STANDING COMMITTEE ON HUMAN SERVICES

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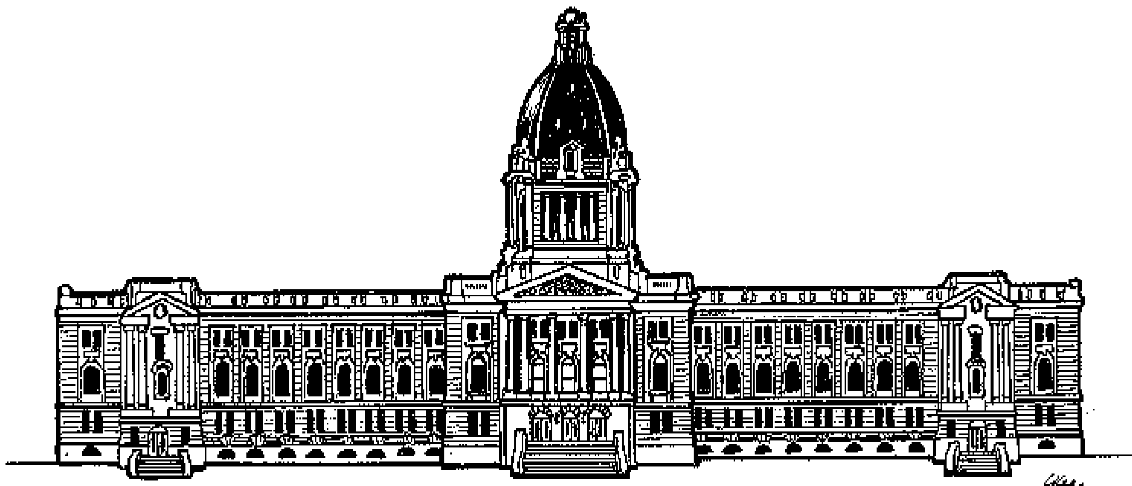

Legislative Assembly of Saskatchewan

Twenty-Seventh Legislature

STANDING COMMITTEE ON HUMAN SERVICES

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Batoche

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Saskatoon Centre

Mr. Mark Docherty
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Ms. Nadine Wilson
Saskatchewan Rivers

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

[The committee met at 19:00.]

The Chair: — Good evening, ladies and gentlemen. Welcome to the Standing Committee on Human Services. My name is Delbert Kirsch and I am Chair of the Human Services Committee. With us tonight is Mr. Mark Docherty, Mr. Scott Moe, Mr. Paul Merriman, Ms. Laura Ross, Ms. Nadine Wilson, and we also have Mr. John Nilson and Ms. Danielle Chartier.

Tonight we will be considering three bills. We will now be considering Bill No. 123, *The Miscellaneous Statutes Repeal Act, 2013 (No. 2)*, clause 1, short title.

Bill No. 123 — *The Miscellaneous Statutes Repeal Act, 2013 (No. 2)*

Clause 1

The Chair: — Mr. Minister, please introduce your officials and make your opening comments.

Hon. Mr. Duncan: — Thank you very much, Mr. Chair. Good evening to you and to members of the committee. Joining me this evening on this particular bill and one other is the deputy minister of Health, to my right, Max Hendricks. To my left is the acting ADM [assistant deputy minister], Tracey Smith, and to her left is Diane Carlson, the director of governance and policy.

With this bill I'll just have a very brief introduction of the bill. *The Miscellaneous Statutes Repeal Act, 2013* repeals four public Acts as well as 13 private health-related Acts that are obsolete and outdated. While these Acts pose no problems with respect to health care delivery, their continued existence does create ambiguity around the status of these facilities. This Act will establish clear authority and remove this ambiguity.

Years ago when community- and religious-based organizations became active in the delivery of health services, the only way that they could be incorporated and be given authority to provide services was through a private Act of the Legislative Assembly. Typically private Acts are almost always amended or repealed at the request of the Act's sponsors. Since many of these religious congregations are no longer involved in health care delivery and in some cases no longer have a presence in the province of Saskatchewan, there is little incentive for them to engage the private bills procedures of the Legislative Assembly in order to repeal their existing Acts.

With that, we'd be pleased to take your questions on *The Miscellaneous Statutes Repeal Act, 2013 (No. 2)*. Thank you.

The Chair: — I understand Mr. Nilson will be first asking questions. You have the floor.

Mr. Nilson: — Thank you, Mr. Chair, and good evening and welcome to the minister and various civil servants involved with this particular bill. My first question relates to part II, which is the private Acts repealed part and I think you've given an explanation that these are just basically hanging around on the books. And the institutions involved have either flowed into a provincial regional system or in fact ceased to exist. Is this the last of these types of pieces of legislation or are there other ones that we will maybe see next year?

