STANDING COMMITTEE ON HUMAN SERVICES

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STANDING COMMITTEE ON HUMAN SERVICES

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Prince Albert Northcote

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Saskatchewan Rivers

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[The committee met at 15:11.]

The Chair: — Good afternoon. I'll start with introductions. We have Ms. Beaudry-Mellor, Mr. D'Autremont, Mr. Fiaz, Mr. Parent. We have Mr. Hargrave chitting in for Ms. Wilson, and we have Ms. Chartier chitting in for Ms. Rancourt.

General Revenue Fund
Health
Vote 32

Subvote (HE01)

The Chair: — We will now resume our consideration of the estimates for the Ministry of Health. It is vote 32, Health, central management and services, subvote (HE01). Minister Duncan and Minister Ottenbreit are back with their officials. Ministers, please if you would introduce your officials, make your opening comments, and if I could remind officials to please identify themselves the first time they speak. The floor is yours, Minister.

Hon. Mr. Duncan: — Thank you very much, Mr. Chair, and committee members, good afternoon. I do want to provide some follow-up answers to some questions that were asked in the last couple of committee evenings. So I'll do that now before we get into questions from members.

I'll start first with the follow-up to the Hope's Home questions. Regina Qu'Appelle Health Region currently provides $436,000 annually to Hope's Home to provide enhanced respite services for children with complex medical needs. In addition to this funding, RQHR [Regina Qu'Appelle Health Region] provides monthly funding of up to $6,445 of services for each child with complex medical needs attending the respite daycare program at Hope's Home. If the actual cost per child is over $6,445 per month, then the ministry tops up RQHR for any costs incurred over that amount.

In the 2015-16 fiscal year, the total amount that the Ministry of Health provided was approximately $100,000. I also understand that the Ministry of Social Services has budgeted for 17 spaces for Hope's Home residential services. This would be considered permanent care. Eight spaces are located in Regina within two separate homes, five in Saskatoon, and four in Prince Albert.

With respect to questions around new HIV [human immunodeficiency virus] cases in the province, we committed to returning with the actuals for 2014. The number of cases in Regina Qu'Appelle Health Region, new cases that were reported in 2014 were 30; Saskatoon Health Region, 31; Prince Albert Parkland Health Region, 23; Mamawetan Churchill River Health Region, 8; and Prairie North Health Region, 8. That brings it to a subtotal of 10, and then there were 12 new cases reported in other HAs [health authority]. And we've just collapsed the others, those 12 cases, into other HAs, just due to the small number of HIV cases that would have reported in each of the health regions.

[15:15]

Ms. Chartier: — Can I just get clarification, you said the subtotal is . . .

Hon. Mr. Duncan: — The subtotal is 100, and then there were 12 additional cases that would have come from the smaller health regions.

Ms. Chartier: — Thank you.

Hon. Mr. Duncan: — The Saskatchewan Disease Control Laboratory funding, the operational funding in 2010-2011 was 11.290 million. In 2011-2012 it was 11.795 million. In 2012-2013 it was 13.136 million. In 2013-14 it was 14.033 million. In '14-15 it was 15.161 million. In '15-16 it was fifteen thousand eight hundred and fifty-six thousand, and budgeted for '16-17 is 16.293 million.

Since April of 2009, the number of HIV tests done by the Saskatchewan Disease Control Laboratory has increased significantly, which we have talked about in committee. Some patients only require one test, while others require a number of confirmatory tests. On average each sample that we receive is tested approximately two times.

And I can inform the committee of the number of HIV samples received for testing at the SDCL [Saskatchewan Disease Control Laboratory] in 2006 was 42,955. That increased to 44,779 in 2007, 47,294 in 2008, 48,843 in 2009, 52,229 in 2010, 54,463 in 2011, 60,357 in 2012, 65,180 in 2013, 67,971 in 2014, and 72,069 in 2015, and in the first quarter of 2016, 18,961. For a total, since 2006, of 575,101, and an annual increase from 2006 to 2015, a 68 per cent increase.

In terms of suicide rates, so suicide rates are reported per 100,000 to make the stats more comparable across regions. So the suicide rate per 100,000 population for 2014, I'll just as a note here, in Athabasca is very high because it had a very . . . it had a few more suicides for a very small population. This figure in turn has inflated Saskatchewan's suicide rate per 100,000 for ages 18 and older for 2014 that is 23.9 when simply averaging the rates across the RHAs [regional health authority] for that year, versus 11.6 suicides per 100,000 for 2014 for all ages, where the average is calculated by taking all the suicides for the entire provincial population in that year. So we would consider 11.6 a more accurate figure.

I can go through . . . I do have, based on the suicide rate in Saskatchewan per 100,000 population for both under 18, and 18 and older, I do have that going back from 2007 that I can provide.

Ms. Chartier: — Could you maybe table that instead of reading it out?

Hon. Mr. Duncan: — Sure, I will be able to. I will table those. I'll just find my sheets here. I will table those for the committee.

Northern psychiatrist Dr. Dungavell is fee-for-service. Dr. Shurshilova is fee-for-service. Dr. Ramachandran is on contract. Ogunsona is on contract. Taj is on contract, and Odogwu is . . . Oh sorry, Taj is . . . We'll just confirm Taj. I have both contract and fee-for-service the way that I'm reading

this. Okay, so Taj is contracted with Prince Albert Parkland Health Region but is doing work in northern Saskatchewan; fee-for-service is, I think, our understanding of this. And Odogwu is fee-for-service.

Psychiatry services provided to patients that are resident within the three northern health regions in 2015-16: in Mamawetan Health Region there were 22,091 services for 309 discrete patients.

Ms. Chartier: — Sorry, did you say Mamawetan in what year?

Hon. Mr. Duncan: — '15-16.

Ms. Chartier: — And sorry, could you repeat the number? Thanks.

Hon. Mr. Duncan: — 2,291 services, and the services were rendered to 309 discrete patients or separate patients. Keewatin, 966 for 86 patients; and Athabasca, 541 for 78 patients.

And there was a question about the patient experience survey, and those patients that had indicated that they had access to a physician on a day of their choosing. So of the 86 clinics that reported results in the 2015-16 fiscal year through the patient's experience survey, 84 or 98 per cent of the clinics were RHA-linked clinics, and two clinics or about 2 per cent were private physician clinics.

I also do want to note, just for the record based on question period today, the question that was raised about the Virginia Mason facility, I just want to be clear. I have never been to Virginia Mason Hospital, as was alluded by Ms. Chartier in question period. Frankly, I've never been to Seattle.

I have taken one trip out of province as a minister in the seven years that I've been a minister of the Crown. That was during the time that I was the Health minister and it was a lean-related trip. In November 13th, myself, the deputy minister, and my then chief of staff flew out of Regina to Minneapolis on the evening of November the 13th. I believe it was a Thursday evening. We flew into Minneapolis and then took a connecting flight into Rochester, Minnesota. We stayed in Minnesota for that evening, and the following morning we began our tour of the Mayo Medical Laboratory where we focused on patient quality and cost control and the impact on staff satisfaction.

We then took, I believe, a taxi to the Mayo Clinic, the Mayo Clinic proper in downtown Rochester, keeping in mind that the Mayo Clinic is made up of a number of buildings. We met with senior Mayo leadership to discuss things like clinical engineering applications in their emergency room. And I can speak further to that. We had a conversation about the Mayo Clinic care and network and the use of genomics in providing better, better health outcomes.

Our air travel for the three of us in total was $2,993.33. We took ground travel, a taxi, for $129.76. I believe that that was from our hotel to the Mayo Medical Laboratory and then back downtown. Our accommodations were $704.21. We claimed $286.56 as meals. I believe we ate in the airport at one point, and then we ate in Rochester for a total of $4,113.86. And with that I'd be pleased to take questions.

The Chair: — Ms. Chartier.

Ms. Chartier: — Thank you. Just to clarify why that question was asked, I'd like to read into the record something from *Hansard* from last year from this very committee. On April 16th, 2015, I asked about John Black talking about reviewing options with the John Black contract, and he specified four requirements. So Mr. Hendricks said:

> I can remember three of the four off the top of my head, and maybe you can refresh my memory because we don't . . . [and then it was inaudible] One was that Minister Duncan completed the North American tour, and I think Mr. Black's reasons for wanting that was obviously lean leaders . . . One of the reasons that we did North American tour is to have the exposure to Virginia Mason Children's Hospital and to industry as well.

Hence my question today in question period. But just on the . . . I don't want to spend too much time on this today, but was the Mayo Clinic added as part of the North American tour then, or was that something independent of that?

Hon. Mr. Duncan: — Mr. Chair, I just want to clarify. I did say, I believe that I did say out of province as a minister. I meant out of country. Of course I've been out of province for various FPT [federal-provincial-territorial] meetings in the time that I've the honour of being a minister, particularly the Minister of Health.

Mr. Chair and Ms. Chartier, I will get into a little bit in terms of the Mayo Clinic and our visit to the Mayo Clinic.

Ms. Chartier: — Just my question is . . . [inaudible].

Hon. Mr. Duncan: — No, no. But I think it's fair for me to be able to put on the record because I do know that you asked the question on April 16th, 2015, about the letter that John Black did send to the deputy minister that did require or request of me to take part in, complete the North American tour that would include visiting Virginia Mason. So that was put on the record as a part of the answer by Mr. Hendricks well over a year ago.

Unfortunately, Ms. Chartier, what I find disappointing is you never even asked me whether or not I went on the tour at any time in the last 14 months. But you stand up in question period and assert that I did go to Seattle, I did tour Virginia Mason, and you asked me how much it cost the taxpayers.

Now I think that over the last number of years as you've been the critic and I've been the minister, I think we've developed a pretty good rapport and a pretty good working relationship. I think we have a pretty, for the most part, civil working relationship in estimates. And I know question period's a little bit different; sometimes it gets a little bit heated. But if you would have asked me over the last 14 months whether I did in fact acquiesce to Mr. Black's question or requirement of me to either travel to Virginia Mason or be a part of any of the North American tour, I would have told you.

And in fact I think what you also know is that this government has been very transparent over the last number of years in terms of our out-of-country travel, where we actually report — and I

will table with the House, but actually this is a public document that I read off of — all the out-of-province and out-of-country travel by a minister or officials.

I think in that time since April 16th, I think that the public record would show — that you would have access to as a public official, that I would have to submit as a public official — that I have not travelled to Seattle. But I wish you would have asked the question instead of standing up in question period today and asserting that I did in fact travel to Seattle, that I did tour Virginia Mason, and that I did expense it to the taxpayers when in fact the answer, if you would have just asked, would have been no.

To that end, the Mayo Clinic was, a part of that was because we were sending fellows. We were sending three employees of the Saskatoon Health Region, which we have talked about at this committee. We did send three employees of the Saskatoon Health Region to take part in a lean fellowship that was being conducted in part with the Mayo Clinic. The Mayo Clinic, frankly for me, was probably the most accessible facility that I could tour outside of Saskatchewan, outside of Canada that has experience in using continuous improvement or lean. And I think it is also one in trying to tell the story to Saskatchewan people of why would we embark on the road of continuous improvement in health care in this province. The people of Saskatchewan may not have heard of Virginia Mason before we embarked on this, but I know they've heard of the Mayo Clinic.

And so for me to be able to demonstrate and see first-hand how other high-performing health care systems are using lean and continuous improvement, I thought for me it was worthwhile to spend 18 hours or whatever it was in Rochester and tour for a day because we did fly in on a Thursday night, I believe it was. We flew in on a Thursday night, we toured. And I think the tour started at about 7 a.m. in the morning at the Mayo medical laboratory. We visited with officials including the former, I think, CEO [chief executive officer] of the Mayo Clinic who is a cardiologist from Canada, and other cardiologists, and their head of the emergency department initiative that they are operating in, as well as other people. And we flew out that Friday after . . . I don't know what the time of the flight was, but I was home by Friday night.

So that was the reason for the visit to the Mayo Clinic, and I think I have run through what it did in fact cost the taxpayers.

Ms. Chartier: — Thank you, Minister . . .

The Chair: — Right now before you get going, and we'll direct all the questions through the Chair, I would like to table the following document: HUS 6-28 Ministry of Health 2007 to 2014 Saskatchewan Suicides by RHA and Age Groups.

[15:30]

So just that we focus on the budget and we'll, for the next little, while direct the questions through the Chair to bring it back . . .

Ms. Chartier: — Thank you, Mr. Chair. And just to be clear, that's the beauty of question period, Mr. Chair, that I ask questions, and the minister has an opportunity to respond and gets to clear things up. And I have an opportunity to explain why I would have understood that the minister was at Virginia Mason because his deputy minister told me so. Anyway, we have a short . . .

Hon. Mr. Duncan: — No, actually, no. Actually, Ms. Chartier . . .

Ms. Chartier: — [Inaudible] . . . We have a short amount of time here . . .

Hon. Mr. Duncan: — Mr. Chair, Mr. Chair, I do want to correct the record, Mr. Chair. The deputy minister at no time . . . If I'm reading the exact same committee meeting that the member opposite, Ms. Chartier, is referring to, I don't believe the deputy minister indicated that I did go to Virginia Mason. I believe what he said — and I have it here — you asked him on page 1013, "Mr. Hendricks, you . . . received a letter last May from John Black in talking about reviewing options with the John Black contract and he specified four requirements, and I'm wondering what those were."

Mr. Hendricks says, "I can remember three of the four off the top of my head, and maybe you can refresh my memory because we don't . . . [inaudible] . . . One was that Minister Duncan completed the North American tour . . ."

At no time did the deputy minister say that I went to Seattle to Virginia Mason or completed or in fact started the North American tour because I have taken part in no part of the North American tour.

The beauty of question period is that the member, yes, can ask questions, but I would hope that there would be some factual basis to it. And I would hope the member, the first question would be not, how much did the taxpayers spend to send you to Seattle. The first question should have been, did you go to Seattle.

The Chair: — Okay yes, we allow during budget deliberations a wide, wide berth when it comes to policy. To tie this back into our budget deliberations, to keep our committee work on the budget, both sides have read into that from *Hansard*. Both sides have decided where they stand on that. Let's bring this back to the budget deliberations. You've both had the opportunity to speak to this more than once, so we'll bring this back to the budget. So, Ms. Chartier, your questions on the budget please.

Ms. Chartier: — Thank you, Mr. Chair. I'm going to hold my tongue here, which is very difficult to do, because I think requirement would be an interesting thing to define, Mr. Chair.

But I'm going to talk about the children's hospital. We were having this conversation the other day about the children's hospital, and I know I asked about overcapacity. Some of the other conversations I've had with people in the Saskatoon Health Region, I've had several people tell me they understand the children's hospital is over budget. I'm wondering if you can clarify that for me.

Hon. Mr. Duncan: — Thank you, Mr. Chair. I think in one of our previous committee meetings we did talk about that. There were certainly a number of adjustments or changes made to the scope of the project that was going to require a higher budget

than was initially proposed. As well we did come to an agreement with the Children's Hospital Foundation to be a part of the capital campaign. But as it currently stands, the project is on budget.

Ms. Chartier: — So just to be clear, when we say on budget, we had had this conversation around, well, both capacity and numbers two committees or two meetings ago. Was the total 285 million? Is that correct, provincial government expenditures?

Hon. Mr. Duncan: — 285.2 million, that's correct.

Ms. Chartier: — 285.2 is the provincial contribution or the total?

Hon. Mr. Duncan: — No, that's the total.

Ms. Chartier: — Total. And the children's hospital contribution . . .

Hon. Mr. Duncan: — 28.3.

Ms. Chartier: — 28.3 is the children's hospital. So just to clarify here again then, all the talk that I'm hearing about being over budget, we won't anticipate when the hospital opens up in 2019 that it won't be more than 285.2.

Hon. Mr. Duncan: — That's certainly our expectation.

Ms. Chartier: — Okay, thank you for that. I'd like to talk about the diagnostic bill that's before us right now. The bill number, I'm drawing a blank on the bill number, but the CT [computerized tomography], MRI [magnetic resonance imaging] diagnostic bill. So last November I had asked you about whether or not you'd sought a legal opinion on the MRI bill. And rereading *Hansard* . . . And this was my impression that night that you hadn't sought a legal opinion at the time on that bill about whether or not we'd be at risk of losing health transfers. But you did say you had spoken to some provinces. I'm wondering if you've sought a legal opinion on this bill.

Hon. Mr. Duncan: — So we did work with counsel on the development of the bill, but it was more on the development of the bill and not legal advice as to what the potential view of the federal government may be on the bill.

Ms. Chartier: — Have you any feedback from the federal government? Obviously we have a different federal government, or we'd just had a brand new federal government, I think, at that point. But when you established the MRI bill, it was under a different government. So I'm wondering if you've had any discussion with the current Minister of Health or any officials regarding this bill and whether or not it puts us in jeopardy of losing money.

Hon. Mr. Duncan: — So I have had a conversation with the federal minister. This took place back in, I believe, March. At the time the federal minister, she didn't flag the issue of reducing transfers to the province of Saskatchewan. She did express her personal concern about the bill based on her limited knowledge of what the bill was and that she committed to having a further conversation with me after. At that time, we were moving into a writ period, and so she did indicate to me that she wanted to have a further conversation in greater detail about it after — not assuming anything — but after the writ period had ended in Saskatchewan.

Ms. Chartier: — When are you planning on having that meeting?

Hon. Mr. Duncan: — I am happy to have that meeting with Minister Philpott at any time of her choosing. We have spoken on a couple of occasions as an FPT group, including just in the last couple of days but in a group setting it wasn't something that, obviously, she was going to raise. But I know Minister Philpott is aware of our bill to add CTs to the two for one, and I'm eager to have a discussion if Minister Philpott is still interested in having a further discussion. I certainly welcome that conversation with her.

