STANDING COMMITTEE ON HUMAN SERVICES

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STANDING COMMITTEE ON HUMAN SERVICES

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[The committee met at 15:31.]

Chair Keisig: — Well good afternoon, everyone. Welcome to the Standing Committee on Human Services. My name is MLA [Member of the Legislative Assembly] Keisig. I'm the Chair of the committee.

This afternoon we are joined by committee member MLA Burki with MLA Jorgenson chitting in; committee member MLA Blakley with MLA Love chitting in; MLA Bromm; MLA Chan; MLA ChiefCalf with MLA Pratchler chitting in; and MLA McLeod chitting in for MLA Kropf.

General Revenue Fund
Education
Vote 5

Subvote (ED01)

Chair Keisig: — We will start by resuming consideration of vote 5, Education, central management and services, subvote (ED01). Minister Hindley is here with his officials. I would ask that officials please state their names before speaking for the first time. Please do not touch the microphone. The *Hansard* operator will turn your microphone on when you are speaking to the committee.

So, Minister, please introduce your officials and make any opening remarks.

Hon. Everett Hindley: — Thanks, Mr. Chair. We went through some introductions last night, and I'll skip over the opening remarks. And as you've mentioned, we'll just have the officials introduce themselves as they come forward to help answer some questions. And we thank the committee for its time today and look forward to the questions.

Chair Keisig: — Thank you, Minister, for your brief comments to get the committee started today. I'm sure the members opposite appreciate that.

I will now open the floor for questions. MLA Love.

Matt Love: — Thank you, Mr. Chair. Minister, today's final hour of estimates will kind of be a smattering of topics. We'll address a number of things in our final hour here.

My first question today, can you provide the following data and information for the committee: can you provide any changes to funding for independent schools, including percentage change overall, year-over-year increase in this year's budget, as well as if there's any changes to schools in each of the following categories — including new schools that might be appearing for the first time — for registered independent, qualified independent, certified independent, alternative schools, and historical high schools?

Jason Pirlot: — Jason Pirlot. On the first question, no changes in funding to independent schools this year.

Hon. Everett Hindley: — There are three new, unfunded registered independent schools: Canora Christian, Esterhazy Christian, and Saskatoon Islamic.

Jason Pirlot: — Yeah, just to clarify: for the independent schools, for Cornwall Alternative School, there was a CBO [community-based organization] increase that was applied broadly across the budgets, but nothing for certified independent or qualified independent schools.

Matt Love: — And the other data that I was seeking is year-over-year change as far as percentage increase or actual dollars in funding provided to independent schools. And if you can break that down by category for . . . or not registered independent, but qualified, certified, historical, and alternative.

Jason Pirlot: — So for the first part of your question, qualified independent schools are funded at 50 per cent of the per-student rate. Historical highs, certified independent schools are funded at 80 per cent of the per-student rate.

There's categories in what we would call alternative education category. Those aren't necessarily funded on a percentage of the per-student rate. Those would be contracts generally with entities such as Ranch Ehrlo or Eagle's Nest, etc.

And I might have missed the second part of your question, sorry.

Matt Love: — The actual dollars being spent in this budget on each category and what the percentage change is related to last year.

Jason Pirlot: — Yeah, so no percentage change, and I'll get you the dollars here right away.

Matt Love: — Sorry, I can clarify here, Mr. Chair. Yeah, just to clarify here, the percentage change might be a result of enrolment changes. Not the percentage change for the category of school, but for the actual dollars. Say, if there's more students in a category than in the past, you've indicated that that's been the driver behind changes being spent on private schools.

Jason Pirlot: — Yeah, for sure. For those categories though that would be utilization driven, right. So at this time we're not budgeting a change in what we're expecting for the independent schools, but we'll work with them, and as we start to look at enrolments then we'll have a better sense.

Matt Love: — So you don't have projected enrolments for qualified, certified, historical schools at this point?

Jason Pirlot: — Well we would have projected enrolments, but they line up with the budgeted amounts from the prior year. So would you just like me to run through the budgeted amounts for the categories then?

Matt Love: — Yeah, sure.

Jason Pirlot: — Okay, so for the '26-27 budget: qualified independent schools, $7.725 million; certified independent schools, $9.5 million; Cornwall Alternative School is $1.067 million — again that was an increase of 2 per cent and that was tied to a CBO increase — and historical highs is $5.823 million, and that is the same as it was in '25-26.

Matt Love: — And the qualified and certified numbers, how do those relate to '25-26? They're the same? They're flat?

Jason Pirlot: — Yes.

Matt Love: — How many schools are now in the certified independent category? There's no change from last year? So if you could name those schools in that category, please.

