STANDING COMMITTEE ON HUMAN SERVICES

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STANDING COMMITTEE ON HUMAN SERVICES

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Mr. Derek Meyers
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Mr. Hugh Nerlien
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Ms. Alana Ross
Prince Albert Northcote

[The committee met at 18:01.]

The Chair: — Good evening, committee members, and welcome to this evening's proceedings. My name is Ken Cheveldayoff. I am the MLA [Member of the Legislative Assembly] for Saskatoon Willowgrove. And I'd like to introduce members that are present. We have Mr. Ryan Domotor here, Mr. Derek Meyers, Mr. Hugh Nerlien, Ms. Alana Ross, and Mr. Doyle Vermette who is substituting in for Ms. Meara Conway.

Before we begin, I have a couple of statements that I would like to read. Because we are still implementing measures to facilitate safety in the context of the COVID-19 pandemic, I ask all officials to please speak at the microphone podium to answer any questions. Please introduce yourself before you speak for the first time to identify yourself for the official record, and then, as a reminder to members and officials, please don't touch the microphones. They are fragile and sensitive. The Hansard operator will turn your microphone on when you are speaking to the committee.

If ministers need to confer privately during proceedings, they may do so in the hallway or the vestibule at the front of the Chamber. Cleaning supplies are located at the tables by the side doors for members and officials to use if they require them.

If you have any questions about logistics or have any documents to table, the committee requests that you contact the Clerk at committees@legassembly.sk.ca. Contact information is provided on the witness table.

Referral of estimates to committee. Pursuant to rule 148(1), the following estimates and supplementary estimates were committed to the Standing Committee on Human Services on April 12th, 2021 and April 6th, 2021, respectively. The 2021-22 estimates: vote 37 and 169 in Advanced Education; vote 5, Education; vote 32, Health; vote 20, Labour Relations and Workplace Safety; vote 36, Social Services. 2020-2021 supplementary estimates no. 2: vote 37, Advanced Education; vote 5, Education; vote 32, Health.

Members, I would like to table the following document: HUS 3-29, Ministry of Health: Responses to questions raised at the December 9th, 2020 meeting of the Committee of Finance. Today our committee is also tabling a list from the Law Clerk of regulations filed with the Legislative Assembly between January 1st, 2020 and December 31st, 2020, which have been committed to the committee for review pursuant to rule 147(1).

The Law Clerk will assist the committee in its review by submitting a subsequent report at a later date identifying any regulations that are not in order with the provisions of rule 147(2). However committee members can also decide to review any of the regulations for policy implications. The document being tabled is HUS 4-29, Law Clerk and Parliamentary Counsel: 2020 regulations filed.

General Revenue Fund
Health
Vote 32

Subvote (HE01)

The Chair: — Today we are considering the estimates and supplementary estimates no. 2 for the Ministry of Health. We will begin our consideration of vote 32, Health, central management and services, subvote (HE01).

Ministers Merriman and Hindley are here with their officials. Ministers, if you want to introduce yourself and your officials and make your opening comments, you may do so at this time.

Hon. Mr. Merriman: — Thank you very much, Mr. Chair, and committee members. I'm pleased to have this opportunity to speak about the Ministry of Health's budget. The ministry's senior leaders that are joining me here today are Max Hendricks, deputy minister; he'll be joining in person. And we are virtually assisted, if required, by other ADMs [assistant deputy minister], including Denise Macza, Mark Wyatt, Billie-Jo Morrissette, and Rebecca Carter. I'd also like to acknowledge the senior officials that are also available virtually to assist the proceedings this evening.

The COVID-19 pandemic has created a severe challenge to our health system never encountered before in our lifetime. The strain has been felt across all sectors and demographics in our society. As the rest of Canada and around the world, Saskatchewan residents have suffered from the devastating impacts of this pandemic. Through all of this, our dedicated health care workers have been doing their part to make sure that they support the physical and mental health of our residents.

COVID-19 has affected multiple areas within our health care system, including emergency departments and intensive care units. There have been interruptions to primary and community-based services as well as surgical schedules and diagnostics, but we have found innovative ways to ensure patient care needs continue with things like the introduction of virtual consultations for physicians to stay in touch with their patients.

Our long-term care homes experienced outbreaks, and while we have adapted through this unfortunate experience, we moved quickly to provide the first and limited amount of vaccines to the most vulnerable seniors and staff in long-term and personal care homes.

Teachers and children had to switch to online learning throughout the school year, which is isolating for students. At the same time, normal outlets like sports and extracurricular activities have been restricted. We commend the resilience of the businesses and restaurants which have pivoted to comply with evolving public health orders. COVID-19 has had a major impact on all of us.

Although they have been challenged and felt pushed to their limits, people in this province have persevered, which is a tribute to the great Saskatchewan spirit and resilience. For our part, we will do what needs to be done until this pandemic is over, and see our residents through every circumstance.

Extensive planning and crisis preparedness has been taking place across the system to address COVID-19. Our government has put the health care system at the very top of its growing list of

priorities. The finish line is in sight, and $90 million will be dedicated to continue to protect Saskatchewan people and provide ongoing robust, comprehensive COVID-19 response.

With our mass vaccination rollout under way, hope is building. Although the variants of concern have resulted in higher infection rates and hospitalizations, hope for better days lies ahead, with an eventual return to normal as our vaccination numbers climb daily. This funding will be directed to mass vaccination delivery; purchase more personal protective equipment, PPE supplies; supporting contact tracing measures; support testing and assessment sites and resources; maintaining enhanced laboratory capacity; and support for long-term care.

This year's record investment of 6.12 billion will carry us forward. The budget will continue to build on our investments in mental health and addiction issues, providing focused improvements on critical and acute care needs along with building and upgrading our infrastructure system. We are determined to move forward with our record health budget. This is the highest investment ever with an overall increase of $261 million or 4.5 per cent from last year's budget.

The Ministry of Health's 2021-22 budget supports a number of key initiatives to protect, build, and grow Saskatchewan. We have also made major budget commitments in seniors' care, including hiring more staff in care homes across the province.

I would like to emphasize that we know people are struggling. Our government understands the need has never been greater for mental health supports and addressing addiction issues in Saskatchewan. That's why mental health and addictions received a record budget this year of $458 million, which is a 5.4 per cent increase. My colleague the Hon. Everett Hindley will speak more details about mental health and addictions investments.

Operating funding to the Saskatchewan Health Authority will go up to $3.96 billion, an increase of $221.4 million or 5.9 per cent from last year. This is the highest budget ever for the SHA [Saskatchewan Health Authority]. SHA funding highlights include a targeted 1.2 million increase for medical imaging to add to capacity of these specialized services. The funding increase will provide additional MRI [magnetic resonance imaging] or PET/CT [positron emission tomography/ computerized tomography] scans for the province, helping to reduce the number of patients on wait-lists and decrease patient wait times.

Melfort will receive a new CT scanner which will improve the overall wait times, particularly for patients in the north part of the province. An $869,000 increase will provide for resources to the pediatric hematology oncology program, including additional specialist positions in Saskatoon and nursing and other support staff.

This budget will also provide a dedicated increase for intervention radiology services in Regina, an additional respiratory therapist position in Prince Albert. The Government of Saskatchewan will focus investments in critical and acute care areas to help our citizens through challenging and unexpected times with their health. The SHA will receive a $3.6 million increase for a four-bed intensive care unit expansion in Saskatoon: two additional beds at the Royal University Hospital and two beds at St. Paul's. This investment will enhance capacity of critical care in Saskatoon to support ongoing and increased patient needs. It will fund nursing staff and health professionals required to ensure high levels of care, and additional operating costs.

A $5.1 million budget increase will further establish the RUH [Royal University Hospital] 48-bed acute care unit. The permanent 36-bed acute care unit that opened in March 2020 merged with the existing 12-bed overflow area, creating a 48-bed ward. This will help to ease capacity issues.

A $2 million increase will also support the new neonatal ICU [intensive care unit] at Victoria Hospital in Prince Albert to deliver the best care possible for newborns. The anticipated opening date is fall of this year. This investment serves as a precursor to the larger Prince Albert Victoria Hospital redevelopment project, where a permanent new NICU [neonatal intensive care unit] is planned. The funding will enable the facility to achieve more specialized designation and will enhance the care and model for patients.

The Government of Saskatchewan remains committed to supporting the Saskatchewan Cancer Agency. This year, the SCA [Saskatchewan Cancer Agency] will receive its highest-ever grant, a total of $204 million. This 7.6 million or 3.9 per cent increase will go towards new oncology drug treatment, growth in existing chemotherapy and radiation treatment, the expansion of the community oncology program services in Saskatchewan regional hospitals. The funding will also provide a new medical oncologist position and support staff to enhance access to cancer care for Saskatchewan people.

Our government is also investing in health care programs to improve team-based care and service delivery within our community. We are committed to strengthening long-term care homes and care services for Saskatchewan seniors. Six million dollars in new funding will be directed to hire 90 new continuing care aid positions for long-term care. Another 18 positions for rural and remote care homes are expected to be added this year. This is part of a three-year $18 million commitment to add 300 new CCAs [continuing care aid] to improve overall care for long-term care residents and strengthen home care services in rural and remote areas.

[18:15]

Front-line care providers and first responders will benefit from several significant expansions this fiscal year. Emergency medical services will receive a $6.6 million increase for several initiatives, including staffing additional ambulances in Regina and Saskatoon, addressing delays when transferring patients to hospitals and other facilities, covering patient wait-time fees, and funding new ambulance technology to improve service coordination and protect Saskatchewan's residents.

We're also investing $6.6 million to fulfill a key commitment that will benefit Saskatchewan's senior citizens by significantly reducing ambulance fees from $275 to $135 per trip. A $4.4 million planned increase will focus on overall efforts to improve patient flow and reduce emergency department waits. This funding will support eight specific initiatives focused on reducing pressures and wait times in acute care facilities in

Regina and Saskatoon. It includes increasing convalescent care beds in Regina and expansion of staff resources for the rehabilitation day services at City Hospital in Saskatoon.

An additional $1.4 million annual investment in STARS [Shock Trauma Air Rescue Service] will support the addition of a new helicopter in the STARS fleet to deliver emergency care faster to rural and remote sites. The new helicopter is expected to be operational out of the Regina base in May of this year. Total provincial funding for STARS in 2021-22 is now $11.9 million.

This year's budget will build and upgrade health care infrastructure. $21 million will support ongoing capital project work, which includes planning and development for new facilities across our province. Infrastructure highlights include $1.4 million for the Weyburn General Hospital. This future facility will feature 25 acute care and 10 in-patient mental health beds, in addition to the primary health care and emergency medical services and a helipad. $5.7 million will be dedicated to the urgent care centres in Regina and Saskatoon, where emergency departments are under increased pressure. This funding will assist with the plan development, site acquisition, design, construction, and program service delivery planning.

$1.4 million is targeted for the P.A. [Prince Albert] Vic Hospital. This 242-bed redevelopment will include a new multi-storey addition with a shell space for future growth and integrated adult mental health. The multi-storey addition will feature medical/surgical space, operating rooms, and a day surgery, emergency room, intensive care units, medical imaging and diagnostics, maternal care and neonatal services, and pediatric services.

Our government is committed to ensuring long-term care residents have a safe and comfortable place to live. We also want to ensure that health care providers have the work environment that they need to provide quality care. $3.6 million will be provided for a new long-term care facility in Grenfell, and 7.6 million for another in La Ronge.

The La Ronge facility will have 80 beds — 70 for long-term care and 10 for respite care — as well as a space for adult day programming. Development work and land acquisition are under way. As well, $550,000 has been allocated for planning future long-term care facilities in Watson and Estevan and $500,000 for planning long-term care facilities needs in Regina.

I would like to mention one other notable highlight in the budget. Five million dollars in funding will expand supports for people with diabetes. This will include continuous and flash glucose monitoring systems for children and youth under 18 who are insulin dependent. The insulin pump program will also be expanded to type 1 diabetics of all ages who meet certain medical criteria. We are very pleased to be able to provide this funding which will make a significant difference in the daily lives of many residents who are dealing with the challenges of managing diabetes.

I thank the committee for giving me the opportunity to outline some of the significant initiatives in the '21-22 Ministry of Health budget. Minister Everett Hindley will speak to our major budget commitments for mental health and addictions support and seniors' care at this session of the Human Services Committee. My officials and I would be pleased to take questions after Minister Hindley's opening remarks.