Ms. Chartier: — Thank you. I have not spoken with Minister Philpott myself or had communication, but I have spoken with people who have had those discussions and they were under the impression that that might be a concern. So I would encourage you, instead of waiting for Minister Philpott to get in touch with you, that perhaps it might be in the best interest of Saskatchewan people if you were proactive on that to ensure that . . . obviously the bill isn't going to pass this session. It has some time before us, but it would be good to make sure that we're not passing a piece of legislation that is going to lose health transfers.

Hon. Mr. Duncan: — Well I don't want to speak for Minister Philpott, but I do know in just looking at the landscape around the country when it comes to private-pay services in the diagnostic world, that certainly other provinces have been doing this for much longer than Saskatchewan and no province has pursued a two-for-one angle, and no provinces have lost any transfers. So it would be my hope and my expectation when I . . . and my message to the minister that if she is looking to reduce transfers based on this, there are probably other provinces that are committing more grievous offences to the *Canada Health Act* than what we're proposing here in Saskatchewan. And it would be my hope that she would start with those provinces first.

Ms. Chartier: — And that may or may not be the case, but I would hate to have us lose any transfers. As you know, we're in a tight . . . well we hear from you all the time about the pressures and I hear from people on the front lines about the pressures in health care and to ensure that any transfers that we do have from the feds stay whole. I think that that's a good conversation to have.

Just moving on here. With respect to the VFA [Vanderweil Facility Assessors] reports, are there . . . So that was three years ago, I believe now, that the last set of VFA reports was complete. Has there been any update? Has that . . . that number was $2.2 billion. I believe it was three years ago and then they were released two years ago. But I'm wondering if you've done any further updates to give us a sense of where we're at with health care infrastructure.

[15:45]

Hon. Mr. Duncan: — So the update to the VFA data that has been completed in 2016, so this doesn't include any of the most recent life safety improvements. It won't include the new Moose Jaw Hospital replacing the old Union Hospital in Moose Jaw. It doesn't include the new long-term care facility in Swift Current that replaces the three aged facilities, and it doesn't include the new facility in Kelvington. So the average FCI [facility condition index] is 43 per cent, and the total maintenance requirement is, the most recent update is $2.9 billion.

Ms. Chartier: — $2.9 billion. Okay, and that doesn't include, you said, life or . . .

Hon. Mr. Duncan: — It doesn't include the most recent spend in life safety. It doesn't include . . .

Ms. Chartier: — Can you clarify which . . . like the spend in this budget, obviously, or are you referring to another . . .

Hon. Mr. Duncan: — Yes. So that's the 34.7 million that's contained in this budget . . . [inaudible interjection] . . . Right. It doesn't include the . . . it wouldn't include the 6.1 that is going towards the tertiary centres in Regina. It wouldn't include the 8 million in heating and cooling at RUH [Royal University Hospital]. And it doesn't include . . . although I'm not sure what difference it would make. I mean, it will make a difference, but on the grand scheme of it when we're talking about nearly $3 billion it . . . the 2.9 billion still includes the three facilities in Swift Current in long-term care. It includes the Moose Jaw Hospital, the old Moose Jaw Hospital, and it includes the existing facility in Kelvington that has now been replaced.

Ms. Chartier: — Can you give me a value for, so what we'd have to pull out of that 2.9 billion . . . [inaudible interjection] . . . No. An estimate of how much you could take out? Is there any way . . .

Mr. Hendricks: — I would hasten to guess because the way that the facility condition index works is . . . So the Moose Jaw Hospital or Swift Current, those facilities might have been at 53, 54 per cent. So you're not totally replacing that cost. I would have to have all the numbers and have somebody do the calculation as to how much that would remove.

Ms. Chartier: — But your thought, Mr. Minister, you had pointed out that on 2.9 billion it's not a huge subtraction. It would be some, obviously, but not . . . it wouldn't bring that down by a whole bunch.

Hon. Mr. Duncan: — The challenge in that is that . . . So within the 2.9 billion there are different categories in terms of the . . . so, urgent and then going through less urgent categories. So the investments that have been made in those facilities and in life safety, that helps to shift some of those dollars, but it's really shifting around essentially the same number into different categories. So we may have been able to pull things off the urgent list and shift them kind of into the next, what would be non-urgent, but it still doesn't change the overall number. And the challenge that we have is that as every year goes by, the facilities get a year older.

Ms. Chartier: — Thank you. A few years ago in an annual report, and I don't have the annual report in front of me, but you've talked about — I think it was under the previous minister — developing a health capital plan. And I've asked you about this in the past and I'm wondering if you have gotten any closer. Obviously you've got $2.9 billion in infrastructure issues, and I'm wondering if you've got a plan.

Hon. Mr. Duncan: — Yes. So this is something that we've talked about as a committee and as a government, and it's something that the auditor has flagged in terms of ensuring that we do have a capital plan for health capital, and it is something that we are working towards completing the requirements that the auditor has laid out for us in terms of what the auditor believes the capital plan would look like and needs to look like. And so my expectation is that that will be finalized over the summer.

Ms. Chartier: — Okay. The actual capital plan will be finalized over the summer?

Hon. Mr. Duncan: — Yes.

Ms. Chartier: — Okay. Because it's been a few years in the works.

Hon. Mr. Duncan: — Well I mean we are dealing with $6.7 billion worth of health capital and over 270 facilities, so we took very seriously the advice of the auditor in terms of what a capital plan should look like and needs to look like for nearly a $7 billion portfolio, and have put a lot of work into it. So yes, it's taken some time and some work, but I think it deserves it.

Ms. Chartier: — So this summer I look forward to that.

I had an opportunity in committee yesterday to talk to the SaskBuilds minister, and we talked a little bit about 11 different business plans that were before SaskBuilds. I'm wondering if there are any Health business plans before SaskBuilds right now.

Hon. Mr. Duncan: — So we have a number of projects that are in different stages of planning. Just one sec . . . Sorry about that, members of the committee. So as I started to say, we have a number of projects that are in various stages of the planning process. So we do go through kind of two processes. One is in terms of our own process of kind of the yearly or the annual budgeting cycle to determine whether or not there are going to be funds available to move projects forward either into planning or those that are completed the planning process into, say, a tendering phase or construction phase.

As well there's a more global process within government in terms of capital that SaskBuilds is in charge of. So we get kind of vetted through that process. But in terms of priorities, we don't know necessarily where we stack up with SaskBuilds in terms of our capital priorities versus other ministries that take forward their priorities to SaskBuilds. So I think that perhaps Minister Wyant may be able to shed more light into that process.

So we currently have projects in planning that have already been announced. The replacement of long-term care beds in the city of Regina is in planning stages. The La Ronge long-term

care facility expansion is in planning. Prince Albert Victoria Hospital as well is in planning, and the replacement of an acute care facility in Weyburn is also in planning.

There are projects that, for instance, in the past — this would have been prior to my being the minister — where planning had proceeded at the . . . Essentially regions had decided to do their own planning outside of our process. So there was some work done on a replacement of or either replacement or expansion of the Yorkton acute care facility. Again that was well over four years ago now. I don't know if there was another one that was in that same category, but those are the ones that we are currently working with regions on the planning phase.

[16:00]

Ms. Chartier: — So the projects and planning . . . Sorry, does that mean there's a business plan for them? Like the Regina, La Ronge, P.A. [Prince Albert] Victoria Hospital, and the Weyburn hospital?

Hon. Mr. Duncan: — I will probably spare the members of the committee by going through all 18 steps of the planning process except to say that they're really grouped into a couple of different categories or phases.

So the first phase is really the consultation phase. That's where, you know, there's a needs assessment that is done. There's an expression of interest for a capital project. And then a project brief could be submitted to the ministry where we then would look at different . . . do our budget and priority analysis.

There's an approval phase that incorporates about a half a dozen of the steps that looks at the functional plan, the concept plan, goes more into approval of the scope.

There's the project delivery phase which is when you're getting into the process that essentially leads to the completion of the design and the schematics approval to proceed with tender and as well then the call for tender, the request for proposals, the approval to begin construction, and then ultimately the completion of construction.

So those projects that I've listed off, they're in various phases of the different planning stages.

Ms. Chartier: — Just so make sure I've got this right, you said the preliminary phase? Was that the first one?

Hon. Mr. Duncan: — It's a consultation phase.

Ms. Chartier: — Consultation phase? A needs assessment, you said all that was included in that?

Hon. Mr. Duncan: — Yes.

Ms. Chartier: — The approval phase and then the project delivery phase and then multiple steps in each of those. So where is the La Ronge long-term care home in that? Which one of those three phases is that in?

Hon. Mr. Duncan: — So they'd be in the approval phase. So they're going through . . .

Ms. Chartier: — All four of them?

Hon. Mr. Duncan: — No, sorry, La Ronge. I'm beginning with La Ronge. They're in the approval phase. So they're going through functional programming and 3P [production preparation process] planning. The same would be true for Prince Albert Victoria Hospital. Regina Extendicare, so that doesn't have yet approval to proceed yet, so that still would be considered in the approval phase.

Ms. Chartier: — Or consultation phase.

Hon. Mr. Duncan: — No, approval phase. And the same would be true for the Weyburn project.

Ms. Chartier: — Okay. Sorry, just a clarification here. So you told me generally the three phases are sort of the first consultation phase, then the approval phase, and then the project delivery phase. And you said La Ronge and Victoria Hospital are in the approval phase with functional and 3P planning. And then you said that Regina is . . .

Hon. Mr. Duncan: — It's in the approval phase as well. So those projects would have received funds from the province to move into the planning stages. So essentially that moves them from the consultation phase into the approval phase, which then has a variety of different steps through, 6 through 11.

Ms. Chartier: — So all four of those projects are in the approval phase then.

Hon. Mr. Duncan: — Yes, that's correct.

Ms. Chartier: — Okay. And Victoria Hospital has received sort of one-time money for planning? And how much did Victoria Hospital receive?

Hon. Mr. Duncan: — Last budget, Prince Albert Parkland Health Region received $2 million to . . .

Ms. Chartier: — Was that '14-15 or '15 . . . It was '14-15, wasn't it?

Hon. Mr. Duncan: — Sorry, yes. That's right, '14-15.

Ms. Chartier: — So 2 million. I think the money was in the previous budget because it wasn't in last year's.

Hon. Mr. Duncan: — Sorry, yes, that's right, '14-15.

Ms. Chartier: — And La Ronge was the same?

Hon. Mr. Duncan: — Yes. In the '14-15, La Ronge, the health region received 500,000.

Ms. Chartier: — 500,000. And then Weyburn? My understanding is Weyburn's a little bit further along in the planning process.

Hon. Mr. Duncan: — I don't know if that's the case. They received money in '15-16.

Ms. Chartier: — And how much did they receive?

Hon. Mr. Duncan: — 500,000.

Ms. Chartier: — 500,000. And then Extendicare in Regina, that was two years ago I think.

Hon. Mr. Duncan: — Yes. They received $1 million in the '14-15 budget.

Ms. Chartier: — Okay. So if they're in the planning . . . So this is money, obviously, from . . . Well Weyburn was last year, last year, yes. But the 2 million is to be spent, let's say in Victoria Hospital. Is that money already spent? It's been two years. Have they done the work already?

Hon. Mr. Duncan: — Prince Albert Parkland Health Region on the Prince Albert Victoria Hospital project, they have between 3 and 500,000 remaining of the 2 million.

Ms. Chartier: — Okay. And do you know when they're set to spend that or why there's money left? So when regions are given money for planning . . . And this has been a couple years ago, and Victoria Hospital has some serious pressures on it. So I'm just wondering, when they get their work done, obviously that allows it to move along a little bit further, so I'm just wondering what that looks like.

Mr. Hendricks: — Okay. So as part of the planning process, as you'll recall, Prince Albert did three 3P events, and those 3P were around planning for the hospital. Based on that 3P planning, they've sent to the ministry, you know, some options in terms of what a functional program might look like under that. So they have to redevelop their functional program based on that 3P planning work. After that, you know, I think what they would have to do is look at options for the proposed projects. So you know, as the minister mentioned, you go through planning and that sort of thing, but ultimately the ministry . . . government has to approve the scope of the project, right? And that's a cabinet decision before it goes to tender.

Ms. Chartier: — Okay. And with respect to La Ronge, have they spent their 500,000?

Hon. Mr. Duncan: — So for the La Ronge project, they will be moving into the 3P process, I believe next month. And when that process is done, they will have exhausted all of their funds. So they still have money available for the planning of the project, and that will be used to do the 3P planning.

Ms. Chartier: — Okay. Just the clarification here. So my original question was around I'm still not quite sure how SaskBuilds ties into your capital. And obviously you've got a capital plan that you're expecting here right away. So none of these, none of these projects, capital projects that you have, and no health projects are before SaskBuilds?

Hon. Mr. Duncan: — So all of the projects do go before SaskBuilds as an integrated capital plan for the province. We don't know though where we sit in terms of the priority list that SaskBuilds puts together for them to be a partner on, so to speak, versus other projects that other ministries would put forward. So we kind of do our work and make sure that the regions are doing their due diligence. And it's really a SaskBuilds decision in terms of projects they select for being, you know, potentially a different type of procurement option.

Ms. Chartier: — Just to clarify then, so all your projects do go before SaskBuilds, but they may or not be selected for, say P3s [public-private partnership].

Mr. Hendricks: — So the minister mentioned, as part of our capital plan, we submit approved projects to SaskBuilds. But in the context of whether those are actual SaskBuilds business cases or whatever, we don't know that, right? They go into a ranking. And so whether they're considering them as P3s or whatever, we don't know about that until the final stages of the project when they're approved.

Ms. Chartier: — Okay. So just some clarity on process here then. So you'll have a capital plan here in the next couple of months. And your capital plan, how does that tie into SaskBuilds then?

[16:15]

So the Ministry of Health will decide what's important to the Ministry of Health, and all of those will go to SaskBuilds, or SaskBuilds is sort of the clearing house for the integrated capital plan. And can they choose . . . So let's say Health has project 12345 as their priority. Does SaskBuilds have ultimate control over your capital plan?

The Chair: — While the minister is conferring with his officials, we have some guests that have joined us. We have Gary and Gail Williams. I'm not going to try and pronounce where you're from in New Zealand, but from New Zealand. We have Peter and Pariya Williams from New Zealand, Hartley and Margaret Meder from New Zealand, Robert and Jill Reid from New Zealand, Graham and Bernie Sycamore from New Zealand, Darrell and Brenda Yakimowski from Weyburn, and Duane and Lorrie Schultz from Weyburn. We also have joining us the former Speaker, Mr. Glenn Hagel, from Moose Jaw.

So I'd like to welcome them, those from Moose Jaw or from Saskatchewan to their legislature, and our guests from the country to see how we're running proceedings here for a few minutes. Thank you.

Mr. Hendricks: — So what our capital asset plan will do is, it'll look at a variety of factors. It will look at our population, demographic trends where services are being provided in the provinces, where we have the greatest need. It will also talk about the condition of our facilities that we spoke of earlier and several different factors that would determine priorities within the health system for our strategic capital.

So I'll give you an example. It would, you know, obviously those mission-critical facilities, like our tertiary facilities, would rate high in that respect if they had a low facility condition index. So what we do is we . . . the capital asset plan theoretically will look at those priorities, and those priorities would then be submitted to SaskBuilds where they would line them up against other government priorities, available spending, and then also possibly look at different alternatives in terms of the approach for construction of those facilities.

Ms. Chartier: — Okay, thank you for that. Going back to some of my earlier questions, I hate to do this to you. Like I always do, I'm just looking at my notes and have a couple of clarifications from some earlier questions. So with respect to Hope's Home, the spots that you had told me that the Ministry of Social Services sets aside or has purchased or uses, are those always filled?

Hon. Mr. Duncan: — So just for clarification, so the funding that comes through the Regina Qu'Appelle Health Region and then is, in some cases is topped up by the ministry, so that is for respite services and the daycare program that Hope's Home runs for medically fragile children. The residential spots that you're talking about are Social Services, so at this point we're not involved in those. We would have to confer with Social Services to see what their occupancy rate is currently.

Ms. Chartier: — I'm not sure if Social Services is up or not yet, but obviously there's a crossover with children in long-term care here in Saskatchewan, and then these spaces that are designated for Social Services. So I don't know if you could endeavour to do that for our committee tomorrow. That would be great if you could find that out, thank you. So I'm just wondering if those spots set aside for Social Services are always filled.

And the questions around the Disease Control Laboratory, you gave me the funding from 2010 to now. And obviously that funding has gone up, but I'm wondering if any of that money is designated. Does the Disease Control Laboratory just get global funding and then they decide where their priorities are, or are they expected to . . . Does the ministry ever mandate to them what your interests are?

Hon. Mr. Duncan: — No, I would say it's global funding, their operating funding. It's not necessarily specifically tied to any certain priority in terms of testing. It's really based on the demand of what the testing is in the system. So in a year, say, that we would have — an example that I would give, H1N1 — that we need to confirm for, then that may cause an increase in the Disease Control Laboratory doing more tests in that area. But it's not necessarily tied; that we say, here is an increase of 4 per cent. We want you to do, you know, an increasing number of HIV tests that we've been talking about.

But what the lab does know is that, in terms of their planning, each and every year there has been more of an emphasis on ensuring that Saskatchewan residents are knowledgeable of their status. And so they've had to keep that in mind, in terms of allocating their resources, that they should be expecting an increasing number of HIV tests that would be coming in each given year.

Ms. Chartier: — Just out of curiosity, does Lyme disease get sent out of province to the Canadian laboratory in Winnipeg? It's not tested for here in Saskatchewan?

Hon. Mr. Duncan: — So the initial test is done by the Saskatchewan Disease Control Laboratory. In the event of a positive test, there's a confirmatory test that is done by the national lab in Winnipeg. We also do have the ability to test the tick at the lab. So that is done at the lab as well, testing the actual tick.

Ms. Chartier: — Has Lyme disease gone up in terms of the testing, the test that gets sent to the national lab for confirmation?

Hon. Mr. Duncan: — So the number of samples that have been tested has been increasing over the last number of years. In 2009, it was 543; and in 2015, it was 1,312.

Ms. Chartier: — Sorry, would you repeat both of those numbers?

