 37 — 888,606,000. I will now ask a member to move the following resolution:

Resolved that there be granted to Her Majesty for the 12 months ending March 31st, 2013, the following sums for Advanced Education, Employment and Immigration in the amount of 888,606,000.

**Mr. Marchuk**: — I so move.

**The Chair**: — Mr. Marchuk. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried.

[16:45]

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

**The Chair**: — Vote 169, Advanced Education, Employment and Immigration, lending and investing activities, loans to Student Aid Fund, subvote (AE01) in the amount of 56,000,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Advanced Education, Employment and Immigration, vote 169 — 56,000,000. I will now ask a member to move the following resolution:

Resolved that there be granted to Her Majesty for the 12 months ending March 31st, 2013, the following sums for Advanced Education, Employment and Immigration, the amount of 56,000,000.

**Mr. Lawrence**: — I so move.

**The Chair**: — Mr. Lawrence. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried.

**General Revenue Fund**
**Education**
**Vote 5**

**The Chair**: — Vote 5, Education, central management and services, subvote (ED01) in the amount of 15,483,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. K-12 education, subvote (ED03) in the amount of 1,295,567,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Early years, subvote (ED08) in the amount of 62,931,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Literacy, subvote (ED17) in the amount of 2,746,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Provincial Library, subvote (ED15) in the amount of 12,014,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Teachers' pensions and benefits, subvote (ED04) in the amount of 30,394,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Amortization of capital assets in the amount of $1,000,000. And this is for information purposes only. No amount is to be voted.

Education, vote no. 5, $1,419,135,000. I will now ask a member to move the following resolution:

Resolved that there be granted to Her Majesty for the 12 months ending March 31st, 2013, the following sums for Education in the amount of 1,419,135,000.

**Ms. Eagles**: — I so move.

**The Chair**: — Ms. Eagles. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried.

**General Revenue Fund**
**Labour Relations and Workplace Safety**
**Vote 20**

**The Chair**: — Vote 20, Labour Relations and Workplace Safety, central management and services, subvote (LR01) in the amount of 4,460,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Occupational health and safety, subvote (LR02) in the amount of 7,670,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Labour standards, subvote (LR03) in the amount of 2,729,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Labour Relations Board, subvote (LR04) in the amount of 1,002,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Labour relations and mediation, subvote (LR05) in the amount of 817,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Worker's advocate, subvote (LR06) in the amount of 707,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Amortization of capital assets in the amount of 104,000. This is for information purposes only. No amount is to be voted.

Labour Relations and Workplace Safety, vote 20, 17,385,000. I will now ask a member to move the following resolution:

> Be it resolved that there be granted to Her Majesty for the 12 months ending March 31st, 2013, the following sums for Labour Relations and Workplace Safety in the amount of 17,385,000.

**Mr. Phillips**: — I so move.

**The Chair**: — Mr. Philips. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried.

**General Revenue Fund**
**Social Services**
**Vote 36**

**The Chair**: — Vote 36, Social Services, central management and services, subvote (SS01) in the amount of 42,926,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Child and family services, subvote (SS04) in the amount of 205,928,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Income assistance and disability services, subvote (SS03) in the amount of 575,013,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Client support, subvote (SS05) in the amount of 33,067,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Housing, subvote (SS12) in the amount of 14,648,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Amortization of capital assets in the amount of 2,753,000. This is for information purposes only. No amount is to be voted.

Social Services, vote 36, 871,582,000. I will ask a member to move the following resolution:

> Be it resolved that there be granted to Her Majesty for the 12 months ending March 31st, 2013, the following sums for Social Services in the amount of 871,582,000.

**Mr. Merriman**: — I so move.

**The Chair**: — Mr. Merriman. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried.

**General Revenue Fund**
**Supplementary Estimates — December**
**Advanced Education, Employment and Immigration**
**Vote 37**

**The Chair**: — We will now move on to supplementary estimates for December of 2011-2012. We start with supplementary estimates, vote 37, Advanced Education, Employment and Immigration, student supports, subvote (AE03) in the amount of 8,431,000. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Advanced Education, Employment and Immigration, vote 37, 8,431,000. I will ask a member to move the following resolution:

> Be it resolved that there be granted to Her Majesty for the 12 months ending March 31, 2012, the following sums for Advanced Education, Employment and Immigration in the amount of 8,431,000.