Jason Pirlot: — Sure. So for certified independent schools, we have three, and that would be Saskatoon Christian School, Saskatoon Misbah School, and Valley Christian Academy.

Matt Love: — Does the ministry track the amount of tuition that any qualified or certified independent schools charge? And what would be kind of the high and the low in terms of tuition charged by the schools?

Clint Repski: — Clint Repski, deputy minister. Regarding the tuition amount, we don't track tuition charges for the schools, so we don't know what the upper end is. But we do know, based on our conversations with the institutions, that some are charging zero tuition, so we know the low is zero. We don't know the upper end.

Matt Love: — Okay, thank you. I've got a few questions about school nutrition. Yesterday, Minister, in your opening comments, you provided some numbers. I'm just looking for a little bit more clarity.

I believe that the updated number that you provided of provincial funding was 2.8 million in this budget for the provincially funded child nutrition program. Are those dollars directed to . . . Do they work together with the federal dollars for the national school nutrition program? Or are those dollars specifically for, like, the Good Food Box program funded through community-based organizations for nutrition? Is there any overlap between the two programs?

[15:45]

Hon. Everett Hindley: — Thanks. So just some background information around the two programs, which are separate programs.

What we refer to as the child nutrition program, that's the provincial one that's been in place for over 30 years, first established by the Ministry of Social Services in 1990. The budget for that program this year is about $2.8 million. Last year, just our most recent stats, that provided a number of students 7.2 million meals, 54,000 Good Food Boxes. So that's through the provincial program. It's run through an application process. And I'll maybe have the officials talk about that in a second here.

The national school food program. So that one, the budget amount is about $9.2 million that we're getting from the federal government. That's part of the three-year, $15.8 million agreement that we signed, in effect until March of 2027.

And they are operated as two separate programs. The provision of the national program is that we can't use any of that funding to displace provincial funds, so it complements what's already been done provincially. And I'm not sure if there's any other information that Sammi wants to share.

Sameema Haque: — Good afternoon. Sameema Haque, assistant deputy minister. So as the minister mentioned, it is two very distinct programs. The CNP [child nutrition program] program has been operating for the last 35, 36 years. That program is run through the local CBOs as well as the school divisions, so funding is provided based on applications to both entities. And they provide meals to children that are in the school, attached to the school, and sometimes also within the community if they come attend an event at the school. The CNP programs are also often run during school breaks.

The national school food program is the federal program, and that's very distinct from CNP. As a condition of the agreement, the two programs have to be kept separate so we are able to show to the federal government that none of the provincial funding has been displaced with federal funding. The national school food program money is allocated directly to the school divisions, and the school divisions then form agreements with their local CBOs and other organizations.

And it could be bulk food providers, whoever they get an agreement with locally. The school divisions can also buy equipment that's related to food infrastructure. Right at the start of the program, they had higher costs related to buying microwaves and fridges, and items such as that, that are part and parcel of food delivery. And then we are encouraging, and the school divisions have reported, that most of the money is actually spent on food items that are provided to the students.

The stipulation with this program that is a condition by the federal government: that this is a food program that is for children that are within a school, within the K to 12 [kindergarten to grade 12] school. So it's those kids that are attached to a particular school and the school division, so not like during school breaks.

Matt Love: — Thanks, Minister. Your official just noted the reporting that has to go to the federal government to show that the funds are used separately. I understand that there is extensive reporting required as part of the national school nutrition program. Can you table for the committee the reporting that your government provides to the federal government?

Hon. Everett Hindley: — I'll have the officials talk a bit about where we're at with the reporting templates and getting that information to the federal government. And one of the things I would say is that, yeah, when we were having the discussions with school divisions, the SSBA [Saskatchewan School Boards Association] and others, one of the things that was identified was they were grateful for the addition of having the federal program come in, but they also wanted us to be mindful, as we were working with the federal government on what this looks like, that it did try to get as much and as many of the dollars from the program to kids, to make sure that it was going towards food and, like, essentially just getting to lunches for kids.

And to really minimize the amount . . . They didn't want it to become administratively burdensome, I guess, is probably the best way of saying it. So we wanted to be mindful (a) that there were certain parameters that the federal government wants to see met with respect to our reporting and where the dollars were

actually being spent, but at the same time, they didn't want to see . . . And I think that was again the direction we had from schools, was that we didn't want to see the dollars going towards hiring of FTEs [full-time equivalent] of a bunch of people to be tracking and counting how many boxes were going out and all this stuff.

But again I'm probably boiling it down much more simpler than I should be, but anyway that was the balance we were trying to strike. But I'll just ask the team to talk a bit more about the current status with the . . .