Hon. Mr. Duncan: — Yes. In 2009, it was 543.

Ms. Chartier: — And that's numbers just tested?

Hon. Mr. Duncan: — That's samples tested, yes. And in 2015, it was 1,312. And I should note that, so ticks that are tested in the province, in many cases they are sent to the Saskatchewan Disease Control Laboratory, but what our lab does is refer them, send them up to Saskatoon. The test on the actual tick takes place at the University of Saskatchewan.

Ms. Chartier: — So those samples in 2009 and '15 that you're referring to, are those ticks or are those people?

Hon. Mr. Duncan: — That is blood samples that were tested.

Ms. Chartier: — Blood samples. Okay. And how many of those were positive and sent on for testing in the national lab?

Hon. Mr. Duncan: — Ms. Chartier, we will endeavour to provide a little bit more information at our next committee meeting because . . . So I'll just say that of the 5,227 samples that were tested here in the province between 2009 and 2015, two of those have been confirmed as positive Lyme cases by the national lab.

Now, what we'll endeavour to find for the committee is how many positives, so the initial positive that the lab determines here, or how many are indeterminate and how many . . . So if it's a positive or we're not sure, then they get sent to the lab in Winnipeg. So we'll endeavour to find that number for you by the next committee.

[16:30]

Sixteen thousand ticks have been collected between 2008 and 2015 and just 41 of them were black-legged ticks, and only six tested positive for Lyme disease.

Ms. Chartier: — That's interesting. I know that at one point we didn't think we had Lyme disease in Saskatchewan. And I know a couple years ago we talked about Lyme disease and how it's changed, and just in the US [United States] versus New Brunswick. Anyway it's all very interesting, especially as we all notice that there's way more ticks than there ever used to be. I never saw a tick until 10 years ago myself. I didn't know what a tick looked like. Interesting times.

With respect to the Zika virus, just a quick question, is that something that our lab tests for?

Hon. Mr. Duncan: — We do not currently in the province test

for Zika. It would be sent out to the National Microbiology Lab.

Ms. Chartier: — Okay. Thanks for that. Just going back to the early . . . Well I guess not really earlier in the committee today, but on the first day I'd asked you about capacity numbers and the tabling of basically the better everyday data. And I was hoping that you'd have that maybe today, but are you anticipating having that for me tomorrow?

Hon. Mr. Duncan: — Yes, for tomorrow's committee. Yes.

Ms. Chartier: — Okay. That'd be great. Thank you. On that note, I understand and I don't know if this is across all health regions, but I know as part of the emergency flow initiative, you're keeping lots of data. And so I'm just wondering . . . I can see the better everyday numbers, but I'm wondering what data you're keeping in terms of capacity and over-capacity issues. If you could walk me through that.

Hon. Mr. Duncan: — Thank you for the question. So I'll just maybe start a little bit by talking about the information that we'll be providing to the committee tomorrow. We'll look at both Saskatoon and Regina. And it'll give kind of a look at the last year, I think is what we're planning for in terms of any of the capacity challenges they have had as facilities.

Just with respect to some of our regional hospitals, so Cypress, Five Hills, the Battlefords Union Hospital, and the Lloydminster Hospital in Prairie North, Prince Albert Parkland, Victoria Hospital, — I'll have to speak a little bit more detail — and Sunrise, the Yorkton regional hospital.

So they don't experience the frequent capacity challenges experienced by both Regina and Saskatoon, and do not provide routine capacity updates to the ministry. P.A. Parkland Health Region does notify the ministry when Victoria Hospital is in over-capacity.

I don't know if I did mention this the last time that we had met, but I know that since April 1st of this year, the ministry did receive three notifications of over-capacity at Victoria Hospital. They were over capacity on April 12th by 14 adults and they were over capacity on the pediatric unit. They did postpone surgeries on the 13th and the 14th to address the issues. And on the morning of the 15th, they did advise that the over-capacity had ended.

On April 21st, they were over capacity on the pediatric unit. Arrangements were confirmed with them and Regina Qu'Appelle and Saskatoon to identify, if necessary, a transfer of stable pediatric patients to those sites. But on that day, no patient transfers were identified to the ministry. And then on May 25th, over-capacity was identified and at that time, for that day, Prince Albert Parkland noted that they weren't in a position to repatriate patients that were due to come back from Saskatoon Health Region.

And the new Wigmore Hospital, I'll just briefly mention they have experienced a high volume of service demands in the ED [emergency department], and we certainly are working with them on that issue.

Ms. Chartier: — Okay. Just again back to the . . . I appreciate that you're tabling some of this tomorrow, but I'm just wondering sort of a list of measures like in Saskatoon Health Region . . . I've been told palliative care is overcapacity or . . . well, often I've been told actually that most units on any given day are overcapacity. But I don't know what is all measured. So I'm wondering . . . And it's good to keep data. I fully recognize that's actually critical to making good decisions. But I'm wondering what data you've started keeping.

Hon. Mr. Duncan: — So as a ministry, we don't collect the data. We're not kind of the holders of the repository for the data. So in even answering some of the questions for the committee or putting together the information, we'll ask for the regions specific to provide the information that they are collecting and holding and using on a daily basis to kind of get a better sense of where their challenges are and where the capacity issues are.

We'll require information from regions for public reporting, for putting together some of our own dashboards as a ministry, for publicly reporting into CIHI [Canadian Institute of Health Information], but we don't collect data aside from kind of those specific examples that I would have given you. Regions are collecting that information, but that's kind of separate from the work that we're doing.

Ms. Chartier: — Do you know what data the regions are collecting?

Hon. Mr. Duncan: — So as an example, the information that Saskatoon Health Region would publicly report on their website, just in terms of their overcapacity, their number of patients waiting for a bed, number of patients in pods, similar to what Regina Qu'Appelle Health Region would use in terms of the metrics that they would be measuring, in the case of Saskatoon. So this is information that Saskatoon uses to put together their flow cast to kind of project what the days ahead may look like as kind of a snapshot using the data. It's information that they would use any given day or any given hour in terms of trying to get back into balance in terms of the number of beds that do have.

And certainly it's, you know, information that would be available to the ministry in the event that not only we request information, the committee requests information, but also information that would be available for, say if the region is looking at a specific initiative that may help to address some of their capacity challenges if they're submitting that as a part of their budget proposal, if they're submitting that as a part of the emergency department wait initiative.

[16:45]

So that's kind of the nature of the information that is collected specific in this area. And there would obviously be other areas that they would be collecting data just in terms of their capacity, whether it be palliative care or other parts of the sector that they operate.

Ms. Chartier: — So just for clarity sake here, then the Better Every Day, RUH, St. Paul's Hospital, and then the different units on . . . Is that always just what they report publicly, is what's on . . . I think I've got three examples here, and they're

all the same. So I'm just wondering that's all. There's never any change to what they're reporting publicly on this Better Every Day, like the units specified.

Hon. Mr. Duncan: — So in terms of Saskatoon, the Better Every Day information that they do collect and report on a pretty consistent basis through their website, this is basically where they have identified are their biggest challenges when it comes to capacity issues within the system. And so it is fairly consistent in terms of what they've been reporting over sometime now that they have been presenting their data snapshot.

I think it is informative in terms of the information that the ministry is interested in and certainly is decision makers at the region, in terms of not only the challenges that they're facing in the day but also as I think, if members would have a look at it, you know, even shows things like what they have predicted their admissions would be based on a two-year historical snapshot of the facility and kind of where they tracked over that day. And so as you can see on the chart, in some days their predicted admissions were higher than what the actual admissions are, and other days, you know, it fluctuates.

I think it's very valuable information, and I think certainly Saskatoon feels like it's good information for them not to only have but also to share with the public.

Ms. Chartier: — Yes, for sure. Just in terms of some . . . So palliative care isn't listed on here, and I've been told by folks that palliative care is overcapacity quite frequently, and I'm wondering if you can get that number for me over the . . . probably a year, before tomorrow, is tough to do, but a chunk of time, the last six months, the last three months, palliative care in the Saskatoon Health Region. Do you have those numbers?

Hon. Mr. Duncan: — Mr. Chair, we'll endeavour to get that information for committee tomorrow.

Ms. Chartier: — That would be great. Just a question about internal transfers so if you can help me understand this. Just at the bottom of the Better Every Day, just the data snapshot that I have, it says that "we are reporting total internal transfers excluding newborn, maternal, and peds, with the assumption that a portion of these are inappropriate transfers." So I'm just wondering what an inappropriate transfer is, like what that means.

Hon. Mr. Duncan: — We'll confirm with the committee hopefully by tomorrow, for committee, whether that's just internal in one facility from one area to another area or whether that's from one hospital to another hospital and what exactly they're including in that. We're not sure of that.

Ms. Chartier: — Okay. And just on that note, one thing that I've heard is that in the Dubé, and this may be happening throughout . . . Okay so, second question. So they list site RUH, 80 transfers on this date that I'm looking at, but does that include the Dubé? I'm wondering if, when it lists RUH, if that's including the Dubé in it? So that's a question.

And then the next question around that is sort of more general. I've heard some concern from folks that, particularly in the Dubé, that with overcapacity, triaging has literally been happening . . . like patients within the Dubé have been triaged within the Dubé, like patients being moved multiple times in that facility, like two or three times. So I'm wondering if you can get a sense of what's happening there for me as well in terms of overcapacity. That's been flagged as a very real concern that you've got . . . well any patient who's ill, but a patient in need of acute mental health being moved multiple times, I understand, I've been told it's something that's happening frequently. So I'd just like some clarity on what's going on there. So thank you for that. If you could endeavour to have that for tomorrow, that would be great.

Just with the Wascana Rehab, I wonder if there's been any bed closures or conversion to administrative space.

Hon. Mr. Duncan: — Mr. Chair, we'll confirm with Regina Qu'Appelle Health Region. We're not aware of any space that has been converted from patient or resident space into administration space. But what I can say is that the veterans' unit that is a part of the Wascana Rehab, that's where the new specialized dementia beds have been located. But we're not aware that there's admin space that's taking up patient space.

Ms. Chartier: — Okay. I guess more specifically . . . and I should have finished the question. Sorry about that. Has there been any family respite rooms converted? Like spaces in Wascana Rehab that would be similar to Ronald McDonald House.

Hon. Mr. Duncan: — Not that we're aware of, but we're certainly going to check with the health region.

Ms. Chartier: — Okay. That would be great. Thank you for that. Just looking at, if you could . . . We had the discussion as we talked about over-capacity here a little bit and I'd asked you to paint me a picture of pods. And then I think, looking back over *Hansard*, I started asking you something else in the middle of that as we often get sidetracked. But I'm wondering if you could paint me a picture of what the pods look like in the Saskatoon Health Region?

Mr. Hendricks: — So I guess just by way of review, for the last time we mentioned that when Saskatoon is experiencing over-capacity issues, it expands in-patient areas that they call quads. In Regina Qu'Appelle they have an area that they call code burgundy. As I said last time, these are staffed patient areas that are created within an existing program areas that are not currently used, and patients are placed in these areas.

So at St. Paul's Hospital . . . Sorry, I'll start with RUH. What they do is patients are admitted to postpartum gynecology unit in vacant beds in that area. They're housed there, which is unit 5100, 5200. They currently staff the area appropriately to patient needs for up to 13 patients. In addition, SHR [Saskatoon Health Region] has identified other service areas that might be available if there were an outbreak — for example of Ebola, that sort of thing — that would be available to expand the number of pods. But again, staff to the patients and appropriately for the types of patients as well.

The pod at St. Paul's Hospital uses a day surgery space. It operates not unlike RUH but it's staffed appropriately for five

patients. Again, St. Paul's has contingency to add more beds to their progressive care unit, were there to be excess capacity. So both have different types of arrangements in place, whether it's an individual room or whether it's using what would be an out-patient day surgery room. If you've been in out-patient surgery it's often a curtain separation. Postpartum gynecology unit, we're trying to recall but we think those might actually be individual rooms that have been vacated. But we'll check into that for sure.

Ms. Chartier: — So just clarity then, so if . . . How many beds are there on 5100, 5200 at RUH, the postpartum and gynecology units?

Mr. Hendricks: — There's 13.

Ms. Chartier: — There's 13 beds, so when there are vacant beds there that's used as overcapacity or that's where a pod would be. So if there's only six people, there's room for seven other individuals.

[17:00]

Mr. Hendricks: — Well they go into the . . . So if they're admitted through the ED and there is no, there is a bed called for — which I called an "admit, no bed" last time, so some of the confusion. So if there's not an available hospital bed immediately, they would go to a pod area where they would receive appropriate care until a bed on the desired unit comes available.

Ms. Chartier: — Okay. So I could be, I could be a 90-year old man with a broken hip and be admitted . . . Like my dad, I'm thinking about my dad in April when he broke his hip. He could, if he had come into the ER [emergency room] and there wasn't an appropriate bed for him, he could have for all intents and purposes ended up in postpartum gynecology. I'm just confirming if that's what I'm hearing you say.

Mr. Hendricks: — What they do is, the pod is staffed based on typically the area of the hospital that is experiencing over-capacity. So if it's a surgical unit, they will actually staff it with surgical staff so that they're the nurses and the other professionals that are matched to those patients. If they're over capacity in medicine, they'll staff it with medicine staff.

Ms. Chartier: — For sure, so on postpartum gynecology, though, so you've got those staff there to deal with postpartum and gynecology patients . . .

Mr. Hendricks: — They're not the same staff.

Ms. Chartier: — No, no, no, I know. I understand that. I understand that you're saying that the appropriate staff is put in place, but so my 83-year-old dad ends up on postpartum gynecology and yes, he's got the appropriate . . . He has a broken hip and had the surgery so he's got the appropriate staff, but he's on a postpartum and gynecology unit which could maybe be women recovering from any number of things. I'm just . . .

Mr. Hendricks: — We can check the layout. I would have to understand the adjacencies of the unit and whether it's segregated or separated or whatever. But that's something that I wouldn't want to venture a guess on.

Ms. Chartier: — If you could find that out for tomorrow. I'm just curious, just having had some lived experience there recently, wondering what that could look like would be very helpful.

The Chair: — Okay, I'm going to jump in there. I know we started late today, actually at 3:11. To give the committee members some time to have some supper because we are back here at 7 o'clock tonight, we're going to wrap this up. Are there any final comments? We'll start with the opposition and end with the minister.

Ms. Chartier: — I'd prefer to save my 10 minutes for tomorrow.

The Chair: — Mr. Minister, anything you want to add?

Hon. Mr. Duncan: — Nope, look forward to tomorrow. Thank you.

The Chair: — Excellent. The time being 5:02, 5:03, we're going to recess until 7 p.m. tonight.

[The committee recessed from 17:03 until 19:00.]

The Deputy Chair: — Good evening everyone. I am Nicole Rancourt, the Deputy Chair of the Standing Committee of Human Services. The Chair of the committee could not be here this evening, and I'm also announcing that Eric Olauson is substituting for Greg Lawrence this evening.

As I will be asking questions of the Ministry of Social Services, I look to appoint a temporary Chair of this committee under rule 123(4): ". . . the Chair or Deputy Chair may ask any other member of the committee to temporarily chair the meeting." As such, I would ask that Mr. Roger Parent chair this committee meeting tonight.

The Acting Chair (Mr. Parent): — Thank you, Ms. Rancourt. Welcome to the committee tonight. We will now resume consideration of the estimates and March supplementary estimates for the Ministry of Social Services.

General Revenue Fund
Social Services
Vote 36

Subvote (SS01)

The Acting Chair (Mr. Parent): — We continue our considerations of vote 36, Social Services, central management and services, subvote (SS01). Minister Harpauer is here with officials. Please introduce your officials and make your opening comments if you have any this evening.

Hon. Ms. Harpauer: — Thank you, Mr. Chair, and welcome to all the committee members. Tonight I have with me my deputy minister, Greg Miller who is sitting to my left. Behind me, from child and family programs, I have Assistant Deputy Minister Tammy Kirkland; and Tobie Eberhardt, the executive director

of community services. From income assistance and corporate planning, I have Assistant Deputy Minister Constance Hourie; Elissa Aitken, who is the executive director of program and service design; Marni Williams, director of program design and operational policy. From disability programs, I have Assistant Deputy Minister, Bob Wihlidal; and Bob Martinook, the executive director of community living service delivery. From housing programs and finance, I have Assistant Deputy Minister Don Allen; and Miriam Myers, the executive director of finance.

I do not have any additional opening remarks from last night, so I am open to questions.

The Acting Chair (Mr. Parent): — Thank you, Minister. Are there any questions from committee members? Yes.

Ms. Rancourt: — Good evening. I'd like to thank everybody for coming tonight, and I'd like to thank the ministers and the directors and all the committee members here. And like I said last night, you know, people would have other places to go especially on a beautiful evening as tonight, and so hopefully soon we can enjoy our summer. And I want to thank everybody for your patience for my questions yesterday, and I appreciate the answers that I got. So I look forward to learning a lot more this evening about the programs.

So to start off, my first question would be, the Children's Advocate had concerns with regards to children moving between provinces. Is this issue being addressed?

Hon. Ms. Harpauer: — We'll get Tammy Kirkland to join us. Yes, we had one particular profiled case that I think sort of spearheaded this. It was a child between Saskatchewan and British Columbia, and it was with one of our First Nations agencies, and it was also cited by the Children's Advocate in British Columbia. So I will get Tammy to speak to, you know, what we've be able to do to tighten the reporting from province to province.

Ms. Kirkland: — Okay. So there is a PT [provincial-territorial] group of all provincial directors across Canada. And our executive director who was here last night, Natalie Huber . . .

Hon. Ms. Harpauer: — I'm going to interrupt because, in fairness to the member, she's new. So PT means provincial-territorial.

