STANDING COMMITTEE ON HUMAN SERVICES

Hansard Verbatim Report

No. 33 – December 5, 2017

Legislative Assembly of Saskatchewan

Twenty-Eighth Legislature

STANDING COMMITTEE ON HUMAN SERVICES

Mr. Dan D'Autremont, Chair
Cannington

Ms. Tina Beaudry-Mellor
Regina University

Mr. Mark Docherty
Regina Coronation Park

Mr. Muhammad Fiaz
Regina Pasqua

Ms. Vicki Mowat
Saskatoon Fairview

Mr. Hugh Nerlien
Kelvington-Wadena

Hon. Nadine Wilson
Saskatchewan Rivers

Published under the authority of The Hon. Corey Tochor, Speaker

[The committee met at 19:00.]

The Chair: — Welcome to the Standing Committee on Human Services. I would like to welcome everyone here. My name is Dan D'Autremont; I'm the Chair of the committee. And with us this evening we have MLA [Member of the Legislative Assembly] Mark Docherty, MLA Muhammad Fiaz, MLA Vicki Mowat with the opposition, MLA Hugh Nerlien, and the Hon. Nadine Wilson.

We don't have any substitutions today, and our first order of business is the election of the Deputy Chair. Pursuant to rule 123(2), the Deputy Chair must be an opposition member unless specified in the rules. Given that Ms. Mowat is the only member of the opposition on the committee, I would ask a member to move that Vicki Mowat be elected to preside as Deputy Chair of the Standing Committee on Human Services.

So moved by Mr. Nerlien. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Okay, I need to advise the committee that pursuant to rule 148(1), the supplementary estimates of the following ministries were committed to the committee on November the 29th, 2017: vote 37, Advanced Education; vote 32, Health; and vote 36, Social Services.

I would now like to table the following document: HUS 39-28, Ministry of Social Services: Responses to questions raised on April 26, 2017 meeting. So I table these documents.

General Revenue Fund
Supplementary Estimates — November
Health
Vote 32

Subvotes (HE06) and (HE04)

The Chair: — Okay, we will begin the considerations of the November supplementary estimates for the Ministry of Health, vote 32, medical services and medical education programs, subvote (HE06), and provincial health services, subvote (HE04).

I would like to remind members of the committee that you're restricted to those two particular votes.

I'd like to welcome Minister Reiter and Minister Ottenbreit and the officials here. And I now invite . . . Obviously Minister Reiter is prepared to do his presentation and introduce his staff. Thank you.

Hon. Mr. Reiter: — Sure. Thank you, Mr. Chair. I'll introduce staff and then I'd like to quickly read, a couple minutes probably, a statement in the records. And then we'd be happy to answer any questions.

I have with me tonight Deputy Minister Max Hendricks; Assistant Deputy Minister Karen Lautsch; Assistant Deputy Minister Kimberly Kratzig; Billie-Jo Morrissette, executive director of the financial services branch; Patrick O'Byrne, executive director of the Saskatchewan Disease Control Laboratory; Kim Statler, director of policy research and negotiations; Anne Viravong, director of strategic financial planning and support; and Adam Nelson, ministerial assistant in my office.

The last 10 years have been a period of tremendous population growth in Saskatchewan. Our government has responded by recruiting and retaining more doctors. There are 750 more doctors practising in Saskatchewan today than there were 10 years ago. There are also 3,400 more nurses of every designation working in the province today than there were 10 years ago.

However this population growth has also brought with it some challenges. Strong population growth in the province has meant thousands more people are also using health services and visiting doctors, which has become one of the most significant cost pressures on the health system. Physician costs now make up nearly two-thirds of utilization pressures currently facing the system. Our mid-year report indicates payments to fee-for-service physicians have increased by 21.5 million, while specialists and primary care contracts were up by 6.4 million over budget.

Population increases have also put pressure on our payments to optometrists. The utilization pressure for optometric services has resulted in a $1.8 million increase over budget. Another area that has seen cost pressures is out-of-province expenditures. In 2017-18, hospital and outpatient rates have increased; for example, in other provinces the standard outpatient rates have increased by 3.3 per cent nationally. This has resulted in our out-of-province expenditures increasing by $2 million.

And finally, another area where cost is determined by usage is for blood products. We receive blood products through Canadian Blood Services and we are obligated to fund CBS [Canadian Blood Services] based on the services and products that we have used. At this time we are forecasting a budget pressure of $4.8 million for the use of blood products.

All of the budget pressures I have described are driven by residents needing and using publicly insured health services. I'd like to point out, however, that the health system is always looking for ways to increase efficiencies in a manner that also improves patient care. Along with prudent resource planning, there is growing interest from physicians in participating in alternate compensation models such as contract funding. This has the advantage of providing more predictable expenses as well as greater accountability by the physician.

One of the cost drivers for payments to physicians is increasing complexity of patients' health needs, many with chronic conditions. Under the fee-for-service model, if a patient with multiple conditions visits their physician for each condition, the ministry is billed for each visit. Under the contract model, the costs for those visits is fixed and therefore more predictable.

Another opportunity to improve patient care is through increased use of multidisciplinary teams that can take a more holistic approach. It also has the advantage of making use of

some less costly human resources.

Lastly, when it comes to blood product utilization we have seen an increase in the overall budget pressure. However we have also improved blood and blood product management significantly since 2009. In fact we now have one of the lowest utilization rates in the country.

I hope I've given you a practical sense of what is behind the request for $36.5 million in supplementary estimates. My officials and I would now be happy to answer any questions. Thank you.

The Chair: — Thank you, Mr. Minister. Are there any questions? I recognize Ms. Chartier.

Ms. Chartier: — Thank you, Mr. Chair. I think I'm losing my voice here these days. With respect to this 36.5 million, this is the first time since I've been the Health critic that we've been here for supplementary estimates. So I'm wondering what has made it — and so I think I've been the Health critic for about four or five years — so what's different? How were you off this much in budgeting? What has changed over previous years?

Hon. Mr. Reiter: — I'll sort of give a broad answer, and then I'll ask Max to maybe give some more detail to that. But you know, again, budgeting as you know isn't an exact science. Officials in Ministry of Health and then of course Finance officials weigh in as well and do their best guess as they can on where it'll land. Obviously, you know, I walked through the different . . . the physician services and the optometric services. Those are areas that obviously we're going to be over budget, so we should have budgeted higher. It's a huge budget. There's many areas that that's not the case, where we were more accurate. But I'd like to give you more detail on that if you like, and I'd ask Max to do that.

Mr. Hendricks: — Sure. So I guess, you know, you're right. In previous years we've been able to internally manage these pressures. A couple of things that we're challenged with right now — in terms of our fee-for-service budget in particular, which is twenty-one and a half million dollars of the $36.5 million — is that we have a number of variables and factors that are coming into play here. You know, the minister mentioned we have an aging population, and with an aging population we're seeing a greater prevalence of chronic diseases and comorbidities.

In fact a few weeks ago when we were at the SMA [Saskatchewan Medical Association] representative assembly, there was a general call by family physicians that said, you know, this is really difficult for them because they're seeing a different type of patient. And I think that speaks to the need to look at alternative forms of payment over fee-for-service so they can spend more time with patients.

The other issues that we have obviously are the number of doctors, and you know, all things being equal, you would assume that you add a number of doctors, you kind of spread the work around. But the reality is that there are a couple factors here. Doctors tend to bill towards an income. And secondly, as we've been adding physicians, we've been improving access throughout the province. And so we actually see . . . you know, well nobody likes to over budget. A bit of a good news story for the population in the sense that we are improving access: you know, wait times, greater access to family physicians. And so we're seeing some improvements.

In terms of budgeting, the thing that people have to remember is that when we establish an estimate for the budget, we do so in August, September. That's when the first budget documents start trading hands with Finance. So we only have a few months of experience in that fiscal year and then the previous year to look at.

So generally the way it works is that, you know, we make some allowance and think that it's going to increase over winter. You know, those are kind of the higher moments. But a lot of times you'll get through the year and you'll find that the actual experience has been different than the forecast.

And so we continue to grow in these areas. And it's something that as a ministry we're keeping a close eye on and want to see, you know, obviously our forecasting improve. Nobody likes to be off by that much. But there are so many variables, I think, it's hard to account for. And again the timing of this.

On the non-fee-for-service side, we were $6.4 million over. This was a deliberate decision where we did convert and add a number of physicians, 24 in total, improving specialist access, I think: 18 specialists and 6 family physicians throughout the province. So we're trying to deliberately increase numbers of physicians in specific areas of high need in the province.

Canadian Blood Services is . . . The minister mentioned we're generally lower than the rest of Canada, so in terms of our use of blood products, that sort of thing. The one factor that we have seen increases and continues to increase in is our utilization, or physicians' utilization of immune globulin products, plasma products. And so we're developing strategies to encourage, I guess, more appropriate use of those products. And this is not something that's unique to Saskatchewan, this is across the country. In fact Canadian Blood Services is developing a national strategy to try and reduce the utilization or inappropriate utilization of plasma products, and we have a couple of doctors in the province that are really interested and have some really good ideas.

Again when we were at the representative assembly, we had a physician speak to the fact that just due to physician preference, some physicians use immunoglobulin products to treat iron deficiency whereas others use IV [intravenous] iron, and there's a difference of a couple hundred thousand dollars a year in costs. So it's about education. It's about working with your physicians to try and lower those costs. We had anticipated that we would save about $4 million on that this year. We didn't. And so we're over budget and so we continue to work on that.

Out-of-province medical services were 2 million over. And it's not so much that we have greater numbers of people seeking services outside of province, but there's a national process by which we set interprovincial payment rates. It's called IHIACC [Interprovincial Health Insurance Agreements Coordinating Committee], and don't ask me to . . . at one time I knew what that meant. But through that process different provinces establish their rates. About 74 per cent of our services are

provided in Alberta, and we've seen some pretty, you know . . . 3.3 per cent, upwards of 6 per cent at certain hospitals that Saskatchewan patients do utilize; so Medicine Hat on the west side of the province, that sort of thing. And then some of our specialized services that we do actually refer to Alberta, some of those hospitals have increased the rates. So that's the other piece.