Hon. Mr. Duncan: — Thank you for the question, Mr. Nilson. Certainly the Ministry of Health is always looking to modernize and update the legislation that we are responsible for administering. There could in the future be additional types of these types of amendments to remove these organizations but at this point these are the ones that we are prepared to move forward with after, in many cases, consulting with the organizations if there still is an organization to consult with. And I do have a number of support letters from these organizations to say that they were okay with us moving in this direction. But with respect to your specific question, there could in the future be more of these as we continue to look at updating our legislation.

Mr. Nilson: — Thank you for that answer. How many of these institutions have rolled into the new province-wide Catholic health care system? I can't remember quite the exact name. But it appears that a number of them are ones that are part of that organization. Or maybe there aren't any, but I'd be curious about that.

Hon. Mr. Duncan: — Looking at the information that is provided it looks like, for the most part, the organizations just have ceased to no longer be involved in the delivery of health care. In some cases, that could have resulted in selling their facility in the past either to the government or now to the regional health authority. For example, so St. Elizabeth's Hospital of Humboldt, that's been amalgamated within Saskatoon Health Region so not specifically to the Catholic Health Ministry I think is what you're referring to. But in that case, it would have been the regional health authority.

In other cases, it looks like the organizations had transferred property perhaps to the local town or RM [rural municipality] or have discontinued operations as a non-profit. Just if you give me one moment, I'll get some more . . .

So some additional information, of the 13, three of them would have been transferred to the Catholic Health Corporation. That would have been St. Joseph's Hospital of Gravelbourg; St. Elizabeth's Hospital of Humboldt, which now operates, is amalgamated with the Saskatoon Health Region; and St. Joseph's Hospital in Macklin.

Mr. Nilson: — And the others are basically ceased to exist in various formats. But anyway, that's helpful to explain that. And I don't think there are any specific questions about what's happened because clearly the services are continuing to be provided by the regional health authorities.

Let's go back to the public Acts here, and clearly the word that has been used is that these Acts are obsolete. But I have a few questions about what's the next plan when these pieces of legislation are removed.

So are there any discussions about dental care and looking at the provision of dental care in the province? Clearly this legislation relates to the program that we had province wide for quite a number of years and then was slowly but surely

diminished.

And I raise the question because I know that in quite a number of other jurisdictions in North America, this concept is being looked at. And as, you know, as recently as last month, I know there was a big discussion in eastern United States about our Saskatchewan legislation as a model for a number of the states in the United States.

So what are the plans to look at, well it's children's dental care, but basically dental care as part of the health system?

Hon. Mr. Duncan: — I would say, Mr. Nilson, that with respect to this specific provision, I think you're correct in the premise of your question to say that this did authorize the provision of certain dental services in the province specifically around the school outreach program. Currently we do, as a ministry, we do provide funding for dental health through the regional health authorities in some cases, which would include some northern areas. But because service delivery is devolved to the region, the specifics of this particular Act really are no longer needed, and therefore that's why we are seeking to repeal this.

Mr. Nilson: — Okay. Is there any discussion going on now about the provision of dental care province wide? Because we know that it's once again becoming an issue not just in Saskatchewan but nationally and in North American context.

Hon. Mr. Duncan: — I would say that, you know, we certainly as a ministry, through a number of programs whether it be supplemental health or through the family health benefits, do provide some dental services. In terms of a province-wide type of program that this Act would have helped to establish, you know, it's not something that we'd be considering at this time.

And I would say that if we were to do that in the future we wouldn't necessarily need to do it under this Act because a lot of that work has devolved down to the regional health authorities. And so, even if something like that was to come about, I think this Act on its own would be outdated, and so this Act wouldn't necessarily be needed anyways.

Mr. Nilson: — Yes. Thank you for that answer. Obviously I'm raising and asking these questions just to remind us all that the concept behind this Act was a good one and for that time and that place in how it was funded. And I think you're right that if you were going to do this again we may look at it. But it is quite fascinating that there's many people looking at this Act which we're going to repeal, as a model for in Alaska or Minnesota or other parts of the United States. And I think we should remember that some of these things and some of the concepts should be continued.

Now my next question is, is there any consideration of figuring out a separate medical and hospitalization tax that could be put onto the municipal tax bill to help out on some of the regional health authorities' funding initiatives?

Hon. Mr. Duncan: — As a ministry we're not considering providing any authority for the regional health authorities to be able to implement any tax measures. I think if that's, if that's the question that you were asking.