Matt Love: — Yes, Minister, can I just ask . . .

Hon. Everett Hindley: — Yeah.

Matt Love: — What I'm looking for . . . Yeah, what I'm looking for today in the committee isn't so much a discussion. I hear those same concerns about reporting, and we do want to make sure that supports are getting to our kids. We are the province with the highest number of children living in poverty. My question is, will you table the reporting for the committee?

Hon. Everett Hindley: — So I'll let the assistant deputy minister speak to where we're at.

Sameema Haque: — So as you know, this program was rolled out last year. The school year has not ended yet. So within this school year the school divisions are required to collect information. The information that is collected . . . What we've done is, in order to assist them in collecting information, we've provided them some templates. That is just to assist them and so that we have some consistent information. However we don't have all their data yet for this year. And any data that we have, of course, that needs to be reconciled. There's some back-and-forth with the school division before we can confirm data.

Then once that's done, we have an obligation because this is a federal program that all of the information must first be shared with the federal government officials, and all their questions must be answered and those need to be satisfied. And that's another data reconciliation process essentially to satisfy the reporting requirements. And we might have to do some back-and-forth and do some corrections before we actually have the final data available.

The school divisions will be providing some information as part of their annual report. Some of that data will be reported, and we will also have an annual report related to this particular program which will have the confirmed information available once the federal government approves that information.

So we're in the process. We've given the school divisions some templates to assist them. However we don't have all the information yet. Once the school year ends, then we'll have all that information and we'll do the reconciliation. The information will become public once the federal government has agreed upon that data, that they're satisfied with that data. And it'll be part of the annual report related to this program and will be posted online.

Matt Love: — Do you know what the deadline is for that reporting and when the annual report is expected to be posted?

Sameema Haque: — Any of these annual reports that are related to federal programs, it's very difficult to give a deadline for those because we have to negotiate the annual report and the content. And essentially word to word sometimes we are negotiating about individual sentences in regards to the report to the satisfaction of federal government. It must then be . . . Not only do we have to satisfy the officials, but the federal minister must endorse and approve that report before it becomes final.

So a lot of that is at the leisure of the federal government. We do meet our deadlines. We try and get the information out, get the first draft out. Often with this agreement and any of the other federal government agreements we have — we have three or four other agreements with similar structures — there is a lot of back-and-forth that we have to do before we have a final report. So I do hope that it is soon, but I can't unfortunately give you a timeline because that is subject to their approval.

Matt Love: — Okay, thank you. Minister, I'd love to hear a genuine response from you to this question. In Saskatchewan, we have 78,000 children living in poverty. That's a higher rate than any other province in the country. Not only do we have the highest number of kids living in poverty; the depth of poverty here is greater than any other province in the country. And when we look at provincial contributions to school nutrition funding, we are in last place.

When our kids attend school and they're hungry, they cannot learn. They cannot function. They cannot reach their potential. That, I hope you and I would agree, is one of the goals of a well-resourced education system: to help our children reach their potential.

In fact in Saskatchewan, if we tripled our provincial contribution to school nutrition, we would still be in last place. That's how far behind we are. So my question to you, Minister: are you comfortable presenting a budget in a province with the highest rates of children living in poverty that has the lowest contribution to school nutrition in the entire country?

An Hon. Member: — Point of order.

Chair Keisig: — Point of order.

David Chan: — I fail to see how the question has to do with the budget. You're asking the minister if he's comfortable. That is not what this committee's for.

Chair Keisig: — I will ask the member opposite to rephrase that question and tie it into the budget that we are debating here today.

Matt Love: — I believe I expressed myself very clearly. Is the minister comfortable presenting this budget? If we tripled the amount of money in this budget for school nutrition — these are questions about this budget — we would still be in last place in the country. So the question . . . I mean, I think the minister can decide if he wants to answer that. This is a question about a budget that he's presented and the dollars in that budget dedicated to school nutrition.

David Chan: — The question is how he feels about the budget. I find that question out of order. The question needs to be on the budget itself and on the work of the government.

Chair Keisig: — Thank you, MLA Chan, for that. The member opposite has tied the question back into the budget on what finances are being put toward school nutrition programs. And I think I'll ask the minister to answer.

[16:00]

Hon. Everett Hindley: — Yeah. Absolutely. And again I would speak to a couple things. One, we're grateful for the collaboration of the federal government and the federal dollars that are over and above what the province is doing. I talked about the number in this year's budget: $2.8 million for the provincial child nutrition program.