[19:15]

And then optometric services, this is largely due to increased number of patients seeing optometrists, both children, but also the expansion of services. We added diabetic eye exams, and this has kind of taken off. And so this is really I think maybe a good news story in some ways in that we have improved access. You know, I asked my staff to say, you know, are we seeing a fall off? Are ophthalmologists doing fewer diabetic eye exams? And the reality is is that they weren't being done as often before. So I think, all in all, that's a pretty good story about improved access, but albeit it's higher than we thought it would be, so it's really taken off.

Ms. Chartier: — Thank you for that, Mr. Hendricks. With respect to what you anticipated, obviously it was 2 million less, is what you anticipated; like your original budget for optometric services was $11.323 million. So that . . . actually I answered my own question there. Sorry.

I'm going back actually to your point around improving access, so greater access and chronic care or chronic conditions that people are experiencing with an aging population. That's not something new in this budget. It didn't suddenly explode. We have had an aging population for some time. So am I correct in hearing that you're saying that it . . . I'm still not quite sure. You've given me two reasons, but those aren't brand new reasons.

Mr. Hendricks: — No, but you know, more recently . . . And I think this is a fair statement is that, you know, two or three years ago we were hearing about increased number of chronic patients aging, which we knew would happen with an aging population. But more recently what we're hearing is that truly, like the comorbidities, the people with very complex illnesses that are presenting to family physicians is increasing.

And you know, it's kind of the first time we've heard family physicians kind of come out and say, you know, we're under a lot of pressure here. And so we heard that. And one of the ways I think to manage that . . . Because it's a bit of an unknown when we see those kind of increases. Like what do you expect to see? How will that translate into fee-for-service?

We do account for age. We do account for population. But, you know, do you adjust? Do you actually adjust it by some factor for . . . And because our experience is more recent, it would be kind of a guess. But I think it's something that we'll get better at.

The real answer to the problem though, I think is that we need to look at different payment models for family physicians. Fee-for-service is not conducive to a number of specialties where they are time intensive.

And so when you get into family medicine, if it's a walk-in clinic, yes, fee-for-service works great. But if you're a family physician who does full-service practice and you're seeing a lot of elderly, and not just elderly with complex . . . You know, that was the other message. They're seeing a lot of younger people with comorbidities, where you need to spend time with a patient. That's just not something that works well on fee-for-service.

And you know, I know my own doctor, who I saw today, was running an hour behind. And she says that's her life now, you know, because patients are presenting and they're coming in with three or four or five things, right? And so she would like the idea of being on a contract.

Ms. Chartier: —So at this point in time what are you actively looking at? Capitation? Or are you in discussion with the SMA around a different model?

Mr. Hendricks: — We're in discussion with the . . . Well we have a formal non-fee-for-service agreement with the SMA, and so over the years what we've been doing is we've been increasing the number of non-fee-for-service physicians and we've been transferring money from the fee-for-service budget out. But where we're adding additional physicians, you know, we kind of feel that that's an incremental amount. So yes, we've been working collaboratively with them.

And right now we've been working with the SMA more recently on developing a physician leadership pilot in Prince Albert that would look at a very different model of care delivery there. You see, Prince Albert's unique in that it does already have a number of alternate-payment physicians in specialties and that sort of thing. So this would look at expanding that model more universally in Prince Albert.

But you know, I also think that more and more, for the reasons I talked about, we're getting inquiries and interest in this from physicians. A few years ago we didn't get that level of interest. And also younger physicians coming out of university or graduating from our College of Medicine, they want a different lifestyle, a different, you know, work-life balance. And they understand what they're coming into because they do residency, and so they're saying, you know, that they're more interested in alternate payments.

So I think it's something that the SMA and certainly my people, we've been very interested in it for years for a very simple reason — we think it provides better care, right, but also greater budget predictability, that sort of thing. So it's something that the SMA is becoming more and more interested in, and we're working with them on it.

Ms. Chartier: — Can you give me some example of those alternate contracts?

Mr. Hendricks: — Yes. I will just need to find it here first, so give me a second. So of the ones that we added, we added a psychiatry position in Prince Albert of one FTE [full-time equivalent], and in Saskatoon Health Region, we added psychiatry of point three. In North Battleford, one psychiatry; SHR [Saskatoon Health Region], two FTEs.

Gynecology oncology, we added a position. Pediatric gastroenterology; a medical geneticist; a pediatric rheumatologist, some of which you were asking about last time when we talked about pediatrics. Obstetrics and gynecology in Sun Country Region; a pediatrician in Regina.

Physiatry, we added a GP [general practitioner] to assist there. Pathology, two positions; infectious disease, one position; stroke neurology, one position; adult ER [emergency room], one position. Indigenous Health Chair, we funded the clinical portion. The MS [multiple sclerosis] Research Chair, we funded the clinical portion, and then smaller ER coverage contracts in Cabri, Five Hills, and Prairie North.

Ms. Chartier: — Okay. So in the past, specialists normally would have been fee-for-services, traditionally speaking, or would they have been on those kind of contracts?

Mr. Hendricks: — Most specialists would be fee-for-service.

Ms. Chartier: — So these are different in that they are . . .

Mr. Hendricks: — Certain places like in Prince Albert we have a number of specialists that have been operating under kind of alternate payment contracts for years. Obstetrical anesthesia in Saskatoon has been an alternate payment contract. Our provincial or our RHA [regional health authority] psychiatrists have been under contract. So there are a variety of areas where we have had it but again, you know, when you look at medical genetics, rheumatology, that sort of thing, particularly in pediatrics again, not as high volume or time intensive and more conducive to alternate payment.

Ms. Chartier: — Okay. Thank you for that. In terms of the, under the fee-for-service, the 21.5 million, does that account for X number of procedures? Or what are we looking at when you're creating that budget for that additional 21.5 million? Does that represent a certain number of visits or . . . I know that the payment schedule is different for different services, but what does that represent?

Mr. Hendricks: — So the number of services in the first two quarters of 2017-18 were 5.387 million. That's up from 5.358 million in the previous, or in the two quarters in the previous fiscal year, same two quarters. So we've seen an increase of almost 30,000 services in the first two quarters of this year.

Ms. Chartier: — Okay. And out of curiosity, in terms of the number of physicians providing those services between the previous year and this year, is there an increase in the number of physicians year over year? So you've got an additional 30,000 services in that first half of the year. How many physicians are performing those compared in the two years?

Mr. Hendricks: — So year over year, in March 2016 we had 2,375 physicians. We are seeing 2,491 physicians at the end of March 2017. In this fiscal year we've seen a 3 per cent growth already in the number of physicians, so it continues to grow. You know, as the minister said in his opening statements, in the last decade we've seen 749 new physicians in the province so that is undoubtedly impacting our budget.

Just to go back to the fee-for-service thing and, you know, other provinces have struggled with this too. I think because of our rapid growth we've probably struggled a little bit more, you know, and it's showing in the last couple of years, just a couple of things coming together again — the aging population and the growth in physicians.

At one time in the province we had utilization sharing with the physicians, where growth and utilization was cost shared. That was abandoned, I think in about the 1998 . . . in that range, just to allow for this sort of thing, to allow for increased number of physicians. So again, you know, I think unfortunate from a budgetary perspective but good for a patient or delivery perspective.

Ms. Chartier: — Are there geographic areas of utilization that drove this more than other areas?

Mr. Hendricks: — They're trying to pull up that number so . . . to give you . . . [inaudible].

Ms. Chartier: — Okay. Just going back to the conversation about the discussions with the SMA and more formally now, do you have a goal? So you're in discussion with the SMA, but as the ministry what are hoping to achieve?

Mr. Hendricks: — What am I hoping to achieve? So we've actually had some visioning sessions with the SMA where we've kind of sat down and talked about what the future might look like.

And, you know, again with the change to Saskatchewan Health Authority you're seeing some new things. You're seeing physicians embedded in senior leadership, which hasn't been kind of the history of our regional health authorities. They were there but not in the numbers and with the types of responsibilities. We refer to it as a dyad model. So you have an administrator working side by side with a physician to bring that clinical perspective.

What that really is the result of is (a) the advisory panel report, but also informed by, you know, our looking to kind of high-performing health organizations like Kaiser Permanente, Intermountain, Mayo, that sort of thing, where they have a different approach to physician leadership.

So Kaiser and Group Health in Seattle, which is a sister organization of Kaiser, which I've been to, you have a Permanente structure of physicians that is essentially a corporation. And they're self-regulated; they're self-monitoring; they hire their colleagues; they onboard them; they put them through probation. It's a very collegial thing.

[19:30]

But the one key difference in something that is I think imperative is we, you know, face increasingly challenging or we're increasingly challenged by the growth in health expenditures, is that they have stewardship over resources so they actually have some responsibility in practising the most clinically evidence-based care that they can. So in those organizations where you do see the physicians actually have that responsibility in co-ownership, if you will, you see kind of a different, I would say a different level of physician

involvement in the overall delivery of services. So that's what we're aiming for in Saskatchewan.

What I would like to see maybe eventually, and it'll take some time to get there, is that, you know, we do have physicians embedded throughout our leadership structure and health regions. We do have a physician community who onboards their colleagues, who holds them accountable for quality, safety, that sort of thing, and who are accountable for the utilization of services to some extent in the same way that the administrators are. So that's where we would like to be.

Ms. Chartier: — Do you have a payment model in mind? Are you looking to other provinces?

Mr. Hendricks: — Yes. Well, not to other provinces as much. But almost exclusively in those types of models, they're alternate payment models.

Ms. Chartier: — Okay. Forgive my ignorance here, but when we talk about alternate payment models, so you gave me some examples of positions, but I'm wondering if you can describe some of the alternate payment models that we have here.

Mr. Hendricks: — Sure. So we have salaried physicians who are on an employment agreement very much like I am. And so they would have a straight salary and benefits, and they would have expectations. But the majority of our physicians in this province are on a contractual basis. There's a reason for that, and that's because physicians are incorporated, and so from a financial management perspective they prefer to be on a contract.

So we would have a contract with a group of physicians or a single physician to provide a specific service level for a specific amount of money. So that's one option. We have sessional arrangements where we pay physicians to do an allotted portion of time; an emergency room physician, you know, you do X number of 8-hour shifts. So those are generally the types of arrangements when I refer to them kind of in a blanket alternate payment.