Mr. Nilson: — Yes. No, that's the question. I thought you might just say no. But it is interesting that it's not that long ago that there was a separate system of taxation to provide funding into the regional health authorities, and so this . . . But this is a recognition that that method of funding health care is not part of the plan.

My next question relates to *The Mutual Medical and Hospital Benefit Association Act*, which is being repealed, and my understanding of it is that this is one way that a community clinic could be created, and there are some other ways that continue to be there that can be used and this particular method isn't needed anymore. But perhaps you could explain a little bit of the history of this piece of legislation and why it's being deemed to be obsolete.

Hon. Mr. Duncan: — Certainly. *The Mutual Medical and Hospital Benefit Association Act* actually goes back to 1941, and it was used to govern mutual medical and hospital benefit associations, really what we would consider today as to be community clinics. All community clinics now fall under *The Co-operatives Act* of 1996, and given the shift to cover community clinics that would be formed under a co-operative model, that Act now takes the place of what this Act normally or formerly did. And so with that there really isn't that same purpose that there would have been when the Act was put in place in 1941 or even up to 1996 when *The Co-operatives Act* would have been last amended. And so that's why we're moving forward with repealing this Act.

Mr. Nilson: — Okay. Well thank you for that explanation. And then the final one, which doesn't necessarily fit together with all the other ones, is repealing *The Senior Citizens' Heritage Program Act*. And I think I'm correct in surmising that that was the subsidy given to seniors on their taxes and that it was a way of providing extra support in a time when living costs for seniors were rising more than the pensions that they were receiving. So it seems like it might be an odd time to get rid of a provision that maybe helps them, and perhaps you could explain the rationale behind declaring this particular Act obsolete.

[19:15]

Hon. Mr. Duncan: — Certainly. So *The Senior Citizens' Heritage Program Act*, it was passed in 1986 and as Mr. Nilson has indicated, it did provide a grant to certain senior citizens, those that would be of a lower income bracket. Between 1986 and 1992, senior citizens were able to apply for the grant of $500 if their annual income fell below $22,000 a year. In 1992 the Act was amended to end the availability of this particular grant program, thereby making no person eligible for the grant after December 31st, 1992.

We do provide, through government, do provide income support for low-income seniors. That now is done through the Ministry of Social Services with the seniors' income plan which has been around since I think the mid-1970s. So therefore with the heritage grant program no longer being offered, the legislation wasn't necessary.

Mr. Nilson: — Thank you. I have no further questions, and I think you've explained the reasons for eliminating this part of

our history in Saskatchewan.

The Chair: — Seeing there are no more questions or comments from any committee members, we will now proceed with voting on the clauses. Clause 1, short title, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried.

[Clause 1 agreed to.]

[Clauses 2 to 23 inclusive agreed to.]

The Chair: — Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: *The Miscellaneous Statutes Repeal Act, 2013 (No. 2)*. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. I would ask a member move that we report Bill No. 123, *The Miscellaneous Statutes Repeal Act, 2013 (No. 2)* without amendment.

Mr. Docherty: — I so move.

The Chair: — Mr. Docherty moves. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried.

We will now consider Bill No. 124, *The Miscellaneous Statutes Repeal (Consequential Amendment) Act, 2013* — this is a bilingual bill — clause 1, short title.

Bill No. 124 — *The Miscellaneous Statutes Repeal (Consequential Amendment) Act, 2013/Loi de 2013 portant modifications corrélatives à la loi intitulée The Miscellaneous Statutes Repeal Act, 2013 (No. 2)*

Clause 1

The Chair: — Mr. Minister, please introduce your officials and make your opening comments.

Hon. Mr. Duncan: — Thank you, Mr. Chair. Same officials for this bill as the last. And very briefly, *The Miscellaneous Statutes Repeal (Consequential Amendment Act), 2013* is necessary as a result of the enactment of the bill that we just considered. It's necessary as a consequence of the repeal of *The Mutual Medical and Hospital Benefit Association Act* that we just considered with *The Miscellaneous Statutes Repeal Act, 2013 (No. 2)*.

Being that *The Co-operatives Act, 1996* is bilingual legislation and it references *The Mutual Medical and Hospital Benefit Association Act*, this bilingual consequential amendment bill is required to make the necessary changes. And with that, we'd be pleased to take any questions.

The Chair: — Mr. Nilson, go ahead. You have the floor.

Mr. Nilson: — Thank you very much, Mr. Chair. I don't have many questions but maybe longer than your explanation of the bill. But my one question would be is, how many community clinics or clinique communautaire are incorporated under *The Mutual Medical and Hospital Benefit Association Act*?