Years previous to that have increased by 2 and 3 per cent. In '24-25: 2.6, 2.7-ish. '25-26: $2.73 million, another 3 per cent increase. So we have been making increases to the amount of funds going towards the provincial child nutrition program. We have the addition of the national school food program as well that is helping to address some of the needs in our schools across Saskatchewan.

Chair Keisig: — I recognize MLA Pratchler.

Joan Pratchler: — Thank you. I'd like to turn our attention to page 42 of the budget estimates and look at library funding. And so it appears to me that the budgeted amount for this year is 16 million, and that the increase then would be $175,000 if we do that, making a 1.09 per cent increase for this year. What would be the cost of your pegging for inflation? And would that 1.09 per cent be adequate just to meet inflation or any other expenditures that would come, like power bills and things like that?

Clint Repski: — The increase provided to libraries this year was a 2 per cent increase. When you take a look at the Estimates book, the transfers that we provide out to the regional and municipal libraries increased by 2 per cent this year. If you take a look at the difference in the Estimates book page 42, that's the overall increase. What's included in there is the ministry portion, so our Provincial Library office. So the libraries in the sector, they did get a 2 per cent increase.

Joan Pratchler: — What amount would that be then?

Clint Repski: — Pardon me?

Joan Pratchler: — What would be the final dollar amount then?

Clint Repski: — The transfer to is the . . . The total funding: municipal libraries is 1.456 million; regional libraries, 6.386 million; and for Pahkisimon Nuyeʔáh, 1.050 million.

Joan Pratchler: — So then can you clear up the difference that we're reading here that the libraries would have? On that second line under libraries, for allocations it says 11.731 million. Is that incorrect?

Clint Repski: — No. That number also includes our support funding for CommunityNet, SILS [single integrated library system], multitype, and some out-of-province pieces, and some disability funding to bring up the total to 11.731 million.

Joan Pratchler: — Okay. And so how many libraries do we have in our province? Last I counted it was around 300. Is that correct?

Clint Repski: — I don't know exactly.

Sameema Haque: — About 300 libraries.

Joan Pratchler: — Okay. So this $75,000 increase from last year would be spread out over those libraries?

Sameema Haque: — This funding for the libraries comes from two streams. The provincial government funding which is in the form of a grant, and we give the grant to the regional library system or the municipal library. So we give it to the actual regional library system, and they can allocate it further. They have their own board. The board makes decisions. They have local autonomy in regards to making decisions in regards to library systems.

The second stream of funding is the municipal levy that is put in. And all of these library systems, whether they're a regional library system or a municipal library, have the ability to generate revenues through that stream as well.

Joan Pratchler: — And is it typical that around 150 or 175,000 goes as an increase yearly? Is that typically the increase you would have had last year or the year before?

Hon. Everett Hindley: — Increase this year, as the deputy minister had shared, is a 2 per cent increase. Previously, in '23-24, it was a 3 per cent increase in resource sharing grants to our library system. But there's other areas, as was mentioned previously. And I'll ask Sameema to give us some further detail where we provide some supports and funding to the library sector.

Sameema Haque: — So funding and funding supports for libraries have taken many shapes. As the minister mentioned, sometimes an increase in the grants. We've provided other supports to the libraries as well too, and those all come with some costs attached to them. For example we provide internet services; 2.4 million is allocated for that this year. And that would be to provide internet services, high-speed internet services across all the library systems.

In addition we sometimes purchase equipment for the libraries as well. For example we've spent 500,000 this year to purchase brand new routers that would provide a safer internet connection. So those kinds of initiatives also go on, and they are provincially supported.

We support the courier costs for interlibrary transfers of books and materials. And that is a significant cost because that's shipment all across the province. Right now we have 1.2 million set aside for that particular assistance, and all of that is covered through the Provincial Library office.

We also buy books for the library system. So we bulk purchase books. We provide funding for accessible materials for, you know, our citizens that require alternate . . . that have a visual disability. So we also support the library systems through a multitude of other assistances that could actually reduce their administrative costs, such as cataloguing services and other

administrative tasks through the Provincial Library and Literacy Office.

Joan Pratchler: — Okay. And when the general public would read this estimate, let's say they would, I would see that the goals at the paragraph above says that it's for the benefit of all Saskatchewan residents and increases the opportunities for child and family literacy, which I think are very important.

But when one does the calculation, that $175 divided over 300 libraries, it comes to $583.83 for a library. Barely buys 15 books. So I'm not just quite sure . . . And that's fine because this is what this budget says here. That's really, I don't think that's supporting as well, but that is my own commentary on that.

So switching to child care now, I'm just wondering if you would be able to table the reporting that you do to the federal government for the past two years regarding the child care numbers. And we don't have to go through them now. If you can just furnish them to the committee that would be fine for us.