Ms. Chartier: — Okay, and you said you're not looking to other provinces. You've obviously talked about Kaiser Permanente, but . . .

Mr. Hendricks: — Well we know the experience in other provinces, and I think they're looking towards this too. Like I talk to my deputy colleagues and yes, they're interested in moving towards more alternate payments. You know, we've been pretty successful. We're over 30 per cent in Saskatchewan and growing. And so over the years we've been gradually kind of making that shift. There's certain times though . . . I don't want to dis the fee-for-service system totally because there are certain times when it actually, when you do want productivity and throughput and that sort of thing, that it works very well.

You know, one of the specialties or the group of specialties that tends to do quite well under fee-for-service is your surgical specialties where it is about, you know, a procedure versus what they call the cognitive specialties where you spend more time with the patient learning about their issues, that sort of thing.

Ms. Chartier: — And so the 18 . . . So under the non-fee-for-service you said there were 18 specialists and six primary care physicians.

Mr. Hendricks: — Yes.

Ms. Chartier: — The 18 specialists, in the list you gave me it sounds like they're in various different locations around the province.

Mr. Hendricks: — Yes.

Ms. Chartier: — But the six primary care specialists, where are they located?

Mr. Hendricks: — So there are two in Moose Jaw. I mentioned Five Hills, two in Touchwood Qu'Appelle, and two in Radville.

Ms. Chartier: — [Inaudible] . . . quickly at your paper.

Mr. Hendricks: — Regina Qu'Appelle.

Ms. Chartier: — Thank you for clarifying that. I may come back to that in a minute. But just around optometric services then, so you said the 2 million is around diabetic eye exams and increase of patients. So just refresh my memory. So children under 18 are entitled to one eye exam a year. Is that correct?

Mr. Hendricks: — So the optometric service program provides annual eye exams for children under 18 years of age; ocular urgencies and emergencies, which we added a few years ago so that they can treat things like red eye, minor emergencies; and then we have a program, the diabetic management, which is an annual thing. And then we have other programs to encourage young people to attend, you know, an optometrist to have their sight evaluated for educational reasons. So we have an Eye See Eye Learn program and continuing education on low-vision services.

Ms. Chartier: — But you were saying though in this particular $2 million that it was . . . You had mentioned children and the diabetic eye exam. So when did, again forgive my ignorance, but when did you add the diabetic eye exam? So was that this fiscal or the previous fiscal year?

Mr. Hendricks: — It was October 1st, 2014.

Ms. Chartier: — Oh okay. October 1st, 2014 was the diabetic eye exam. So we've seen it was that much of a jump. So 2014 is three years ago now. So is the bulk of this $2 million diabetic eye exams or children because you had said both in your comments.

Mr. Hendricks: — So children were up 3,000 services and diabetic exams are up 14 per cent from '16-17 to '17-18. So the majority is diabetic exams.

Ms. Chartier: — Diabetic was up 14 per cent?

Mr. Hendricks: — Yes.

Ms. Chartier: — So how many exams does that account for?

Mr. Hendricks: — Okay, so we have our '16-17 numbers because we're only partway through this year. But just, you know, to give context, like since October 1st, 2014 when we put the diabetic eye exam in, it's grown by 6 per cent on average per year and 14 per cent in this most recent year. So the areas that we're seeing the biggest growth in are basically all the diabetic eye exams — the annual one, the diabetic annual tonometry the diabetic urgencies tonometry, diabetic OCT [optical coherence tomography] — those are up by . . . and diabetic photography, up by 14.6, 14.6, 4.4, 28.7. So it's really in those areas.

In the five-year-old children, the total number of eye exams was up. For three-year-olds it was up 1 per cent. For four-year-olds it was up 1.9 per cent. And for five-year-olds it was up 10.5 per cent.

Ms. Chartier: — Okay, and with respect to the diabetic exams, you've said you've seen increases of about 6 per cent a year, and so much more dramatic this year. What do you think has triggered that? Is there any sense in the ministry?

Mr. Hendricks: — I think it's comparable to, you know, when we do introduce a new service like immunizations in pharmacies, right? You know, it kind of . . . Generally word gets around that you can do that and you can get that service in a different setting. So you know, it's just introducing a new program.

And one of the reasons that we did introduce both ocular urgencies and diabetic examinations is just accessibility to optometry across the province, particularly in rural areas. So I think, yes it truly is just, you know, introducing a new program. And it tends to grow and then, you know, at some point I would guess it would kind of plateau.

Ms. Chartier: — Okay, thank you for that. With respect to the out-of-province . . . Sorry, I had those numbers wrong. It was 1.8 million in optometric services and 2 million. And you didn't correct me . . . [inaudible interjection] . . . Thank you, you're too kind. And 2 million for the out-of-province visits.

Can you tell me, you were saying that most of that is due to the relationship that you have with other provinces and the fees that they charge. And most of our folks go to Alberta. So they've gone up exponentially this last year, then?

Mr. Hendricks: — Yes, so some, like the standard out-of-province, there are a couple of different rates. There's the hospital in-patient rate. There's the rate for their physicians. So when their physician agreement goes up — like for example, if the AMA [Alberta Medical Association] had a 3 per cent increase — our costs go up by 3 per cent because we pay the host province's rates.

And then we also have the hospital rates. And so there's like standard hospitals. There's ICU [intensive care unit] rates. And so there was a point four per cent average increase in '17-18 in all of the hospital ICU rates.

And so I gave you some examples of places that our folks would go. Medicine Hat was up six and a half per cent. Royal Alexandra in Edmonton was up, Alexandra was up 5.7; and university hospital in Edmonton was up 3.2 per cent. The standard outpatient visit rate will go up this year from 335 to 346, so a 3.3 per cent increase. But generally the number of patients is only . . . in fact the number of patients so far that we're projecting in '17-18 has decreased slightly from '16-17, about 1,500 or so.

Ms. Chartier: — Okay. So fewer patients, just more costly.

Mr. Hendricks: — Yes. Rate increases.

Ms. Chartier: — Okay. Well that's fair enough. In terms of the mid-term report, there was an increase in the Canada Health Transfer from the budget of 14.9 million. So from what you had budgeted, there's an additional 14.9 million for the Canada Health Transfer that you didn't budget for. Just wonder if you can speak to that a little bit.

[19:45]

Mr. Hendricks: — Ms. Chartier, perhaps if you can tell us what document you're referring to, and then . . .

Ms. Chartier: — The *Meeting the Challenge*, the mid-year report.

Mr. Hendricks: — Okay. So because when they do their calculations with the Canada Health Transfer, they take into account our population growth. And so the 14.9 million reflects our growth in the population. They've made an adjustment in that number.

Ms. Chartier: — Okay. And had you, do you . . . So last spring around all that, around the escalator and the dedicated funds for mental health and home care, where is that reflected? Was that the . . . Where is that reflected in the budget? I've had a hard time sort of tracking down where that money shows up.

Mr. Hendricks: — So maybe a couple of items to speak to the federal transfer. So the CHT [Canada Health Transfer], you'll recall that the previous escalator was 6 per cent. That has been lowered to three and a half per cent or GDP [gross domestic product], whichever is greater. But then, as you know, there was additional funding provided for specific areas of improvement that wasn't provided through the transfer line — it was an other federal revenue line — and that's for the community care piece, which you mentioned in the mental health and addictions.

Now we're still in discussions with the federal government or just really engaging them on a bilateral agreement as to what the expectations, requirements, performance measures are for those funds. And so we're not different than any other province. No other province has yet signed the agreement. So in the very near future, what we would be doing is signing an agreement with the federal government that would kind of outline this in two chunks, in five-year chunks over the next 10 years, kind of where we would notionally allocate those funds and also what performance . . . or I should say what kind of measures they will use to kind of monitor our progress on those.

Ms. Chartier: — Thank you for that. So I know in the spring when we talked about that you . . . I didn't take a peek back at

estimates from the spring, but I think I recall you saying that would account for about 4 million this year. Because I asked if it was going to be 10 million, and you said no, no, no, not . . . It won't be close to 10 million; it would ramp up over the 10-year agreement. Or sorry, it was supposed to be 16 million for mental health specifically. But you had told me it would only be 4 million likely this year. I see heads nodding in the back there. But so we don't know what the number is yet.

Mr. Hendricks: — Oh yes, we know what the number . . . Like in '17-18 the amount for mental health and addictions is 3.17 million and the community care piece is 6.3 million. And then that increases incrementally in the out years on both of those. So over the course of the next 10 years between the two, it will be almost $348 million.

Ms. Chartier: — Okay. And 16 . . . Okay, sorry. So we don't know where that 3.71 million is allocated this year then? So you're saying that the money will be allocated, or you'll have a plan . . . The agreement will be signed in five-year chunks. So you've got 3.71 million and 6.3 million. Do you know where that's going if you don't have the agreement yet in place?

Mr. Hendricks: — So the 3.17 million for mental health and addictions has been received into revenue by the Ministry of Finance. One of the things that the provinces have asked for, just because of the lateness of it, is the ability to defer funds into future years if we can't actually set up a program in the next three months and spend the full $3 million, which is kind of a good level of flexibility on their part.

Ms. Chartier: — They've agreed to that?

Mr. Hendricks: — Yes, they've agreed to that. So the notion, or in this fiscal year what we're doing is we've put some proposals forward, and I expect that we're going to make some announcements about specific allocations this year in the very near future.

Ms. Chartier: — Okay. And sorry, when you say you've put some proposals forward, just within the ministry to . . . or to whom have you put those proposals forward to?

Mr. Hendricks: — Within government.

Ms. Chartier: — Within. Okay. Sorry, I just wanted to . . .

Mr. Hendricks: — Yes. And I don't think there'll be any surprises in terms of where we go with this. You know, the ministry has a 10-year mental health and addictions action plan which we feel is a very robust plan and one that is very, very much in alignment with where the federal government would like to see these expenditures. So what we'll be doing is we'll be rolling that plan out in phases.

Ms. Chartier: — Okay. With the . . . It's about 160 million for mental health over the 10 years and about 190 million for community care. Do I have that correctly?