Ms. Kirkland: — Provincial-territorial committee. Natalie Huber, our executive director who was here last night, chairs that committee for the country at this time. And that is the committee that has worked together on a interprovincial strengthening and interprovincial protocol around those transfers, to make it much clearer around roles, responsibilities, how to align with First Nations when it is, if it's a First Nations child. So they have . . . I stand to be corrected, but I believe there has been final sign-off on that protocol to strengthen that. So if indeed it has been finalized, it's a public document which we can view.

Ms. Rancourt: — Thank you. Last night you indicated that there were 43 critical incident investigations. Were any of these cases children that were placed in PSI [person of sufficient interest] homes?

Hon. Ms. Harpauer: — We're going to have to get you the specific stat, but there was, as you well know, a very, very high-profile case of, well a critical incident and a death in a PSI home. And it was in the news; I'm sure you're well aware of it because of the trial. Although the case was some years ago, the trial was fairly recent. So we've done a number of changes since September of 2014.

We revisited the serious occurrence reporting and review policy — formerly was serious case incident or critical injury and child death review policy. Through that review we have now, a child death or critical injury review is required of all persons of sufficient interest or PSI cases, and the previous policy did not require that review of PSI cases.

As well, we have increased our oversight of PSI homes which was a recommendation by the Children's Advocate that he has now recognized that we have accepted and implemented that recommendation.

So in the fall of 2014 a number of changes done to the PSI program were operationalized through policy amendments that included a requirement that a PSI order can only proceed after a child has been in the extended family placement as a ward for at least six months, and the child and care contact standards would apply during those six months.

Implementation of an extended family agreement or service for alternate care and PSI providers is similar to the foster parent agreement that sets out roles and responsibilities of each of the parties, and that is contact standards as well and the development of a process to ensure caregivers are well informed about the PSI orders and the implementations of those and clarification on the special needs policy.

So that is changes that we implemented in the fall of 2014 to strengthen the oversight on PSI homes. So on the year where we provided you a stat of critical incidents, we'll get a breakdown then of how many of those were PSI.

Ms. Rancourt: — So to understand this a little bit more, so for the first six months that the child is in care, even though they're in that family or the person's of significant interest home, they're considered a foster home at that point. And so what kind of regulations is needed in that first six months, like with regards to home visits and such?

Hon. Ms. Harpauer: — So I'll get Tammy to give the specifics on what we . . . You're right, because it would be the same requirements as a foster home for the first six months. And just to sort of elaborate, so PSI homes often, as you've pointed out, will be family members. Not always, quite often they're identified by the family. The parents of the child will identify a home that they would like. Although they realize that they are not able at that point in time to care for their child in a safe and healthy manner, they may identify someone that they would like their child placed with. That's where we get our PSI identification quite often, but we'll get Tammy to say what oversight is there.

Ms. Kirkland: — So during that six months while the child is

still considered a ward under our care, we have our contact standards where they are seen by one of our workers once a month. And then the assessment we do of the PSI home includes a criminal record check for any adults living in the home, child welfare check for any involvement with family services in the past, and a home study which looks at the safety of the home, those sorts of things. So similar to the things we would do for a foster home.

Ms. Rancourt: — And then after those six months, what is the policies for checking up on the home and such?

Ms. Kirkland: — So once they become a PSI, after that six months it's a once a year contact visit with the family to see how they're doing, make sure they have the supports they need. And of course the family's also able at any time to contact the ministry, but that's the mandatory standard.

Ms. Rancourt: — According to the Ministry of Social Services plan for 2016-17, one of the key actions is to develop a plan to improve representation and inclusion of diverse employee groups in the ministry's workforce, which I think is a great goal to have. So I'm wondering what kind of plan do you have to achieve this?

Hon. Ms. Harpauer: — My officials are looking for that specific answer because I do not involve myself directly in the human resource part of the ministry. That's, I feel, the role of the deputy minister.

I will answer one of your questions, which is kind of related to this from last night. And so the number of Aboriginal staff that have self declared in Child and Family Services is 92 employees, so that is a 14.85 per cent at the fiscal year-end of 2015-16. So it's a little bit related to what you're looking for here, and an answer to one of your questions from last night.

Ms. Rancourt: — Were they able to break that down to how many of those Aboriginal staff members are in managerial positions?

Hon. Ms. Harpauer: — I don't know. Greg Miller is going to answer the HR [human resources] questions.

Mr. Miller: — In terms of the ministry's approach to diversity, we have a diversity champion in the ministry that chairs a committee working with managers to increase awareness and oversight through hiring and increasing the diversity. So the ministry is a representative of the population that we serve. We have an EDGE [engaging and developing government employees] committee, a committee of youth and government under 35 that are encouraged in their leadership. The other approach that we use in the ministry is a survey of managers to increase their awareness around diversity when it comes to matters that are related to staffing and the overall deployment of diverse workforce throughout the ministry.

[19:15]

Hon. Ms. Harpauer: — To go back to your other question, now this is for the entire ministry, not just child and family services. For the entire ministry, we have 215 Aboriginal staff. We have 16 in management which represents 10.88 per cent of the management.

Ms. Rancourt: — And I was wondering what is the current workplace injury rate. I noticed in the ministry's plan that they want to reduce that, so I was just wondering what the rate is currently.

Mr. Miller: — In 2015 the total injury rate for the Ministry of Social Services was 5.61 per cent, which was down 6.37 per cent since 2014.

Ms. Rancourt: — And does that include post-traumatic stress disorder related injuries?

Mr. Miller: — So if the particular injury was assessed as a work-related injury, that would include those. I don't have the data right here or right now to break that out.

Ms. Rancourt: — It's nice to see that they're recognizing post-traumatic stress as being part of an injury with regards to workplace incidences.

As a focus of this year is reconciliation, is the minister working any different with First Nations or Métis leadership on key matters for children in care both on and off reserve?

Hon. Ms. Harpauer: — Our relationship with the First Nations is always continuous, so I think each and every year we've strengthened relationships with our First Nations agencies going forward. And there from time to time may be an issue that causes a bit of a setback with an agency and then you work your way through it.

Right now we have, with the exception of one, a really healthy relationship with 16 of our 17 First Nations agencies. We've also hired in child and family First Nations now — Tammy will help me out with the actual technical term — employees that are helping us work directly. They're consultants. And I know from meeting with members of the First Nations agencies, they really like this working relationship, and they're very, very happy with the consultants. To me that will always be ongoing, you know, continuous improvement in that area of where we could do more or do better, often by the suggestion of the First Nations of what they feel they could use. But I will get Tammy to add any other further details.

Ms. Kirkland: — So just to add a couple things around what we do around relationship with the First Nations and the agencies. So as the minister said, we have the consultants that work very closely with the agencies. We have had on occasion agencies request that our consultants and/or our supervisors come in and work alongside with them on a day-to-day basis to help build capacity within the agencies.

We do the critical incident and child death reviews if it involves a First Nations agency. We do those jointly. And we do joint learnings and develop joint training and recommendations coming out of those reviews to work on together.

Another area where we're working closely to build capacity and understanding, you had asked yesterday about the core training for child protection workers, which is 20 days, 120 hours, and we've built in a fairly significant component around cultural

awareness. And I have a couple examples of things that are in that training if you would like.

So there is a historical overview of Aboriginal child welfare as part of that that everybody gets. That's a full day. There is working with First Nations workshop, which is a full day. We have a First Nations supervisor training, which is three days, and we provide that to the First Nations agencies as well. There's a cultural component on Aboriginal people of Saskatchewan, which is a day. And we also use a program called Touchstones of Hope, reconciliation in child welfare, which is two days, and it is really based on the idea of reconciliation and working alongside First Nations, particularly around child welfare. So those are things that we've added to strengthen that relationship.

Ms. Rancourt: — So when you say working with First Nations agencies, are you talking about ICFS, the Indian Child and Family Services, or the leadership in the tribal councils or the reserves?

Hon. Ms. Harpauer: — The child and family agencies.

Ms. Rancourt: — So in regards to the TRC [Truth and Reconciliation Commission], what calls to action have been implemented in the child welfare section?

Hon. Ms. Harpauer: — Okay, so while the officials are looking for the details, that's been a government initiative, is to look at the recommendations. Of course there was 92 in total, and the ministry that's overseeing, bringing it together and sort of looking after the oversight of it is Government Relations. But all ministries are involved because it touches so many areas, as you're well aware. So I can't tell you the exact number that are provincial related. I know it's been . . . The Minister of Government Relations has said how many, but we are definitely involved in some of those, as you mentioned.

Going to the Sixties Scoop apology which the Premier has committed to, I can update you that we have now made yet another attempt. It's been extremely difficult. Initially, FSIN [Federation of Sovereign Indigenous Nations] asked that we delay that until they had their election, which was last fall, and so we agreed to that with respect to their election. Since the election and Chief Bobby Cameron has been elected, there has been several attempts, even during session. We have met with Chief Cameron, as I do on a regular basis. We still have yet to nail down that date that we can coordinate with himself and the Premier.

Ms. Kirkland: — Okay, some of the specific things within child welfare that were happening and continue to happen as a result of what we learned through the Truth and Reconciliation . . . A couple of examples would be the flexible response model in Saskatoon. And I'm not sure how familiar you are with that, but I'll explain it a little bit, as much as I can. The flexible response model is group decision making around how to proceed when there is a referral around potential child abuse or neglect. So it's a partnership between our workers in Saskatoon, our workers, mobile crisis, and Saskatoon Tribal Council. And they come together and they review calls that have come in, and they pool their knowledge about that family, about that family's circumstances. They determine level of risk, and they work collaboratively on what could the response be. So it's a more community-collaborative response. So that has shown significant improvement in working relationship in Saskatoon.

So in our '16-17 year, we are expanding that model to Regina, and we'll be working with the First Nations that are around this area as well and a lot of the CBOs [community-based organization] because part of the theory is you find out who knows the family. You find out what they need, and then you connect them to the right things in the community. So a lot of contact with First Nations community-based organizations as well.

Also our legislative review around amendments to *The Child and Family Services Act* has included significant engagement with First Nations agencies as well as a lot of other stakeholders, advocate, and that sort of thing — but a lot of engagement with First Nations agencies.

We partner with the First Nations Institute on developing training. We've certainly also heard from our First Nations partners an interest in being much more involved in policy development. So we work closely with them on refreshing, developing new policy that's specific to child welfare practices.

We also have done a lot of expansion around parenting programs in the last few years and have partnered with a number of First Nations and Aboriginal community agencies to grow that as well, which certainly was part of what we heard in the truth and reconciliation around strengthening families and parents.

Ms. Rancourt: — You currently have memorandums of understanding with several tribal councils and service providers. Currently what mechanisms are in those MOUs [memorandum of understanding] for dispute resolution?

Hon. Ms. Harpauer: — I don't know what MOUs we have . . .

Ms. Rancourt: — With the tribal councils.

Hon. Ms. Harpauer: — Are you talking about the First Nations agencies?

Ms. Rancourt: — Yes.

Hon. Ms. Harpauer: — So the agreements we have with the First Nations agencies are delegation agreements. They're just not memorandums. And then going to that, what was your question?

Ms. Rancourt: — What mechanisms are in there for dispute resolutions?

Hon. Ms. Harpauer: — The delegation agreements are agreements with First Nations to deliver child protection services. So they're delivering. So there is, unless they're disputing with themselves . . . what we require is reporting standards. I'm not sure where the dispute would come in.

Ms. Rancourt: — So what if the reporting standards weren't up to par? How would you resolve something like that?

Hon. Ms. Harpauer: — Negotiations, conversations, meetings, coaching — you would basically just . . . And there have been times where there's been delays in reporting, in which case you work through it, and you have those conversations. And we've been able to work through on almost all cases the reporting that is part of the delegation agreement, official to official.

Ms. Rancourt: — So with the amendments to *The Child and Family Services Act*, would that impact any of this?

Hon. Ms. Harpauer: — We'd put it in legislation. The requirements of the delegation agreements needing to have some standards within . . . So just to take you back historically, so historically in the previous government which was where . . . And I don't know the entire history because I wasn't there, but the federal government requires delegation agreements in order to flow the money to child protection services on-reserve, so it's kind of overlapping bilateral agreements.

So the federal government will have an agreement with the First Nations agency, and it will have reporting standards in it, more on the finance side and the number of children rather than the level of care. And the agreement with the province at the time of the original signing, which was in the '90s, there was little to no standards. It was basically just a delegation to give them the authority.

So in around 2006, 2007 there was some concern that these agreements didn't have any accountability built in. And so negotiations began with officials to officials on strengthening these agreements, and throughout . . . So then 2007 was when the election took place and those negotiations continued, and in 2008 many of the agreements were renewed. 2008, 2009 I would say all but two were renewed that has built-in standards of reporting and accountability that is just so there's oversight to ensure the safety and the level of care, because the intent behind the delegation agreements is the level of care on reserves should be as good as the level of care off-reserve, that no child should be given lesser of services, right? So that's where we're at now.

The two that do not have renewed delegation agreements is Saskatoon Tribal Council and Yorkton Tribal Council. Yorkton Tribal Council does report to us to the standards that we're asking for as a province. Saskatoon Tribal Council does not.

[19:30]

Ms. Rancourt: — So in this agreement that says that they'll provide the care but it has to be at the certain standards, is there anywhere in that agreement that says, if those standards aren't being performed, this is the actions that are going to be taken?

Hon. Ms. Harpauer: — No. We've been working more collaboratively than confrontationally. So if we have concerns of level of care, and level of care doesn't necessarily mean the same . . . We have to be very mindful that culturally it may, you know, we may not . . . It's a different family set-up sometimes in some of these homes, and that's what they're comfortable about. So we have to be very mindful of the culture differences, but ensure that the children are safe. So we always try to work through collaboration rather than confrontation so that . . . Yes.

Ms. Rancourt: — So just to be clear, are those standards in the regulations?

Hon. Ms. Harpauer: — So in the agreement, just to continue, in the renewed agreements the language would be as such: the parties agree that any disagreements between Saskatchewan and an agency or agencies shall be resolved in an atmosphere of mutual respect, cooperation, and partnership between the parties. The parties are committed to working together in the spirit of mutual recognition and respect for the benefit of children and families. The parties also agree on the importance of establishing and maintaining processes that are open and inclusive.

The parties also recognize on a day-to-day basis and in the management of cases, disagreement concerning the delivery of service between Saskatchewan and an agency may occur. The parties further agree that it is desirable that resolution of such disputes be resolved on a practical basis quickly so as to best serve the interests of the child or family concerned. It is further recognized that such disagreement may arise out of a concern for the overall management or administration of the child and family services agreement. The parties agree that, where appropriate, the parties can utilize alternate forms of dispute resolution to reach an agreement. These processes can include a circle, mediation, or an independent review by another party agreeable on both sides.

In essence it goes back to what I previously said. It's right in the agreement that disputes are settled by mutual respect and working it through collaboratively as best as possible. If that doesn't work then an agreed-upon mediator could be used.

Ms. Rancourt: — So where would we be able to see these standards that you've discussed about what's going to be expected? Is that going to be in the legislation, or where would that be?

Hon. Ms. Harpauer: — So the legislation would just say that the agreements have to have a termination date where they could be reviewed and renewed, and standards. And then the standards would be in policy or regulation.

Ms. Rancourt: — So earlier you discussed a little bit about the Sixties Scoop apology and how, you know, you've been talking with Chief Bobby Cameron. So FSIN has been approached. Were there any other First Nations chiefs consulted with regards to the Sixties Scoop apology?

Hon. Ms. Harpauer: — Métis Nation we have consulted. We haven't consulted specific chiefs. We have, with our conversations with Bobby, it's on the spirit of the apology. And we have left it in his hands how he wants to include chiefs within First Nations communities to make it meaningful, has been for him to decide.

Ms. Rancourt: — Okay. So how many, exactly how many youth are in care?

Hon. Ms. Harpauer: — As of February 16, 2,948 wards and 1,788 non-wards that are with extended family.

Ms. Rancourt: — So would that be people placed in the PSI

placements?

Hon. Ms. Harpauer: — Some of them.

Ms. Rancourt: — Do you have the number of how many are placed in PSIs?

Hon. Ms. Harpauer: — We don't. We'd have to provide that.

Ms. Rancourt: — And is there a breakdown of how many of those youth are Aboriginal?

Hon. Ms. Harpauer: — Okay. So my officials have clarified, of the 1,788 that are non-wards with extended family, they're all PSIs. They're all legal PSIs. And to return to a previous question, in 2015, of the critical injuries, none of them were PSIs.

In 2015, 65.7 per cent were First Nations. So that number has come down each and every year and of percentage. Of children in care that were First Nations, for example in 2009, it was 77 per cent and that has now come down to 65.7 per cent.

Ms. Rancourt: — And this might be a shot in the dark, but I know last night there was a lot of discussion about FASD [fetal alcohol spectrum disorder]. So do you know how many kids in care have FASD?

Hon. Ms. Harpauer: — I don't think we would have that statistic. Yes.

Ms. Rancourt: — Yes. I thought that would be difficult because I know also the diagnosis is difficult to get. How many youth are in care in First Nations communities? Do you have that number?

Ms. Kirkland: — So numbers that we have for you: children that the province has apprehended and placed on First Nation but we continue to case manage — so this is for May, our May caseload — 163 that are wards, so in foster homes but on First Nations; and 195 who are PSIs, so under our care but placed on First Nation.

The First Nations agency running number of children in care, we don't keep a running tally of that. INAC [Indian and Northern Affairs Canada] does because they provide the funding. The information we get is based on the quality assurance reviews that we do around level of care and case management versus the numbers.

[19:45]

Hon. Ms. Harpauer: — So when Tammy said we don't keep a running tally, we don't. It used to be only sort of getting those numbers every three years. We've changed that to every year. But it isn't ongoing. The quality assurance is ongoing but not the actual tally of numbers. That has to, or that's provided to the federal government.

When a child is apprehended off-reserve and then placed on-reserve, the province pays. So we still manage those files. If a child is on-reserve and brought into care on-reserve then INAC pays. But if a band child is off-reserve and placed on-reserve, the province pays for that child.

Ms. Rancourt: — Okay.

Hon. Ms. Harpauer: — It gets more confusing.