[16:15]

Sameema Haque: — As I mentioned, the process for the national school food program, which is a federal agreement . . . Similar to that, in these federal agreements that are child care related, we do the same thing. We have to collect information, negotiate the data with the operators as well as with the federal government. And all of those reports are available online. They are posted once they are approved by the federal government; signed off, they are posted. The English version is usually posted very quickly, and the French version is posted once we receive the official, approved translated version from the federal government. They're all available on Saskatchewan.ca.

Joan Pratchler: — And those would be for the years, this past year and the year before as well?

Sameema Haque: — They're annual reports.

Joan Pratchler: — Okay, good. I'd like to talk about assessment and literacy. What amount of funding has been set aside to address literacy challenges of students grade 4 to grade 12 who can't read at grade level? Because I know, as an administrator and a teacher, we do all kind of testing up to grade 3, and we know exactly when they can't read after grade 3. But I'm not quite sure what supports are available for beyond that.

Jason Pirlot: — So as you know we do have the money in the budget for the K to 3 literacy, and I think we can all agree that's important work. To your question on 4 to 12, we've spent a lot of time over the last little bit here building up that K to 3 work. Pretty proud of that work.

Sean's team and the team back at the ministry and the work with the sector has been excellent, and I think we're in a pretty good spot. Having said that, once we have that process stood up we plan to move quickly into 4 to 6. And we acknowledge that there's literacy challenges for kids that are slipping, and we need to catch up with them and provide those supports.

Joan Pratchler: — And what kind of supports are in place to address our PISA [Programme for International Student Assessment] results, which are tanking?

Chair Keisig: — MLA Pratchler, could you just use the proper name instead of PISA, like not the acronym? What does PISA stand for?

Joan Pratchler: — Oh, it's a testing we do at 15-year-olds about science, math, social studies. It's a global assessment. I forget what that stands for. I've always used it for the last 40 years but that's what it is, yeah.

Chair Keisig: — Okay, yeah. Obviously the officials and the minister know what it is here.

Joan Pratchler: — Program for international assessment. Yeah, it's international.

Jason Pirlot: — Thanks for the question. And yeah, we discussed this a little bit at Public Accounts Committee not too long ago. What the province is doing is we're introducing a new Saskatchewan student assessment program. Field testing, we'll start that this spring actually on that program.

As we discussed at Public Accounts Committee, we're pretty excited about this program. We have a lot of support from the sector. We've done a lot of work with the sector and with teachers in terms of preparing the nature of the assessment, working to prepare the questions that will be involved in the assessment. And we have a tremendous team back at the ministry working really hard to have it in place and ready to go here for this spring, which will be field testing.

So that assessment will actually be in English language arts for grades 4, 7, and 10. And it will be in mathematics for grades 5 and 9. It's a curricular-based assessment. So that's an important point because effectively what we're going to have when we start getting results back is we're going to have information on how students are doing in terms of comprehension of the curriculum.

This is I think a very important point and separates it from other assessment practices in that it will provide very valuable information back to not only the province but also schools, school divisions, and teachers in terms of how their practices and approaches are working. And it provides a very consistent and objective barometer, so to speak, in terms of across the province are kids understanding the curriculum that's sitting in front of them in those grades?

From I guess an educational policy perspective, it also is going to provide very important information back to the province. And as I mentioned to you in Public Accounts a while back, grade 5 mathematics for instance, you know, the needs of students change. Best practice in curriculum changes. And this will give us a pretty good understanding on, is our grade 5 math curriculum still where it needs to be? Or as we look at those results and kind of to I guess the preface of your question as it relates to PISA, as we think about where our kids are at in terms of their understanding of our curriculum, you know, what changes might we want to make to improve mathematics across the province?

Joan Pratchler: — And just on that note, how many people are tagged with working in your curriculum department in the ministry then?

Sean Chase: — Sean Chase, executive director for student achievement and supports. Our overall branch is 34 members.

Joan Pratchler: — And how many people work in the finance department of the Ministry of Education?

Jason Pirlot: — Hi there. So for our finance area, we have seven people in the ministry.

Joan Pratchler: — Thank you.

Chair Keisig: — I recognize MLA Love.

Matt Love: — Thank you, Mr. Chair. Minister, I've got a question here. I'm looking at data in your '24-25 annual report, and I'm curious if you can update the committee on this data. So I'm looking at page 8 of this report: "percentage of students in grades 1 to 3 reading at or above grade level." If you can report for the committee the most recent numbers that you have, probably for the '24-25 school year, and how did that data inform decisions you made for this budget?