Mr. Hendricks: — Yes.

Ms. Chartier: — Okay. So but for this 3.17, I get questions all the time around the mental health piece from people in the community who want to know where it's going. I'm sure you get those questions as well, Mr. Minister. So we can expect in the near future there will be announcements around this particular . . .

Mr. Hendricks: — Yes, this year's activity. One thing though, like the 158 million — or I think it's 150 or 160 — sounds like a really, really big number. But what we're talking about is that when this fund maxes out on the mental health side, it's $19 million a year. So that would be ongoing programming from the federal government. It's just that it's over 10 years. But it doesn't allow us to increase our funding by 158 million. It's 19 million.

Ms. Chartier: — And then you have to sustain obviously programming over . . .

Mr. Hendricks: — Well and that's one of the issues that we've raised or that was raised during the discussions with the federal government, is that it kind of is capped out at 19.03 million, which means that if we create programs where their costs rose to due to collective bargaining . . . Because, you know, we'll be hiring staff. We'll be doing that sort of thing. Those are kind of on the province's back.

Ms. Chartier: — After the 10 years . . .

Mr. Hendricks: — No, after four years.

Ms. Chartier: — Okay. With respect to the . . . Can we anticipate announcements around the 6.3 million on the community care piece as well?

Mr. Hendricks: — The 6.3 million on the community care piece, we've . . . You'll recall our Connected Care. Those investments were made, I think, informed by the discussions. Like the Treasury Board at the time and the Ministry of Health, knowing kind of notionally what we got from the federal discussions, proceeded with that investment and aligned those programs very much in line with what we thought the federal government would be providing. So we actually, we would say that the federal government portion will be offset part of that. We've gone beyond that.

Ms. Chartier: — Okay. But didn't Connecting to Care start . . . Connecting to Care is ensuring that seniors stay out of emergency rooms or basically the intervention when people . . .

Mr. Hendricks: — Okay. So there's . . . It's confusion of terms here. We struggle with this one. So there was Connected Care or Connecting to Care and this is called Connected Care now. Connecting to Care was where you reached out to highly vulnerable patients, that sort of thing, tried to deal with them in the community. Connected Care is the accountable care units but also the expansion of primary health services. It kind of relieves it, relieving tension on either side of the emergency room so that . . .

Ms. Chartier: — The two pilots, the one in Saskatoon and Regina on the primary care?

Mr. Hendricks: — Yes.

Ms. Chartier: — And then so we had the accountable care unit in Regina, and so what is, how many accountable care units are we anticipating then? So we've got . . .

Mr. Hendricks: — I'm going by memory here. We hadn't thought we'd be talking about this one tonight so Mark Wyatt isn't here. But we have, I believe, it's expanded to two units or maybe even three . . . two in Regina and two in Saskatoon. Saskatoon will very shortly be announcing, I think, a community site and Regina is plugging down that road too.

Ms. Chartier: — Okay. Just the community site in terms of the primary care.

Mr. Hendricks: — Yes.

Ms. Chartier: — Okay, well that sounds good. I see the Chair is saying that is enough for tonight. So thank you for your time here. I appreciate that, and that gives me some clarity. See you in the spring.

The Chair: — Thank you, Ms. Chartier. Are there any other questions? Seeing none. Mr. Minister, do you have any other questions or comments before we move on to voting the resolutions?

[20:00]

Hon. Mr. Reiter: — I would just thank Ms. Chartier for her questions, thank the committee for their time, and thank the officials for being here tonight as well.

The Chair: — Okay, thank you. We will now vote no. 32, Health, medical services and medical education programs, subvote (HE06), in the amount of 31,700,000. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried.

Provincial health services, subvote (HE04), in the amount of 4,800,000, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried.

Health, vote no. 32, 36,500,000. I will now ask a member to move the following resolution:

> Resolved that there be granted to Her Majesty for the 12 months ending March 31st, 2018, the following sums for Health in the amount of 36,500,000.

Hon. Ms. Wilson: — I so move.

The Chair: — Ms. Wilson. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. And thank you, Mr. Minister and officials, and thank you to the opposition. We will now take a very short recess to move on to Advanced Education.

[The committee recessed for a period of time.]

General Revenue Fund
Supplementary Estimates — November
Advanced Education
Vote 37

Subvote (AE02)

The Chair: — Welcome back to the Human Services Committee. We will now proceed with post-secondary education, subvote (AE02). Minister Cox, would you introduce your officials and proceed with any statement you might have.

Hon. Mr. Cox: — Thank you, Mr. Chair, and members of committee. Thank you for being out tonight on this . . . a little less than ideal kind of weather tonight. And it's my pleasure to get an opportunity to speak about the ministry's supplementary estimate requests and to answer your questions.

Before doing so, I'd like to introduce some members of our team. First of all, my chief of staff, Morgan Bradshaw, is back behind me; Tammy Bloor Cavers, our assistant deputy minister of sector relations and student services; to my left, Scott Giroux, executive director of corporate finance; Darcy Cherney, behind me, the director of quality assurance and private vocational schools; and Ann Lorenzen, the executive director of universities. And I'd certainly like to thank these individuals as well for coming out tonight and the rest of the ministry staff for preparing for tonight's meeting.

Mr. Chair, in September of this year, the government announced an additional $20 million in operating funding to the College of Medicine. As part of our government's due diligence, this additional funding was provided after we received the college's submitted financial statements which demonstrated their need to address deficiencies and maintain accreditation.

The ministry is already providing $69.4 million out of its existing budget allocation to continue to support an annual intake of 100 undergraduate medical students and 120 post-graduate residents, as well as accreditation efforts. However the College of Medicine is increasing expenditures to address deficiencies and maintain that accreditation. The college is doing this through implementing its transition plan, called The Way Forward, to address ongoing challenges. Increased expenditures are required to address these challenges.

And, Mr. Chair, our government is committed to a strong College of Medicine that offers educational research and distributed education that supports quality health services for the people of Saskatchewan. Our government has worked and will continue to work with the University of Saskatchewan and the College of Medicine to better understand their accreditation needs and their funding requirements.

In addition to the 20 million announced in September, we've invested over $560 million in total funding for the College of Medicine, which includes over $149 million in accreditation funding over the past decade.

Future levels of the University of Saskatchewan's and College

of Medicine's base operating grant will be considered in the 2018-19 budget development process. And future levels of direct funding to the College of Medicine will also be based on the five-year plan, once finalized by the College. The College of Medicine is vital to Saskatchewan and it's critical to the University of Saskatchewan as a member of the U15 group of Canadian research universities. It is fundamental to the success of the children's hospital and it is important for the health of citizens by training physicians to provide future care, producing research to improve patient outcomes.

As this expenditure of $20 million was not provided for in the ministry's 2017-18 budget appropriation, additional funding is needed by way of supplementary estimates. We think this funding is very important for the College of Medicine and for post-secondary students here in Saskatchewan. Our government will continue to work with the university to ensure our province has a strong College of Medicine.

In closing, I'd like to also commend and thank Dean Preston Smith, the accreditation team, and the College of Medicine as well as the university administration for their hard work and dedication in preparing for their most recent accreditation site visit. Thank you and I will look forward to your questions. And I must say, I apologize. I don't have a lot of voice tonight. But we'll get through this, Mr. Chair. Thank you.

The Chair: — Okay. Thank you, Mr. Minister. Are there any questions? Ms. Mowat.

Ms. Mowat: — Thank you, Mr. Chair, and I want to thank the minister and the staff that are here with us tonight as well. So we are here for one line item, the consideration of $20 million. So I'll start off with some technical questions. So first of all, can I just get an indication of where this money is coming from?

Hon. Mr. Cox: — This was money that was appropriated mid-year, and that's why we're here doing the supplementary estimate because it was not in our original budget. So it came from supplementary budget.

Ms. Mowat: — I understand that it's a supplementary budget item. But what I'm wondering generally is, if the money wasn't allocated to the College of Medicine at first, was there a pocket that it was initially allocated for?

Hon. Mr. Cox: — Thank you. No, this was not money taken from somewhere else. This was new money. After doing our due diligence we realized that, in order to maintain accreditation at that College of Medicine, they needed $20 million. So it's not money that was taken from some other pool.

Ms. Mowat: — Okay. So just generally, and the fact that it didn't appear out of nowhere, would the appropriate, you know . . . It came from the General Revenue Fund somewhere basically? Or, you know, savings that were found somewhere else?

Hon. Mr. Cox: — Yes, it would come out of general revenue.

Ms. Mowat: — And then were there any trade-offs that had to be made in reallocating these funds?

Hon. Mr. Cox: — No. Once again, Ms. Mowat, it was new money. It was not allocated anywhere else, and it was accessed because of our due diligence and the information that the College of Medicine had sent to us.

Ms. Mowat: — Okay. Do you have an indication of what this money will be spent on specifically?

Hon. Mr. Cox: — Okay, thank you. Okay, there's a rather long list of everything where the money went to. But I would just say this: that they have implemented, are implementing a new five-year plan, calling it The Way Forward, at the College of Medicine. And as a result of that, they identified some increased expenditures, some one-time expenditures, but some ongoing expenditures totalling some $38 million. We saw the need to provide $20 million of that, so some of the things where the underlying structures placed priority on clinical service in the past to the detriment of the teaching and research mission. So they had some structural problems. The undergraduate medical education program was placed on probation as you know in 2002 and '13, making it the first medical school in Canada to be on probation twice.

So some of these things that they needed funding to do, the accreditors had concerns about the sustainability of certain distributed education sites that were developed at the request of the Government of Saskatchewan. Sites had numerous accreditation deficiencies that required immediate attention. So that's some of the things . . . and I'm certain I can read off where it all went if you want.

Ms. Mowat: — Could you table that? Is there a report that we could get access to on the committee or is that public information?

Hon. Mr. Cox: — This actually is an internal document. It's not a public document.

Ms. Mowat: — Okay. Then can you provide a general sense of what details are included?

Hon. Mr. Cox: — Some of the bigger items?

Ms. Mowat: — Yes, that would be great. Thanks.