The Chair: — Go ahead, Minister Hindley.

Hon. Mr. Hindley: — Thank you, Mr. Chair, Minister, and members of the committee for being here this evening. I'm pleased to be here today to speak about the Ministry of Health budget as it relates to mental health and addictions services.

And I just want to quickly thank and acknowledge some of the ministry senior leaders who are joining us tonight as mentioned by the Minister: Max Hendricks, the deputy minister of Health, who's joining us in here in person, and then assisted virtually here by other ADMs including Denise Macza, Mark Wyatt, Billie-Joe Morrissette, and Rebecca Carter. We thank our officials for their work that they do each and every day and for being here tonight.

I'd like to also acknowledge the senior officials that are also available virtually to assist with proceedings this evening and as we get into what we'll be answering some questions on tonight.

The Health minister indicated in his statement before the committee, COVID-19 has had an unprecedented impact on our health system, the residents, and our province. The provincial government remains fully committed to supporting Saskatchewan people through an experience never seen before in our lifetimes. We have made major budget commitments to ensure our residents are protected through the pandemic while still investing in key initiatives to protect, build, and grow Saskatchewan.

This year's record health budget of $6.12 billion will carry us forward. In addition to the key investments that the minister outlined previously for the committee, this budget includes significant funding to strengthen mental health and addictions treatment and support. Our government understands the need has never been greater in these areas. As we continue to see these concerns across our nation exacerbated by the pandemic, we remain committed to providing as much support as possible to all Saskatchewan people. That's why mental health and addictions is receiving a record budget this year of $458 million, an increase of 23.4 million or 5.4 per cent over last year.

This significant boost will assist individuals struggling with mental wellness and addictions issues. It makes key investments in youth-focused initiatives, suicide prevention, harm reduction, and addictions treatment. Also significant funding has been allocated for hospital-based mental health and addictions services, physicians' visits, and prescription drug costs. I am pleased to provide you with some of these details here today.

Under the banner of mental health and addictions, mental health and addictions programs and services account for 7.5 per cent of the overall health budget. As part of the $23.4 million increase this year, we are committing $7.2 million in new funding for mental health, addiction, and harm reduction initiatives. Expenditures include $2 million to be dedicated to establishing up to three provincial locations for a youth-focused initiative that integrates several human services including mental health and addictions, physical health, and community and social services. This innovative approach will also emphasize community

partnerships and youth and family engagement as well.

One million dollars will be dedicated to implementing actions as part of the Pillars for Life suicide prevention plan this year. $850,000 will be used for 12 additional provincial addiction treatment beds and two pre-treatment beds at the addiction treatment centre located at St. Joseph's Hospital in Estevan. This addition will increase the total number of beds at the Estevan facility to 32 treatment beds and six pre-treatment beds. The remaining $16.2 million of this year's increase will be to address the increasing costs associated with hospital-based mental health and addictions services, physicians' visits, and prescription drug costs.

Enhancing harm reduction services is an important step in increasing access to services that save lives and prevent disease transmission. This budget includes $750,000 for mobile harm-reduction services, including developing and equipping three mobile buses. We expect that two buses will be used in Regina and Saskatoon and the third bus will shared between North Battleford and Prince Albert.

$440,000 to significantly expand access to harm reduction supplies. This would include naloxone as well. The new harm reduction funding will expand access to take-home naloxone, enhancing mobile services and vending machines, and explore new initiatives such as drug checking. Activities will enhance a network of harm reduction services already in place across the province.

This year's investments in addictions and harm reduction provide further support to help address the challenges of drug overdoses. There is no one-size-fits-all strategy for a complex issue like this, and we continue to collaborate with stakeholders across the province to find the best approaches.

As part of Saskatchewan's drug task force, we are aligning our efforts across the human service sector to address the harms of crystal meth, opioids, and other toxic substances causing harms in our communities. This is in addition to recent actions taken by the Ministry of Health that will maintain funding for measures to protect Saskatchewan people from risk of overdose, including free take-home naloxone kits available in 45 sites in 30 different communities, approval to the Friendship Centre in Regina to operate an overdose prevention site, dedicated addictions workers to support emergency departments in Regina and Saskatoon, and four rapid access to addictions medicine, the RAAM clinics, located in Regina, Saskatoon, Prince Albert, and a fourth under way in North Battleford.

Mental health support is available to Saskatchewan people to assist them with challenges of anxiety, depression, substance abuse issues, all intensified by the COVID-19 pandemic. We are working with our health sector partners to ensure that mental health and addictions services remain accessible, and we also want to be sure that services follow public health requirements such as physical distancing.

In the 2021-22 budget, $250,000 has been allocated to address higher demand for mental health services as a result of COVID-19 impacts. Also $250,000 is available to address increased demand for addictions services.

Family Service Saskatchewan, in partnership with the Saskatchewan Health Authority, supports 23 mental health walk-in clinics. They're now offering services by phone in communities across the province in light of the need for social distancing. Links to many mental health and addictions services and supports are available online at Saskatchewan.ca. In addition, HealthLine 811, Kids Help Phone, and Mobile Crisis phone lines along with the federally funded Hope for Wellness chat line are available throughout the province. And Sask911 continues to provide province-wide services in case of a mental health emergency.

As the minister previously mentioned to the committee, this year's budget includes funding for planning and development for new facilities. And I will highlight a few that will include support for mental health needs.

The Weyburn General Hospital. When completed, this facility will feature 25 acute care and 10 in-patient mental health beds.

Urgent care centres in Regina and Saskatoon. These centres will complement services already provided by family physicians and primary care clinics and will expand access to urgent mental health and addictions services.

Prince Albert Victoria Hospital. This 242-bed redevelopment will include a new multi-storey addition with shell space for flexible, future growth and an integrated adult mental health section.

I would note that our government has made a commitment of $81.2 million for health system infrastructure maintenance. Much of that will be used for repairs of critical infrastructure in long-term care homes and other health facilities.

In conclusion, I'd like to thank the committee for giving me the opportunity to outline the significant investments of our 2021-22 Ministry of Health budget. Mental health and addictions remains an important area of focus for our government. We've made great strides, but we also know that this work must continue. We remain committed to improving services and supports to meet the needs of our residents.

And COVID-19 has been an enormous challenge in all areas of life, including mental health, but together we will get through this. Saskatchewan people and our health care workers are determined, hard-working, compassionate, and resilient. Our ministry will work hard together with our partners to support them the best we can during this time and beyond.

And our officials and myself and Minister Merriman will now be pleased to take any questions the committee may have.

The Chair: — Thank you very much, Ministers Merriman and Hindley. Committee members, I overlooked one item here. Mr. Todd Goudy is substituting for Mr. Muhammad Fiaz today. Welcome, Mr. Goudy. Mr. Vermette, you may begin your questioning.

[18:30]

Mr. Vermette: — Thank you, Mr. Chair. To the ministers, your officials, those that are present, and you know, waiting for some

information if you're needing it. I'm not going to take a lot of time with the introductions. I think you guys have really done a great job of taking, you know, and expressing what you've committed to — 30 minutes — and that's great.

So I'm going to go on to some of the serious stuff. As I said, I had an hour, and I was hoping to ask you some serious questions, Mr. Minister, when it comes to addictions and mental health and the challenges. And I guess initially, you know, I've listened to you talk about the record spending, and you know, $458 million for mental health and addictions. And I understand you probably feel that that's really great, but unfortunately for the families that are out there who are burying their loved ones because of mental health, suicide, addictions, and feel like they're not getting the supports.

You, as a minister, had probably people applying for money in the new budget, hoping . . . They're community-based. They're trying to help save lives. I think a number of them in Saskatoon. I've had some of them reach out to me. Prairie Harm Reduction is one of them. There's another organization I know reached out to me saying they didn't get any funding, and they're trying to work with people with addictions.

So I'm wondering how many other organizations — and maybe you can table that document at a later time — how many people applied for funding out of this year's budget? And how many were approved? And how many were denied? That would be helpful to see.

I think it's important for those families that have suffered. Because I've said myself, I've lost a loved one to an overdose, a nephew. I've watched friends. I've been there supporting families as they've lost their loved ones. It's very painful. And there are some times they want questions, and their question is, how come we're not doing enough?

And when I think about one . . . Prairie Harm Reduction asked for 1.3 million, and they went down, I think, four different areas of dollars asking for help to try to do . . . the more 24-7, it would . . . [inaudible] . . . down to a paramedic. Different things that they requested. And for whatever reason in this large budget, record spending that you spent, you could not find any money to help their program who truly save lives for people who overdose. They do an amazing job. You know it's sad to say that they have to fundraise to keep it going.

So in my mind when I watch some of the stuff, and I talk about the record, your record spending and you . . . And I have to believe you to be sincere, and you know, I have no reason to believe you're not.

But these organizations aren't asking for a lot. And they're your partners. They'd do amazing things for you if you'll partner with them. So I don't know why they didn't get funding, but maybe you can explain why they didn't get funding. I don't know if they didn't meet your criteria, certain groups that are applying. But I would think you would want to partner with anyone who's willing to save lives. So you know, I guess I'll let you comment on that, and it's good to start there. And I'll see what you have to say. Thank you.

Hon. Mr. Hindley: — Thank you to the member for the question. And if I could, I just would like to begin just to thank the member for his commitment and dedication to this issue. I was present in the House last week when the member opposite was giving his speech in response to the budget, and I just want to thank the member for his commitment to his constituents and what he does and has done for a number of years representing them and the issues in his constituency. And I appreciate that; I do. The member and I have had a couple of occasions, I think, to have some off-line discussions about this in previous years about some of these very important issues, and I appreciate the member's passion on this issue.

On the question with respect to how many groups and organizations applied for funding, how many were approved, how many were denied, we'll endeavour to get that information for you in terms of the number of applications that were received by the ministry over the past fiscal year for this upcoming budget. We don't have that information at our fingertips here right now, but we'll try and get it here to the committee as soon as we can.

And just with respect to the rest of the question about harm reduction funding in general and what's in this particular budget for mental health and specifically for addictions supports, and I touched on some of this in my opening remarks. You know, we're funding in this year as I mentioned, it's $458 million into mental health and addictions, 62 million specifically for the addictions file. There's been an increase of $86 million just in the last three years as a matter of fact. And we do recognize that this is a serious issue, and not just in this province, but you know, other provinces and territories are dealing with this as well. And trying to find the best way possible that we can provide supports to people across Saskatchewan.

You know, I touched on some of the funding that is committed in this year's budget with respect to the additional treatment beds in Estevan as well as the pre-treatment beds; the mobile harm-reduction buses that will be based out of Regina, Saskatoon, and Prince Albert; the expansion of the naloxone; some additional funding to address COVID-19-related addictions concerns. You know, there's funding, as an example, towards addictions medicine training programs for physicians as well that's helped provide those supports.

Specifically in harm reduction, the government's investing $2.6 million into harm reduction in this budget year, which is an increase of 1.4 million over last year. And it continues to grow over, you know, the past number of years of this government. You know, we're funding currently 29 fixed and 4 mobile harm-reduction sites across the province and that is expanding in this year's budget.

In the case of the Prairie Harm Reduction, the Ministry of Health does provide some funding there and continues to provide 130,000 towards Prairie Harm Reduction. And they do get some support from other ministries for other things, and I get that. But they receive some funding from there as well.

We're trying as a government to provide as much support as we can to people across this province, knowing that this is an ever-changing situation. We fund other groups as well, and we'll get the information for the committee on how many groups have applied for funding in the last, you know, for this budget year. I'm sure there were many.

There's groups such as the Saskatoon Tribal Council which we fund in Saskatoon for the harm reduction supports and services that they provide to their member First Nations, and that's another important one. And that's an example of a group that applied for additional funding. And there's others. I know that I've seen some letters that came through after the budget, but from other groups, that have come across my desk in the area of not just addictions but mental health as well.

So again I think our focus has been to try and provide access to treatment for people, no matter where they live in this province, you know, as quickly as we can, recognizing that we do have some challenges with waiting lists and we need to address that.

And we're going to continue to work on this, and I think it's something you see in other provinces as well. And we know that this is an evolving situation but we know that lives are at stake too. And that's why the investments we've made this year, we believe, will help to save lives. But we know we need to continue to make investments into this area.