So the data that I'm looking for is students reading at or above grade level in grades 1 to 3, reported for all students, Indigenous students, and non-Indigenous students, as has been long reported by your ministry in your reports.

[16:30]

Hon. Everett Hindley: — So '24-25 numbers, that's what the member is looking for, for the various groups, right? Okay. So grade 1 students reading at or above grade level: overall, 60.7 per cent; Indigenous, 37.6; non-Indigenous, 65.3. Grade 2: all students, 64.6; Indigenous, 42.7; non-Indigenous, 68.8. And then grade 3: all, 66.8; Indigenous, 44.1 per cent; and non-Indigenous, 71.7 per cent.

And then I would just say that, you know, that overall that's why in terms of how does that inform the decisions that are being made with respect to reading results in our students in grades 1 to 3 and to the previous questions about all of our students, that does inform the decisions we're making.

The $2 million that would've been in the budget last year, and then as we're making the decision about what are we doing for K to 3 literacy in the new budget, and that again was a $2 million investment and will continue to be a priority for the government to be able to make these financial investments into literacy.

And also in addition and in collaboration with the assessment that's being done, making sure that we're tracking these results, and of course ultimately providing the supports that we need to for the students so that those numbers can improve across the province.

Chair Keisig: — Thank you, Minister. It is now 4:34. Having reached our agreed-upon time for consideration of these estimates, we will now adjourn consideration of the estimates and supplementary estimates no. 2 for the Ministry of Education. Minister, do you have any closing comments?

Hon. Everett Hindley: — Thank you, Mr. Chair. Just again to thank the committee for their time and for their questions here this afternoon. And to the staff in my office here at the Legislative Assembly, the team that helps prepare us for this. And of course all those with the Ministry of Education who are here are today and last night as well.

Officials from the DLC [Distance Learning Centre] who joined us as well to answer a number of questions last night, thank you too to those folks for the work they do in collaboration with everyone in the education sector to make sure that we do this good work on behalf of the sector, students, and everyone that's part of the education system. So thanks to everyone for their continued efforts towards excellence in education.

Chair Keisig: — Thank you, Minister. MLA Pratchler, do you have any closing comments?

Joan Pratchler: — I echo those comments. Thank you for all the work you do to help the children of our province reach their potential. Appreciate it.

Chair Keisig: — MLA Love?

Matt Love: — Yeah. Thank you, Mr. Chair. Thanks to my colleagues on the committee for the last seven hours. Thanks to my colleagues on this side. It's nice to have partners in this work, and I'm very honoured to get to do this work with MLA Pratchler after her distinguished career in Catholic education as a teacher and administrator. It's great to have a partner here.

To all the officials who are here, thank you so much for the work that you do on behalf of our children, our teachers, our education workers. We know that there's much that goes on behind the scenes that we don't often have an opportunity to say thank you for. So on behalf of the opposition again, thank you for your work, and thank you for the time that we've spent here over the last seven hours together.

Chair Keisig: — Well thank you for that. Thank you, Minister, for your time. Thank you to the committee members for the good questions, and thank everyone for their due diligence. This committee will recess until 5 p.m. in this Chamber. Thank you.

[The committee recessed from 16:36 until 17:00.]

Chair Keisig: — Welcome back, committee members. We have MLA Nippi-Albright chitting in for MLA ChiefCalf. We have MLA Jared Clarke chitting in for MLA Blakley. We have MLA Bromm; MLA Chan; and MLA McLeod chitting in for MLA Kropf. And MLA Jorgenson joining us as well.

General Revenue Fund
Health
Vote 32

Subvote (HE01)

Chair Keisig: — We will now proceed with considerations of vote 32, Health, central management and services, subvote (HE01).

Minister Carr, Minister Cockrill, they are here with their officials. I would ask that officials please state your name before speaking and do not touch the microphone. The *Hansard*

operator will turn your microphone on when you are speaking to the committee.

Minister, I would like to invite you to introduce your officials and make your opening remarks.

Hon. Lori Carr: — Well thank you, Mr. Chair, and members of the committee. I would introduce all of the officials, but I think we'll just introduce them as they come up to the chair, because we have a few here with us this evening.

I'm pleased to be here today to highlight the significant investments made under my portfolio of Mental Health and Addictions, Seniors and Rural and Remote Health. Today I will focus on the initiatives within my portfolio. These investments directly support patients and families. We are putting patients first by improving access to care, expanding services, and ensuring supports are available closer to home.

I would like to express my sincere thanks to the Ministry of Health officials, our health partners, and front-line health care staff across Saskatchewan. Their continued dedication and commitment ensures patients receive safe, compassionate, and timely care in communities across the province.