Ms. Rancourt: — I've got a lot of questions now. So with the bilateral agreement, my thought process would've been that if a child was taken into your care but belonged to one of the First Nations, that you would transfer that care to them and vice versa. Can you explain a little bit more about that bilateral agreement, if that's not necessarily the case?

Hon. Ms. Harpauer: — So we do transfer the care, so they provide the service for us, but we pay for it. INAC doesn't. And so we're co-managing the file.

Ms. Rancourt: — Okay.

Hon. Ms. Harpauer: — That is also on a case-by-case basis. Sometimes they completely take over the file, so it's just the working relationship. There are files that they don't want to take over because the province will pay more than INAC will pay for some situations. Sometimes they'll take over the file. Sometimes they don't want to take over the file. Sometimes it's a jointly shared file, so it's case by case.

Ms. Rancourt: — So would it be fair to say that maybe the number of Aboriginal kids being in care for the province is being reduced because possibly that number might be going up with regards to ICFS numbers?

Hon. Ms. Harpauer: — So the first agency numbers, although we don't track them in a running . . . I'm being told or informed that that has been fairly consistent. So it's not that they're taking more kids and we're not. Those numbers have been fairly flat in our First Nations agencies.

Ms. Rancourt: — And earlier you said that, like part of this bilateral agreement is that they need to report back on, I was assuming, their caseload. What do you mean by when they need to report to the province?

Hon. Ms. Harpauer: — Quality assurance, critical incidents, child deaths. So the quality assurance is no different than we do. Off reserve, as well with our own offices, is periodic random checks of a file, and just go through it and make sure that the steps that are being required or the processes are being followed is part of our quality assurance unit. As Tammy mentioned earlier, if there's a critical incident, we expect it to be reported, and then we'll jointly do a review of that critical incident. And death reviews, we'll do them together. So that's what our quality assurance is.

Ms. Rancourt: — And I guess, like would they have their quality assurance programs?

Hon. Ms. Harpauer: — I'm being informed they use ours.

Ms. Rancourt: — And with staff in their agency or staff from the ministry?

Hon. Ms. Harpauer: — Both, they work together.

Ms. Rancourt: — So if they have youth . . . Okay first of all, do they have to report the names of the youth that are in their care and the placements to the province, or is that INAC?

Hon. Ms. Harpauer: — That would be to INAC.

Ms. Rancourt: — And so if they have youth that are doing really well, and there has been no issues, those clients would never have to be reported to the province?

Hon. Ms. Harpauer: — So just again, sort of to go back — and perhaps I wasn't clear because it is confusing — so we're not asking for reports on clients on a case-by-case. With our quality assurance is that we want them to report critical incidents. In that case, we would have the name and the incident, deaths, or if we went into the First Nations agency and work with them and say we want 10 files, then we'd go through those files. We'd obviously know the name of that child, and we would make sure that they are, you know, doing . . . In the Children's Advocate, you know, he always talks about the processes and the number of times that the child is being checked and whether that's being recorded, whether they are identifying services, and is that being provided. So that's the quality assurance rather than a case-by-case tracking.

Ms. Rancourt: — And so if you guys go in there and help with the quality assurance aspect, do some of their staff come into some of the provincial agencies and help with quality assurance in the province's agencies?

Hon. Ms. Harpauer: — No.

Ms. Rancourt: — It would be interesting if a different set of eyes of what might come up. So what have you guys been doing to prevent having Aboriginal children in care or reducing the number?

Hon. Ms. Harpauer: — Our intensive home supports which we increased in this particular budget, many, many of those homes are Aboriginal homes. So it is definitely going down prevention rather than intervention once the crisis has happened. We're putting far more resources in prevention and it's . . . any initiative is often Aboriginal families. We've introduced the triple P parenting program, for example. Many of those families will be Aboriginal families.

Ms. Rancourt: — So I guess one question I've had too was, is ICFS in all the reserves in the province, or are there some that are strictly under the provincial regulations?

Hon. Ms. Harpauer: — The three First Nations that we provide services for are Thunderchild, Big Island Lake, and Okanese.

Ms. Rancourt: — Is Wahpeton one of them?

Hon. Ms. Harpauer: — No.

Ms. Rancourt: — And then how many tribal councils do off-reserve child and youth services? So when I ask this question, I'm thinking about La Ronge because La Ronge now, ICFS takes care of the town of La Ronge and area, my understanding is. So is there other agencies that do that?

Hon. Ms. Harpauer: — The three First Nations child and family service agencies that provide mandated off-reserve child welfare services on behalf of the ministry are Athabasca Denesuline child and family services, Lac La Ronge, as you pointed out, and Meadow Lake Tribal Council.

Now this is going to get more confusing again because although they're providing child welfare off-reserve for the province, we also have one-off contracts with First Nations. We have, I think, it's six contracts with Saskatoon Tribal Council to provide . . . Well there's emergency intake. There's a couple of group homes that provide services for the province on an individual contract.

Ms. Rancourt: — Okay, so what was the reason for this decision? Was it to change it to have ICFS taking care of the provincial system?

Hon. Ms. Harpauer: — So these particular agencies obviously showed interest, had identified that they were interested. They had the capacity to deliver the services. They're in the community, obviously. They are culturally appropriate. But most importantly they have demonstrated a very strong agency, a very strong service delivery organization.

Ms. Rancourt: — So does the province pay the ICFS of that agency extra funds to cover those services?

Hon. Ms. Harpauer: — Yes.

Ms. Rancourt: — Now I don't know if this is appropriate, but does it costs less to contract them out than it would have when we had our own staff there?

Hon. Ms. Harpauer: — No, it's pretty cost neutral. And that's kind of the agreement because I mean they . . .Yes, it's just sort of taken for granted that we'll pay if it's not more than what it would cost us to deliver our own. We would love for you to do it for us, and so it's cost neutral.

Ms. Rancourt: — So do they still have the agreement that if children that they apprehend are on-reserve, it's paid by INAC and if the children are apprehended off-reserve, it's paid by the province?

Hon. Ms. Harpauer: — That's absolutely correct.

Ms. Rancourt: — All right, so now I have some questions about the Linkin program. I have to first of all say that I'm glad the province has gone to a computerized system because I think in this day and age that is definitely necessary. And with the transience-ness of a lot of residents of Saskatchewan, that's important to keep track of people and their situations, and maybe if they tend to move so that agencies are more well aware of the history.

But in saying that, reading the Provincial Auditor's report they said that there was "Not having timely updates increases the system's . . . [I can't even read that right now] to breaches" . . . [inaudible interjection] . . . Right? Too many late nights. So what is the policy for removing terminated staff from the program, and is the policy actually being the reality?

Hon. Ms. Harpauer: — Right. So we're going to have Constance Hourie join the table for that type of detailed question. But I agree with you. The Linkin has been a long time in completion, and that's why the reduction in the budget, was that last year it still needed the additional funds to absolutely complete it. And then this year, it's looking like a reduction, and it is a reduction because we no longer have to put that money in because the project's been completed.

Mr. Miller: — So in terms of the auditor's recommendation, the auditor recommended that we implement a policy regarding the removal, as you've identified. What's taken place is that it's an authentication of the user has changed. So we have two authentication controls. One of those . . . It's fairly technical but there's a technical solution and then a human solution in terms of passwords and the security, and essentially ensuring that there's prompt removal when somebody no longer needs access to a particular file, that they're removed off the file system.

So that's the idea of susceptibility going . . . These are fluid systems, and users are coming on to them and going off of them. So it's ensuring that we're training the staff, and that we have our managers in the oversight role making sure that when people come off their authority to have access, that that's done promptly.

[20:00]

Ms. Rancourt: — So who is responsible for removing staff members off the system when needed?

Mr. Miller: — It's the supervisor that's responsible to ensure that that takes place.

Ms. Rancourt: — So they have access to remove people off of the system?

Mr. Miller: — So there will be a relationship. There will be the supervisor, and there will be a technical component as well. And I'll just get some clarification on that. So it's the supervisor that has the authority and makes a request. And then there's a verification process for that request to make sure that it's happened. And it involves a token, which is basically an electronic confirmation within the system that that's been removed.

Ms. Rancourt: — And so what is the policy for inputting client information into the system?

Mr. Miller: — So in terms of the client data that's entered into the system, that's certainly entered by workers, support workers themselves as well as administrative support personnel. And then there's processes in place to have the segregation of duties.

Ms. Rancourt: — And is that updated regularly? And regularly, how regular would that be?

Mr. Miller: — So those records, as they represent individual clients, are updated on a case-by-case basis, and the expectation is that there's timely updates to the case file.

Ms. Rancourt: — And so I'm trying to visualize if a child protection worker needs to go to a situation, and they have to make a decision of what they're going to do, and they need the background information on the client, are they able to access this computer system outside of the office agency to see the history? Or is this information only available in office?

Mr. Miller: — So the current practice is a worker would access the information before they would go out to attend, and we don't have currently a mobile application for that information.

Ms. Rancourt: — Then I guess another question I have is that I know on outside office hours, there's sometimes other agencies that will do work for the department for emergency cases. So would some of these other outside agencies have access to this program?

Mr. Miller: — So I'm informed that our emergency workers have access to these files but not third parties.

Ms. Rancourt: — Okay. So there's no selective agencies that would have access to . . .

Mr. Miller: — La Ronge child and family services has access.

Ms. Rancourt: — Any other ICFS agencies?

Mr. Miller: — No.

Ms. Rancourt: — Is there any thought about having some of these agencies that are secure to have access so when they're making those decisions . . .

Mr. Miller: — So in terms of the ongoing conversation, there have been conversations around having other agencies have access to the information. And that's a continuing conversation as we look across access to a variety of databases, for example, those that would be on First Nations.

Hon. Ms. Harpauer: — I'm going to weigh in here a little bit, too because this goes back to the history I've had with this. I remember when I was Minister in 2008 having a conversation with INAC to try to convince them to give the First Nations agencies funding to have at least a common database of some sort — because most of them have data systems but they're not a common one, nor are they ours — and get them to interface with ours. Because at that time we were just talking about building ours, right? So this conversation's ongoing to try and work with INAC to give the funding to our First Nations agencies to have, at the very least, a system that would interface with ours. But that's not the case yet.

Ms. Rancourt: — Because I often wondered, like, if a child has been involved with, say, a First Nations agency and then a provincial agency or maybe outside-the-province agency, and been involved in different areas, how do you know the level of involvement that child has had in the system?

Hon. Ms. Harpauer: — Out of province it'd be through the new protocol, of course, province to province and if it . . . Where we have the most knowledge, quite frankly, is if that band member, child, is off-reserve and then, as I said, we keep track of that file and that file stays in our system even if they're being cared for on reserve. Where the gap is on our system is of course if the child is on reserve, brought into care by the First

Nations agency, because that file doesn't go into our Linkin system.

Ms. Kirkland: — Just to add to what the minister had to say, in situations where a First Nation is taking a child into care, so one of the agencies, they will call us, our local office close to them to see if we've had involvement. And correspondingly if we take a First Nations child into care, we look at where that child is registered and we connect with that agency to see what their involvement has been. So it's not automated but it's practice.

Ms. Rancourt: — And on the Linkin system is there anywhere in there that you're tracking on-reserve cases?

Hon. Ms. Harpauer: — Not unless we've transferred them there.

Ms. Rancourt: — And so is there culturally appropriate parenting programs being implemented as suggested in the Truth and Reconciliation calls of action?

Hon. Ms. Harpauer: — So our triple P parenting program has cultural components if it's appropriate, if that's the group that they're working with. Also when we . . . And again going back to expanding this, different agencies that we may use for our intensive in-home supports may have a cultural component, and an example is Foxvalley here in Regina. It's a First Nations community-based organization that we utilize to give the service of in-home supports. Also, and go back to the PRIDE [parent resources for information, development, and education] training for our foster families has a cultural component.

Ms. Rancourt: — And what type of employment readiness programs do you have available?

Hon. Ms. Harpauer: — Now are you jumping to the income assistance programs, not child and family?

Ms. Rancourt: — Just, yes, it would be income assistance programs, probably, to get people ready to be employed.

Hon. Ms. Harpauer: — So most, I would say all of our employment readiness programs are through the Ministry of Economy.

Ms. Rancourt: — Okay. So what collaborate work is being currently done with CBOs?

Hon. Ms. Harpauer: — I'm thinking we're going to need clarification because we have, we're a service delivery ministry, very much a service delivery ministry but a very heavy user of community-based organizations to deliver those services.

We use community-based organizations broadly of course in our community living division. So all of those are going to be working with individuals with disabilities. And so they're going to be collaborating, because you're going to have a residential CBO who's going to have the same client perhaps as a CBO that's delivering the day program because that client is going to go to the day program during the day but they're living in the residence.

So we also have umbrella organizations. SARC [Saskatchewan Association of Rehabilitation Centres] is one that I'm sure you're very, very familiar with that we work with, that many of those . . . So I'm not sure specifically what you're looking for.

And then of course in child and family, you're looking at a totally different . . . Because we have CBOs that we use for counselling and the intensive family supports, but they differ from community to community. We use for example in Saskatoon, Catholic Family Services. Here, I mentioned Foxvalley. So I'm not sure what you're looking for.

[20:15]

Ms. Rancourt: — Well I was thinking more of the child and family services CBOs and like what kind of programs they're having. So more of, again the preventative services to provide for families so that they're not necessarily getting involved with like children in care or the agency.

Hon. Ms. Harpauer: — So again we'll go back to it. That's the intense in-home supports, so we'd be utilizing the community-based organizations that can deliver the service that that family needs in that community. So it may be, as I had mentioned before, it may be anger management. It may be parenting training. It may be a connection to some support for mental illness. It varies.

Ms. Rancourt: — So did some of the CBOs lose their funding?

Hon. Ms. Harpauer: — You had the list yesterday.

Ms. Rancourt: — Just those ones?

Hon. Ms. Harpauer: — Yes.

Ms. Rancourt: — The poverty strategy recommends that there is an increase to the number of family resource centres such as KidsFirst, early childhood intervention programs. Has there been any additional funding for the early childhood intervention programs or KidsFirst?

Hon. Ms. Harpauer: — That's all under Education.

Ms. Rancourt: — So CBOs usually require post-secondary educated individuals to fill positions. But due to minimal funding, they can't compete with other agencies with wages, which results in a turnover and a lack of consistency for clients. Since CBOs don't have much money left after paying for wages and office and program expenses, they are often unable to invest in updating things such as vehicles that staff need to use to go on home visits. Is there some money in this budget to address some of those issues?

Hon. Ms. Harpauer: — Unfortunately the CBO lift in this budget is zero. And we do recognize the turnover of staff in our CBOs that are vital to our delivery. We are working on a CBO sustainability plan with our CBOs, and one of them is looking at all of these issues of salaries. There's different areas within CBOs where they are comparative, but other areas where they're not. But those conversations are taking place. And I will get Bob Wihlidal, because that's actually being driven out of our community living division, so Bob Wihlidal will give a little more explanation of the CBO sustainability plan.

Mr. Wihlidal: — Good evening. So we've been working with Saskatchewan Association of Rehabilitation Centres, now known as SARC, on this in a fairly substantial way since 2012.

Back in 2012 December, government announced a fairly large investment in funding to CBO salaries and operating costs. At that time, $17.3 million was provided for front-line work. In '14-15 another $2 million, then last year 2.3 million, which was essentially a 1 per cent lift to deal with some leadership compression in the sector. But clearly the problem around recruitment and retention of front-line work continues, although somewhat abated by the investments that have been made. Working together with SARC, we have established a series of areas that we're working on.

We engaged MNP a year ago to do some work with us, a consulting firm, and worked on surveying CBOs' executive directors and working with community living and child and family services executive and management around some of the issues that are present in the CBO sector that we rely on. So the MNP report provided advice on five particular areas to focus our work on, one of which was around attraction and retention of and compensation and training.

The other four involved shared services, so making sure that we are making best use of the dollars that are going into the sector. Overhead is not something we want to see our money go to if we can have it better spent on direct service, so looking across the sector and looking for opportunities for better sharing of the resources and keeping that money directed better at front-line services.

Another third area was around outcome-based measurement, so making sure that we actually understand not just the inputs costs and the outputs that are coming from the sector, but the actual results that we get, whether it's a group-home service or a preventative service that we're funding. The fourth area had to do with governance, so making sure we had governance training and support to all the third party, making sure that they were managing their finances, managing their board decision making effectively. And the fifth had to do with quality assurance and standard setting, making sure we had a set of minimum standards for all CBOs to work at in a particular service area.

So all five of these areas of work are ongoing right now. We've got task teams between Social Services and CBO management working together on each of these teams. And we're hoping that we see some recommendations from them, at least on two or three of these areas, by the fall.

Ms. Rancourt: — I thank you because that was my next question. So you completely answered that; so that's great. And now that we have you here, Mr. Martinook, I have . . .

Mr. Wihlidal: — Wihlidal.

Ms. Rancourt: — Oh, Wihlidal.

Hon. Ms. Harpauer: — Yes, there's two Bobs.

Ms. Rancourt: — Okay, sorry about that. So I'm not quite sure if this next question would be in your area, but how is the process of moving clients from valley hill going?

Mr. Wihlidal: — Valley View Centre. So I will give you a little update on that. So Valley View Centre is a facility in Moose Jaw that government announced its intentions to close that facility in February of 2012. At that time there was a population of 207 residents at Valley View Centre. Since that time, we established a steering committee to help us and guide the process of transition. The steering committee includes Social Services as well as the Valley View family group and Saskatchewan Association of Community Living. So that team continues to work at giving us guidance on the transition planning and processes.

At this time the population at Valley View Centre is 138, down from 207 back in 2012. So in '14-15 we had four transitions into community homes; in '15-16, 24 transitions; and more recently this fiscal year we've already had three people transition to community homes. So that is what's occurred so far. We continue to work on projects for the remaining population. We're expecting that in this fiscal year of '16-17 that we should see as many as 55 more people transition to community homes, likely more towards the end of the fiscal, given the planning and resources needed to make that happen.