Mr. Vermette: — Yes. I appreciate you finding the information to see who has applied. It probably is tough to make some of the decisions that have to be made. But unfortunately for me, I'm in opposition, and I see the needs out there because people passionately tell me their challenges. You may hear them telling you that too. But you have to make decisions, and the decisions you have made I hope save lives. But you have choices. And I sometimes used to say, ministers and being government, you get to run the whole province and you get the coffers and you get the dollars and you get to decide what projects are a go and what aren't a go. And I understand that and I respect that process.

And sometimes it's not easy when you're in opposition. But you said it yourself: I am a passionate man when it comes to dealing with people losing their lives from addictions, mental health, suicide. We have so many of them.

But you are picking organizations, partners that may affect someone's life, may save someone's life. That's such an important decision. I don't know why people would get refused, or organizations that apply. Maybe they don't meet the criteria. I don't know. I don't know what it is. You have limited resources. But when I look at the deficit in the budget, and I look at the budget overall . . . and I see we are in a crisis when it comes to addictions, mental health, suicide. And I think the North . . . I don't think there's been much of a change when it comes to suicides, the attempts and everything else.

Sometimes, you know, you wish you could wave a magic wand and save families. And we can sit here as politicians and tell families who lost loved ones, you know, our condolences, our heart's with you and all that. And that's fine. I understand. I respect that. That's what good people do. But when you see the hurt of families who lost their loved one because when that loved one needed help . . .

And I think about harm reduction. And I thought about some people maybe look at it differently. And I've tried to understand it, and maybe you can give your comments on this. If I had a loved one who was using hard drugs, a needle, and wanted to go behind a garbage stand or a bin to do their drugs — because they want to get away from people; nobody see them do that — and die because nobody knows it's fentanyl. It's an overdose.

[18:45]

Harm Reduction wanted to have safe injection sites so that if something happened to that person, they could respond with a paramedic. They could bring them back and try to do all they can to save a life because someday that person might make it to one of the treatment centres that we operate in this province. They might have a chance. But you have to supply the partnership and the place to give them that chance to save their life, to give them a chance to go to treatment.

You've got a tough job. People are going to be holding you responsible. I know I will be. And I don't mean in any way with disrespect. It's not easy. You may have to ask your colleagues to support you to find more monies.

We have a crisis, as I said, with addictions, mental health. We have so many deaths. And I realize, you know, listening to COVID-19 and the challenges, I understand. You have many challenges and people expect so much. But sometimes we have to make sure the priorities . . . What are the priorities? I've watched for years. Government has made its choices and they've funded what they want and they've spent money where they want and we've had billions. And I've watched that. I've been here awhile.

And I'm not saying this to be in any way disrespectful because I don't want to do that to people that are losing their life. They're watching and they're hoping that the government, that we as an Assembly, recognize what's going on and saying, look, this is a crisis, we've got to do something. It doesn't mean we have to keep the money flowing constantly. If it's a crisis, let's fix it. Let's fix it now, save lives now.

And when you see the information coming out that says the harm reduction . . . Some of your own documents make it very clear that it . . . and recommendations that it does affect lives, saves money, and less crime. So you've got a challenge.

But I'm hoping that these organizations could get maybe another chance to come to you as a minister and maybe me, myself, as an MLA and the critic for Mental Health and Addictions to say, have a second look at some of these. Maybe it warrants finding some dollars to do something. Yes, maybe people criticize you — organizations — because you didn't give them what they needed. Maybe there's a good argument to say, let's work together. It's the right thing to do. Let's save some lives. It's so important. How much are we willing to spend to save a life?

So I'll let you comment on that. I've got a few more questions I want to ask and I just wanted to share that with you. Thank you, Mr. Minister.

Hon. Mr. Hindley: — Thank you, Mr. Chair, and thank you too to the member for his comments.

They're not easy decisions. None of them are. You know, we're trying as much as we can to provide as much support as we can to people across the province knowing that, you know, there is no easy fix to this. This is not going to be solved overnight. And it's rapidly changing, and you know, I'm not going to blame

COVID-19 but it's created some additional challenges as the member would know, as members of this committee would know for so many families — every family I would argue — in this province and in terms of the impacts it's had on people's mental health and those that perhaps are struggling with addictions now more than ever because of the additional stresses and those who might not have had an addiction problem before.

And it truly is province-wide. I've read the stories in the newspaper, the articles where, you know, the reporters interviewed families all across this province, not just . . . you know, in Regina, in Saskatoon, in small rural communities, in the North, in my own community. I had a phone call from a constituent about six weeks ago, from a mom who was very worried about her son, who she was concerned had progressed from an alcohol addiction to crystal meth, and she didn't know what to do. And we had a very good conversation about, you know, the supports that are out there, and where we need to do better, but we had a, you know, it was just a very . . . a situation that hit very close to home.

And I think that that happens for so many of us. And I know the committee member has given some very passionate speeches in this Chamber about attending funerals in his constituency, far too many. And one is far too many for any one of us, whether we're a member of the Assembly or we're a mom or a dad or grandma, grandpa. We don't want to see that.

So you know, it is a challenge and in my time as minister, and I've been fortunate to, you know, to be given this opportunity to work with officials and with stakeholders and communities to try and find some solutions to this and continue to look at how we can do that. I've had a number of conversations with a variety of stakeholder groups and individuals.

You know, I've spoken to Prairie Harm Reduction. I've spoken to Marie from Moms Stop The Harm. I've spoken to local drug task forces in the small communities. I had a conversation earlier this winter with the northern village of Pinehouse and talked to them about what they're doing in their community, got some ideas and suggestions there. I've talked to the folks at the St. Joseph's treatment centre in Estevan about what's working at their program and where they, you know, where they need to go in the future. And that's part of the reason, you know, for the expansion of beds there because of the demand. And it's a terrible thing to think that we have to do it, you know, that we have to build on treatment bed capacity, but that's the world we live in these days.

And those are just some of the groups. I mentioned the Saskatoon Tribal Council. I've spoken to them, the mayor of Saskatoon, the mayor of Regina, MACSI [Métis Addictions Council of Saskatchewan Inc.], you know, the list goes on and on. And I'll continue to talk to those individuals. I've talked to front-line workers. I've talked to recovering addicts, and trying to gain as much advice and direction and ideas from, you know, far and wide across this province on how we can continue to make some improvements. And that led to some of the investments in this budget, you know, the consultations that we had.

You know, I haven't spoken a lot about the take-home naloxone program, but in a lot of the discussions I had with individuals and groups, stakeholders and community leaders, parents, teenage kids, I was told about, you know, how that is one thing that is working. And it's an option. And it has saved lives. You know, we've distributed over 14,000 kits since November of '15 in that particular program. Thirty-one hundred kits have been used to reverse an overdose. That's an example of where we need to expand that. And we're going to be purchasing additional naloxone kits in this budget, and we're going to try and expand the access so it's easier for people to get them. We're in conversations right now with pharmacies about how we can expand there.

And one of the things that I think is kind of unique, is looking at trying to co-locate naloxone kits anywhere there's an AED [automated external defibrillator] machine. And recognizing that, you know, we're going to try and get that spread across the province as much as we can. But the automated external defibrillators have a very, very good public presence out there, where people know where they are. And I think to me, it makes sense that if you have one life-saving device there, should probably have another one which, you know, could mean the difference between saving a life or not.

Those are some of the challenges we struggle with. And to the member's question, of course, you know, my door is open. You know, I'm continuing to consult on this. This is not a closed door on what we're doing. And we're always looking at best practices and how, you know, how we can best tackle this. And I know the member might not want to hear this. You know, we say limited dollars, but it's not . . . We have to try and do as much as we can with the dollars we have, and that's where we need to continue to work with our partners.

But just to conclude, just back to the member's first question on applications for funding this year, we don't have that number handy so I might not be able to get that for the member tonight. But we are checking to see how many expressed an interest for funding from the branch. Thank you to the member.

Mr. Vermette: — You know, and I think you mentioned about front-line workers. And I want to be very clear because I have said to those front-line workers that are working counsellors, addictions people, self-help groups who try to help people, I thank those individuals, front-line workers, our counsellors. Some of them are burning out. The mental health, I watch it. I've talked, I've got friends that counsel and do all they can. And they are, they're burnt out. Like it's amazing the stress on them, on themselves. And they're doing all they can and I give credit to that. You know, it's not an easy job.

And I know myself, I've tried to talk to a lot of people and do what I can to support them as a person. I've got 17 grandkids, as I've told you. I'm fortunate that when they have issues, if I can't get through the provincial system, then I can pay a little money and get them some help. So I've been fortunate where some families in the North, they have no travel, there is no place. They wait endless, endless time to try to see a counsellor, a mental health worker, something.

And I know that there was one time . . . Maybe that's another report you could provide, is where the youth are and our young people and kids, moderate . . . You know, you guys have given different reports. I was looking at the numbers that you guys tabled in 2019. Maybe you could table those numbers again. You

know, number of children moderate category to mild category. There's hundreds of them on this list, waiting for services. It would be nice to see — have we improved? Are things getting better? Or you know, is it not? So maybe that's something else the minister could provide. It would be helpful to have.

You know, I can sit here, and I know we have question period and we have opportunities to ask you questions, and I can do that and that's fine. We've had over 400 overdoses in the last — I don't know — maybe say 16, 15 months. You know, with all those families, it's just alarming, the addictions. You talked about addictions use, alcohol, and people having problems. I mean, I'm hoping my colleagues will ask the minister responsible for liquor and gaming . . . You know, I see what's going on and I see some places where the liquor coming out of the Liquor Board store is just unreal. Like I just cannot believe the volume that it comes out. So I'd like to look at and find out and we'll do that. And seeing, you know, what are some of those challenges.

You said your door is open and I'm not a . . . when I hear somebody say that . . . And I'm going to do all I can with these groups that have said they've applied for funding with your ministry. And I'm going to do all I can to support them to try to work with you and your ministry to see if there's any way to find some supports so that we can save lives. That's all I want to do. The politics will do that.

I've got some new neighbours. I just want you to know this too. Very strong neighbours. I've got my family. I sit over here and my colleagues, I say, are my family. But I got some neighbours sitting over here in this Assembly. And I'm going to utilize them to try to work with you and say hey, come on. We've got some serious problems. And I think we can.

Sometimes as hard as it is to put the differences aside, we're losing too many of our young people. We're losing too many of our citizens to addiction where there's alcohol, drugs, overdose, suicides. Like it is, I think to me, that is a pandemic as well. You have challenges with COVID-19. I understand that. Limited dollars. But I think if we could just do a little more to cover some of these areas where you have partners willing to work with you.

You talked about the partnership with Saskatoon Tribal Council. You said you gave them $150,000. I wonder how long you've given them 150,000 and have you ever increased it. And I'm actually going to reach out to them, if they'll tell me how much are they putting in, because I'm curious to see now that you've said that. You've given them money, and I think that's great. There's another partner you identified, and I appreciated that you shared that.

You know, at the end of the day I guess you look at the budget. You say it's $458 million that you're putting into mental health and addictions. And we see the numbers happening and we see what's going on in our province, and maybe if we could find a little more. And everyone picks priorities. Governments pick their priorities. I understand that.

[19:00]

But while I watch family members, community members, our neighbours losing loved ones — children, family members — it just seems so wrong. And when those families reach out to you and they're hurting and they say, why? Why, when my loved one needed the help, why was there no help? And that's the frustrating part of it. Sometimes you don't know what to exactly say. All I can say is, look, I'm going to ask the government, how come this isn't your priority? It may not have to be for years, but maybe for a time we can say, let's find some extra dollars to deal with a crisis going on. We can find money for a pandemic.

And you know, there's other areas we'll go on but, you know, I think about the . . . And I did my response to the budget speech, as I said to you, and in there reminded that there is some money comes in from the federal government to help. And you know, I was sincere when I said for myself, I think that's a door that, for me, you know, a lot of money comes into the provincial government coffers for Northern people, Indigenous people. And I think that we need to make sure that Indigenous people, Northern people, our rural, are getting their share to deal with mental health, addictions. There's a lot of work to do.

But I guess my next question to you would be this: you opened up a hospital in North Battleford — and I was asked to ask this, and I don't want to forget for this person — and I tried to get an understanding of it because, to be honest with you, I never got a tour of the building, I haven't seen it, but I've heard it was needed and it was built, and that's great for the community and for our province. Is it, right now, fully operational? Like rooms are operational? I hear there's one mental health and then corrections. If you can explain a little bit of that to me, just to understand, is it fully staffed and is every room, bed utilized in the facility?