Hon. Mr. Cox: — Okay. Some of these are acronyms here. You'll have to forgive me; I'll have to figure out what they are. The academic critical finance plan was 16 million of that; academic portion of family medicine and physician contracts of course, 3.4 million; leadership, 1.29 million; 3 million for faculty teaching again; research was 6.9 million. These are all some of the things that are in here. Some staff, academic leadership, 4.7.

[20:15]

Ms. Mowat: — So do we have . . . And this is what is broken down over the five-year period. Is that correct?

Hon. Mr. Cox: — These are increases that they are experiencing as a result of doing the five-year going forward plan.

Ms. Mowat: — Okay. So there's not a breakdown for this particular fiscal year and where that 20 million is going?

Hon. Mr. Cox: — These are ongoing costs, Vicki, okay? So they are ongoing right now, okay?

Ms. Mowat: — Yes. Okay. Are there any particular strings attached to the money that is being provided by the government?

Hon. Mr. Cox: — No there is not.

Ms. Mowat: — Okay. And when . . . I'm sorry?

Hon. Mr. Cox: — Other than, okay, I should clarify that. One stipulation was to the University of Saskatchewan that the 20 million was to go to the College of Medicine only. Okay.

Ms. Mowat: — When does the U of S [University of Saskatchewan] expect that these funds will be provided to them?

Hon. Mr. Cox: — They were sent over.

Ms. Mowat: — They're already sent over.

Hon. Mr. Cox: — We've started to forward that money on in October and it will go on an ongoing basis, okay?

Ms. Mowat: — So it's not a lump sum payment then?

Hon. Mr. Cox: — It's been appropriated. We have that $20 million set aside for this purpose and it will be released to them as they need it, okay?

Ms. Mowat: — Okay. So what has been released to them so far?

Ms. Bloor Cavers: — Good evening. I'm Tammy Bloor Cavers, assistant deputy minister, sector relations and student services, Ministry of Advanced Education. So just in response to your question, the university receives monthly instalments from the ministry. And beginning in November through to the end of the fiscal year, they will receive incremental $4 million to add to . . . for the total of 20 million by the end of the fiscal year.

Ms. Mowat: — Thank you. So with regards to the U of S actual expenditures in 2016-2017, according to Public Accounts that number was $323,267,803. So I'm just wondering what we expect that line item to be in 2017-2018 just because . . . Yes, just want to know what that line item will be.

Hon. Mr. Cox: — The overall allotment for the U of S? Are we talking about the overall allotment, Mr. Chair, or just the College of Medicine?

The Chair: — I believe this estimate is for the College of Medicine, the 20 million, so that's what it needs to stay to discussion.

Ms. Mowat: — Okay, so just with regards to the College of Medicine though, if we're adding that $20 million, would we expect that the overall allotment . . . Just because this particular item is not broken down into line item, right? So it's universities, federated and affiliated colleges, adding 20 million. So can we expect then that the exact budgeted allotment is going to be similar to that amount, or do you know?

Hon. Mr. Cox: — I guess the best way perhaps to explain that is that initially our funding to the College of Medicine was to be $69.4 million. And with the 20 million added on, the allotment now to the College of Medicine is $89.4 million.

Ms. Mowat: — Okay, that sounds good. So I just have some further questions about the nature of the decision to reverse the $20 million cut. So I see in *Hansard* from March 30th, 2017 . . . I'll just quote the Hon. Ms. Eyre. So she says:

> Mr. Speaker, I would point to a statement by the then president of the university in 2013 that ". . . accreditation status in the College of Medicine is not a funding issue, it's a fundamental problem of structure." That said, we know the College of Medicine has had its challenges, but as of October 2015 it is no longer on probation, Mr. Speaker. And we continue to work with the college and with the university on a financial and restructuring plan that will ensure full compliance with ongoing accreditation standards.

So I'm just wondering if you agree with the ex-minister that it was structural, not financial.

Hon. Mr. Cox: — Okay, when the college talks about structures, it's the structures that they're looking at changing when they're looking at their new plan, The Way Forward. And I guess I could . . . I'll give you some numbers here. In 2014-15 before they made these changes, their annual audited expenses were $171.9 million, in '14-15. Then in '15-16 they climbed to 222.1 because there was some carry-forward, right, of expenses. Then it levelled out in '16-17 at 192.8, which was an increase of $20.9 million over the previous year.

So I think part of it was we received the audited financial statements after our budget in the spring, okay. And then again, as I mentioned earlier, after due diligence and delving into that, we realized that they did need the $20 million to keep accreditation and meet some of the structures that they needed to.

Ms. Mowat: — So you agree that it is a structural . . . Do you agree with what the ex-minister said then, that it was structural change or structural . . .

Hon. Mr. Cox: — Now are we clear on what we're calling structure? We're not calling structures as physical structures, that kind of . . . It was the structure of the makeup. And some of the clinical structures that they'd had before was . . . You know, some of their medical staff was doing more clinical work than teaching work or research work. So that was some of the structures that needed to change, okay?

Ms. Mowat: — Okay, so that makes sense to me in terms of how they are defining structure. In terms of the ex-minister, she's talking about it not being a funding issue, how this is not a funding issue. So that's what I was just quoting is that the

accreditation status is not a funding issue. So I was just wondering if you have any additional thoughts on that.

Hon. Mr. Cox: — Well I think once we saw . . . Again we delved into it and saw what their The Way Forward plan was, that there was a need for another, some more funding. They were short, as I mentioned earlier, that 38-point-some million dollars once they broke that down.

Ms. Mowat: — [Inaudible] . . . there's a funding issue. It became apparent that there was a funding issue since then?

Hon. Mr. Cox: — They needed the $20 million to meet accreditation or at least to work towards that.

Ms. Mowat: — Okay.

I have a *StarPhoenix* story from September 22, 2017, and it's just talking about . . . The title of the story is "University of Saskatchewan medical school gets 20 million in funding restored from provincial government." So it's looking at this issue in particular and it talks about when Minister Doherty was overseeing this. So the quote is:

> On Thursday, Advanced Education Minister Kevin Doherty reversed the edict, pledging an additional 20 million to the college. Making the announcement at the college, Doherty said the decision was "a result of our government's due diligence." The funding for the college "will help ensure that they remain an accredited medical school to train the next generation of physicians to serve the health care needs of the people of this province," he said.

So this is consistent with what you're saying as well, is that this funding is deemed to be essential. So I'm just wondering what changed between March when the budget came out and now.

Hon. Mr. Cox: — Thank you, Ms. Mowat. I guess just to clarify one thing. This was not a reversal of funding. This was new funding. This was new $20 million funding. And the reason that we did it was that we received their audited financial statements after our budget, and so that's when we realized, after — as that article said that you just read to us — after doing due diligence we realized that that funding was necessary to maintain accreditation at that college.

Ms. Mowat: — So why did you believe that that money was not essential at that time, but then changed? Like I'm just struggling to follow along with why the rationale changed, in it being deemed due diligence now but not being part of the equation back when the initial estimates were made.

Hon. Mr. Cox: — Of course I wasn't there then, but I would assume, and I think it's safe to do so, that we didn't have that information at budget time as far as their statements go. And when we did review those statements and saw that it was required to put that additional funding in in order to meet accreditation, then we took the course of doing that.

[20:30]

Okay, just to add to that. In the '14-15 year, we realized that the college had some surpluses that they could draw down, and of course that's not the case now. Their surpluses have been reduced to the point where they needed that funding, and we recognized that going forward, and of course with their five-year plan coming up, some of these things that they needed to do.

Ms. Mowat: — Just in terms of it not being a reversal, I think we can all agree that there were substantial cuts to post-secondary, you know, across the board. Like there were talks about 5 per cent cuts across the board that existed. So if those cuts existed in March and then there was more funding provided in the fall, that's what I'm classifying as a reversal of that decision.

Hon. Mr. Cox: — I suppose you can call it that if you wish.

Ms. Mowat: — Okay. And like I don't think that's out of line with the way it's been characterized in some of the media, you know. I have articles about the shortfall to the U of S medical school, you know. "It can't be possible. We can't cover the deficit with fundraising and cost-cutting, the dean says." So I think that this was acknowledged as a cut in many areas prior to this. So I don't think I'm alone in characterizing it in that way. Just . . .

Hon. Mr. Cox: — Once again, this was targeted funding. This wasn't, you know, the overall global funding for the university. This was targeted funding for the College of Medicine, okay?

Ms. Mowat: — Okay. And so when did the plan that you're referring to, their five-year plan for restructuring . . . Forgive me for not knowing. What was the date when that plan came out?

Hon. Mr. Cox: — Okay, thank you. This journey actually as far as The Way Forward plan goes, started in 2013, submitted some preliminary financial plans starting in 2015, and we've asked for clarification on some items this fall. And I'll just read you a little bit of what we've learned.

Summarizing the five-year financial plan from current documents in a single document as explained in the following paragraph by mid-December of this year, we've asked for that. We've also asked for a cost-comparing project with other medical schools for which an independent external consultant has been engaged. And we're asking for continued review of cost realignment and containment opportunities as well as revenue-generation opportunities we're asking for. And the college anticipates the next update to its five-year plan to be done in February/March of 2018.

Ms. Mowat: — So there was some knowledge of The Way Forward plan in the previous years. I'm just wondering about why the due diligence couldn't be done before the budget.

Hon. Mr. Cox: — In June of this year, 2017, our ministry met with the College of Medicine and that's when we learned of the deficits that they were experiencing. So then in September of this year we, well, put the $20 million in that we're discussing this evening.

Ms. Mowat: — So in the meetings prior to that though, like in

discussions with the university, they didn't indicate that they needed the money for the College of Medicine, like that this was potentially going to jeopardize accreditation.

Hon. Mr. Cox: — Okay, as I mentioned at the outset that we've provided $560 million to the college, 179 million of which was for accreditation purposes over the 10 years of our government. To answer your last question is that they had indicated prior that they felt they were going to need dollars, but there was no certainty to that amount and as to how much it was going to be or for what purposes until that meeting in June when they could actually hammer out the numbers and they knew what they needed. Okay?

Ms. Mowat: — So not counting this targeted $20 million, where does the rest of the money come from for funding this five-year plan?

Hon. Mr. Cox: — I'm sorry, I don't follow that.