Ms. Rancourt: — When is the plan to have the facility closed?

Mr. Wihlidal: — Our last projected date was March 2018. We're still planning for that date. Not completely certain we can meet that date, but not convinced we won't either. So we're working towards that date.

Hon. Ms. Harpauer: — It's been a moving target because we're just not going to move people for the sake of moving them. So we've set a couple of targets, but we keep moving it out to make sure we have the appropriate placement in place before we ever move anybody. So that's perhaps where we will land and, you know, we're going work towards that. But if we need to slide it for another six months or whatever, we'll do whatever's best for the clients.

Mr. Wihlidal: — The time comes largely in the development of the projects and programs needed to support the people in the community, so it means a lot of construction or renovations of homes across the province. It means finding willing community-based partners to own those homes and develop the programs and be ready to receive residents into that program, either through new CBOs or expansion of existing organizations.

So to give an example, we have 24 projects that have been either completed or they're in construction right now or we've already committed our resources, our intentions to those projects. We're negotiating currently with six other projects around land or houses, and so that means we probably have about five or six remaining projects to be identified.

When we first started the initiative in 2012, we estimated that we would need about 40 homes across the province, assuming there would be three to four residents per home. Today we are estimating that's about 35 or 36 homes, based on the numbers I just provided you. We've got 24 projects already in construction or near completion, six more that are in

negotiations, and another five or six projects that we have to identify. We just don't know where they're going to be yet, but most likely two more in Moose Jaw and another two or three in Regina.

Hon. Ms. Harpauer: — So the staff have been working really closely with the family group and working with family, and the families have identified where they want their family member to be. Many of them have been Moose Jaw because that's all they've known, and we want to be quite thoughtful in moving forward because this will be their permanent homes, so they're . . . Like I said, we will set goals to have it complete, but until we're comfortable that the family is comfortable, the client's comfortable, we will take the time and put the thought into it that we need.

Ms. Rancourt: — How many CLSD [community living service delivery] clients are currently in in-patient mental health settings?

Mr. Wihlidal: — As of today we have 10 community living clients who are in in-patient situations, in acute mental health wards in the province. That compares to January of 2013 which was 24, so we've had substantial improvement in terms of the flow-through and the number of people in those circumstances, I think largely having to do with the expanded service system we now have. Over the past number of years, we now have regular communication in meetings between our community living directors and the mental health directors around case planning and more focused planning and resource development around those particular individuals' needs.

So for example, in 2015 there were 48 people admitted into those wards but 33 discharged. And so far in 2016 we've had 28 discharged and 10 remaining. So we've seen a lot better flow.

Ms. Rancourt: — Would these be oftentimes temporary placements or are some of them more long term?

Mr. Wihlidal: — The average stay is six months.

Ms. Rancourt: — In the in-patient mental health setting? And is that in hospitals across the province or in certain hospitals?

Mr. Wihlidal: — So I can give you a rundown of where those 10 folks are. And just to clarify, these aren't placements, they aren't residential placements. These are acute treatment facilities, and the intent of these 10 people being in those circumstances are for treatment. They are there for the right reasons at the right time, and our objective in the program is to make sure that they aren't there any longer than they need to be, but that they are when they need to be.

At this time, we have one individual in the Prince Albert Parkland; five at Sask Hospital North Battleford; one at Prairie North, North Battleford; two in Regina Qu'Appelle; one in the regional psychiatric centre, Saskatoon. And that should be 10.

[20:30]

Ms. Rancourt: — I'm happy to hear that. We definitely don't want this to be a placement. But I know in past times sometimes clients would be there because they were trying to find a placement for them. Are there placements available that . . . Or are sometimes it's a result of having to wait for a placement?

Hon. Ms. Harpauer: — No, as Bob mentioned, this is for treatment. And you're right. There was pressures of not having appropriate placements. It wasn't necessarily the bricks and mortar of the placement that we struggle with. It is with the community-based organization with the skills to be able to care for this resident appropriately.

I know you were given the numbers earlier of how we brought that down, but we also have to be very mindful when you are dealing with people that are struggling with mental illness. If we don't allow the treatment the time that it's going to take, we do not want to be at a situation where perhaps we put a resident into a community if he or she is still very aggressive. We have to ensure the safety of the community as well, so there's things to be taken into consideration that some will take longer in the treatment than others. But I think we've moved a long ways from where we just don't have a place or don't have an organization.

Ms. Rancourt: — Okay, that's good to hear because, yes, safety for residents also and the possible homes they might be placed into is important.

My understanding is that there's certain residential spaces in Hope's Home for the Ministry of Social Services. Are they always at capacity?

Hon. Ms. Harpauer: — The very short answer is yes, they almost always are. It's interesting. I had a situation not all that long ago where one of the medically fragile children had been, because of health reasons, was in the hospital, so her bed would have been held. And I was working with her grandma. But, yes, we don't have them just empty for no reason. They're virtually at capacity.

Ms. Rancourt: — My understanding is one of the barriers — and it was identified under the Children's Advocate report — was that there are families who need this type of resource for their child, but they don't want to place their children in foster care. So I know he identified that as an area that needs to be looked at. Is this issue being addressed?

Hon. Ms. Harpauer: — Not in this budget. That is a conversation that, you know, will be ongoing between this ministry and Health because of course medical treatment is under the purview of Health. But if the child becomes a ward, then we become responsible for the medical treatment and the cost of medical treatment.

So at one time, there was none of these facilities available. Now that they are, parents are wanting to utilize them more and more. So you know, we've expanded every year, but are we keeping up with demand, and what is that demand, and whatnot is ongoing conversations and work done inter-ministerially.

Ms. Rancourt: — I was reviewing the ministry's Social Services plan for 2016-17, so I have a few questions about that. And one of them is, one of the key actions was to develop effective pay-for-performance funding mechanism for service delivery partners. Can you explain a little bit more about what

that means?

Mr. Wihlidal: — Thank you. Your question had to do with our plan for the year 2016, and on page 7 it references a key action around developing effective pay-for-performance funding mechanisms for service delivery partners. So there's a couple things we can say about what we are doing or intend to do on that point.

My earlier comments were about CBO sustainability work that we are doing, and the five areas of work included one specific-to-outcomes measurement. Now that piece of work has initiated, but it's probably the piece that's going to take the longest with our CBO partners. It's going to require some collaborative work with them to understand how to measure outcomes and what we are really trying to accomplish, whether it's in a group home or a more preventative service like respite or things like that. One of the ways you would get around measuring would be to think about an index of quality of life, for example, if you're thinking about people with intellectual disabilities.

The other area where we've learned a fair bit in the past year about measuring outcomes and have seen some success and can take those learnings and apply it to this particular CBO sector work would be around SIBs [social impact bond] and what we saw recently in the news around our success with the Sweet Dreams project. And that was founded on making sure we clarified outcomes and found a way to pay for performance and measure that performance effectively in a fairly accountable way. So we're seeing some success, and we want to see that migrated not just into measuring outcomes in our CBOs sector but actually then also convert it to — I think once we understand what we're measuring and why we're measuring it — how do we pay for that. How do we connect the pay that we're giving to CBOs to those particular objectives and outcomes?

Hon. Ms. Harpauer: — To extend that even further, another example . . . So this actually encompasses the broader picture of what we're doing and how we measure it but also where's the innovative ideas. So the SIB is one. I think it was last week or the week before was the healthy families initiative that was announced. Again shared clients among a number of ministries, so that's going to be delivered but we're going to be measuring the outcomes. Did we really help that family? Did we change not . . . Future expenditures that would have had to have been spent on that family, did we keep the kids in school, etc, etc.?

We've initiated some time ago hot spotting. It's under Health where we identify high users of health, emergency services, the emergency room, and is there a problem at home that perhaps if you, again, gave supports in home, could you stem the cost of that high emergency use?

So there's the big picture of our service delivery that we have now, like how do we measure the outcomes but also let's seek some unique models going forward that we can use and measure, usually shared clients and hopefully for better results.

Ms. Rancourt: — What has been done to begin to implement the Saskatchewan poverty reduction strategy?

Hon. Ms. Harpauer: — So the three things that I've committed to in the sort of initial steps for the poverty reduction strategy was, one, redesign of our income assistance programs, so that will be ongoing work now going forward for this next 12 to 18 months. And the advisory group had advised — and we agreed; it's in the strategy — how it needs to be more client-based and simpler, easier to use and easier to understand.

It needs to be targeted. It needs to be fair. Our suite of income assistance programs need to be targeted, fair, and also needs to be sustainable. Each of our programs or if we have fewer programs, whatever — we have needs to be sustainable.

The second thing that I committed to as first steps we talked about last night, and that is redirecting or refocusing the Saskatchewan Housing Corporation to the hard-to-house or the Housing First. It may not be one and the same. The hard-to-house may be someone with disabilities who you need extra infrastructure in the house to make it more accessible. It will be in the Housing First model you're going to have to find also a service delivery organization. Say, if you're going to do housing such as we did in North Battleford for people that are struggling with mental illness, then you need those workers. They're available to them to make their housing successful. So it's going to be looking at models such as that.

And the third is in the early childhood development. Again poverty reduction is a government initiative not a Social Services initiative. So the early childhood initiatives will be found in Education.

So those are the three first initiatives. We have an inter-ministerial working group kind of on all levels. The ministers of course meet, but we have the deputy ministers meeting. We have the ADMs [assistant deputy minister] meeting, and we have a working group with the human services ministries to develop different plans, different ideas, different innovative opportunities such as the healthy families initiative which directly relates to poverty reduction so may have those one initiatives going forward as well.

And we need measures. We needed to find measures because what we've introduced just prior to the election is a living document. So it's the framework. It identifies the priority areas. But as we introduce initiatives, we have to have timelines, goals, and measurements.

Ms. Rancourt: — What work is being done with the federal government to help reduce poverty in Saskatchewan?

Hon. Ms. Harpauer: — Right now, I'm not sure we have any initiative jointly. The federal government has put funding into some major centres, Regina and Saskatoon in particular, on homelessness initiatives. The one initiative that they put money into was in partnership with the Saskatoon Regional Health Authority at Lighthouse, which is a stabilization unit. There was an announcement about three weeks ago of federal funding that went into homelessness here in Regina.

But it is interesting because the ministers met, the Social Services ministers, which isn't always Social Services in each province but similar counterparts. We met in Edmonton about a month or six weeks ago, and basically with the federal minister,

Minister Duclos. And I think that's going to be ongoing conversations because we're not sure where the federal programs are going to go. They want to have a national poverty strategy, but we don't know what it is yet. So the same minister . . . I will also be attending the FPT — so when you take the acronym from before where it was provincial, territorial, when you put the "F" in front, it's federal-provincial-territorial ministers — soon. It's the same minister.

[20:45]

And so I'm going to see where those conversations go because there's a lot we don't know. They've said, the federal government has said they want to move on these initiatives, but we don't know yet what that will be, what the funding will be. But obviously, and I know you would agree, any time that you could get two levels of government . . . And if you could get three, more gets done.

Ms. Rancourt: — What work is being done in rural or remote communities to reduce poverty?

Hon. Ms. Harpauer: — Nothing unique. Nothing special, different, or unique.

Ms. Rancourt: — Has there been any discussion with the tribal councils or the FSIN about working together to reduce poverty amongst First Nations people?

Hon. Ms. Harpauer: — When it comes to initiatives in the North and working with the North, it probably is a few-hour conversation because there's just so many tables, so many fronts. That's education, it's housing, it's supports. For example, in our income assistance supports in the North, it's an additional $50 per person of food allowance because the cost of food in the North is higher. I know how we account for fuel expense is also different in the North because the fuel is higher. We have a large number of housing units in the North. I'm not sure, because you're from P.A., if you're familiar with the New North table. Right. So the New North table meets frequently. Myself as a minister and other ministers usually meet with them twice a year minimum. I believe the Minister of Government Relations probably meets more. The deputy ministers meet more frequently with them and work with different initiatives and ideas that come from that table of the northern leaders.

Specific to La Loche, of course because they had their particular tragic incident, there is a multi-ministerial deputy ministers that have gone up there several times. There's working groups put together that's led by the community leaders at the pace of the community leaders would like them to move. So for this particular ministry, what we'll be looking for and then ask from that table is additional housing in La Loche. So very soon we'll have a good announcement on that.

To have the actual roll-up right across ministries would be in Government Relations because that ministry and that minister is responsible for First Nations and Northern Affairs. But specific here on the income assistance, we have provisions to recognize the extra expenses of living in the North and of course we have a housing responsibility in the North.

Ms. Rancourt: — Okay. So what preventative measures are already in place to help with poverty, intensive supports?

Hon. Ms. Harpauer: — Intensive? Well we have income assistance programs and we have intensive supports for families, so it depends on the root causes. So the problem with poverty is that it has multiple root causes. If the root cause is that the person has mental health challenges that prohibits them from engaging in the economy, then that's the support they're going to need, and mental health, of course, most of the supports for mental health falls into Health. And if it's domestic violence, in unfortunate circumstances where a woman must flee in the middle of the night with her children, not too often he hands her the chequebook and says, take this with you. So she may be instantly in a poverty situation. That's a different type of support and Justice has our domestic violence file.

In my ministry I have a lot of clients, of course, that have all of those issues, so we have income assistance. In family situations we have the parenting program for . . . We have the intensive supports in homes. Another cause may be that the individual has disabilities which is a barrier to engage fully in the economy, so that's why we introduced the SAID [Saskatchewan assured income for disability] program which is a higher level of income. It's the second highest level of income in a program in Canada, next to Alberta's program.

So you just can't say poverty, what do you do, without understanding that it is so complex. And what makes it even more challenging is that an individual may have more than one of those barriers. And so then it isn't one solution; it's many solutions. It isn't one ministry; it's many ministries.

It may be a lack of education because that of course is becoming a requirement by more and more employers. So that's why we've increased the number of adult basic education seats. I can go on and on because it's just such a huge topic that isn't one solution.

Ms. Rancourt: — A lot of the areas that you talk about are already issues that are ingrained, you know. So when I think of preventative, I think of how can we make sure that people, when they start off life, they're not going to be in the poverty aspect, not dealing with the issues once they've occurred. And so I don't know if Social Services feels that they're in the business to work on those preventative issues, or if your mandate is just to deal with issues when they arise.

Hon. Ms. Harpauer: — On the shared tables we're in the mandate of prevention, because of course we are at the Hub tables which will identify families. We're doing more prevention. As I said, we have additional dollars in this.

Myself personally, I think the long term. We begin with the early years development which then is in Education. We increased the number of child care spaces but it goes beyond that of the . . . I'm trying to think of the programming, but we have more than doubled it, the early years program of the three- and four-year-olds. The pre-K [pre-kindergarten] programming for three- and four-year-olds, we've expanded it a great deal. We've haven't made it mandatory but more accessible, and that identifies . . . It's available but basically identifying the developmentally delayed and helping them to have a better early start. I'm quite passionate on the early years and what we

can do there. Education is largely a key, education and training.

And going back to First Nations, that's why we have very substantively, and I don't know the exact amount, but with SIIT [Saskatchewan Indian Institute of Technologies] . . . Because it's an institute that is showing tremendous results with our First Nations people and so, you know, we have put a lot of resources behind training with SIIT under the post-secondary education ministry. So the prevention on my side is more on the family on the edge in this particular ministry, and housing.

Ms. Rancourt: — Can you speak to the funding changes that have impacted the Lighthouse in Saskatoon and in North Battleford?

Hon. Ms. Harpauer: — The Lighthouse in Saskatoon had money come to them from the federal government and the regional health authority to establish a stabilization unit. There was no money from Social Services. The money from Social Services is for emergency shelters, so overnight shelter. So that program has not changed. Lighthouse in Saskatoon has a contract, so they get core funding and then they get per diem funding. And so the per diem funding we significantly increased a couple of years ago to ensure that a number of our deliverers . . . Because we have I think six organizations that deliver emergency shelter. That has not changed. And there isn't a contract with North Battleford. It is only the per diem rates that they receive for clients that need the overnight emergency shelter.

The Acting Chair (Mr. Parent): — With it being 9 o'clock, we'll take a 15-minute break. Thank you.

[21:00]

[The committee recessed for a period of time.]

The Acting Chair (Mr. Parent): — With it being 9:13, we will resume questions.

Ms. Rancourt: — So with the funding to the Lighthouse in Saskatoon and North Battleford, there has been a lot of talk about how there's a lot of stricter stance on who will get the shelter use per diem. And so they were saying that the funding that they were receiving dropped from 70 per cent to 11 per cent. So what would be the reasoning for that drop?

Hon. Ms. Harpauer: — This is in North Battleford. They understand the program, and so they're given an indication of how the program works. But when the numbers rise at a rate that is not typical of that community, then — and you do this; it's checks and balances within a CBO — then you drill into the numbers and why those numbers are changing in a rapid manner or unexplainably.

[21:15]

So the way that our emergency shelter per diem program works is that if an individual is brought in late at night, you have no way of knowing if they have a home or income assistance that has shelter allowance built in. Then the following morning, any of the working mornings, then they are to see an income assistance worker. They will look to see if they're on file. And North Battleford has a little bit more complicated issue because there are individuals who may be from a reserve, so they're receiving money from federal funding rather than provincial funding. If indeed they are receiving funding from another source for shelter, then they wouldn't be paid for additional nights because that would be double-dipping.

So when we started to then examine and do sort of the quality check on what we're paying for or what we were being asked to pay for, it was found that these individuals, that they were being kept for additional nights did indeed have shelter funding from other sources.

Ms. Rancourt: — So if a person presents at the shelter and then later it's determined that they do get income assistance of some sort, then the shelter doesn't get paid the per diem, but the person actually stayed there? So why wouldn't the shelter get reimbursed?

Hon. Ms. Harpauer: — The shelter would then have to get the client to pay for their additional night. If they keep them, then they have a shelter allowance that they can pay for their additional night. So it wasn't a policy change that was made. It is the way the program actually ran under the previous government. And it's the same program that we've been running our emergency shelter under.