Hon. Mr. Hindley: — Thanks to the member for the question. Just to touch on a couple of things there. There was just before the North Battleford hospital question — and we're looking just up the most current stats and information for the member — the member asked some questions about investments and, you know, what we're doing for youth. And there was a question there about the Saskatoon Tribal Council. So I'll maybe touch on those just kind of briefly, and then we'll talk about the North Battleford hospital situation.

On the youth area, one of the examples of something that we're doing in this year's budget is the $2 million for the integrated youth services project which is, as I talked about in the opening remarks, it's a cross-sector initiative to co-locate the youth-focused services such as mental health and addictions, physical health, community and social services, and others, with the emphasis on community partnerships and youth-family engagement. It's a model that our officials have looked at and we've looked at that's been used successfully in some other jurisdictions in Canada.

It works with a CBO [community-based organization] or, you know, several CBOs to kind of partner and kind of serve as a bit of backbone for the model. And really, as I understand it, kind of developing almost like a one-stop shop for youth so that they have the ability to, no matter what it is they might be struggling with, you know, if it's a mental health, or an addictions issues or, you know, we would bring in partners from Social Services and this ministry and from Education. Again working with community-based partners because frankly there's, you know, there's a lot of community-based partners that are operating in areas where government isn't and they have been for years and

decades and do some very, very good work there. And I think it would only be prudent for us to continue to work with organizations like that where possible.

So that's, you know, just an example of one of the things for youth prior to this budget year actually, tail end of last budget year. A previous investment into some youth addictions treatment beds, which is based out of southwest Saskatchewan but serves more than just that area there will be . . . It's open to youth from across the province. There's a number of beds set aside for youth for addictions treatment. And that's another example of some investments that are building upon some previous programs that we have.

And further to that, you know, I've had some conversations with the Minister of Education about how do we, you know, we focus a lot on — all governments do and all organizations do — on treatment and saving lives, which of course is a very, very important part of this. But how do we, you know, how do we best provide supports to youth so that hopefully they don't ever need to use a naloxone kit or, you know, check in to a treatment facility or need a pre-treatment bed or have to . . . You know, how do we better do that? So those are conversations that are ongoing between some of our other ministries here. You know, how do we address that to make sure that we're providing supports for young people, teenagers?

And you know, I'm sure members of the committee, they're well aware of it, whether it's through media stories or personal stories. And I think of the member for Regina Walsh Acres and how close to home that hits. And that's where, you know, if that doesn't provide, you know, incentive for us, I don't know what does, for all of us in this Chamber. So and that's, you know, another area that we need to continue to work on to make sure that we're supporting the youth across this province no matter where they live in Saskatchewan.

I'll just touch on some of the STC, Saskatoon Tribal Council, information here just for the committee's information. The ministry funds the Saskatchewan Health Authority to support a multi-year funding agreement with the Saskatoon Tribal Council. Started in 2019-20, I believe it's a five-year agreement that we have with Saskatoon Tribal Council in the amount of $150,000 annualized. The initial year was $75,000; it was pro-rated and went up after that. The funding is matched by Indigenous Services Canada.

It actually supports street outreach, client navigators, peer engagement, community needle pickup, transportation for clients. The SHA provides supplies to the Saskatoon Tribal Council harm reduction program as well, and they operate in their harm reduction program an integrated care centre in Saskatoon's core neighbourhood often providing, according to the statistics here, over a million needles per year. The site is accessed by clients within Saskatoon as well as individuals from some of the outlying First Nations as well. They have nurses, addictions counsellors, client navigators, outreach workers on site that are part of their programming as well. So that's again just an example of an organization that we do currently work with.

And just on the topic of First Nations, I had actually a chat just yesterday with Vice-Chief David Pratt from the FSIN [Federation of Sovereign Indigenous Nations]. I've had a number of conversations with him. I've got to know him over the last number of years in my previous role prior to being elected, but also since becoming, you know, elected as the MLA for Swift Current, having had some chats with Mr. Pratt at what was an annual or semi-annual powwow in Swift Current before COVID kicked it out.

But I've had some very good chats with him. And I had a chat again just yesterday with Vice-Chief David Pratt about, you know, the letter of understanding that we signed last September, the former minister with the FSIN and the federal government on, you know, mental health and addictions, but specifically on suicide prevention and life promotion, as it's called.

So we continue to work very closely with the vice-chief and his officials. That was just a call between he and I yesterday but earlier this winter — I think it was in February, somewhere in there, late January, early February — we had a meeting, myself with officials and Vice-Chief Pratt with his officials, just an update on where things were at and where we're moving forward in our work with the FSIN and with First Nations in this province as we, you know, all try to tackle the challenges that are facing all of our communities.

On the North Battleford hospital situation, I was checking with the deputy minister and I'm not sure if Max might have some information for us there.

Mr. Hendricks: — Max Hendricks, deputy minister. So you'll know with SHNB [Saskatchewan Hospital North Battleford] we increased the number of beds from 156 to 188. All 188 beds are staffed and funded on the Health side. There are 24 beds, we think, on the Corrections side that are not currently staffed or funded. We're currently checking on the occupancy as of today. There was a slowdown for a period during COVID in admissions, but those were resumed last fall, so the Health side is fully operational.

Mr. Vermette: — Thank you. I guess, Minister, if you want I could table the document that was given to me before it was tabled before that just shows the numbers . . . the chart and all for when I asked about the different children with moderate, you know, to mild conditions. Do you want me to table that so that you guys can have a look at it and see if you can provide us with that later?

I'm going to be finishing up, concluding my comments here shortly, and I know my colleague will be taking over. I'll be concluding my comments at this time. I've taken up the time I needed and she's got her time. As critic for Health, she has some issues.

But before I conclude and turn it over to my colleague, I know that I'm going to be working with the member from Saskatoon Centre who's the critic for First Nations and Métis Relations and a very strong First Nations woman, a residential school survivor, well-educated, and like I said, a powerful woman. I'm going to work with her, and we're going to try to reach out where we can and tour some of the areas once it's safe to, to look at some of the different sites and what's going on in partnerships. We want to both . . . We're curious especially with First Nations and Métis partnerships, so we're going to do that.

You know, something I just want to . . . I've said to you I'll try to work with you and try to help others that are looking for funding, and maybe there's ways to do that. With your ministry, you could find some dollars. It doesn't always have to be the hard way. I'll try working with you. I'm going to try my best. My elders tell me to do that and I've said that I'm going to. But when I no longer can get support and help, then we'll do what we have to do; we'll go back to I guess the old way, the way it is, and just go through that process, you know. But I will work with youth. I will work with our leaders, our Métis, our municipal leaders, our First Nations.

[19:15]

Our youth are powerful. I know that where I come back from home, my grandchildren, I watch the amazing abilities they have. For me, I'm gifted. I have grandchildren that are with La Ronge Band, Montreal Lake — you know, it's different — Peter Ballantyne. I have a great-grandchild coming now. So I mean, my grandchildren, they're doing what they need to do as Aboriginal people. I'm very proud of them the way they do. They have challenges, mental health — we all do — but I'm proud of them. And I want to empower youth and I want to empower my grandkids and I want to empower every young person in our province. They are very, very, very powerful and they can utilize their voice and they can hold governments and leadership accountable.

I'm going to do all I can to work with our First Nations, our Métis leaders, our municipal leaders, our elders. It's time we wake up. It's time to be recognized, not being the numbers always high. Indigenous people, the numbers are so high on so many things that are negative. And I sometimes ask, why? And those are challenges we're going to have to face as a province and as a country. We talk about reconciliation, the true meaning of that, what that means. We've got work to do and I'm going to work with individuals.

And the last thing I will say is, you talked about a commitment letter that you signed with the federal government, FSIN, and the province. And I'm watching too, to see what happens. Because I know I introduced a bill twice now; it didn't pass. I'm not going to ever give up. I can't give up for the parents that have asked me to make sure this legislation comes forward. So I'm going to do all I can to continue working that way, and I'll work with my neighbours and try to get some of them maybe to understand that it's time to have legislation. It's time to have a commitment.

So I appreciate, Mr. Chair, the opportunity and the time. And again, as I said to you, I will work with you. And actually I'm going to make you an offer. Maybe one day COVID, you know, it's safe enough. And when the right powers to be say it's safe enough, and we know we can get together again, I will reach out to you as the Minister of Mental Health and Addictions to tour some of the places, like Prairie Harm Reduction, to have a look at what they're doing, the good work they're doing, to say . . . Maybe, Mr. Minister, you can say, you know what? This is worthwhile. I'm going to find some dollars for this. I've seen this program and I think I'm going to push my officials and push the government to say, hey, maybe it's time to do some of this stuff.

So I just want to thank you for giving me the time. To your officials and the ministers, the Chair, committee members: thank you. We've got a lot of work to do because we're losing a lot of people in our province. COVID-19 is a crisis. We've got a crisis when it comes to addictions, suicide, mental health. So with that I want to thank committee members and everyone for giving me an opportunity. And I hope I was respectful, but I also want to make sure that you hear the concerns from the people that have asked me to present that here today. So thank you, Mr. Minister.

The Chair: — Thank you very much, Mr. Vermette, for your participation in the committee this evening. I understand Ms. Mowat will be now substituting in for Ms. Conway and we'll just give her a minute to get settled.

[The committee recessed for a period of time.]

The Chair: — All right. Thank you committee members. We'll bring the committee back to order and we'll welcome Ms. Mowat. Welcome.

Ms. Mowat: — Thank you very much, Mr. Chair. And I will also want to thank the ministers for their opening remarks and the seriousness of the exchange so far as I was following along in my office. And maybe just to give the Minister for Seniors a heads-up, the plan is for myself to be here until about 9, and then for my colleague from Saskatoon Eastview to come from between 9 and 10. And I know that he's planning to ask a lot of questions about long-term care bed numbers and locations and that sort of thing, so just to give officials a heads-up if they want to start looking for some of that data, that he will be . . . The plan is for him to come in at that time.

I do want to thank the Minister of Health for his comments around the COVID-19 response, which is something that has occupied quite a bit of our attention in this space but also the public attention and news media over the past year. And I will spend some time looking into other areas of Health, but similar to your response or your remarks, Mr. Minister, I think a lot of my questions will deal with that response, both in terms of where we've been and where we're going. Because I know that there is $90 million allocated this upcoming budget year for the COVID-19 response within Health, and I understand that there were $75 million spent last year. So many of my questions centre around whether this response will be adequate, and I think that's where a lot of my attention will be at the beginning of my questions.

And my first question is related to our ability to work together, and I know that this is sort of the spirit of what my colleague was asking about with the Minister for Seniors as well. There were a number of opportunities with the former minister of Health, prior to the election, where we sat on conference calls with myself and the Leader of the Opposition and the former minister of Health to engage constructively on COVID matters, to receive updates on what was happening, and also to have a feedback mechanism that was not in the public eye, to share some of the concerns that we were hearing. And I know we've reached out formally by letter a few times and requested that we could work together in a non-partisan way. And I wanted to use this opportunity to ask you why that hasn't happened and if you have any thoughts on that front?

Hon. Mr. Merriman: — Thanks very much for the question. I did understand that there were some calls with the previous

Health minister with yourself and the Leader of the Opposition on various issues. Because of me being very new to the file, a lot of my time is consumed with learning what is going on with COVID and all the other aspects within the Health ministry. I'm not saying that I'm opposed to it, but there are some things that are discussed very confidentially in those conversations that we have with officials, and it can get very complicated if we have members of the opposition in there.

I'll touch base with the previous Health minister and see what kind of the parameters were around there but, in all honesty, I've been extremely busy dealing with the constant changing of what's happening within COVID-19, the shipments that are constantly moving, the parameters that are constantly moving. And it's been back-to-back meetings all day long just getting what we need to make sure that this machine of health is still running on both sides, on our defensive and on our offensive side of things. So I'll touch base and see what the parameters are of that. Is there something specific that you're looking for that I can inform you of right now?

Ms. Mowat: — No, I think we're just looking for that ongoing relationship and the ability to be able to work together on this. And you know, we see the partisan side of it obviously in question period, but there are definitely a lot of issues that come forward to us that . . . You know, there are folks that come forward to us that are hesitant to come forward to the Ministry of Health. We certainly encourage that they always do. But I think making use of those connections and those conversations to also provide additional feedback and feed it into the information system is what we're looking for.