Hon. Mr. Duncan: — All of the community clinics would be regulated under *The Co-operatives Act* of 1996. So none of them would currently fall under the mutual medical and health benefit association Act.

Mr. Nilson: — So is this clause even necessary? Like I guess what my question is that something that was incorporated under that Act could still use this name, but if there aren't any community clinics that are incorporated under that Act, you know, so I'm just . . . I'm not quite sure why we're actually doing this.

Hon. Mr. Duncan: — The rationale for the amendments is that currently *The Co-operatives Act* states that no person shall use the words community clinic as a part of their name unless they were incorporated pursuant to *The Mutual Medical and Hospital Benefit Association Act*. Because there are currently no clinics that are incorporated under that Act, the reference to that in *The Co-operatives Act* is being pulled out.

Mr. Nilson: — So yes, I agree with that. You are pulling it out, but you're putting in this clause. And the only word you change is, you change is to was. And so if there are no more that exist, it doesn't need . . . It's still not necessary.

Hon. Mr. Duncan: — Mr. Nilson, I'll maybe try one more crack at this before I have an official. So the Act as it currently stands in *The Co-operatives Act*, it's really around the tense that's being used, so any community clinic that is incorporated pursuant to this Act. Because any new community clinic wouldn't be incorporated under that Act. They would now be incorporated under *The Co-operatives Act*. That's why the tense is being changed from it is incorporated to that Act, being changed to was incorporated under the former Act.

Mr. Nilson: — Thank you. That's how I understand this. But my question was, are there any of these community clinics that were incorporated under this Act still in existence?

Hon. Mr. Duncan: — So any of the community clinics, we'll try to provide that information.

There would be still community clinics in existence that would go back to for example the 1960s that would've been incorporated under that Act, not *The Co-operatives Act*. They're now regulated by *The Co-operatives Act*, but there would be some that would be still in existence if their status had not changed from when they were in first incorporated, going back 50 years. But we could get a definitive answer on how many would've been incorporated.

Mr. Nilson: — Okay. Thanks, and that's fine. But I was just, I was curious why you would even continue this language if they'd all been continued under *The Co-operatives Act.* But anyway I appreciate that explanation.

So there aren't any obvious ones that are going to be caught by

this, but there may be some organization out there that we don't know about that this will protect them. So better to be safer. I suppose it's a belt and suspenders type clause. We're not opposed to that in Saskatchewan. So thank you.

The Chair: — All right. Thank you very much. And if there are no more questions or comments from any committee members? Seeing none, we will proceed to vote on the clauses. Clause 1, short title, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — 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: *The Miscellaneous Statutes Repeal (Consequential Amendment) Act, 2013*. This is a bilingual Act. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried.

I would ask a member to move that we report Bill No. 124, *The Miscellaneous Statutes Repeal (Consequential Amendment) Act, 2013* without amendments. Ms. Wilson moves. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried.

We will now be considering Bill No. 127, *The Mental Health Services Amendment Act, 2013*, clause 1, short title.

Bill No. 127 — *The Mental Health Services Amendment Act, 2013*

Clause 1

The Chair: — Mr. Minister, please introduce your officials and make your opening comments.

Hon. Mr. Duncan: — Thank you, Mr. Chair. Still with us for this particular bill is, to my right, the deputy minister of Health, Max Hendricks. To my left is Sharon Lee Smith, assistant deputy minister, and to her left is Roger Carriere, executive director. And I will have just some brief comments to introduce this piece of legislation.

The piece of legislation before the committee is 27 years old and certain sections of the Act have not kept stride with current practices. For example, *The Mental Health Services Act* was enacted prior to the creation of both health districts and regional health authorities. The Ministry of Health continues to exercise powers and responsibilities under the Act which are more appropriately exercised by the regional health authorities now that they exist.

The clarification of roles and responsibilities and powers, and in some cases broadening the power of certain individuals and orders, would assist in provided more expediated and effective services. The current information-sharing provisions in the legislation require updating as they were written prior to the integration of mental health and addictions services and *The Health Information Protection Act*.

Proceeding with these amendments would ensure legislation recognizes a person's need to timely access to services, decrease barriers to information sharing with other health care providers, and resolve governance and administration issues for the ministry.

There has been a great deal of consultation on this bill with stakeholders and there is widespread support for the changes within these amendments. With that we would be pleased to take the committee's questions.

The Chair: — I understand Ms. Chartier is asking questions, so you have the floor.