Continuing to make progress on mental health and addictions remains a top priority for our government. This year we are making a record investment of $673.7 million. It's an increase of $49.9 million or 8 per cent over last year. This is a significant investment. It reflects the importance of ensuring that Saskatchewan people have access to mental health and addictions services they need. It allows us to continue building treatment capacity, expanding recovery-oriented services, and improving access for patients and families.

At its core, this is about people receiving the care they need when and where they need it. We are putting patients first by building a system that is easier to access, better coordinated, and more responsive to individual needs. Our objective is for patients to receive the right care at the right time and in the right place.

We recognize that mental health and addictions challenges continue to have a significant impact across Saskatchewan. Individuals, families, and communities are experiencing the effects of substance use and mental health concerns. These challenges place increasing pressure on emergency responders, health care providers, and community supports.

Every life lost to overdose is a tragedy. Our government remains deeply committed to providing available resources for individuals struggling with addictions. We are opening up access to services and supports they need to pursue recovery and live healthy lives.

We recognize the impact that mental health and addiction challenges have on individuals but also on families, caregivers, and communities across Saskatchewan. These challenges affect every part of a person's life. They require a coordinated, compassionate, and patient-oriented response across the entire system of care.

We have now reached the midway point of our five-year mental health and addictions action plan. This plan is focused on doubling treatment and recovery capacity, improving access to services, and strengthening outcomes for individuals, families, and communities. It continues to be guided by the three key pillars: building capacity for treatment, improving the system, and transitioning to a recovery-oriented system of care with a strong focus on treatment and recovery. Together these pillars are helping to create a more coordinated and responsive system that better supports people at every stage of their recovery journey.

I'm pleased to provide an overview of this year's record investment of 673.7 million in mental health and addictions programs. This includes an increase of over 23 million in targeted funding to expand services, improve access, and strengthen recovery-oriented care. This funding is focused in three key areas: 10.8 million to build treatment capacity, 9.6 million to strengthen a recovery-oriented system of care, and 3 million to improve access and navigation.

These targeted investments are completed by 26.5 million to support increased demand for hospital-based services, physician visits, and prescription medications to ensure continuity of care across the system. These investments reflect a growing demand and the need for services across a full continuum of care from early intervention and counselling to intensive treatment and long-term recovery supports.

Every individual's path to recovery is different. These investments represent a comprehensive approach to strengthen mental health and addictions services. We are seeing steady and meaningful progress in expanding access to care and supporting recovery across Saskatchewan.

We are putting patients first by expanding the treatment capacity so people can access care closer to home when they are ready to seek help. More than 300 of the planned 500 new addictions treatment and recovery spaces are now operational across the province. This represents important progress towards fulfilling our commitment. This includes the recent addition of 15 second-stage sober living spaces at St. Joseph's Addiction Recovery Centre in Estevan and 16 second-stage sober living spaces at Pine Lodge in Regina.

We are continuing the momentum with approximately 200 additional spaces planned over the next 12 months. These spaces are being developed across multiple communities throughout the province so that individuals in both urban and rural areas have improved access to treatment options closer to where they live. Expanding access in this way helps reduce travel barriers and support earlier intervention. It also allows individuals to remain closer to their families and support networks during recovery.

Increasing treatment capacity remains a key priority. We know that timely access to appropriate care can significantly improve outcomes for individuals and families, and it saves lives.

Besides increased funding towards the 500-space commitment, this budget provides capital funding to establish a new, secure youth detox site and expand access to counselling services. The creation of the new six-bed secure youth detox site at Calder Centre in Saskatoon will double Saskatchewan's secure youth detox capacity. Currently Saskatchewan has one six-bed secure youth detox unit located in Regina. This expansion will significantly improve access for youth and families across the

province.

This site will provide detox, stabilization, and treatment in one location. It will follow a recovery-oriented approach that supports improved outcomes for young people requiring intensive services. It will also reduce the need for families to travel long distances for care, removing a key barrier to accessing timely treatment. We're putting patients first by improving access to specialized services for youth and supporting families during some of the most challenging moments

Rapid access counselling also continues to be an important part of the system. These services provide free, walk-in mental health counselling without referral, delivering both in person and virtually. This budget supports the continued availability of services in more than 30 communities, ensuring adults can access timely support without long wait times. This type of early intervention is critical in preventing more serious mental health challenges and reducing pressure on other parts of the health care system.

Improving how patients and families connect to care is another key priority. A $3 million investment will support continued development of the central intake and navigation system. It will also support expansion of the virtual access to addiction medicine, or VAAM, program.