Hon. Mr. Merriman: — We could certainly look to address that. I know that there were a couple of calls, like I said, with Dr. Shahab on that. I know the Leader of the Opposition sometimes attends the physician's town hall meetings on that. So that's another avenue that the general public wouldn't necessarily have. I know he does that just because I've heard him make reference to it. We could look at that, but in this rapidly changing environment of COVID where we're finding out new things every day, what we discuss at one minute at one meeting could be completely irrelevant two hours from that point in time.

And I don't want to give the opposition that I'm trying to be deceitful or anything like that, because the information is changing so rapidly. So if I had a meeting with you on one minute . . . I mean, I have to keep my Premier and my cabinet colleagues and my caucus colleagues updated.

And I've seen the partisanship in the Chamber. Honestly, I'm concerned about that in the meeting in front of officials. That would be a concern, because I've seen just in this session alone that there have been many shots or accusations of public officials from members of the opposition. And I'd be concerned about that happening in a meeting, to be honest.

Ms. Mowat: — I don't think that like there's ever been an intention to do that. And so I will say that, you know, those conversations have been treated more like technical briefings, like not for attribution, something we are comfortable dealing with in this setting. And there were never any instances where information from those meetings came out in a public forum. And we did have session immediately following some of those meetings. I think we had a meeting on a Tuesday or a Thursday and then session started up right after. So there's a demonstrated ability for us to keep it professional. And I don't want to belabour the point, obviously, but if you can take a look at it and consider it, it would be appreciated.

Hon. Mr. Merriman: — Sure. Absolutely I can consider it. But right now it's just pretty busy doing the day-to-day stuff. We do have a town hall meeting that Dr. Shahab hosts with various people in the sectors, whether it be business, education, certainly within the medical community. We have a show, or a Dr. Shahab media once a week, sometimes twice a week with that, so we are trying to get as much information out there to the public. And I understand that yourself and the leader have a vested interest in this, and we'll see what we can do in the future.

[19:30]

Ms. Mowat: — Thank you. In discussing the COVID-19 response, I see that there's a commitment of $90 million toward COVID funding within Health for this upcoming fiscal year. There's a mention of several different commitments here. I wonder if you can provide a line item breakdown so we know what to expect in terms of the spending in each of those areas. So I think in the budget document there's a list of . . . it includes long-term care and, you know, vaccine delivery and that sort of thing. Like, where does the $90 million come from?

Hon. Mr. Merriman: — Thanks very much. Some of the things I touched on in my opening comments is that the $90 million which has been allocated in this year's budget to be able to fight the pandemic is . . . These are the high-level areas that we're looking at. They're mass vaccination delivery, which we're in the midst of right now and leading the country; purchase more PPE for our staff and supporting a lot of PPE in other areas; contact tracing, which is huge right now; testing and assessment sites, which obviously have been very taxed over the last little while; and maintaining enhanced laboratory capacity; and supporting long-term care, and that's on a multiple . . . The long-term care could be many areas within that and all of the areas that are above listed. We're also very much hopeful that this $90 million is going to support what we need for the time that COVID is impacting us in a major way, like it is right now.

We are told by the federal government that everybody will have both doses of vaccines for the fall. So once that happens, everybody has an opportunity to get vaccinated, and I hope everybody gets that chance to be able to do that. Then all of these expenses that we're experiencing right now are going to drop off and lessen significantly. So based on what we're seeing from the federal government, getting that second shot into everybody's arm by Labour Day, we don't need to look at the funding of all of these measures for an entire 12 months.

That's why we have it for six months in the $90 million. If our expenses exceed that $90 million, then we will look at whether we have any funding internally or if we have to come back for supplemental estimates in the fall of this year. But with COVID it's very hard to project out six months. But I'm very confident that we will be able to get as many vaccines into people's arms as soon as possible, lessen our hospital stays, which would lessen the contact tracing and the laboratory pressures and certainly within our long-term care facilities.

So that's the plan for now, for the next six months, but COVID has changed the plans on us a few times. And if something does need to be addressed financially, we will look at that in the fall.

Ms. Mowat: — Thank you. So you haven't really provided a line item, like, per area. Like, I'm wondering what percentage of this 90 million is going to be spent in areas like long-term care units, if you understand what I'm referring to. And specifically, you know, if that information isn't known, then how was this dollar figure determined?

Hon. Mr. Merriman: — The dollar figure was determined on a projected cost of what we could be spending. We don't, not that I'm aware of, have any separate line items for this because we need to have the fluidity of making sure that . . . Like, right now a lot of our effort's in mass vaccinations, delivery, and our laboratory, but that might need to shift. And so we have to have that flexibility to be able to move it around within the ministry, to be able to allocate it into different areas, depending. If our testing capacity needs to be increased, then we have to funnel more money that way. If we need more contact tracing and that, we need to be able to move that that way. So it depends which way the pandemic is going to impact us as depending which way. That's why there's not specific line items, but we will shift the dollars to wherever we need within these key areas.

Ms. Mowat: — Okay, so what makes it 90 million and not 100 million or 80 million? Like, where does 90 million come from?

Hon. Mr. Merriman: — Thank you. The $90 million was based on a calculation of what we spent last year. And obviously our largest cost is on, like, human resources, on people. So that was roughly about $137 million that we spent last year. So the $90 million again is based on that potentially of six months. Some of the other costs that we incurred last year which are hard costs that . . . we do burn through them, but we have a very adequate supply of PPE on hand, at least a six-month supply in most areas of PPE. So that's something that we have procured.

But a majority of our costs are through our people and that's why, you know, we have to allocate money out to the people that are doing the mass vaccination. We also are moving into the pharmacies later on this month if all of our shipments of vaccines arrive. So we have a dispensing fee that we have to pay the pharmacists for that.

And this is all just right in the short term right now, but we also have second shots that are coming out. And the $90 million was based on a projection of what happened last year and what could happen in the first six months of this fiscal year.

Ms. Mowat: — Thank you. My math is getting a little bit confused now as well. So I had thought that you had spent $75 million last year on the COVID response and you're referencing 137 million, so I'm wondering if you can clarify in the last fiscal year what the COVID-19 response dollars were in Health.

Hon. Mr. Merriman: — Thank you. I'll give you a little bit of a breakdown of the 137 that I just identified. The payroll costs related to the HealthLine and 811, contact tracing, testing and assessment sites, eHealth, etc. was approximately 109 million. Physician costs were 19 million. Long-term care pressures related to the public health orders and cohorting, 18 million. Testing consumables, 14 million. Field hospitals, construction supplies, including $2 million of eHealth equipment operating and $1 million of field hospital PPE on hand, a total of 8 million; and partially offset savings in surgeries that we had also there. There was travel and food which was $31 million. That kind of breaks down where we got that 137.

Ms. Mowat: — Thank you. And just to clarify, there isn't a matching document that forecasts what each of these is going to cost for the upcoming fiscal year.

Hon. Mr. Merriman: — It's based on what we spent last year and a projection of this year. Like every budget item is, it's a projection of what we're going to spend. It's our best and most accurate forecasting of what we could be possibly spending in the next . . . Like I said, with COVID we don't really know, but a lot of our hard costs were identified and paid for in the last fiscal year coming back to supplemental estimates, which we needed to do. And we'll continue to make sure that we're managing the budget as best as we possibly can, but not knowing what COVID is going to throw at us within the next six months. But we are prepared.

Ms. Mowat: — In terms of a six-month forecast, one could certainly assume that there will still be additional costs at that point. You've referred to that a couple of times. You know, I can think about masking. A lot of people talk about what post-COVID life is going to look like and, you know, at what point do we feel safe without wearing masks, that we're not going to be able to transmit.

You know, it's great to focus on vaccines. We absolutely need vaccines to get out of this, but we also know that there are a number of folks who won't be vaccinated. And so, you know, looking ahead to what health care is going to look like in six months, what are the expected costs after the six-month period? Like, certainly PPE comes to mind. You know, is there anything else that the ministry is preparing for?

Hon. Mr. Merriman: — Well it's very hard to predict what things are going to look like when we get past COVID, but I can tell you it's going to be a lot better than it is while we were in COVID in 2020 and for 2021.

As far as the masking, that'll be up to the medical health experts on what we need to do within our facilities, in government, in the hospitals, to be able to provide protection for individuals. We haven't even explored that yet, what that's going to look like post-COVID. We will continue to supply PPE as we always have in situations that require PPE within our health care system.

[19:45]

What is that going to look like after COVID? I couldn't predict that. I don't know. I'll have to talk to the experts on that. And as far as our vaccines, we are incurring all of the costs of the vaccine distribution throughout the province. We are also incurring the costs of obviously, human resources, the facilities, the people on the front line that are doing an amazing job on that.

The only thing on the vaccines that we are not incurring the cost is the actual cost of the vaccine, which the federal government is

taking that side of the cost for Canadians. But there are a lot of costs that we are incurring, and this is our projection on what we think it's going to cost based on what we saw last year, also taking into account what we have purchased last year as far as hard equipment that we don't need to purchase again, such as our field hospitals. Again, we want to make sure that we have a very adequate supply of PPE for everybody that's in our health care system. What the burn rate on that PPE is will be determined, but we will certainly make sure that it is available to our health care providers.

Ms. Mowat: — Do we know what the cost per person of the vaccines are? Has the federal government passed along that information?

Hon. Mr. Merriman: — A very good question. We have been asking the federal government for a very long time for them to give us the information on what the procurement was, what the contracts were for all of the different vaccine companies that they have. Many other countries in the world have disclosed this, including the US [United States] and, I believe, the United Kingdom and several others.

Our federal government has chosen not to provide this information to us as to what the cost is. If — I guess the easy way of putting this — if you want to contact your federal leader and ask him to ask the questions, that would be great. We could certainly use what that information is, and see what the contracts were, and maybe figure out why we've had so many challenges in the procurement and the distribution of the vaccines.

Ms. Mowat: — Yes, I think it's certainly . . . It's interesting that you say that other countries know. I know with bulk buying and these big pharma, it's all about the deal you get and how much you put in. So it would be interesting to have that information for sure. But okay.

In terms of federal dollars, do we know how much was received over the last fiscal year by the ministry from the federal government for COVID-19 supports for programs?

Hon. Mr. Merriman: — Just a clarification question: are you looking specifically for everything that we got from the federal government and then what we got kind of subset of COVID-19?

Ms. Mowat: — Specific to COVID-19 because I saw that the other federal government dollars are in the budget document themselves. Yes.

Hon. Mr. Merriman: — The federal government gave us as a province $338.1 million through the Safe Restart Agreement.

Our portion within Health was $218.1 million broken down in the following ways: 87.2 million for health care capacity, 9.9 million for mental health and substance abuse, 66 million for contact tracing and data management, and 55 million for PPE.

Now the federal government has also allocated money through a bill that has yet to be passed, which is Saskatchewan could potentially receive $155 million for health care recovery. But the money hasn't been moved out of the federal government or hasn't been passed yet in legislation or through their process. So we don't actually show that money in our budget because it hasn't been approved. Once the federal government does approve that money, then we can certainly add that in. But we want to make sure that the cash is being transferred before we book it.

Ms. Mowat: — Thank you. Again my math is not adding up here. So you said 218 million came from the federal government. That was just over the last fiscal year toward COVID-19?

Hon. Mr. Merriman: — That was in the 2020-2021 allocation.

Ms. Mowat: — Thank you. So that amount is not included in your total of what you've said the ministry spent on COVID-19 last year because you said 137 million, and that the federal dollar number that you gave is greater than that.

So I'm just curious because often when these numbers are reported, federal allocations are folded into those. So I'm just curious about how the math works out there.

Hon. Mr. Merriman: — The federal money that came, which I referenced, was at 218. This was a one-time grant for multi years. This came in that year's budget, but this was for multi years to be able to go out if we had . . . Obviously we have costs incurring to our fiscal year. So that's the reason; it's a one-time grant for many years, not just for one fiscal. It just came in one fiscal.

Ms. Mowat: — Okay, thank you. That makes more sense. And my math does add up to 218 million, so I'm glad we're good there.

Can you speak to how much of these dollars have been spent? So if the allocation, for example, was $87 million toward capacity, how much of that $87 million went toward capacity, if you're understanding my question?

Hon. Mr. Merriman: — Yes.

Ms. Mowat: — Okay.