Ms. Chartier: — Thank you, Mr. Chair, and Mr. Minister, and to all your officials here today. I think just I'd like to start with a basic question. You've talked about lots of consultation done. I'm wondering if most of these changes or these changes were driven by community or was the government suggesting changes. Can you tell me a little bit about how that all came about?

Hon. Mr. Duncan: — Thank you, Ms. Chartier, for the question. Certainly there has been extensive consultation in proposing the amendments. Some of those would have been driven by the health system or the Ministry of Health.

Just to acknowledge that in 2014, or 2013 when the Act was introduced in the legislature, it still provides the ability for the minister to appoint the chief psychiatrist for regions. That's a position that the regions would hire themselves. And so we still sign off on those types of decisions, but it really I think, you know, speaks to the ability for the regions to provide for those types of hiring positions.

[19:30]

But certainly from stakeholders in the communities, you know, I can just tell you that in preparing the proposed amendments, we've consulted with the Canadian Mental Health Association, the Schizophrenia Society, the chiefs of police, several ministries within the provincial government, the College of Psychology, the College of Physicians and Surgeons, the Saskatchewan Psychiatric Association, the Saskatchewan Medical Association, the Provincial Ombudsman, the Saskatchewan Association of Social Workers, the chiefs of psychiatry within the regional health authorities themselves, the Registered Psychiatric Nurses Association, the Office of the Information and Privacy Commissioner, the Advocate for Children and Youth office, the regional directors of Mental Health and Addiction Services at the regional health level, as well as regional health authority CEOs [chief executive officer], board chairs, the FSIN [Federation of Saskatchewan Indian Nations]. So I think very broad work that was done by the ministry in consulting with various stakeholders on this.

Ms. Chartier: — Thank you. Were there things that arose in the consultations that haven't ended up in this Act?

Hon. Mr. Duncan: — Well certainly there was very good support for what we did end up with as the final version of the bill, the amendments that did come forward. There would've been certain issues around, you know, a debate around whether there should've been the authority for others besides a judge, for example, to issue a warrant. That was contemplated, to extend that beyond judges, that we didn't proceed with in the amendments. But for the most part there was widespread support for what we did end up with as the final bill.

Ms. Chartier: — And can you give me a little bit of perspective as to why the decision was made not to extend it beyond a judge?

Hon. Mr. Duncan: — I think it was, with respect to contemplating moving beyond a judge having the authority to issue a warrant, there was just I think on that piece, there wasn't consensus as to looking at providing for that ability for individuals who were not in a position of being a judge. And so, based on not having a clear consensus on that one, you know, we felt that we'd bring forward the changes that for the most part we were able to get a lot of widespread support and consensus on, and not include that in the bill.

Ms. Chartier: — Thank you. Are there other jurisdictions who have made provisions for someone other than a judge to issue a warrant?

Hon. Mr. Duncan: — Thank you, Ms. Chartier. There are some jurisdictions that do provide the authority for others than just a judge, as we provide for, not only with the amendments but of course with the existing Act as it currently operates in the province. We don't have a list of which jurisdictions those would be. We certainly would be willing to provide that to members of the committee, but it's our information that there would be some that go beyond just the judge having that authority.

Ms. Chartier: — Obviously without the jurisdictions, I think the other piece that would be interesting to know is who has that authority, not just where. But other than a judge, who is given that authority in these other jurisdictions?

Just moving on here, with respect . . . A big part of the bill is change in language from in-patient facility to mental health centre. Can you just tell me a little bit about that change? And obviously this change has happened in the bill, and I know in Saskatoon you've got the Les and Irene Dubé Centre. Is that language reflective already in most of our facilities in Saskatchewan?

Hon. Mr. Duncan: — The intent of changing some of that language was to essentially make a more generic way to describe those types of facilities. Obviously it does include the in-patient facilities or beds that are dedicated for mental health support, but it also does include Saskatchewan Hospital in North Battleford. But it was really just a way to make a more generic way to refer to those spaces — so it could be a set number of beds; it could be a ward in a facility — without necessarily changing the entire designation of a facility. But it provides I think some flexibility.

Ms. Chartier: — A descriptor for other pieces in a . . . Okay, fair enough. The one piece that actually jumped out at me as a change is the new section 24 where 24(1)(b): "a resident in psychiatry under the supervision of a psychiatrist who has admitting privileges to a mental health centre." I know in the explanatory notes, it says that the change has been made to allowing residents, the explanatory notes say, "Allowing residents in psychiatry under the supervision of a psychiatrist to admit persons will increase access when psychiatrists are not available."

I'm wondering about the access to psychiatry currently here in Saskatchewan. First of all, I know anecdotally what I hear, but is the access to psychiatry and psychiatrists across the province a difficult thing?