Ms. Mowat: — Just not counting the 20 million that we're providing right now, what other funding sources are they relying on?

The Chair: — Mr. Minister, before you respond, this is not necessarily part of the $20 million. This is beyond the 20 million.

Hon. Mr. Cox: — Okay, thank you. I guess firstly we'll say that, as well as the funding that the Advanced Education provides to the College of Medicine, the Ministry of Health also provides some funding to the College of Medicine, and I don't certainly have that number with me tonight. But I would just . . . I won't go through all these numbers here, but our funding to the college is basically broken down in three pillars: our base funding, our enrolment funding, and the accreditation funding.

So I can just tell you roughly that's 20 million a year for the accreditation funding. I think the highest for enrolment was 31 million, and the base funding in the last year was, as I said before, 89.4 million including the 20 million that we're talking about tonight.

Ms. Mowat: — Okay, so with regards, Mr. Chair, to your comment about the fact that the minister didn't have to respond because it wasn't part of what we were talking about here, if we're talking about this $20 million, how can we say that the global budget is not relevant here if that is also a factor in terms of where the funding comes from?

The Chair: — I don't think you really want to question the Chair. You have the estimates in front of you. It deals with the $20 million that went to the College of Medicine, and that's what this estimate is about. Any other questions can wait until the estimates that come in the spring.

Ms. Mowat: — So if this is due diligence, can the university expect funding to support the five-year plan for the College of Medicine on a predictable basis?

[20:45]

Hon. Mr. Cox: — Thank you. I guess I would just repeat one more time here that the 560 million that we've funded to the College of Medicine over the 10 years of our government certainly, I think, demonstrates our commitment to that college. And that's funding from this ministry and none other.

But I would mention, previously I talked about the three pillars of funding that are going to the college. In '16-17 budget year we combined those into one funding amount and they use it as they see fit, okay? So in '16-17 and going forward, they indicated that there was more funding required. And that's what we responded, by providing that 20 million that we're talking about.

Ms. Mowat: — So just to start to conclude here. In terms of the discussion about the accreditation process, I'm just wondering what has been, I'm just . . . So I struggle to see the link between the $20 million and the accreditation process. So I just, I'm wondering if you can provide a little bit more detail on that specifically, if only part of that funding has been provided to this date. I understand that the review has already taken place at the U of S College of Medicine and that they are waiting until I think sometime in the summer before they will hear the results.

Hon. Mr. Cox: — May, June.

Ms. Mowat: — Yes, May, June. So I'm wondering how this funding is tied to that process and sort of what the College of Medicine has communicated to yourselves about the ties to this funding.

Hon. Mr. Cox: — Okay, I guess I would share with you that the College of Medicine's plan does result in significant increase in expenditures, and they're increasing the number of teachers, researchers, and administrators to address the challenges that they've faced in the past. So in October of this year, the College of Medicine documented the following ongoing incremental costs that were added to address accreditation issues as well as The Way Forward plan.

So I'll just give you those right now. The department of emergency medicine staffing was 430,000. Faculty development was 600,000. Leadership staffing . . . Pardon me. Faculty development was 600,000. Faculty staffing was 15.57. Leadership staffing, 1.29. Medical, community, faculty teaching was 3 million. Research staffing and projects, 6.9 Undergraduate medical education program staffing, 5.73. And postgraduate medical education program staffing was 4.8. So as their needs progress they will be addressed in the ongoing budget cycles.

Ms. Mowat: — And these realities were not known until after the budget, is that correct? It just seems to me that $20 million is not a small amount of money to be off.

Hon. Mr. Cox: — Well I would agree with that.

Thank you. I guess I would just point out that prior to this year, the college has had a certain level of surpluses that they were, you know, requested to draw down. We didn't get . . . actually just got the date, the actual audited financial statements for '16-17 until September of this year when we could see where the situation was. And that's why we put the money in, I won't say as needed, but at the time needed rather than send $20

million in there that would be set in surpluses if they didn't need it. They indicated to us then that they did need the 20 million, and that's why we responded by putting that in.

Ms. Mowat: — Okay. In terms of wrapping up, I'm just wondering if there is . . . You were referring to an internal budget document earlier. I'm just wondering if there's a date on when that was produced.

Hon. Mr. Cox: — That internal document was generated in June of this year. But we didn't receive the audit . . . That was an internal document, but we didn't receive the audited financial statement until September of this year.

Ms. Mowat: — And this, the document from June was from the College of Medicine?

Hon. Mr. Cox: — Yes.

Ms. Mowat: — It's in the College of Medicine. And is that a version of The Way Forward plan or is that something different?

Hon. Mr. Cox: — Sorry . . .

Ms. Mowat: — Is it a version of The Way Forward plan or is that something separate that is . . .

Hon. Mr. Cox: — No, that was just their internal document in preparation for their budget.

The Chair: — Five minutes.

Ms. Mowat: — Okay. I think that's all the questions I have, but I want to thank the minister and the staff for their time and thoroughness in answering questions. And yes, enjoy the rest of your evening. Thanks.

The Chair: — Okay, thank you very much. Are there any other questions? Seeing none, Mr. Minister, do you have any closing remarks?

Hon. Mr. Cox: — Well just to say thank you to yourself, Mr. Chair, and to your committee. And as well I'd like to offer special thanks to all my officials that are here tonight, coming out on a less-than-ideal evening, and thank them for the preparation that went into answering the questions. And thank Ms. Mowat for her questions tonight as well.

The Chair: — Okay, thank you. We will now move to vote off the November supplementary estimates for the Ministry of Advanced Education. Vote no. 37, Advanced Education, post-secondary education, subvote (AE02) in the amount of $20,000,000, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. I will now ask a member to move the following resolution. Advanced Education, vote 37, $20,000,000:

> Resolved that there be granted to Her Majesty for the 12 months ending March 31st, 2018, the following sums for Advanced Education in the amount of $20,000,000.

Mr. Docherty. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Okay, thank you very much. We'll take a very quick recess while we change ministers to Social Services.

[The committee recessed for a period of time.]

[21:00]

General Revenue Fund
Supplementary Estimates — November
Social Services
Vote 36

Subvotes (SS01), (SS03), and (SS04)

The Chair: — Okay. Thank you. Welcome back to the Human Services Committee. We will finish this evening with the consideration of the November supplementary estimates for the Ministry of Social Services, vote no. 36: central management and services, subvote (SS01); income assistance and disability services, subvote (SS03); and child and family services, subvote (SS04). Welcome, Mr. Minister, and please introduce your officials and any opening remarks you may have.

Hon. Mr. Merriman: — Thank you very much, Mr. Chair, and thank you to the committee members for allowing me to present this evening. Before I get to my opening remarks, I've got to introduce my vast number of officials that I have in behind me. Yes, I do have a few people here.

I've got Greg Miller, deputy minister of Social Services. Ben Orr, his executive assistant is hiding in the back somewhere. Child and family programs, we have Natalie Huber, Tobie Eberhardt and Brenda Yungwirth. From our disability program, we have Bob Wihlidal and Bob Martinook. From finance we've got Lynn Allan, Ray Arscott, and Beverly Smith. Housing, we have Raynelle Wilson, Tim Gross. And from income assistance we have Constance Hourie, Elissa Aitken, and Jeff Redekop. We also have joining us tonight, Mr. Chair, Berit Pugh as an intern with Johnson-Shoyama, and my chief of staff, Shannon Andrews.

Just to give a little background, Mr. Chair, over the past decade our government has invested in programs and support for Saskatchewan's most vulnerable populations: children in need of protection, at-risk families, people experiencing disabilities, seniors, and those with low income. Social Services' appropriation budget for this fiscal year was $1.121 billion. That significant investment reflects a large number of things: the growth in Saskatchewan's population, the rising number of Saskatchewan people coming to the ministry for help, and the increase in complexity of our clients' needs and the increasing cost of responding to those needs. As a result, the ministry is requesting an appropriation of $29 million to address the following pressures: emergency social services at $6.1 million, income assistance and disability programs at $6.4 million, and child and family programs at $16.5 million.

I'll begin with the $6.1 million pressure in emergency social services or ESS. Through ESS we supported 115 people who were forced to evacuate from James Smith First Nation, Red Earth First Nation, and the RM [rural municipality] of Hudson Bay due to flooding in early April. In August 2014 we began providing emergency social services to residents of five communities in the Northeast who were evacuated because of three large wildfires: Kinoosao, Birch Portage, Pelican Narrows, Jan Lake, and Sandy Bay. We served 2,870 people in the evacuation shelters and hotels, some for up to a month, until they were safely returned home.

Because of the ESS expense incurred during August and September, these costs were not reflected in our first quarter financial report. About 70 per cent of the $6.1 million cost is recoverable from the federal government because the evacuations largely involved First Nation residents. This money will be returned to the general revenue next fiscal year, but the cost becomes a pressure of the Ministry of Social Services in the budget 2017-18. I also wanted to add, I wanted to thank the Red Cross for their assistance during this, and I also wanted to thank the ministry staff that put in the extra hours up north to be able to help the evacuation.

Income assistance and disability programs. Of the $29 million we are requesting, 6.4 is for income assistance and disability program subvote. I'll provide a breakdown of the $6.4 million. Income assistance. In income assistance, cost pressures in the Saskatchewan assistance program or SAP represents $3.9 million. In the 2017-18 budget, we announced that we were reviewing several policies that could result in savings up to $10.6 million. We announced that we were reviewing the home repair benefit, overpayment recovery rates, asset exemption, school supply benefit, and the 3,000-plus calorie special diet.

After thoughtful deliberation, our government did not implement all of the changes because of the impacts they would have on our clients. We also made some adjustments to the proposed changes to the funeral benefits to reflect further conversations that occurred within the funeral industry.

The changes that were implemented will save 3.4 million this year, resulting in a pressure of $7.2 million. We also are seeing lower utilization in some programs, totalling $3.3 million, which offsets some of these pressures. Our request for 3.9 million represents the net change.

The $6.4 million request for income assistance and disability program subvote also reflects a $1 million pressure in the income assistance division in programs delivery area. The growing utilization and increasing complexity of our programs require an adequate number of staff to respond.