Hon. Mr. Merriman: — What I've been told is these categories that I had listed out, the 87 million for health care capacity and the 9.9 for mental health, these are the tranches that come from the federal government, which are the national tranches. So they don't necessarily line up exactly with how we are spending here in Saskatchewan. For example, like the 87 million, that could go into different ways. So as long as we meet the criteria of that, we submit the bill into the federal government and say, this meets your criteria that's in this category, and then the bill is accepted. But for an example, on PPE we were allocated — because PPE is kind of a specific category — $55 million for PPE and we spent $54 million for PPE. So that category obviously lines up.

But some of them, the lines are not exactly clean from what the federal government gives us to how it lines up within our accounting system, within our financing system. Obviously they're creating a national program trying to hit everybody's areas that they use, but we all line it up a little different in each province. So that's why it's a little different when it hits our accounting.

[20:00]

Ms. Mowat: — Thank you. In terms of these categories, so you've mentioned . . . Like it's a receipt-submitting process?

Hon. Mr. Merriman: — From what I've been told is we submit the bills to Finance and then obviously Finance pays the bills in meeting with the categories that the federal government has lined up.

Ms. Mowat: — Thank you. So presumably there would be a total then within each category that has been spent. Like you would be able to provide a total within that 87 million for each of those, I think four categories, that you identified. What has been spent in those areas?

Hon. Mr. Merriman: — Okay.

The Chair: — Minister Merriman, I will allow you to answer the question and then we'll take a break after that. We're nearing the halfway part of our time and to facilitate a changeover in Hansard, we'll take a five-minute break. But I'd ask you to provide your answer to the question.

Hon. Mr. Merriman: — Sure. Thanks very much, Mr. Chair. As I mentioned, it doesn't quite line up. So it's not like that's all that we can put in there. There are some areas that the federal government gives some flexibility on it. So I guess the short answer is, is we had 191 that we spent in operating plus another 50 capital, which is actually $241 million. So the federal government supplied us with $218 million of that, which are in these various categories.

So it's not a clean line from the federal government that says, here's your pot of money for this and that's all you can spend, and that. They do give us some flexibility. Like for example, if we had an extra $10 million in PPE, we could've taken that out of one of those other accounts, one of those other pots, to be able to make sure that we were able to keep whole as much as we possibly can. But the short answer is, is that we've spent way more money than the federal government has allocated for COVID-19, for the Safe Restart.

The Chair: — All right, thank you ministers, officials, and colleagues. Just before we break, I just want to inform the committee that document HUS 5-29, the Ministry of Health: Children and youth waiting for mental health appointments as of March 31st, 2019, was tabled by Mr. Vermette in the process of asking his questions. So committee members should have a copy of that made for them in the next little while. Thank you. We'll stand adjourned for approximately five minutes.

[The committee recessed for a period of time.]

The Chair: — All right. Thank you, ministers and colleagues and officials. Well, welcome back, and we'll now resume consideration of the estimates and supplementary estimates no. 2 for the Ministry of Health.

Before we go back into the discussion that was under way, Minister Hindley has asked for a moment to provide an answer to an earlier-asked question.

Hon. Mr. Hindley: — Thank you, Mr. Chair. Just further to the member for Cumberland's question earlier this evening about a list of groups that have applied for funding, I've discussed this with the deputy minister and there's no formal intake of funding proposals. We haven't put out a call for proposals.

Groups from time to time may submit an application for funding and sometimes meetings or requests. Or requests will come up during a meeting or conversations, but there's no centralized list.

[20:15]

The Chair: — Thank you, Mr. Minister. Ms. Mowat, I'll turn it over to you.

Ms. Mowat: — Thank you, Mr. Chair. I have to confess, I'm still confused about the federal dollars versus the provincial dollars that are being reported here. But I'm sensing that I may not seek clarity this evening, so I may come back to that at another time.

So the multi-year funding that was provided was 338 million by the federal government. And there would be an expectation then that there's over $100 million that's still included sort of within those federal allocation dollars to go toward COVID-19 in the upcoming fiscal year. Is that correct?

Hon. Mr. Merriman: — I will just provide clarification. The province as a whole received $338.1 million through the safe start agreement. This ministry which we're speaking about tonight, this portion was 218.1 million. The rest of the dollars were distributed throughout other ministries. And I don't have the information of the distribution. That would be more of a Finance question.

Ms. Mowat: — Okay, thank you. Maybe in terms of the umbrella of the 218 million that was provided specifically to Health, how much of that was spent in this fiscal year?

Mr. Hendricks: — Max Hendricks, deputy minister. So maybe I'll take a try here. So when the federal government makes a funding allocation, they'll provide $6 billion for Canada for pressure areas that they identified that we were experiencing during COVID. They basically give Saskatchewan 3 per cent of that, based on our population — slightly, a little bit more than 3 per cent — and then they kind of broke it notionally apart into those areas.

At the end of the day our actual cost experience might differ from what the federal government buckets are, I'll call them, and we have to provide a rough accounting. But as long as we are able to say we spent it in one of those buckets, then the federal government is generally good with that. So we're not really making an effort to align per se, or report under each. Our costs basically are what they are. So if we spend $54 million on PPE, and if the federal government doesn't fund that amount or if it's . . . If we spent 80, let's say, and they've given us 55, then we have $25 million that we as a province have to come up with to fund that cost.

Ms. Mowat: — Thank you. So I understand the buckets analogy, not looking for the amount in each bucket anymore. I'm just curious, out of that federal money, like is the answer that you don't know how much of the 218 million that was spent? I feel like I'm asking the same question in a number of different ways, so I'm just trying to get a dollar . . .

Mr. Hendricks: — The bottom line is we spent it all, because they've provided us with $218 million. We spent $241 million in one year, plus we're spending an estimated $90 million this year which the minister has said before is an estimate, right, and so it's more than the feds have provided.

Now if this funding for the recovery comes through that was announced, that will help mitigate some of our costs, but those are for specific things to, you know, address surgical backlogs and stuff that we've encountered as a result of COVID. So as you mentioned earlier, there are additional costs that will follow on from this. We haven't spent as much money on surgery because we've had to slow down because of COVID. We ramped right back up last summer but then had to slow down again later in the fall.

But there's that recovery that we have to do too. There's mental health and addictions which we'll have to do. There's a backlog there in a number of areas in health care, so we anticipate that there will be costs there. We just don't know when they'll start coming back in and at what pace for sure.

Ms. Mowat: — Okay, so I'm understanding that you've spent all the money is what you're indicating?

Mr. Hendricks: — Yes.

Ms. Mowat: — Okay. That's a straight answer, which I appreciate. In the breakdown of programs that we received funding from the federal government for, does this include some of the wage top-up for the front-line workers, or was that all through the Ministry of Finance?

Hon. Mr. Merriman: — Like I said, out of that $338.1 million, which is the 3 per cent that we get from the total amount that the federal government package, which was $6 billion . . . We were allocated out of that, the $218 million. So I'm not . . . What exactly are you asking? Sorry.

Ms. Mowat: — The program with the federal wage top-up for front-line health care workers, did that come out of the Ministry of Health?

Hon. Mr. Merriman: — No, that would come out of the Ministry of Finance, directed through our Ministry of Trade and Export. I'm not sure if they were directly involved with it or if it was just a straight-through payment from Finance, but that would have been some of the remaining dollars that were left in there. That roughly $120 million that was left in there was for also other programs such as social services, for our businesses, for the wage supplement that we did, and various other programs that we were paying for during COVID.

Ms. Mowat: — Thank you. And in the response to COVID-19, have any ministry staff been redeployed to COVID efforts and if so, where have they been redeployed?

Hon. Mr. Merriman: — Lots have. I'll try to get a rough number. I can certainly talk about what has happened within Health. I'll get the exact number or try to get the exact number from my deputy minister.

So I can give you a high level. I just got the email of the breakdown. It didn't come in very clear, but we had 221 people that actually were redeployed and that equated out to roughly 185 FTEs [full-time equivalent] that were moved.

Ms. Mowat: — Thank you. And what are the areas that they were redeployed into?

Mr. Hendricks: — Max Hendricks, deputy minister of Health. So since the pandemic was declared, the Public Service Commission has redeployed over 450 employees to various COVID service needs across the province, not just in Health. As the minister said, as of March 26, 2021, 220 Government of Saskatchewan employees, making up 185.6 FTEs, were redeployed to health care services of the COVID-19 response.

They're doing things like close-contact monitoring calls, negative test result calls, Go.Data entry, Panorama communicable disease data entry, N95 mask fitting, administrative roles in testing and assessment centres, IT [information technology] administrative roles, communications roles, and Panorama COVID vaccine data entry.

[20:30]

As of April 6th, 2021, we've made additional calls for Government of Saskatchewan employees to help replenish and continue to provide support for the COVID response.

Ms. Mowat: — Thank you. And has there been any impact on, you know, ministry projects timelines? Like are there projects that have had to be sacrificed in the name of fighting COVID-19? And when do we expect that these folks will move back to their original postings?

Mr. Hendricks: — Well not surprisingly, the Ministry of Health hasn't kind of given at the office. We've had to retain a lot of our folks for the COVID response but also some of the ancillary stuff that we're working on. But you know, there are certain sectors that, just due to the nature of the pandemic and some of the challenges presented, have slowed down maybe a little bit on the economic side. And so they've been able to reposition employees from those areas more than probably the human services ministries.

Hon. Mr. Merriman: — Some of the other services that we would . . . We've had fluctuating service slowdowns across the province, you know, and certain areas that we've had to slow down just because we've had to reallocate people. We've also had to have service slowdowns because of COVID transmission within certain health care centres. So if a certain area had a COVID outbreak, we would have to obviously backfill those positions. So the ministry and Max and his team and the people at the SHA are constantly trying to adjust the workforce to be able to meet the needs of what COVID is throwing at us on a daily basis.

Surgeries would be another one. That's why when we brought our surgery dollar forward, the $20 million increase that we didn't get to last year just because we couldn't do surgeries . . . We were still doing emergency surgeries, but obviously not all surgeries that were scheduled. That $20 million has carried forward to this year to be able to help with our surgical wait-list once we have the ability to start throttling up our surgeries and

our hospitals back to full capacity.

Ms. Mowat: — Thank you. In terms of testing and contact tracing, we know that these are essential to getting a handle on transmission. I heard you mention the fact that there were some federal dollars allocated toward contact tracing, and I know that this came out in the media as well, that there was some offer of contact tracing support from the federal government in the fall.

I wonder if you can speak to how that situation played out? You know, I remember seeing that we were one of the last provinces, if not the last province . . . It was a while ago and I don't have the article in front of me. We were one of the last provinces to accept help from the federal government, and I wonder if you can speak to what that looked like?

Hon. Mr. Merriman: — Just for clarification, are you talking about the COVID tracing app? Is that . . .

Ms. Mowat: — No, I think there was an offer of, you know, person power of contact tracers that came out with the federal government in the fall.

Hon. Mr. Merriman: — There was some offer, and we did accept some help from the federal government, from Statistics Canada, in being able to help with the contact tracing. That's something that we were adding into our complement of people that were doing contact tracing for us on an ongoing basis. But I think it's important to also note that we wanted to make sure that we had the right qualified person in the right position at the right time.

For the testing, we had expanded our testing capacity to not just have RNs [registered nurse] or doctors. We expanded that out to be able to let nursing students and some other people assist in that area to be able to build out our testing capacity and make sure that the higher-qualified positions were in the positions that they needed to be. So we did have a lot of expanding of scopes for individual positions to make sure that, again, we had that right person in the right place.

Same thing with contact tracing. We did have a lot of nurse positions at the beginning to be able to do that. And we came to the understanding after doing this for a while — because it's something that we'd never done before — that we didn't necessarily have to have an RN positioned on being able to do a negative callback to say somebody that was negative. So we reallocated that to . . . the RNs to different positions within our health care system.

So we were constantly evolving and moving people around where we needed them to be, partly because of circumstances that we had, also because of people either testing positive, or being in close contact with somebody that did have COVID-19, and they had to self-isolate or self-monitor, depending on where they are.

So it was constantly moving things around to be able to make sure that we could have . . . A huge amount of people in our health care system moving constantly. Sometimes they were moving from town to town. And I know of certainly some in southwestern Saskatchewan where had to come to Moose Jaw to be able to backfill for positions that were there. So it was constantly. And we're still doing this. We're still doing this on a daily basis to make sure that we have the right staff in the right place at the right time.

Ms. Mowat: — In terms of contact tracing support, I've heard a number of concerns from folks who are doing this work that they are burning out, that there aren't enough of them. And certainly there have been more demanding times throughout the pandemic than others. Where are we at right now in terms of our contact tracing?