Hon. Mr. Duncan: — So currently, for the most part, these types of orders are signed off very quickly. There hasn't been much delay that we've been able to identify. Of course, rural and remote areas become a little bit trickier. But with the orders that need to be signed off by two physicians, two psychiatrists, what this does is it does include now a psychiatrist who's doing the residency as one of the physicians that is eligible to be a signatory to the order. So it does, I think it, you know, broadens who is able to sign off on the order.

Ms. Chartier: — Currently, how many psychiatry residents are there in Saskatchewan?

Hon. Mr. Duncan: — We're searching for the answer. We'll endeavour to provide that to you either this evening or at a very early convenience that we can provide that information.

Ms. Chartier: — I suspect my next question is somewhere in the same spot in the book, but I'm wondering how many psychiatrists we have. I know they're normally measured in per 100,000, but right now in Saskatchewan where we're at.

[19:45]

Hon. Mr. Duncan: — The number is approximately 80 that are practising in the province.

Ms. Chartier: — And where are they? In terms of geographically located, are they concentrated in . . . instead of me . . . Could you tell me where they are located throughout the province?

Hon. Mr. Duncan: — So we would have psychiatrists within the system in the locations that we have in-patient units: Prairie North Health Region with The Battlefords; Five Hills Health Region in Moose Jaw; Prince Albert Parkland Health Region, Prince Albert; RQHR [Regina Qu'Appelle Health Region] here in Regina; obviously Saskatoon; Swift Current in the Cypress Health Region; Weyburn in Sun Country; and Yorkton in Sunrise Health Region.

Ms. Chartier: — And just in terms of where we stack up, so the approximately 80 psychiatrists in Saskatchewan, where do we stack up nationally?

Hon. Mr. Duncan: — I'm going to have Deputy Minister Max Hendricks answer this question.

Mr. Hendricks: — So compared to national averages, Saskatchewan does have fewer psychiatrists than other provinces. This is something that we've tried and are trying to address through our expanded class size and also the expanded number of residency seats. As you know, we've increased that number to 120, which would include more psychiatry positions.

I will say that provincially one of the challenges that we do have is that we have a bit of an issue in terms of distribution of psychiatrists. There are a lot more in Saskatoon for example than there are in Regina. And we continue to have some challenges in terms of child psychiatry as well.

I would note that in the last few years, the situation has improved significantly. We used to have vacancies in psychiatry positions, particularly publicly funded ones, and in the last few years we've not had those vacancies. But we still I think recognize that there is an need to increase the availability to those positions, as with many other specialists.

Ms. Chartier: — Do you have the . . . I actually tried finding a CIHI [Canadian Institute of Health Information] report at one point on these numbers. Do you have the numbers of where we measure?

Mr. Hendricks: — We do have them. We don't have them with us, and we would be glad to provide those. Similarly, you know, I think actually we were trying to go from a recollection on the number of psychiatrists, and I believe the number has actually increased beyond 80, that it's closer to 100 now. But we'll verify that as well.

Ms. Chartier: — I did ask written questions in the fall around the number of psychiatrists, and you had an increase I think in '11-12 and then a decrease again. But I didn't have any sort of comparators, anything to compare it to.

Hon. Mr. Duncan: — Yes, we'll work, Ms. Chartier, we'll work to confirm those numbers for you. It also may be a bit of a discrepancy just in terms of the number of licensed psychiatrists versus the full-time equivalents that they represent. So not all psychiatrists would be perhaps working full time. So we'll clarify those numbers for you though.

Ms. Chartier: — Mr. Hendricks, you'd identified some challenges in child psychiatry, and anecdotally I'm hearing some of that as well. Can you tell me where we're at with respect to access to children who need psychiatric services?

Hon. Mr. Duncan: — So thank you for the question. With respect to services for children and youth, we have seen some progress made in Regina. Perhaps not the same in Saskatoon though, and we know that that's an area that we need to focus on. And the region has certainly indicated that as well.

Just as a general comment, I think it's fair to say that, you know, this is an area of interest for the commissioner in working with children and youth. And so, you know, I would not be at all surprised if there are specific recommendations about improving access and services to children and youth across Saskatchewan when her report comes out.

Ms. Chartier: — Has there been discussion around psychologists or allowing and tapping into the availability of psychologists to provide some of these services?

Hon. Mr. Duncan: — I'm certainly . . . Psychologist I think is the area that you were going down, and certainly that is a part of the complement of providers that are providing services. And I don't know if there was a specific part to your question, but maybe if you could rephrase it for us.