The disability program. We are also requesting $1.5 million for the disability programs. This funding will support a large number of adults with intellectual disabilities whose needs have escalated since the beginning of the year. The funding would provide these individuals with residential services, day programming, and/or individualized support contracts.

Child and family programs. The bulk of our request of $16.5 million is for pressure in our child and family program divisions. Maintenance support, $5.5 million, includes 2.8 for the extended family placements. When children cannot safely stay with their immediate family, we turn to their extended family members to see if they can become caregivers. This is the most affordable option and, most importantly, the best option for the children in need of protection. Extended family care represents a pressure this year of $2.8 million.

Maintenance support of 5.5 million includes 1.7 million for private treatment. Some older children and youth with very large challenging behavioural or severe cognitive disabilities require specialized care. Their care needs are beyond the capacity of the family members and foster parents. This private treatment and specialized care comes at a very high cost. Such treatment is available at Ranch Ehrlo, Eagles Nest, and some of the First Nations Child and Family Services agencies.

We have seen an increased cost for these private treatment services. Negotiating lower rates with these providers is not an option, given the specialized nature of these services. This year we had a pressure of $1.7 million due primarily to the increase of private treatment costs. Private treatment services are necessary for some youth in our care. The ministry continues to work with these service providers to transition children and youth back into their communities more quickly, reducing the length of time they spend in these programs as well as the overall costs. We are currently working with 25 children aged 11 and under who are in private treatment programs. These children are ready to transition to community-based care such as specialized foster homes with the goal of eventually returning them home to their families.

Maintenance and support. Maintenance and support, $5.5 million includes $1 million for community-based homes providing short-term care, formerly called emergency receiving. The number of children of the out of care home has grown by more than 13 per cent in the last five years. In the past the ministry would have no option to place these children in hotels when extended family placements were not possible and the foster homes were full.

To meet these needs and the number of children needing protection, the ministry's begun developing community-based homes throughout the province. Community-based organizations are contracted to provide care in these homes. While we continue to focus on searching for extended family caregivers and recruiting more foster homes, we have an immediate need to provide care for these children. As a result we have a $1 million pressure in the cost of this year's community-based homes providing short-term care. Ministry staff are continuing their efforts to reunify children and their families when it is safe to do so and to search for other family members to provide care in the interim.

The ministry has also partnered with the Saskatchewan Foster Families Association on a campaign to recruit foster parents where they are needed most throughout our province. I'm very pleased to tell you that this campaign is a success. We have increased the number of foster homes from 484 in February of this year to 513 as of September, and we have another 55 applicants interested in fostering. As we recruit more foster homes, we expect that we will be able to decrease a reliance on high-cost community-based organizations.

Child and family community-based organizations have $7 million, includes $3.8 million for the intensive direct services. Our child and family program division partnered with community-based organizations to deliver programs and services to children and families all over the province. We have increased our investment in contracts with many CBOs [community-based organization] that deliver intense direct services to at-risk families. These services prevent many children from coming into care by providing supports to the family right in their home. These same intense in-home services help us to reunify families more quickly so the children can leave our care and return to home safely. In any given day these programs . . . Sorry, these programs serve and support close to 4,000 children who are safely at home with their families rather than in care. The pressure in this area equals $3.8 million.

Child and family community-based organizations of $7 million includes 3.2 for CBO [community-based organization] contracts. We also have a pressure of $3.2 million in CBO contracts for group homes and other residential care options. These programs are essential, and our investment in them is critical. They support some of the children and youth who are exiting higher cost private treatment programs. These programs also help older youth successfully transition to independence. We are requesting $3.2 million for these CBO agreements for a total of $7 million in this area.

Lastly the $16.5 million requested includes an additional funding of $4 million for salaries. To address the number of children in community-based homes providing short-term care, positions were added to concentrate on working with some of these children and their families so they could be reunified. As I stated earlier, child and family caseload has increased by 14.5 per cent in the last five years.

Other factors have also affected staffing. For example after the province terminated its agreement with the Saskatoon Tribal Council in 2016, staff were hired to take on the additional caseloads.

Thank you to the committee and the Chair, and I'd be happy to answer any questions.

The Chair: — Thank you, Mr. Minister. Are there any questions? Ms. Rancourt.

Ms. Rancourt: — Thank you. First of all I want to start off with thanking all the officials for attending today. I know you don't get much time to prepare for a meeting such as this, and it is a late evening, and so once again I want to thank you for coming here. And you always provide such good insight into what's going on within the ministry, and I appreciate that.

And I know I've said it before, but I don't think I could say it often enough: I want to make sure that you guys realize I do appreciate the work that you do. I know the Ministry of Social Services I believe it's probably one of the toughest ministries to work under, and I think that you guys do a wonderful job. And I know these clients are some of the most vulnerable in our communities, and they probably don't know the people who are working in the background. But we do appreciate the work that you do, so I hope you truly understand that.

I also want to thank my committee colleagues here for coming and sticking it out through the night, and I hope you find this evening to be interesting and insightful.

So we get an opportunity oftentimes to meet a couple of times through the year, and I look forward to this time to learn more about the ministry and all the things that are going on within the ministry. And so sounds like there's been a lot of things going on, some new plans and initiatives which is really exciting to talk about. So I'm looking forward to hearing more about it.

My first question though will be: can you explain to me the increase for the essential services in a little bit more detail. I think that was relating to the fires that we had in the northern communities. And I was trying to take some notes here. So can you give me the numbers again about how many people were needing to be evacuated?

Hon. Mr. Merriman: — Thank you very much for the question. As I identified in some of my opening remarks — and I was throwing a lot of numbers out very quickly — we were looking at a total cost of $6.1 million for emergency social services, kind of broken into two categories. One was the spring flood and one was the fires that happened later on in the year.

And I'll just go through and give you some rough numbers here of some different communities that were affected by that. We had James Smith First Nation in the beginning of April where we had 83 residents that were evacuated. Red Earth First Nation, we had 25. The RM of Hudson Bay, we had seven evacuees. And that would be the conclusion of the spring flooding.

[21:15]

Moving into August when the fires were happening, we had, I want to say . . . [inaudible] . . . but it's Kinoosao. It's 12 we had from there. Birch Portage, we had 12 evacuees from there. Pelican Narrows, we had 2,545. At Jan Lake, two individuals. Sandy Bay, 299 individuals, for a total of 2,985 people evacuated this year.

Ms. Rancourt: — And do you have a breakdown of how many adults and children that was?

Hon. Mr. Merriman: — Thanks again. We didn't get an exact breakdown of the adults versus the children, but I can tell you that all the evacuees were based on a health assessment. So we were evacuating people that were seniors, anybody with any respiratory issues that could be bothered by the fire — and this is specifically speaking about the August fires — and any other expecting moms.

But when I was able . . . Just after I was appointed Minister of Social Services, I was able to tour the soccer centre in Saskatoon with the Red Cross and some of my ministry officials. And I can just tell you kind of anecdotally that it was a younger demographic, lots of kids. There was some programs that the city of Saskatoon was working with ministry officials to be able to get the kids to the zoo to keep them occupied, as well as some in-house movies, as well as working on some city of Saskatoon bus fare to be able to move some of the evacuees around, so they could transport around the city. But anecdotally,

I would say it was a younger generation, but anybody with any respiratory issues was evacuated.

Ms. Rancourt: — And so would you have kind of a breakdown on the expenses? What kind of expenses do you guys cover and what would that look like?

Hon. Mr. Merriman: — I'm just going to give you kind of an overview of some of the stuff that we do, and then I'll get into some of the specifics.

ESS, or emergency social services, consists of emergency transportation, housing, food, clothing, counselling up to 60 days after the initial event. Some of the things that the $6.1 million covers is . . . It's based on a formula and it's based on the amount of people, the day, also the hotel, the shelter costs, any catering, and any of the other stuff. Now again this is a contract that we have with the Red Cross, and as I said — I touched on in my opening comments — we will be getting some money back from the federal government within 12 to 18 months. We're hopeful, but we have to submit all the paperwork for that process to be able to start.

Ms. Rancourt: — And forgive me if some of my questions might seem a little silly, but I'm not really familiar with a lot of these emergency expenditures. And so you have a contract with the Red Cross and they provide these services and then Social Services pays them all of their expenses. Is that correct?

Hon. Mr. Merriman: — Just a couple of things I'll touch on because I'm learning this as well. The total cost was $6.1 million, is what it cost Social Services. We do have a contract with the Red Cross to perform the services based on a formula that we have with the Red Cross. Now this contract is a three-year contract that we negotiate with the Red Cross. Some of the things that are touched on in the contract is we as . . . I'm sorry. I'll back up. What we have is a line item in our budget is $106,000. That's a standard that we have across, kind of year to year as a base for emergency services.

Now obviously we can't predict what the emergency services are going to be needed, but we always have the funds available to be able to meet the needs that the Red Cross provides us with a bill at the end of this, to be able to make sure that they're covered, their costs are covered. And then we apply back to the federal government and get our costs recovered up to 70 per cent.

Ms. Rancourt: — The refund that you'll be getting from the federal government, is it only if these fires were on their jurisdiction or is it a certain percentage of all the expenses?

Hon. Mr. Merriman: — And thanks again for the question. The easy answer is, is it's not based on geographics. It's not exactly where the fire was. It's more based on the individuals that were evacuated. If they are of First Nation or Métis ancestry, then we work with the federal government to be able to recoup those costs based on the individuals, not based on the location.

Ms. Rancourt: — So when you say that you'll be getting 70 per cent of these expenses back, are you saying that 70 per cent of those individuals utilizing these services were First Nations?

[21:30]

Hon. Mr. Merriman: — Thanks again. And the answer is, is this is based on historical information. The last 10 years, a proportion of emergency Social Services costs covered by the federal government in conjunction with the First Nations responses have been approximately 70 per cent. So we're basing that number on historical information.

Ms. Rancourt: — And earlier you gave a number of how much money you were expecting to be recovered and refunded by the federal government which will be put into the General Revenue Fund. What was that number that you said?

Hon. Mr. Merriman: — It was . . . We're approximately about at 70 per cent of the $6.1 million, but that will not be captured until the next fiscal year.

Ms. Rancourt: — Okay. And who makes the decision of where evacuees will get their emergency shelter?