**Mr. Lawrence**: — I so move.

**The Chair**: — Carried. Are we agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried.

**General Revenue Fund**
**Supplementary Estimates — December**
**Lending and Investing Activities**
**Advanced Education, Employment and Immigration**
**Vote 169**

**The Chair**: — We now move to vote 169, Advanced Education, Employment and Immigration, lending and investing activities, loans to Student Aid Fund, subvote (AE01) in the amount of 2,000,000. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Advanced Education, Employment and Immigration, vote 169, 2,000,000. I'll ask a member to move the following resolution:

> Be it resolved that there be granted to Her Majesty for the 12 months ending March 31, 2012, the following sums for Advanced Education, Employment and Immigration in the amount of 2,000,000.

**Mr. Marchuk**: — So moved.

**The Chair**: — Mr. Marchuk. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried.

**General Revenue Fund**
**Supplementary Estimates — December**
**Education**
**Vote 5**

**The Chair**: — We now move to vote 5, Education, pre-K to 12 education, subvote (ED03) in the amount of 94,702,000. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Teachers' pensions and benefits, subvote (ED04) in the amount of 2,700,000. There is no vote as this is statutory.

Education, vote 5 is 94,702,000. I will ask a member to move the following resolution:

> Be it resolved that there be granted to Her Majesty for the 12 months ending March 31st, 2012, the following sums for Education in the amount of 94,702,000.

**Ms. Eagles**: — I so move.

**The Chair**: — Ms. Eagles. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried.

**General Revenue Fund**
**Supplementary Estimates — December**
**Labour Relations and Workplace Safety**
**Vote 20**

**The Chair**: — Move to vote 20, Labour Relations and Workplace Safety, occupational health and safety, subvote (LR02) in the amount of 247,000. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Labour relations and mediation, subvote (LR05) in the amount of 170,000,000, is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Labour relations and workplace safety, subvote 20, 417,000. I will now ask a member to move the following resolution:

> Be it resolved that there be granted to Her Majesty for the 12 months ending March 31st, 2012, the following sum for Labour Relations and Workplace Safety in the amount of 417,000.

**Mr. Phillips**: — So move.

**The Chair**: — Mr. Phillips. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried.

**General Revenue Fund**
**Supplementary Estimates — March**
**Lending and Investing Activities**
**Advanced Education, Employment and Immigration**
**Vote 169**

**The Chair**: — We have now completed and we will move to the supplementary estimates for March of 2011-2012. Vote 169, Advanced Education, Employment and Immigration, lending and investing activities, loans to Student Aid Fund, subvote (AE01) in the amount of 1,500,000, is that agreed?

**Some Hon. Members**: — Agreed.

[17:00]

**The Chair**: — Carried. Advanced Education, Employment and Immigration, vote 169, 1,500,000. I will ask a member to move the following resolution:

> Be it resolved that there be granted to Her Majesty for the 12 months ending March 31, 2012, the following sums for Advanced Education, Employment and Immigration, in the amount of 1,500,000.

**Mr. Merriman**: — I so move.

**The Chair**: — Mr. Merriman. Is that agreed?

**Some Hon. Members**: — Agreed.

**General Revenue Fund**
**Supplementary Estimates — March**
**Education**
**Vote 5**

**The Chair**: — Carried. Move to subvote 5, Education, teachers' pension and benefits, subvote (ED04) in the amount of 35,264,000. There is no vote as this is statutory.

Standing committee members, you have before you a draft of the first report of the Standing Committee on Human Services. I require a member move the following motion:

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

Ms. Eagles.

**Ms. Eagles**: — Thank you, Mr. Chair. I move:

> That the first report of the Standing Committee on Human Services be now concurred in.

**The Chair**: — Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. Ms. Eagles.

**Ms. Eagles**: — Yes. I move:

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

**The Chair**: — Thank you. Is that agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — Carried. I would like to thank all the members of the committee for your work here, and I would ask a member to move a motion of adjournment. Mr. Merriman has moved. All agreed?

**Some Hon. Members**: — Agreed.

**The Chair**: — This meeting is now adjourned.

[The committee adjourned at 17:04.]