Ms. Chartier: — Just in terms of broadening, I know that they're not services that are funded or they're very limited in terms of funding. I don't have that off the top of my head. But in terms of ensuring access to services for people who have mental health issues, last year we passed a bill around increased access or social workers got increased diagnostic abilities. And I'm wondering if psychologists are in the mix here for you considering extending that, their ability or their . . . the funding, the support for people to access those services.

Hon. Mr. Duncan: — I'll have Max Hendricks, the deputy minister, once again answer.

Mr. Hendricks: — So certainly in the spectrum of providers that you would consider to address child psychiatry issues, the issue of having psychologists provide some of that service where it's appropriate and, you know, obviously collaboratively with a psychiatrist, I think that it's fair to say that our commissioner on mental health would be looking at these issues. I don't want to prejudge the outcome of her report but I think, you know, given some of the challenges we are having in terms of meeting the needs of children who have psychological issues, there are things that we are going to be looking at.

Ms. Chartier: — Thank you for that. And I will pass it off to my colleague here now but I look forward to some of those responses on the psychiatry numbers. Thank you.

The Chair: — Mr. Nilson, you have the floor.

Mr. Nilson: — Thank you, Mr. Chair. I have a few questions related to the legislation, and it relates to your second reading speech on March 3rd where you basically say one of the reasons for doing all of these amendments is to "support integration of mental health and addictions services and information sharing." And if you could, perhaps you could explain more about that. And I guess I'm curious about where we are in Saskatchewan in that integration of mental health and addictions services, because that's always a rather difficult issue in various communities in the province.

Hon. Mr. Duncan: — Well thank you for the question, Mr. Nilson. So you know, I think that regional health authorities, you know, are I think continually working, improving the way that they do work between not only mental health and addictions workers within each regional health authority but even beyond the borders of their own regional health authorities. You know, certainly there would be a lot of crossover for individuals that are seeking support for mental health that may have concurrent addictions and vice versa.

The mental health Act, as it stood, was much more limiting in how people in the mental health field within the regional health authority could interact with a particular client that may be also seeking addictions support. Knowing that there's a lot of crossover between those, and so removing that part of it and moving it under HIPA [*The Health Information Protection Act*] will allow for more of an integrated . . . will continue the work that's being done by the regional health authorities to try to integrate those services further, as well provide the protection that is afforded to the individual through the information protection Act itself.

[20:00]

Mr. Nilson: — Okay. Well thank you for that explanation. It's clear that much of the service provision is going to the regional health authorities. Where will the overall provincial policy be developed or will each regional health authority have its own policy development so we might see some slight variations throughout the province? What's the long-term plan here?

Hon. Mr. Duncan: — The amendments that we're proposing . . . I think I'll maybe start by saying that the amendments, I think, clarify the role of the minister and the province in setting more of the strategic direction for the overall mental health system, as opposed to maybe what the previous Act did, which speaks to a time before districts or regional health authorities, when it was very much more directing the day-to-day operations and mental health services, the provision of mental health services. So it really speaks more broadly to the overall goals and objections and provincial-wide policies that the ministry and the minister will set.

I think that, you know, we'll continue to see the regional health authorities be responsible for the day-to-day service delivery. There has been a lot of collaboration between regional health authorities. For example, I believe there was a suicide prevention protocol that was developed, and I believe Sun Country Health Region was responsible for developing that on behalf of the regions and then that rolls out to the regions.

So it does speak to the collaboration that's taking place among the regional health authorities, but it really I think clarifies the role of the province to set and the government to set the overall policies for the province and clarifies the day-to-day role, the operational role that is really the regions' responsibilities.

Mr. Nilson: — Okay. Thank you for that explanation. One of the ideas that's been adopted from Camden, New Jersey in the budget speech was the hot-spotting issue. And really hot-spotting is about mental health services primarily, combined with the housing issues that become a huge problem for people with mental health issues. And so is this legislation, I think, well has been introduced . . . Is there anything in this legislation that specifically deals with those plans that you have as a Ministry of Health, obviously in conjunction with a few other ministries, to deal with these very difficult cases that cost a lot of money?

Hon. Mr. Duncan: — Thank you, Mr. Nilson, for the question and allowing a little bit of an opportunity to talk about the hot-spotting. You're right to say that Camden, New Jersey is one of the areas where they've seen some real success through some targeted initiatives specific to, but not necessarily entirely to people with mental health and addictions. But certainly in the experience of other jurisdictions that seems to be the main clientele that do enter into this type of, I think, enhanced support services, health services. And I can also indicate that, you know, I was pleased at the most recent health innovation working group meeting in Toronto a couple of weeks ago to hear that while they call it a different name, Ontario is also looking at adopting a similar type of program.