At one point I remember that we were hearing, you know, there was about a week's delay which means, you know, transmission can basically run rampant when there's a delay in the contact tracing because people don't have the opportunity to interrupt that transmission. So where are we at right now in terms of our abilities for contact tracing?

Hon. Mr. Merriman: — Thanks. We've overall allocated about 450 staff to contact tracing throughout the province. And it very much depends on where there is an outbreak of COVID-19, what that outbreak looks like. If it's just one person with one or two contacts, then it's very simple to be able to do that. When you have one person that has multiple contacts and those people have multiple contacts, it can get very, very complicated very quickly to start doing the contact tracing.

But what we have been able to do just because people working remotely throughout the province is . . . Let's say for example that there is a hot spot in Yorkton at one specific time, and we have to beef up our contact tracing. We can reallocate people from around the province to be able to start doing contact tracing for that, that aren't necessarily in the Yorkton area. So we can make sure that we're doing that now.

The goals are always to have, you know, to have a contact within 48 to 72 hours. Are there times when that has been extended out? Absolutely. When there's a lot of contacts and very complex ones that we're working through, those ones can be very challenging because by the time you go through the first layer and the second layer and it just keeps, if that's a high contact group, it just keeps growing. So by the time we work our way through those individuals and get to that, it can be delayed, but right now I'm being told that we're on target to get everything, all contacts within 48 to 72 hours.

But that's also why we had Dr. Shahab and myself and the Premier have certainly been talking about maintaining the public health guidelines to make sure that your bubbles are small, that you are not having large groups of contacts. That's why we've had restrictions on reducing the amount of gatherings over the last while, to make sure that those aren't those large contacts, so we don't have to spend hours and hours and contacting potentially dozens of people to be able to do that, to be able to find out where the potential spread could be.

So that's what this is all in conjunction to make sure and people adhering to that. We've had, you know, the vast majority of people in Saskatchewan have, but there are some instances where there have been some challenges in the contact tracing that lead us to slow down the process. But that's why we redeployed people from around the province to be able to help out.

Ms. Mowat: — Thank you. It's certainly good to hear that it sounds like we have a handle on things for the time being. Would you say then that we are keeping up with the variants on that front?

Hon. Mr. Merriman: — I'm not sure what you mean by keeping up with the variants.

Ms. Mowat: — Just in terms of the fact that we have such rapid spread of COVID with variants right now. Do you think that we're able to combat that using current contact tracing?

Hon. Mr. Merriman: — As I mentioned, I've been told that we're at where we should be, which is 42 to 78 hours currently. And again we have seen more cases in Saskatchewan than we are seeing right now, more active cases in Saskatchewan that we saw towards the New Year's in January, where we saw a lot of active cases. And all those active cases obviously had contact tracing done.

Our active cases are down considerably from that point in time and I am being told that we are being able make our goals of getting all the contact tracing with 48 to 72 hours. Now that doesn't mean it's done every time, because as I mentioned, there could be one person that has 20 contacts, and each one of those has 10 contacts, and so by the time we start working through that and the timeline on that, it can be very complex. So there are ones that may be outside of that, but the majority of the time we're within 48 to 72 hours of getting people contacted to say that they need to either go in and get tested or they need to self-monitor or self-isolate.

[20:45]

Ms. Mowat: — We've heard from a number of folks who have volunteered to assist with contact tracing but said that they've been turned away or haven't heard back. Can you speak to what's happening there?

Hon. Mr. Merriman: — Not specifically. I don't know . . . There's a confidentiality with the contact tracing. I'm not sure of the specific incidents of . . . We may have had our capacity of contact tracers at that point in time. Not everybody is suited for every position within. I'm glad that there were lots of people that were out there either volunteering their time or applying to be able to do contact tracing. And I think they've done a very admirable job on something that, again, we've never had to do before.

But I can't comment on somebody specific that was not accepted for a position within the Health Authority. We do have around 45,000 individuals employed within the Ministry of Health, and I can't comment on whether one person got a position or not.

Ms. Mowat: — In general then, and I'm not going to name names either, in general when someone has applied to assist with contact tracing, what does that process look like? And then how many volunteers have been assisting with the effort in this way?

Hon. Mr. Merriman: — It very much depends on the exact position and who applied for it and at what time. There's kind of the two components to the contact tracing. There's the actual medical, like medicinal side of things that you would have, you know, explaining. If people get a call and they just say they have COVID, they might not know what they're supposed to do, so there's actually some medical side that would have a professional like an RN or somebody that would explain what you need to do, what you need to watch for if things get worse, all of that type of stuff.

Then there's kind of the second level where people do more of the detective-type thing of who were you in contact with, when you were doing, what was your timeline, did you go to a place of business — all of those type of things that do that. So if a person is applying for the position and they don't fall into one of those or they're not qualified to do that detective work, so to speak — which not everybody can do, and asking all the right questions and start spreading that out — then they probably wouldn't be able to do that position.

But we have been able to get a lot of people into those positions that have been helping out. We've engaged. I know personally of former police officers that have been able to do this, retired police officers that can do that very — I'm sure from their perspective — very light investigation process, but they are good at that. And again we would have somebody like a public health nurse to explain the medical side of things on what they need to be able do to keep themselves medically safe. So there's two sides to it, but it's not a position that just anybody can do. You have to have a certain skill set.

Ms. Mowat: — What do we know about the COVID app? I've heard from a number of folks — like I certainly downloaded it as soon as we heard that it was operational within Saskatchewan — I heard from a number of folks that it just didn't work. They, you know, were close contacts. Someone tested positive and it never alerted them on their app. What do we know about how this is functioning? It certainly seems that it, you know, provides encryption. Like in theory it sounds like it should work great.

Hon. Mr. Merriman: — Just at a very high level on the . . . This is a federal app that they have launched and it definitely has some benefits to it. In theory Saskatchewan is supportive of what the federal government was doing and anything to assist in contact tracing that could help people out and get self-monitor or self-isolate in a . . . But there had to be a certain amount of uptake on that app from the general population to be able to utilize that and make it more effective. If you and I were in close contact and you have the app but I don't, then it just doesn't work. But it can help out if you have four or five other people that are on the app, and that gets an instant notification to them on that.

I'm pretty sure most provinces signed on to this. But there hasn't been a lot of uptake because it's at the individual's right whether they want to disclose that information of where they were, when they were, and who they were with. There's some privacy issues around that that there was some concerns brought forward to myself, and I know the previous minister, that we were supportive of the idea of helping out contact tracing in any way we can. But it's up to that individual whether they download that app and be able to provide that information to their close contacts.

Ms. Mowat: — Switching gears a little bit to talk about testing, which we touched on very briefly at the beginning of this part of the conversation, I know that we have worked to increase the

amount of testing that we can do but, you know, our testing rates just haven't been high enough. And there are a number of folks who've weighed in on that. Maybe you can speak to what efforts have been made at the ministry level to increase access to testing and decrease wait times for folks who are waiting for a test, especially you know, drive-through tests.

Hon. Mr. Merriman: — Well I can touch on a little bit on the testing, and then I'll maybe consult with my deputy minister. But we've been averaging in and around 3,000 tests over the last little while. Testing very much fluctuates. We've seen it increase, certainly in the Regina area lately just because of the awareness of the variants of concerns, and some other communities. We've had the capacity to do — I'm just checking some information — up to 4,800 tests in one day.

So we do have a lot of capacity within our system to be able to process testing. We've increased the people that are working at the Roy Romanow Provincial Lab. We've got the universities involved to make sure that we do have the testing capacity. And as you see on a daily basis we provide how many tests were done, what our test positivity rate is, and how many positive cases are out there.

So we still have a lot of capacity within the testing, our provincial testing, and that is also complemented with some of our rapid testing that we have out there that have been deployed to our long-term care facilities, our personal care homes, hospitals, and now we're deploying them within the education sector as requested. The union was requesting that we be able to get these tests in there. We've accommodated them with moving these tests in and we're in the process of making sure that those tests are utilized in the way that they need them within that sector.

But our overall testing capacity, we still have lots of room and it does fluctuate. Just in the last week I can say, you know, it's been up to 3,900 and it's been as low as 2,900. So there's quite a fluctuation. But before the variants got into Regina we were, you know, we had some peaks and valleys in testing. It was down around 1,700 and as high as 3,200 within a week. It kind of had an ebb and flow to it but we still overall have a lot of capacity within our system and we also have the capacity to expand that if need be.

Ms. Mowat: — Thank you. So just to clarify the numbers that you're citing, are those daily numbers or weekly numbers? So you're talking about 3,000 tests. Are you referring to . . .

Hon. Mr. Merriman: — Those are provided publicly in the news release that we have out there, the tests that we're doing on a daily basis to the best of my knowledge, yes.

Ms. Mowat: — Okay. Specifically when we talk about testing I know there were some folks in Regina who were seeking testing, you know, over the past couple of weeks and called 811 and were told to go to the drive-through. Can you speak to why that has happened, you know, acknowledging the fact that folks were sitting in the drive-through for hours and hours waiting for a test? I think I'll leave it at that.

[21:00]

Hon. Mr. Merriman: — Thanks again for the question. Depending on the situation and depending on where it is and the timing of everything, the drive-through could be a very quick way of getting in to get tested. We do also have walk-in appointments where somebody can come in very quickly. But just looking at what Regina has for today, every hour today was 0-to-15-minute wait at our testing facility in Regina and at 3 o'clock it went up to a 30-minute wait.

So I understand that there is some ebb and flow to this throughout the day. But just taking today as an example, which, middle of the week, I would say a pretty typical day. There wasn't much more than a 15-minute wait at our testing facility at any time during the day today in Regina.

The Chair: — All right, I'll thank Ms. Mowat for your participation in the committee this evening. And we'll welcome Mr. Love to the committee, and we'll turn it over to you for questioning.

Mr. Love: — Thank you, Mr. Chair. I'll just start off with my sincere thanks to all committee members for being here tonight. And to the ministers and the staff who are here, thanks for being here. Thanks for the work that you do. I know how challenging the last year has been throughout our province and throughout the world. And for what it means, I'll start by saying again that we're all in this together. And again, my appreciation for the hard work that you put in.

I do want to use all of our time tonight just to get into mostly issues related to seniors in care. So I just want to start off with a few questions, just looking for some data, for some raw numbers. Let me know if it helps to break down any of these questions or if I've given you enough that you can take it from here. Then please let me know because I've got a few kind of subsets of numbers that I am looking for.

So first of all, I'm wondering if you can give me up-to-date numbers, the most recent numbers available, for how many current residents there are in long-term care. How many long-term care beds are there in the province, broken down by region of Regina, Saskatoon, Moose Jaw, Yorkton, Prince Albert, and the North. Including in that I'm wondering — yes, I'll just pause there — number of residents and number of beds by region. Is that something that you can have available tonight?

Hon. Mr. Merriman: — Just let me contact . . . It was Regina, Saskatoon, Moose Jaw, Yorkton, and North Battleford. Was that correct, or the North?

Mr. Love: — Prince Albert, the North, yes. Or any other way that you compile those numbers within your ministry.

Hon. Mr. Merriman: — Okay.

Hon. Mr. Hindley: — Thanks to the committee member for Saskatoon Eastview for the question. These are 2020 bed numbers. That's the most current list we have as of right now. I'll give you the total and then go by region just to keep track of it that way. So the total number of beds is 8,704 province wide. And this is by region of the province: Athabasca, 5; the Northeast, 1,141; the Northwest, 719; Regina, 1,312; Saskatoon, 1,658; in the Southeast, 2,373; Southwest, 1,496.

Mr. Love: — And just to be clear, are those residents in care or are those beds?

Hon. Mr. Hindley: — Those are bed numbers.

Mr. Love: — Okay. Okay, thank you, Minister. Next question: if you could give me again most recent numbers of how many residents of long-term care became infected to date with COVID-19 in each of those regions? And how many of those infections tragically resulted in death?

[21:15]

Hon. Mr. Hindley: — To the member's question . . . Sorry, just had to dig up some statistics here. I'd just note that, you know, when the pandemic was declared we moved very quickly to make sure that we had boots on the ground immediately to make sure we were getting into our care homes and providing supports wherever we could, to make sure that we were doing whatever we could to limit the spread of COVID-19 in the long-term care facilities and provide assistance around the province in that regard.