Ms. Rancourt: — So I'm still not really understanding why the difference. They're saying that the income that they're getting is quite substantially a lot less if the program hasn't changed.

Hon. Ms. Harpauer: — Correct. So when they initially started the program, we were not checking immediately, so it was a few months of operation before we started to question the numbers and how they were calculating it and started to check the files closer and caught this particular issue that was happening.

Ms. Rancourt: — So you said that some people who have homes on-reserve and are getting federal funding, that you can't determine if they're getting a per diem. So does the province pay for their stays?

Hon. Ms. Harpauer: — One night. You know, say if someone comes in late at night and the Social Services office is closed, we pay for that initial night.

Ms. Rancourt: — So does this funding sufficiently actually help the shelter? Like, is it enough money for the shelters?

Hon. Ms. Harpauer: — There has been other organizations that have tried to establish shelter — my understanding — in North Battleford and didn't find enough clients to make it viable. We had services through a different provider prior, with the Friendship Inn prior, but it wasn't the only thing they were doing. So that is more unique to North Battleford. The other emergency shelters that we have are not having the same complaint that Lighthouse has, but we have the same program for them too.

So what we have done for the North Battleford situation — and again it's a little unique because of the number of reserves surrounding North Battleford — is my deputy minister sort of

set up the communication between Lighthouse and ourselves and INAC so that there's a better relationship to be able to access that federal funding.

Ms. Rancourt: — Because it's clearly obvious that people are using the shelter, and if they're going to the shelter, they obviously don't have money for whatever reason it is. And so I think we still have an obligation to ensure that they have some type of shelter.

Hon. Ms. Harpauer: — So I guess what you're suggesting is even though someone may have a home but they are intoxicated and decide not to go home that we should pay it?

Ms. Rancourt: — Well what is your suggestion on what we do with some of these people who are falling through the cracks?

Hon. Ms. Harpauer: — But they're getting money for shelter. Or they have a home. You know, that's a broad discussion because then do you . . . they are getting money for shelter, and/or they have a home. But they're intoxicated, and they decide to get intoxicated the following night, and they just had a free stay. Do we get another one? And where do you say, you're getting funding from two, you're getting paid double?

Ms. Rancourt: — So I know some shelters don't allow intoxicated people to stay there. The Lighthouse does? Okay. So what do you provide monthly for North Battleford and Saskatoon Lighthouse?

Hon. Ms. Harpauer: — As I mentioned earlier, we have a contract with Lighthouse in Saskatoon. So they get a lump sum for the year, plus per diem rates, and the lump sum per year is a minimum of 760,000 to a maximum of 1.5 million, depending on the usage. North Battleford, we don't have a contract; we just pay per diem. So what we have paid to date is $210,960, but that's through per diems.

Ms. Rancourt: — What is the difference between the two facilities that Saskatoon gets a lump sum but North Battleford doesn't?

Hon. Ms. Harpauer: — We have the more . . . the history, the establishment, the establishment and being part of our services and basically establishing that there is a need for that service.

Ms. Rancourt: — Okay, I think this is evident that we have to start putting into action the mental health and addiction plan. It's a barrier.

I wanted to talk about some of the changes that is coming due to this budget. And so the first one that I want to talk about is the elimination of the Saskatchewan rental housing supplement exemption in the Saskatchewan assured income for disability program. So how many people are going to be impacted by this change?

Hon. Ms. Harpauer: — So just to give, you know, a better explanation for our viewers because there's been articles written of people that do not understand the excess shelter in the Saskatchewan rental housing supplement or what this initiative actually is.

So under SAID, the calculation of excess shelter support does not consider whether a client receives the Saskatchewan rental housing supplement. So a SAID client can receive excess shelter that's equivalent of 100 per cent of their rent in addition to the Saskatchewan rental housing supplement which provides another 40 per cent of the average market rent. So therefore some clients are receiving accommodation benefits totalling 140 per cent of the average market rent. So in some situations, we have clients that are receiving more money for their accommodation than the actual cost of their rent. Eliminating the exemption of the Saskatchewan rental housing supplement in the calculation of excess shelter under the SAID program will resolve this inequity that has developed.

The timing of this is, you know, we've considered that the provincial vacancy rate now is at a point where renters have an option in every major community. The increased vacancy rates have also significantly slowed the rental increases that we were experiencing before, which allows more options. This also ensures that our SAID program is fair, equitable, and sustainable. And the conversion of our Sask Housing affordable housing program to the social housing program is going to reduce the rent for some of our SAID clients that are in our social housing.

We've increased the SAID benefits each and every year without looking at this, which is where we've been stacking one benefit above another benefit without taking in account that some clients may be getting one or more. So the Saskatchewan rental housing supplement, we've increased that nine times since 2008 without looking at the exemption for the excess shelter. So it'll affect approximately 10 per cent of the SAID clients, which is about 1,300 individuals.

Ms. Rancourt: — So I just want to clarify. You were saying that some people might get a housing allowance that's more than what their actual rent that they pay?

Hon. Ms. Harpauer: — Correct.

Ms. Rancourt: — But if a person ends up in a shelter, you won't pay an extra per diem for them? Why?

Hon. Ms. Harpauer: — Because they're receiving income assistance, perhaps SAID. We're trying to eliminate double paying in this incident and we're trying to eliminate double paying in emergency shelters.

Ms. Rancourt: — So why would you give someone more money than what they need to pay for their rent?

Hon. Ms. Harpauer: — What happened over time is that we enhanced programs. The Saskatchewan rental housing supplement has been enhanced numerous times without looking at it in conjunction with the excess shelter, so when you . . . which goes to the complexity and why we need to look at our entire suite of income assistance programs because they're not fair, equitable, and sustainable. Because we've enhanced so many of our programs, introduced SAID to begin with — and it's the second highest income assistance program in Canada for individuals with disabilities — but they may get that as well as the rental housing supplement. When our rents were accelerating we had those that would receive the excess shelter

as well. As we increased the Saskatchewan rental housing supplement we did not revisit the fact that they were also getting another benefit. So it was stacking one benefit on top of another.

Ms. Rancourt: — So with this change what will be the total economic impact for the ministry?

Hon. Ms. Harpauer: — 2.1 million savings.

Ms. Rancourt: — And what are the requirements to receive the Sask rental housing supplement?

[21:30]

Hon. Ms. Harpauer: — I want to stress the conversation that we had last night with your colleague. The qualifications tonight is not going to remain so we can read them into the record perhaps, but this is all being looked at.

Ms. Rancourt: — With the transformational change?

Hon. Ms. Harpauer: — Well we can call it transformational change, but this is a program that needs review and it's part of our income assistance suite.

Ms. Rancourt: — That's fine then.

Hon. Ms. Harpauer: — Okay? All right.

Ms. Rancourt: — So the next one I want to talk about is the discontinued grandfathering for Saskatchewan assistance plan, the SAP [Saskatchewan assistance plan] and SAID clients who receive excess shelter benefits as a result of living in communities that previously had low vacancy rates. So how many people will be impacted by this change?

Hon. Ms. Harpauer: — Okay, so to further explain this one as well, this policy was implemented in 2008 when there was a very, very serious shortage of affordable rental options. So the intent at that time was that clients would only receive the excess shelter benefits for six months, which would provide them time to find an affordable accommodation. But in some cases it was extended. And as I said, vacancy rates were extremely low and the options was very limited.

The policy was discontinued in July 2015 when rental vacancy rates rose above 3 per cent. And access to affordable options has improved, and in some communities we're way above 3 per cent now. So clients who were granted excess shelter under the policy prior to 2015 were grandfathered, which again has created inequities for clients pre- and post-July 2015. So this change will ensure that our income assistance program is fair, equitable, and sustainable, and it will affect about 432 clients.

Ms. Rancourt: — And what's the total economic impact of this change?

Hon. Ms. Harpauer: — About 800,000.

Ms. Rancourt: — And what's the expected impact on individuals?

Hon. Ms. Harpauer: — So it's going to be a fairly broad range because it varied what that excess was, what they were paying to what we paid. So it'll vary from client to client. There's no one number that . . . It's not like this is a $100 reduction for everybody. It was per case per case.

Ms. Rancourt: — So you made the assumption that, the vacancy rates go down; it means that more affordable housing options will increase. So have you done an analysis on how these two are connected?

Hon. Ms. Harpauer: — Yes. Like we know what's available. And we ourselves own 18,000 housing units that we now have very low wait times, if any, even in our major centres.

Ms. Rancourt: — So there'll be more affordable housing for these people affected that are on SAP and SAID?

Hon. Ms. Harpauer: — Again they may be paid more than they're even paying in rent, so they may not have to move. You're assuming they have to move. They may not. But if they do, we have housing. Yes.

Ms. Rancourt: — So the next one I want to question on here is the practice of exempting seniors' income plan and Guaranteed Income Supplement top-up benefits from SAP and SAID. So how many people will this impact?

Hon. Ms. Harpauer: — So again, to give an explanation of what we're changing here, and it goes back to . . . We've enhanced programs without going back and visiting what other incomes that these individuals have. So we've increased the benefit amount that you can receive under SAP by 200 per cent since 2007 . . . or SIP, sorry, which is the seniors' income plan. And the seniors' income plan now has among the highest level support among our provinces for couples and the second highest level for singles, with Alberta being the only province that has a higher level of seniors, a provincial seniors support program.

So the provincial income assistance programs like SAP and SAID may provide additional benefits to seniors who have exceptional needs such as high medical or disability-related costs, depending on their circumstances. But we don't . . . We will provide that income without taking into account that they're already receiving a SIP income as well as OAS [Old Age Security] and GIS [Guaranteed Income Supplement] and the GIS supplements. All of this we need to take into the calculation so that it becomes fair, equitable, and sustainable. It'll affect approximately 220 SAID clients and 20 SAP clients for a savings of approximately $700,000.

Ms. Rancourt: — And then to end the practice of grandfathering families with children age 13 and over receiving the Saskatchewan employment supplement, how many people will be impacted by that change?

Hon. Ms. Harpauer: — This was probably one of the more difficult decisions because of a very, very tight budget. But in 2015 we refocused the Saskatchewan employment supplement to target families who have children under the age of 13, as they incur the highest cost of needing daycare. And I agree that there is a cost to having teenagers for sure but daycare is always cited as the number one cost for our parents. This budget

discontinues a grandfathering provision that we had put in place when we made the change in 2015. So approximately 700 families are expected to see benefit losses averaging approximately $65 a month, and approximately 400 families will lose their eligibility, for a total of 1,100 families that will be affected.

Something that I know that has been a misconception and I have heard you say it and I just . . . Not to be antagonistic; I don't think you knew, but if you had a family that you still had a child under 13, so you're still in the program, the entire family gets the health benefits. So you don't lose your health benefits. The entire family still qualifies.

It's a great program. The average time that families are on this program is seven months. It does help families for those few months as they transition into a better and more stable economic situation, but the other ways that we've been able to, our government has been able to help these very same families is by reducing their personal income tax. And I dare to say we've taken all of these families off the provincial tax roll entirely. We have more than doubled the low-income tax credit, which is a redeemable tax credit, so they will see the amount even if they can't redeem it through taxes. We introduced a prescription drug plan for their children, so their drug costs for their children is lower, no matter what their . . . Oh no, that has an age limit as well. But we've exempted PST [provincial sales tax] on the children's clothes, so there is a number of ways that we've made the same families' economic situation better.

This was a difficult decision in a tight budget.

Ms. Rancourt: — So what other benefits will families that were under this program lose?

Hon. Ms. Harpauer: — If they still have a child in the program, none.

Ms. Rancourt: — But if their youngest child turned 13 and they're now not eligible or . . .

Hon. Ms. Harpauer: — Then they don't qualify for the program.

Ms. Rancourt: — So last year when you made the changes, you promised to grandfather this program in. So what were the deciding factors that made you change this decision?

Hon. Ms. Harpauer: — Budget. We are weighing this against the medically fragile children. We're weighing this against families in crisis. Difficult decisions, but we've increased our budget by 5.1 per cent in a very difficult year, and something . . . We had to look at all our programs and make it work.

Ms. Rancourt: — So is it fair to say that if they do not have any younger children that they lose their health benefits?

Hon. Ms. Harpauer: — Correct.

Ms. Rancourt: — So was some of the money saved from this program because of savings from providing health benefits to these families?

Hon. Ms. Harpauer: — It wouldn't be savings for our ministry, no. No, it would be savings in Health.

Ms. Rancourt: — Okay. All right. So the poverty reduction strategy suggests a redesign of the Social Services income assistance, and I know you talked about that. What will this redesign look like?

Hon. Ms. Harpauer: — I don't know yet.

Ms. Rancourt: — So do you know if there would be any new front-line jobs created?

Hon. Ms. Harpauer: — Right now, you know, I can't say no, but my lean is if we have the fiscal capacity to have front-line jobs, I will be putting those resources into child protection.

Ms. Rancourt: — So how many people are currently utilizing the SAP program?

Hon. Ms. Harpauer: — The number of SAP cases as of April 2016 was 13,099.

Ms. Rancourt: — And how many of those people would you consider employable?

[21:45]

Hon. Ms. Harpauer: — 2,261.

Ms. Rancourt: — So how would you measure employability?

Hon. Ms. Harpauer: — Are you asking for a definition of "fully employable" and "not fully employable"?

Ms. Rancourt: — That's right.

Ms. Hourie: — "Fully employable" and "not fully employable." So "fully employable" is defined under *The Saskatchewan Assistance Regulations* of 2014, and it's a person who's capable of working at least 36 hours. There are several factors that are considered in that assessment including level of education, the availability of employment opportunities in their community, the presence of disabilities, whether there are any mental health and/or addictions issues, and the composition of their family.

For "not fully employable," it's under the same regulations, but it's if a person's unable to work at least 36 hours per week. And we may also consider them unemployable if they have a poor work history and/or social problems, or if they have recently separated and require a period of adjustment.

Ms. Rancourt: — So what will be the process of these over 2,000 people who are considered employable that are currently under the SAP program? Is it your guys, is it your plan to get them into the TEA [transitional employment allowance] program? And if so, how are you going to manage that?

Hon. Ms. Harpauer: — Okay, so again a clarification for sort of inaccurate information that's been in the media. This is not a new initiative of us looking at TEA ahead of SAP with this budget. It has nothing to do with this budget. We initiated this

initiative in August of 2015. Overall we recognized that clients were being placed in SAP that perhaps then were just staying there and not getting the supports to transition into an employment situation. And so although it's always been an option to put a client into TEA first, we were leaning, we were starting to put clients first into SAP. So the initiative in August of 2015 was to start to put new clients into TEA, and then if it's determined that they have issues that perhaps wasn't recognized in the intake, then they're moved to SAP.

We haven't gone back and reassessed all of the SAP clients yet. So that's going to be happening over time, which is why we still have some that we deem fully employable in SAP that would probably be better served in TEA. But it's not a new initiative; it's been going on since August of last year. The positive part of it is the average time that a client is on TEA is six months. That doesn't always mean that they go automatically into an employment situation. Some, like I said, they'll identify issues that they didn't recognize on the intake, and they then are put on SAP, and more appropriately so. Some are put into skills training, and some are directly connected to employment.

Ms. Rancourt: — When I look at the benefits from the SAP program compared to the TEA program or the SAID program, they're quite substantially different. And so I don't understand why people would really want to be in the SAP program because, like for an adult on social assistance, they only get $255 from the scale that I saw. And I don't know if that's been increased any time recently, but if these people are considered employable, what would be the reasons why they aren't being employed?

Ms. Hourie: — So I'll just read the difference between the two programs. So for SAP, SAP clients who live independently receive an adult allowance of 255 per month which is intended for food, clothing, personal and household items. The ministry doesn't designate how much of the adult allowance is for food. The adult allowance is made available for people to make spending decisions at their own discretion according to their individual needs. In addition, northern Saskatchewan clients also receive that $50 a month that we were talking about earlier.

And for TEA, a general living allowance is provided to clients receiving TEA benefits when they are required to pay for shelter. It's intended to provide funds for shelter, food, clothing, household expenses, personal needs and incidental expenses, including routine day-to-day travel. For example, one adult living in Regina or Saskatoon receives a general living allowance of 583 per month, in addition northern Saskatchewan clients also receive the $50.

Hon. Ms. Harpauer: — So the SAP client then receives a separate shelter allowance on top of that flat rate that was mentioned. So they can add, they add on a number of enhancements to the flat rate. TEA, they can't. So SAP is more for the individual's needs, and TEA is just a flat rate.

Ms. Rancourt: — Okay. So how many people are on the TEA program?

Hon. Ms. Harpauer: — In April 2016, the TEA caseload was 4,784.

Ms. Rancourt: — And it's my understanding that there's two different categories for clients on the TEA program. There's category A and category B.

[22:00]

Ms. Hourie: — So yes, you're correct. There are two categories, one that we call unknown event, which is assisting someone on a short-term basis until they get their first paycheque, those kinds of things. The second one is those reasonably expected to get employment, but they don't have a known event in their immediate future.

Ms. Rancourt: — What do you mean a known event?

Hon. Ms. Harpauer: — They're employed, but their paycheque isn't until the end of the month, or they applied for EI [employment insurance], and they haven't got it yet.

Ms. Rancourt: — So my understanding is that for some people to be able to utilize the TEA program, they could be in pre-employment courses or be doing things to receive employment. Is that correct?

Hon. Ms. Harpauer: — Yes, they could be steered towards skills training or adult basic education, yes.

Ms. Rancourt: — So they could be employed and what kind of other programs then would qualify them to be on the TEA program?

Hon. Ms. Harpauer: — Other programs?

Ms. Rancourt: — Like you said GED [general equivalency diploma], and would there be other programs?

Ms. Hourie: — They must be able to participate or be participating in a pre-employment program.