There is nothing in the amendments or the changes that we're proposing for the Act that precludes the work that we are doing in hot-spotting. And I would say that we are doing, you know, I think we're going down parallel courses in terms of amending the Act and also introducing something like a hot-spotting pilot program. And we're in the early stages of looking at what clientele that it would serve and the team that we would, you know, propose to wrap around those clients that do accept the services that a program like a hot-spotting program would provide. But there's nothing to say that without these changes that we wouldn't be able to proceed down the road of a pilot project.

Mr. Nilson: — Earlier you mentioned some of the issues around sharing of information, and clearly one of the big challenges in any hot-spotting initiatives is that sharing of information across quite a number of agencies. So will the changes in this legislation accommodate that extra sharing of information, or will we have to amend this legislation next year?

Mr. Hendricks: — So with regards to your question, actually we feel that, you know, this isn't the Act that we're trying to address those issues in. We will use *The Health Information Protection Act*. You know, what's fair to say is, as we wade into this area of hot-spotting, you know, there are potential benefits from sharing information between ministries that would directly benefit a client, but we have to be very careful that we're respecting the privacy of the individuals as well.

And so as we do this, we're going to be consulting with the Privacy Commissioner. We're going to try and make sure that we do have all those checks and balances that would ensure that privacy is protected. And as we go forward, the initial lead out will be primarily with the Ministry of Health looking at those clients, patients that are showing up in emergency room for things like mental health, and can we identify those and provide alternate supports.

As you've said, Mr. Nilson, that many of these, actually these supports will not be in the health care system. They may be in other sectors. And so we're working very closely with our sister ministries — Social Services, Corrections — to really try and take a cross-ministry approach to addressing this issue. And we're very excited about the potential, but at this point, we're just trying to really identify how we would use the data that we have to appropriately and accurately identify those clients in the health sector. But it does get more complex as we move across ministries.

Mr. Nilson: — Well thank you for that, and we'll look forward to getting reports on how this is going. It has some opportunities but, as you say, it also has many, many

challenges.

I think the final area, I'll just ask a couple of questions, relates to the provision of community mental health services because there's an indication here that the way this legislation is drafted is going to enhance the ability to provide those mental health services within the community. Perhaps you could explain how this legislation does that.

Hon. Mr. Duncan: — Thank you, Mr. Nilson, for the questions. And certainly what we are trying to achieve with the amendments or with a number of the amendments that are contained within the bill that we're looking at is to more easily provide treatment within the community, as opposed to providing it in the in-patient type of setting. And so we do want to enable more people to receive care in the community.

Part of the amendments that we're looking at are particularly around the community treatment orders. Certainly we had requests from families and guardians and professionals who thought the way that the existing Act was written that the bar was too high to achieve that balance between care in the community, treatment in the community. So we think that we have support from a variety of stakeholders on that specific provision, and so that's a part of the intent in this, is to enable more of those vulnerable people to receive support within the community.

Mr. Nilson: — Thank you. Will there be more resources, more budget available for that kind of work as a result of this legislation?

Hon. Mr. Duncan: — I guess the answer to that question would be, as a government as well, regional health authorities that are delivering these types of services will certainly be mindful of what these types of changes may result in. So if in fact we are seeing people through, whether it be community treatment orders or other provision of service, if we in fact are successful in lowering that bar for people to achieve that care in the community, I'm certain we'll be looking to see what types of resources that it may require within a regional health authority. So we will be, assuming the bill passes as it is, we'll be monitoring that going forward.

Mr. Nilson: — Thank you for that. I have no further questions.

The Chair: — Thank you very much. And seeing there are no more questions, we will now proceed to vote on the clauses. Clause 1, short title, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried.

[Clause 1 agreed to.]

[Clauses 2 to 48 inclusive agreed to.]

[20:15]

The Chair: — Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: *The Mental Health Services Amendment Act, 2013*. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. I would ask a member to move that we report Bill No. 127, *The Mental Health Services Amendment Act, 2013* without amendment.

Ms. Ross: — I so move.

The Chair: — Ms. Ross moves. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Are there any closing remarks from the minister?

Hon. Mr. Duncan: — Just to thank the officials that were here this evening, and to the members of the committee for their very good questions. And I appreciate the time of the committee to get these bills passed. Thank you.

The Chair: — Thank you, one and all. I would ask a member to move a motion of adjournment.

Ms. Ross: — I so move.

The Chair: — Ms. Ross has moved. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — This committee stands adjourned until April 17th at 2 p.m. Thank you, one and all, and good night.

[The Assembly adjourned at 20:20.]