Just in terms of the statistics here, and I won't have a regional breakdown for you at this moment, but as of April 12th there were 48 fatalities in long-term care affiliate facilities, so that would be private, non-profit; 44 fatalities in long-term care contract facilities, so that's private, for profit; and in addition, 31 fatalities in long-term care SHA facilities. One other number here, too: as of April 12th there were 23 fatalities in personal care homes.

Mr. Love: — Thank you, Minister. Because you gave me that breakdown there, which I do appreciate . . . It's actually my next question so thanks for being a step ahead there. I wonder if you could also give me the bed breakdown by the facility type, in line with the fatality numbers that you just delivered. It doesn't need to be by region, just by the type.

Hon. Mr. Hindley: — By facility type?

Mr. Love: — Yes, on the same lines as the numbers that you just delivered.

Hon. Mr. Hindley: — Okay. Mr. Chair, we don't have that information readily available tonight, but we'll endeavour to get the details to the committee here as soon as possible.

Mr. Love: — So just to be clear, will you commit to providing a written answer to that question to this committee before we meet tomorrow?

Hon. Mr. Hindley: — Yes.

Mr. Love: — Okay. Thank you kindly for that. You know, some of the numbers that have been reported — and perhaps you could also confirm this for me — these are numbers reported from the three-part *Leader-Post* series on long-term care in Saskatchewan. If you could confirm these for me, but I'm also looking for — as requested here and committed to — the number of beds.

But what they were reporting was that private, for-profit long-term care is roughly 4 per cent of facilities and 37 per cent of deaths. This is my own math as a result of their reporting. Publicly owned SHA long-term care, SHA-owned and -operated facilities, roughly 75 per cent of facilities in the province and only 24 per cent of deaths. If you could help me confirm that as well as the number of beds, that would be much appreciated, and I think important information to have made public.

Next question. I'd like to move into just a few questions on the promise and the realities of hiring continuing care aids in the province of Saskatchewan. I have some numbers that I'd like to run by you that I've received, and I'm wondering if you can confirm those for me. So I'll start in 2015-2016 and what I'm looking for here is the grand total of FTEs for CCAs working in the province. And the 2015-2016 numbers that I have would be 5,971.35 FTEs, if you can confirm that; '16-17, 5,977.29; '17-18, 5,979.5; '18-19, 5,947.3; '19-20, 5,936.83; and then 2020-21, 5,911.41. Will you commit to confirming those numbers in a written answer to the committee by tomorrow?

Hon. Mr. Hindley: — Mr. Chair, I'll provide the numbers that I have here for the most recent statistics that we have for paid FTEs for continuing care aids. Just for the member's information, we're focusing on this year's budget estimates so that's what we've got, you know, in terms of information here. If we're going back into further years, that perhaps might be a question better suited for written questions. But what I have here is as of 2019-20, paid FTEs, 5,054.

Mr. Love: — Okay, thank you, Minister. Just to be clear, I found my line of questioning here is related to the hiring, and so I think it's pertinent to this budget year to examine a little bit of history as far as the number of unfilled positions that exist out there and just trying to get a sense of how the budget commitment for this year fits into the overall picture of vacant positions.

So I guess, you know, as a lead-in to my next question, and actually if I can just go back and clarify something from my very first question. If you could just clarify, when you spoke of the number beds in long-term care in Regina, would that be Regina proper or is that like the former Regina Qu'Appelle Health Region? The number is 1,312.

[21:30]

Hon. Mr. Hindley: — Mr. Chair, that number would be for the Regina area.

Mr. Love: — Okay, thank you. Thank you, Minister. Back to my questions of CCAs. I'm wondering if you could give me a sense of how many CCA positions are currently being recruited, including previously vacant positions and the ones announced in this year's budget?

Hon. Mr. Hindley: — Thank you, Mr. Chair. With regards to the continuing care aides, just to provide a bit of context around this. As the members of the committee know, as part of this year's budget we've got funding committed: $6 million towards the hiring of 90 continuing care aides in long-term care, and then 18 continuing care aides in rural home care across the province. So that's the budget commitment for this year of the full 300 continuing care aides in long-term and home care across the province that we have committed to. And we'll be trying to hire the remainder of those care aides as quickly as we can.

As I've mentioned before, we are in competition for care aides across the country, other provinces as well. Health care workers are in high demand, and Saskatchewan is no different in having to compete for filling of these positions. To help us achieve that, there's CCA training offered by Sask Poly, and including all seven regional colleges, also the Dumont Technical Institute, there are 519 training seats for CCA training, 333 full-time and 186 part-time training seats. So that would speak to, you know, where the government is at in terms of trying to help to meet this need and this demand for continuing care aids in health care facilities all across Saskatchewan. So that's the commitment in the election and in this budget year.

And in terms of vacant positions that exist, the most recent stats we have as of September 30th of 2020, there are 185 vacant continuing care aid positions in Saskatchewan, and that includes home care as part of that number as well.

Mr. Love: — Okay thank you, Minister. So what you're looking — the task ahead, just to be clear — is to recruit the backlog, I guess you could say, of 185 continuing care aids plus the 108 announced in this year's budget. Will that be a fair statement for me to make?

Hon. Mr. Hindley: — Yes, essentially that is a fair statement to make, keeping in mind that that number, the 185, was a point-in-time number, you know, as of several months ago.

Mr. Love: — Yes.

Hon. Mr. Hindley: — Obviously it's, you know, quite possible that some may have been hired already and some of those positions, you know, hopefully have been filled. But by and large, yes, the member is correct in that statement.

Mr. Love: — Okay, fair enough. So going back to December we were in here talking about supplementary estimates and at that time the Minister of Health . . . Oh, we were talking about hiring 300. And that was the discussion that we were engaged in at the time, was a campaign promise, a Throne Speech promise to hire 300 new positions in the next budget year. And so the thing that was indicated at the time by the Minister of Health was that you'd be working with your partners in Advanced Education to plan for increasing the number of seats in CCA training programs to meet your election promise of 300 new positions. Can you please update me tonight on how that's going?

Hon. Mr. Hindley: — Thank you, Mr. Chair. Sorry, we just had to just check with officials here for an update. Yes, as recently as this week officials from Health have been in conversation with and having discussions with the Ministry of Advanced Education about training seats and increasing capacity, so that's the update from Health. This ministry does not fund training seats, so in terms of any expansion, that would be a question for Advanced Education in terms of those more specific details. But yes, the ministries have been engaged and continue to be engaged about both the current and the long-term needs for these positions and the training that's associated with filling those positions.

[21:45]

Mr. Love: — Okay, so just to be extremely clear here, Minister. Our discussion in December was that you'd be working with partners in Advanced Education a plan for increasing the numbers of training seats for CCAs. But you're saying that that first discussion happened last week?

Hon. Mr. Hindley: — No. No, Mr. Chair, what I'm saying is the most recent discussion happened this past week. They've been having ongoing conversations over the past number of weeks and months, but as recently as this past week have been talking about what this is going to look like going forward.

Mr. Love: — Okay. I'm just going to steer to a different question then right now, just to follow up on this. So I mean, obviously we've been through this in question period and in media and all sorts of ways, but this government witnessed devastating effects of COVID-19 in long-term care facilities in Ontario, Quebec. You know, Canada overall has not done well in this area compared to other nations, but particularly, you know, here in Saskatchewan we were able to see what happened in other provinces.

So my question is, what was the first step taken to increase staffing levels? When was this taken, both in an immediate short term to increase staffing levels as a very clear way to address the pandemic, but also when was the first discussion? When did these discussions begin to increase the number of seats in training programs to provide for this election promise of 300 additional continuing care aids?

Hon. Mr. Hindley: — Thank you, Mr. Chair. In response to the member's question, I guess I would say this. The 300 CCAs commitment in the election campaign — which we've got some funding committed to this budget year for this first 108 — this is part of, you know, a continuing commitment of this government to continue to build upon our investments into not just health capital, whether it's hospitals or long-term care facilities, but also into staffing.

So we've been working hard to identify, you know, where we need to hire more staff in the care facilities, whether it's acute care or long-term care across this province. And we've been doing that since 2007. You know, we've increased the number of staff working in long-term care since that point in time with respect to LTC [long-term care] staff. As of 2019 and '20, there were more than 5,000.

As we've talked about earlier, continuing care aids, which is an increase over 2007, we have more than 2,100 LPNs [licensed practical nurse], RNs, and RPNs [registered practical nurse] working in this province, which is an increase over from, you know, when we formed government in 2007. You know, we've hired more doctors in this province to support health care and to provide expanded services to more and more residents as the population grows in Saskatchewan since 2007.

So, I would say that, you know, the commitment in the election was not in response directly to COVID because we know we need more health care workers in this province in general, regardless of whether there's a pandemic or not. So that's part of our continuing commitment to improving health care in Saskatchewan: hiring more staff and providing the best level of care, whether it's acute or long-term care, no matter what it is, in the health care system in this province to the people of Saskatchewan.

Mr. Love: — Okay, I'm just going to keep going on this because I didn't hear an answer in there. And I hear you, Minister, saying that the commitment of 300 was not in response to the pandemic. So I'm going to come back to my question. In response to the pandemic, what steps were taken to increase staffing levels? And when were those steps taken precisely?

Seeing what was happening around the country in long-term care, it seems like a very pertinent time for this government to look and say, we need to do something. So again, I hear what you're saying that this election promise was not about the pandemic. So if you could be precise and tell me, in response to the pandemic, what steps were taken and when?

Hon. Mr. Hindley: — Thank you, Mr. Chair. One of the first things that we did at the beginning of COVID-19 and at the start of the pandemic — and there was a number of steps taken, measures taken, to help reduce the spread of COVID-19 in SHA facilities —includes, you know, screening and temperature checks of staff entering the facilities, continuous masking.

And one of the very most significant steps that we took to help protect our residents in our long-term care homes was the cohorting of staff very, very early on. As a matter of fact, I think we were one of the first provinces to do that so that we did not have the situation that they saw in Quebec and Ontario. We brought on cohorting into our health care facilities in Saskatchewan very, very early on at the start of the pandemic to ensure safe and appropriate staffing levels and to make sure that we were limiting the potential and the risk for spread to happen in long-term care homes amongst, you know, one of the most vulnerable populations to COVID-19.

I'm just checking, I think here, the date that cohorting began was on April 17th of 2020. Again, we took those steps very early on to make sure that we were providing protection to the residents of long-term care, and to the staff as well of course. And it became effective April 28th but was announced on the 17th of April of 2020.

Mr. Love: — Okay. If I can get one more question in here before we're done. Just again related to the recruitment of CCAs. I'm wondering, you know, beyond posting positions online which, as you know, there's 185 vacant CCA positions, what other proactive measures does this government undertake to fill these positions? Or what proactive measure will you take, you know, again if we add together the 185 and the 108 from this year's budget? You know, that's a lot of positions to fill. How will you do it?

[22:00]

Mr. Hendricks: — Good evening. Max Hendricks, deputy minister. So in terms of the strategies that we will be using to recruit CCAs, obviously one of the things that the minister talked about earlier is that we're working with Advanced Education and Sask Poly to potentially expand the classroom size or the class intake of CCAs.

And you know, I think our experience has been with physicians and other health care providers, where it is feasible to run a program or an expanded program in Saskatchewan, we have a much better chance in retaining them here in Saskatchewan. So we'll be looking at that, and given that it's Sask Poly, you know, I think part of what we would like to see is that it's done not only in one or two locations but also in remote locations so that we're able to recruit around the province.

You know, another thing that we've done in the past is we've worked with Advanced Education and others to get into classrooms and to talk to people about certain careers in health care, and so trying to recruit people into that profession. The other thing about CCAs is that, you know, potentially providing room for career advancement and continuing education so they can advance to LPN, RPN, that sort of thing and those kind of incentives.

So we'll look at things that make it, you know, an attractive profession for somebody to enter. So I think we'll be thinking very carefully about, you know, the measures that we can take to improve our ability to recruit and retain this workforce.

The Chair: — All right, thank you very much, colleagues, ministers, officials. We have reached our agreed-upon time of adjournment. We will now adjourn consideration of estimates and supplementary estimates for the Ministry of Health. Again, thank you to the ministers; to Mr. Hendricks, deputy minister; and all those assisting virtually and to all those watching this evening as well. I would ask a member to move a motion of adjournment. Mr. Nerlien has moved. All agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. This committee stands adjourned until Thursday, April 15th at 5 p.m. Thank you very much.

[The committee adjourned at 22:03.]