Ms. Rancourt: — So it says in the policy statement here that that would be approved by the unit administrator, whichever programs and services, but that seems very vague. And just it's determined by whoever the supervisor is on what kind of program is considered pre-employment or employment program?

Ms. Hourie: — So yes, the answer to the question is that when a client comes and speaks to one of the staff, that staff has the ability to make that decision based on policies and procedures that we have in play.

Hon. Ms. Harpauer: — Okay, so that may be with learning how or helping them fill out a resumé, something like that. Now this is going to confuse it all, which is why we really need to look at all of this full suite of income assistance. If the encouragement from their worker was then to get a higher level of training such as adult basic education and perhaps a course at a regional college, then they would be moved on to the PTA which is the provincial training allowance. That all falls under the Ministry of Economy.

Ms. Rancourt: — So would the requirements for the TEA program vary according to the community, depending on

services that are available? And what if a person is on a wait-list to be coming into a program? Would they be placed on the TEA program until they got into the program that they're waiting for?

Hon. Ms. Harpauer: — Before Constance answers your question I'm going to . . . I misspoke, and so the average time is not six months. Eighty per cent are on for six months or less. So you've identified the other 20 per cent that may be on longer, I believe is what you're asking about. And I'll get Constance to explain that. But I just wanted to clarify the 80 per cent isn't really . . . Or six months isn't the average; it's 80 per cent are on six months or less on TEA.

Ms. Hourie: — So the clients need to be, as I said earlier, pre-employment ready. If there isn't any labour market services in their area, then we don't take them off. We don't cut them off the program.

Ms. Rancourt: — Is there any consideration to allow First Nations residents that live on reserves to receive the provincial training allowance?

Hon. Ms. Harpauer: — That's Economy.

Ms. Rancourt: — And will the province be adjusting social assistance payments with regards to the new Canada child benefit? Would there be a reduction in social assistance benefits?

Hon. Ms. Harpauer: — The answer to that question is no; we're not calling back the federal child care benefits.

Ms. Rancourt: — So people who are on social assistance won't see a reduction in their benefits due to an increase in possible child benefit?

Hon. Ms. Harpauer: — Correct.

Ms. Rancourt: — In terms of calls into the social services, do you have an average wait time to talk to someone at the call centre?

[22:15]

Hon. Ms. Harpauer: — We don't have that information.

Ms. Rancourt: — Have you heard complaints about the wait time to get through to the call centre? And have you done an assessment on how that wait impacts people accessing services?

Hon. Ms. Harpauer: — Yes, from time to time. Not overwhelmingly so, but yes, from time to time there are complaints. And I'll get Constance to go through the steps that they're undertaking to try to help with those call pressures.

Ms. Hourie: — So just for your information, the client service centre handles about 28,000 calls per month, and we've taken several steps to address the call-volume pressure. We've reallocated FTEs [full-time equivalent]. We have a lower-priority work task stopped and allow maximum resources to serve the clients. We've cross-trained staff within the client centre. We've also implemented an intelligent call routing which allows callers to select the appropriate option and self-direct their call. For the Sask rural housing supplement, the Sask employment supplement and the child care subsidy, now we have emailing for their reporting periods. As well callers have the option to use the call back function which maintains their place in the queue.

Ms. Rancourt: — Yes, because it's an issue that I hear about quite often is waiting for a long time on the call centre.

Ms. Hourie: — So just one other piece is, we are looking at an online application which will allow clients more flexibility in how they contact us as well. So we're hoping that we get something, an online application, by fall-ish.

Ms. Rancourt: — All right. And I forgot to ask, how many people are on the SAID program?

Hon. Ms. Harpauer: — April 2016, the SAID cases is 14,836.

Ms. Rancourt: — Now I'm going to ask you a tough question because all the rest were quite easy. According to the Ministry of Social Services plan for 2016-17, it indicates that a performance measure would be to have 2 per cent or less of the population enrolled in the SAID program, and less than 3 per cent of the provincial population of zero- to 64-year-olds living off reserve to be enrolled in SAP and TEA program by March 31st, 2020.

What is the percentage of people in Saskatchewan using these programs now, when we look at the amount of people and what their percentages are?

Ms. Rancourt: — Is this something that, you know, you'd want time to get the answers for? We could table it.

Hon. Ms. Harpauer: — I'm being advised that the strategic management branch would have the information, but I don't have anyone from that branch here right now. So we can provide it.

Ms. Rancourt: — And were you guys able to find out what the average wait time was for the call centre?

Hon. Ms. Harpauer: — We have targets, but not what is existing.

Ms. Rancourt: — Okay. Are you able to find that information out and provide it to us later?

Hon. Ms. Harpauer: — We'll find out.

Ms. Rancourt: — So I know previously you were talking about working on the different schedule of payments for the different programs, the social services program. And I mentioned about how the SAP program is very low, with the $255 that an adult gets on social assistance. And do you happen to know when that was last increased?

Hon. Ms. Harpauer: — No, I don't because it wasn't increased under our government. What was increased was the shelter component, which is an add-on, but the basic was not. But the shelter component was, and it's dependent on the average rent

in the market of where the person lives.

Ms. Rancourt: — Yes. I was looking at that as well and it doesn't . . . Like, for an adult male that is single that happens to live in Regina or Saskatoon, because that's the highest community rate, for a full residence they get $328. That's if they're employable. But if they're single and unemployable they get $460, almost, for rent. But when I looked to see what was available for rent, there wasn't much that you could find in that range. And so I was wondering if these are going to be areas that might look at having increases to.

Hon. Ms. Harpauer: — We're always reviewing. Interesting — we're one of the highest levels of support payments in our country, which is interesting. But, no, it's always under review and I know that we had committed that . . . I think one of the first things we will look at when we're able to, fiscally, is going to be that food allowance in the North even though they get an extra food allowance. I'm not sure that even that's adequate because the price difference is so dramatic. But it's always, you know, under review and when we're able. We had increased shelter allowances because of the market to address market pressures at the time. It's always something that's reviewed and compared and looked at.

Ms. Rancourt: — I noticed that a lot of these different programs they have, like, if you live in the communities on schedule A or if you live in the communities on schedule B, C, or D . . . How are those determined?

Hon. Ms. Harpauer: — Size and the rental market in that community and we use . . . CMHC [Canada Mortgage and Housing Corporation] statistics are provided to us I believe twice a year.

Ms. Rancourt: — Okay, so these are updated twice a year. Because, yes, I thought it was interesting that there's a lot of really small towns that were in schedule A but a whole bunch of other communities must fall under schedule D because it just says other towns and rural areas. So I didn't see much consistency.

Hon. Ms. Harpauer: — Yes, it's market brand, average market brand in that community is how they're brought together.

Ms. Rancourt: — Okay. And it's reviewed every two years?

Hon. Ms. Harpauer: — Six months. CMHC stats come out every six months. We did adjustments every six months but now we haven't had to do that because the market hasn't changed now. I was reminded that this year for whatever reason CMHC is only going to do it once in the fall.

Ms. Rancourt: — Okay. The Saskatchewan employment supplement, is that under the Social Services umbrella?

Hon. Ms. Harpauer: — Yes.

Ms. Rancourt: — So when was the last time that was increased?

Hon. Ms. Harpauer: — Two thousand and . . . There was an increase to the program as well as an increase to the threshold, the income threshold for those that qualify in, I'm going to say 2010, but I will check. So credit to my corporate memory. I was the minister at the time, so that's correct.

Ms. Rancourt: — Good. And child care, I just want to be clear. Child care subsidy is under Social Services, but child care spots, is that under a different one? Okay. So do you know how many subsidized child care spots were available last year?

Hon. Ms. Harpauer: — No, we wouldn't have a record of the spots, just the number of clients that we have.

Ms. Rancourt: — Okay.

Hon. Ms. Harpauer: — So if there was a spot that was available for a parent that needed a subsidy, but they had a parent that didn't get a subsidy in that spot, we wouldn't know that in Social Services. But we know how many clients we subsidize.

Ms. Rancourt: — Do you have that number?

Hon. Ms. Harpauer: — We have 3,010 families accessing the child care subsidy.

Ms. Rancourt: — And when was the last time the child care subsidy was increased?

Hon. Ms. Harpauer: — I don't know. We have not, our government has not increased it. As I said, we've helped those very same families in all of the other ways that I listed before. In the Saskatchewan employment supplement, when we were talking about it, we've had discussions on where we can help families most. And we have chosen the reduction in the income tax, take them off the income tax roll entirely, the children's drug plan, the elimination of the PST on children's clothes, the doubling of the low-income tax credit, which helps not just the parents that need the child care spaces but all parents. So there's choices.

And the federal government also has funding for these same families. So it is always in the suite of discussion, but there's a number of ways that we've helped these families. But we haven't enhanced this particular program.

Ms. Rancourt: — Can you explain why the money allocated for child care has been reduced each year since 2014?

Hon. Ms. Harpauer: — It's based on utilization, so it's solely calculated on the number of parents accessing it. So that has gone down.

Ms. Rancourt: — Why do you think that might be going down?

Hon. Ms. Harpauer: — The average income for our families is higher.

Ms. Rancourt: — So has there been any consideration of raising the rates to qualify for subsidy?

Hon. Ms. Harpauer: — It's always part of the discussion, again, of how we help those families and where we choose to

help them. Looking at interprovincially, we're middle of the pack.

[22:30]

Ms. Rancourt: — Have you looked into minimum income projects at all?

Hon. Ms. Harpauer: — Minimum income projects? Explain that.

Ms. Rancourt: — Or having a basic income like the living wage, which is recommended in the poverty strategy.

Hon. Ms. Harpauer: — It was recommended by the advisory group. It was not included in the poverty strategy. The cost of that would be enormous. It's a topic of conversation globally with no one jumping in yet. So are we even serious about considering it right now? No. Are we at the table in some of the discussions on the FPT table? Yes. But by no means is it a consideration, and certainly there is not funding for it in this budget.

Ms. Rancourt: — Was there an economic analysis for that?

Hon. Ms. Harpauer: — A high level.

Ms. Rancourt: — What do you mean by that?

Hon. Ms. Harpauer: — Well not a drill down but a high level. If you start to calculate just doing a blunt instrument of the number of people to a certain defined level of income, and you do the math. So if you decide that a guaranteed income should be 20,000 by a population of those that would qualify, that's a high-level, blunt instrument doing that.

Ms. Rancourt: — Would we have access to it, that analysis?

Hon. Ms. Harpauer: — Yes, there's the population of Saskatchewan. Actually you can google it, and then you just decide which income level and you do the math. You multiply them.

Ms. Rancourt: — Okay, so there wasn't one completed by an actual agency.

Hon. Ms. Harpauer: — Not within my ministry, no.

Ms. Rancourt: — And have you consulted anyone at the federal government about the minimum income?

Hon. Ms. Harpauer: — It was brought, actually raised when I was in Edmonton with the other ministers across the country. And the topic was raised with Minister Duclos. He said at this time that he was not interested. He was more interested at this time in the new federal government's mandate on supports for families with children.

Ms. Rancourt: — Okay. What about the social impact bonds? Can you highlight your current work on these?

Hon. Ms. Harpauer: — We have one. So the social impact bond is a partnership where you have partners that will provide funding, and you decide what the measurable outcome is that you want. So of course the social impact bond that we have, which is the first in Canada, is called Sweet Dreams, located in Saskatoon. And the partners are Conexus; Egadz is the service delivery organization. The couple that has put their dollars is Wally and Colleen Mah.

And the outcome that we want to get from Egadz is to give supports to single moms who are at risk of their children coming into care so that those children do not come into care. And so we set a goal or the measurement of what we want to achieve, and we wanted to achieve 22 children being kept out of care for six months. We gave that a five-year period in order for it to be accomplished, and we hire a third party to do the assessment on whether or not this is being accomplished before we have to pay our contributors their money back for a successful social bond. And if it isn't 100 per cent successful, they don't get 100 per cent of their money back. So they're bearing the risk of this project. If it's anything less than 70 per cent, they get none of their money back. They only get interest paid.

So it is sharing the risk or basically passing the risk to investors. The very exciting thing about this particular project is we're only two years into the project, and we already have, in the interim measurement and evaluation, 21 children who have been kept out of care for more than six months. So we're one child away from achieving our goal. We're going to continue with the project; however, for the entire five years. We're not obligated to pay our benefactors back before the five years, and so maybe we can double or triple it.

Ms. Rancourt: — So how do you determine which of these kids might be at risk of being put in care? What would be the determining factors?

Hon. Ms. Harpauer: — There's an evaluation done. I don't know all that's included. But again, that's overseen by a third party whether or not . . . because we're not just taking the quick wins.

Ms. Kirkland: — Okay. Ministry staff and Egadz, the provider of the service, work together to determine the parameters for criteria to identify families at risk or moms and children at risk. And Egadz assesses families with children at risk of maltreatment based on a number of criteria which includes past drug issues or addictions, mental health issues, need for parenting support, unhealthy relationships, and/or unstable housing.

The criteria that Egadz uses closely resembles the risk factors that we use in our structured decision-making tool in child protection. So that's a validated risk assessment that determines where on a scale families fall, as far as risk for abuse or neglect. So the factors are very similar. Egadz also uses motivational interviews where clients self identify issues they need to work on. So they're looking at the risk level, and then people's willingness and capacity and timing to be able to most benefit from the services.

And as to where they come from, between June 2014 and May 30th of this year, Egadz received a total of 28 referrals to the program. So referrals can come from Social Services, from our

workers, hospitals, schools, as well as from mothers themselves in domestic violence situations coming from homeless shelters.

Ms. Rancourt: — And so when you said the third party evaluator, who would that be?

Hon. Ms. Harpauer: — Deloitte.

Ms. Rancourt: — I guess another question I had was with the programs for seniors. I was concerned with the increase of the medication. Does Social Services have some type of program to help with that increase?

Hon. Ms. Harpauer: — So we have the highest provincial income support for seniors in our country, which is the seniors' income plan. We have tripled it.

Ms. Rancourt: — And that's only for seniors that aren't getting another form of income, right? Like from . . .

Hon. Ms. Harpauer: — It's an income-dependent program, yes.

Ms. Rancourt: — So they don't have a retirement plan.

Hon. Ms. Harpauer: — They may have some. It's income-tested; like it's a calculation that's done based on income. It's not a separate cheque; it is right on their federal cheque.

Ms. Rancourt: — Okay.

Hon. Ms. Harpauer: — So it's the OAS and GIS, so when that cheque comes, ours is already calculated on that cheque.

Ms. Rancourt: — And how many seniors benefit from this?

Hon. Ms. Harpauer: — So the caseload — this is April 2016 as well — is 14,768. And also clients who have high medical costs may receive supplementary health benefits, even if they don't receive another financial benefit, if they're on SAP or SAID.

Ms. Rancourt: — So seniors can still be on the SAID program after the age of 64?

Hon. Ms. Harpauer: — We'll be evaluating that. A few are, but we're going to evaluate again the entire suite. So I wouldn't guarantee that will remain, but right now we do have a few.

Ms. Rancourt: — Okay, because my understanding was as soon as they turn 65 that they had to go on the pension plans.

Hon. Ms. Harpauer: — We have a handful that have really high needs.

Ms. Rancourt: — Okay, so it can be re-evaluated.

Hon. Ms. Harpauer: — Like I said, when we look at all of it and in conjunction with the federal, are we stacking or is it . . . If it's sustainable and not stacking, and if it's fair and equitable is the lens. I want to look at all our suite of income assistance programs.

The other thing I want to mention, again with the seniors, those with lower income have also been taken off of our provincial tax roll with our personal income tax changes that we've made.

Ms. Rancourt: — Well I think that's the end of my questions here, and it's quite a late evening. And I want to again thank everybody for attending and participating and helping me know a little bit more about the programs within Social Services. So, Mr. Chair, I'm done with my questions. Thank you.

The Acting Chair (Mr. Parent): — Okay, thank you. Any other questions?

Ms. Beaudry-Mellor: — I do actually. So, Minister, in the NDP [New Democratic Party] campaign costing document, Social Services was to receive a less than 1 per cent increase. What programs would need to be cut in order to reach that budget commitment?

Hon. Ms. Harpauer: — So it's point seven per cent is in the costing document, which would be a $700,000 increase. In fact our budget's increased by 5.1 per cent, so it's significant. That's to meet the pressures and to do some enhanced programming in our child protection. So to be able to have a Social Services budget, taking our base budget from last year and only adding $700,000, there would be dramatic program cuts because . . .

And it would be more than just eliminating the grandfathering in our Saskatchewan employment supplement. We would be looking at eliminating entire programs or else taking the suite of programs and reducing each and every one by a certain amount in order to meet that type of budget commitment, or we would simply have to take a sector of society that we're supporting and not support them any longer.

The other thing that was included in the NDP platform was an enhancement to the seniors' income plan. That would have cost more than that. Enhancement to the Saskatchewan employment supplement would have cost more than that $700,000. So in actual . . . We would be looking at cutting last year's budget in Social Services in order to meet that cost and commitment.

The Acting Chair (Mr. Parent): — The committee will adjourn considerations of the estimates and March supplementary estimates for the Ministry of Social Services. And thank you, Minister and officials. Any final comments?

Hon. Ms. Harpauer: — Yes. So I want to thank all of the committee members of course. But all of the questions, and some of them . . . You know, it's a learning experience for you, but there was some of the answers that my officials were able to provide that was a learning experience for me too. So that's great. And I want to thank all of the officials for their time and for the commitment they had, not just for tonight but for each and every day because I think this ministry is critical to the most vulnerable citizens in our province. And for that I thank all of the officials.

The Acting Chair (Mr. Parent): — Thank you, Ms. Minister. And Ms. Rancourt, do you have any comments?

Ms. Rancourt: — I just again want to thank everybody, and I agree with the minister. Thank you for all the work that you do

to provide services for the most vulnerable in our communities.

The Acting Chair (Mr. Parent): — Seeing that it is past the hour of adjournment, this committee stands adjourned until tomorrow, June 23rd, 2016 at 1:30. Thank you.

[The committee adjourned at 22:45.]