Hon. Mr. Merriman: — Thanks again for the question. At any one of these times we want to rely on experts when there is an evacuation of this . . . In my opinion, there's not many better organizations than the Red Cross. We kind of rely on their expertise as to what is going to be best for the situation, trying to keep the individuals as close as possible to their home, in the closest community, but also at the capacity of what the Red Cross can accommodate and mobilize to be able to make sure that all of the needs are met but it's also done in a safe manner. We want to make sure that safety is number one and that these community members are in a safe place, and we rely on the Red Cross expertise to be able to advise us in that capacity.

Ms. Rancourt: — I appreciate that. And I know first-hand that I've seen the Red Cross does a really great job with providing services for the evacuees. But I do feel that I need to inform you that we have gotten quite a few complaints from people saying that they don't want to go too far away from home with regards to where they get their shelter.

And I know this last time Prince Albert was feeling the pinch with regards to a lot of evacuees being there, and there was some discussion with regards to that. But there's a lot of communities around Prince Albert that would be interested in helping out as well. And so I don't know if the next time you guys are having negotiations with the Red Cross if that could be something that would be negotiated or discussed. So I told them I would let you know about that concern, and here I have.

So in your remarks as well, you said that there was some staff that went to the northern communities when the fires . . . in August. And so I was wondering what kind of staff expenses you had with regards to that. And where would I find that in the budget? Would it be under the areas of where they work, or is that also included with regards to these estimates?

Hon. Mr. Merriman: — Thanks again for the question. One of the things, when there's any one of these type of emergencies, we learn from previous events, obviously from La Ronge. And what we have right now within the ministry is we have 130 people trained to be able to assist at the shelters, at the food services, whatever it is that the Red Cross is kind of directing us

to do.

And I really can't thank my staff enough that I have the privilege to work with . . . is they were on location. First time I met my deputy minister and my assistant deputy minister was at the Red Cross shelter in Saskatoon when they took me on a tour, and it was literally two days after I had the privilege of being appointed minister. But they were on the ground with the red vests on, working side by side with the evacuees and the Red Cross, and very giving of their time and their expertise and their knowledge so they could assist right there in Prince Albert, in Saskatoon, and working with the community leaders as well as the staff of the Red Cross. So again, they did an absolute fabulous job. It's not a job that we want to be good at, but the staff is very good at. Unfortunately we've had a few of these events over the last few years and the staff is getting more trained, more diversified in their training, and they're doing an absolute fabulous job.

Ms. Rancourt: — So is the cost for the staffing included in that $6 million that you're asking for, the 6.1 million? Or is the cost of that staffing placed someplace else in the budget?

Hon. Mr. Merriman: — It would be included in that $6.1 million.

Ms. Rancourt: — All right. So can you provide me a breakdown for the additional $1 million for income assistance and disability services program delivery? I know in your briefing you said the $1 million was for staffing. Can you break that down a little bit more?

Hon. Mr. Merriman: — I'm going to turn it over to my deputy minister to answer that kind of detailed question.

Mr. Miller: — Good evening. Greg Miller, deputy minister. So with respect to the $1 million in this subvote, the million dollars is to address the caseload pressures as has been identified in income service delivery. This really represents FTEs that are term, front-line, in-scope positions to respond to the fluctuations that we're seeing in caseload .

The million-dollar amount basically equivocates to approximately 19 in-scope FTEs that are temporary FTEs, as I said, to respond to the fluctuations. And these FTEs that are mentioned here are specifically directed primarily in Regina and Saskatoon and the service centres there, to address the increase or the changes in SAP [Saskatchewan assistance plan], SAID [Saskatchewan assured income for disability], and TEA [transitional employment allowance] clients.

Ms. Rancourt: — I'm glad you brought that up, because I know my office and a few others have had a lot of individuals concerned that their SAID workers were no longer locally and they were being referred to workers in Regina. And I was wondering if there was a process of centralizing the services for when the SAID clients are requiring some assistance from their support workers.

Hon. Mr. Merriman: — Thanks very much for the question. The short answer is that it hasn't changed. Due to the nature of the SAID program, we're not requiring a lot of contact with the specific client, as it's not a monthly contact. The only time that there would be any type of real contact would be every three years, when the SAID client is required to come in and touch base with us.

[21:45]

Now as far as the next kind of step, is if there is a specific case in Prince Albert or somewhere remotely and they can't get direct contact with a client representative or a caseworker or social worker, we can make arrangements for somebody to be able to come out and visit that person if they're not able to come in and meet with us in the office.

Ms. Rancourt: — Okay. We get social services calls across the province, and I know these specific calls were from Moose Jaw and Saskatoon. But it's good to know that we can call and a worker will come and see them. My understanding though, from some of the people who are on SAID, they said that they have to contact the agency every so often in order to make sure that they're continuously getting their payments. They call the call centre. And we have to keep in mind also that some of these individuals who are on the SAID program require some individual support and sometimes they rely on their ministry worker to provide that. And so I know the individuals that called our office — there was quite a few of them — they were pretty upset because they had developed relationships with these individuals in those communities and now they were told to phone an agency in Regina. But our time is running low, and I wish I had more time to get some answers on that. But how many people are currently on the SAID program?

Hon. Mr. Merriman: — The current cases that we have within the SAID program is 15,148.

Ms. Rancourt: — Is that lower than normal? It's lower than the numbers that I've had in previous years.

Hon. Mr. Merriman: — Thank you. The SAID caseload is down one person, which is point zero one per cent from last month and up 171, which is 1.1 per cent from this month last year.

Ms. Rancourt: — Okay. Because in previous estimates I have 18,142 in 2016. Is that not matching your guys' numbers?

Hon. Mr. Merriman: — Sorry. Just to clarify, I had given the previous number of 15,148 — that's the number of cases. The number of persons is 18,278. Sorry if there was a miscommunication on my part there. We've got it broken into two different . . .

Ms. Rancourt: — Thanks. So can you provide me a breakdown for the additional 1.5 million for the disabilities' community-based organizations? You were saying that most of it was for residential and day programming, but could you break that down a little bit?

Hon. Mr. Merriman: — Sure. I'll just give a quick answer and then I'll get Bob to touch base. It basically comes down to the complexity of the cases that we're seeing come through our door on the disability side of things, but I'll get Bob to give a further breakdown on the dollar amount.

Mr. Wihlidal: — So as indicated in the opening remarks, an overexpenditure anticipated of $1.5 million in disability programs. And the fundings used for residential and day programs, I haven't got a breakdown of the two for people with intellectual disabilities, adults with intellectual disabilities, and this would be for clients already in our service who would have increased needs compared to the previous year. So peoples' health conditions and circumstances are dynamic, and we do our best to anticipate what their needs will be in the coming year. In this case, we found that their needs exceeded our budget and we responded accordingly.

Ms. Rancourt: — Are any of these additional dollars to help with the transition for Valley View Centre?

Mr. Wihlidal: — No, these were for just our common caseload.

Ms. Rancourt: — And in what areas has these dollars been provided to like geographically across the province?

Mr. Wihlidal: — I'd say across the province, no specific geographic area.

Ms. Rancourt: — All right, okay. How much of the $3.9 million increase in SAP will be going directly as financial assistance to clients?

Hon. Mr. Merriman: — The short answer: that everything that is in the SAP program goes directly to the clients.

Ms. Rancourt: — So that's quite a substantial increase. So how many individuals are currently on the SAP program?

Hon. Mr. Merriman: — Just so I don't make the same error as last time, for SAP cases we have 14,448 and SAP persons we have 28,169.

Ms. Rancourt: — All right. So in your initial remarks as well, you were talking about how some of this increase is due to the fact that at the initial point of the budget there was some cuts that were discussed. And then from that point, due to the fact that it could potentially cause more harm for clients, that they were rolled back. And that was the . . . Was that not the reason why some of this money was put back into the SAP program?

And I think probably one of the major ones was the funeral benefits. And so on July 1st there was an estimated possible benefit of $1 million because of the cuts to the funeral benefits. And now that those changes were made, what is your anticipated savings?

Hon. Mr. Merriman: — Thank you. As the change, as you indicated, was done on July 1st, the anticipated savings are $400,000.

Ms. Rancourt: — And there was also changes with regards to the benefits for a special diet for individuals on SAP and SAID benefits. How many clients were receiving this benefit prior to the changes, and how many are currently receiving this benefit?

[22:00]

Hon. Mr. Merriman: — I just might need . . . And I know we're running out of time, Mr. Chair. I just wanted a little clarity. We do have seven different special diets within the Ministry of Social Services, and if you're looking for a breakdown of each individual diet and how many people are on that diet, is that what you're looking for?

Ms. Rancourt: — So with the last budget I believe they called it the 3,000 calorie diet plan. Is that the only diet plan that was cut within that budget, or the being able to apply for it was changed?

Hon. Mr. Merriman: — Yes, the 3,000 calorie diet was the only one that was brought forward at the budget process.

Ms. Rancourt: — So how many people were on that plan at the budget time and then how many people are currently on that plan?

Hon. Mr. Merriman: — Sorry, just keeping an eye on the clock. It's approximately 1,400.

The Chair: — Okay. Thank you. We have now passed the time of agreed end of these estimates. So are there any other questions? Seeing none, we will proceed with the vote on Social Services.

Vote 36, Social Services, central management and services, subvote (SS01) in the amount of 6,100,000, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Income assistance and disability services, subvote (SS03) in the amount of 6,400,000, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Child and family services, subvote (SS04) in the amount of 16,500,000, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Social Services, vote 36, 29,000,000. I will now ask a member to move the following resolution:

> Resolved that there be granted to Her Majesty for the 12 months ending March 31, 2018, the following sum for Social Services in the amount of 29,000,000.

Mr. Fiaz. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Okay. Motion to present the report to the Assembly. Members, you have before you a draft of the fifth report of the Standing Committee on Human Services. We require a member to move the following motion:

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

Would someone move that? Mr. Nerlien. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Okay. Now for the most important thing of the evening, I would ask a member to move a motion of adjournment. Ms. Wilson has moved. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. This committee is now adjourned at 10:05 p.m.

[The committee adjourned at 22:05.]