The central intake system will provide a coordinated approach to accessing addictions services, allowing individuals to self-refer and receive support in navigating available programs. This system will improve clarity, consistency, and fairness in access while helping patients and families better understand where to go for help. The system will be implemented in phases beginning in 2026 and will support coordination across more than 700 addictions treatment spaces.

At the same time, the VAAM program is improving access to addiction medication across Saskatchewan. Launched in January 2026 in communities including Lloydminster, Nipawin, and Cumberland House Cree Nation, VAAM provides access to assessment, treatment, and ongoing support seven days a week from 8 a.m. to 8 p.m. Patients can receive care by phone or video in partnership with local services such as laboratories, out-patient counselling, and pharmacists.

This model is particularly important for rural and northern residents, improving access to care. It also helps ensure continuity of care and timely intervention, which are critical in preventing escalation and supporting recovery.

Together these initiatives improve coordination and create a more seamless experience for patients and families. We are putting patients first by reducing barriers to care, improving navigation, and ensuring individuals and families are supported at every step of their journey.

We continue to strengthen our recovery-oriented system of care with a $9.6 million investment. This approach recognizes that recovery is an individual journey and that people may require different types and durations of care. It ensures that services are better aligned to meet individuals where they are, whether they are in crisis, seeking treatment, or maintaining recovery. We are putting patients first by recognizing that recovery looks different for everyone and ensuring care is tailored to individual needs and timelines.

This funding will support the expansion of complex-needs facilities in Prince Albert and North Battleford with work under way at different stages of development. These facilities build on the existing 15-bed sites in Regina and Saskatoon, which have already supported more than 4,800 individuals.

Complex-needs facilities provide a safe, secure, and medically supervised environment. Individuals in crisis can stabilize while being monitored for the effects of drugs or alcohol. Individuals may remain in these facilities for up to 24 hours for stabilization and assessment, and are connected to appropriate supports and services afterwards.

These facilities are staffed by trained health professionals and support staff who are experienced in detox and withdrawal management, ensuring individuals receive appropriate care in a safe environment. They play a critical role in supporting both patient care and community safety by providing a health-focused alternative to emergency departments or correctional settings. They also provide an important connection point to ongoing supports, including addictions treatments, housing, and community services.

We are also moving forward with the initial phase of *The Compassionate Intervention Act*. This model will be used in rare circumstances where individuals with severe and life-threatening addictions are unable to seek help on their own despite significant risk. This approach is intended to provide a pathway to care for individuals who are at significant risk of harm to themselves and others while ensuring that appropriate medical and mental health supports are available to begin the recovery process.

Connecting patients to primary care. As Minister Cockrill will highlight tomorrow evening, our government also continues to invest in strengthening primary care across the province. We are putting patients first by improving access to primary care to ensure patients receive timely, coordinated services.

Within my portfolio of Rural and Remote Health, these efforts are supported through targeted investments. A $1.8 million increase will support the expansion of patient medical homes, including 10 sites that have been approved or expanded in rural communities across the province. These team-based models bring together physicians, nurse practitioners, and allied health professionals to provide coordinated, patient-centred care.

By enabling providers to work to their full scope of practice, these teams increase capacity and improve access for more patients. Patients benefit from more timely appointments, better coordination of services, and care that is tailored to their individual needs.

We are also investing $1 million in virtual care innovation. Virtual care plays an important role in ensuring patients can access care in a timely and convenient way, particularly in rural and northern communities, where travel can be a barrier. This year's investment builds on the success of the virtual physician program, which now supports 30 rural hospital sites.

[17:15]

This program has helped avoid more than 5,200 potential emergency room disruptions across Saskatchewan. The virtual physician program helps to retain rural and northern physicians by creating consult support and virtual team-based care.

We have also partnered with Whitecap Dakota First Nation to establish the Virtual Health Hub, the first of its kind in Canada, using advanced technology to support northern communities. Technicians for the Virtual Health Hub are being trained at the Saskatchewan Indian Institute of Technologies, strengthening Indigenous workforce participation and leadership. These innovations are improving access to care and helping ensure that patients can receive the services they need.

Seniors and people with complex medical needs. Providing safe, high-quality care and supports for seniors and people with complex medical needs or disabilities remains a priority for our government. This year's budget includes a $9.2 million investment to enhance long-term care, home care, and community-based supports. We are putting patients first by supporting seniors to maintain independence, age with dignity, and remain connected to their families and communities.

A $4.7 million increase will support long-term care services, including staffing and enhanced oversight and quality improvement. This includes support for more personalized long-term care services, staffing for beds in Regina and La Ronge, and enhanced inspection oversight and quality improvement.

A $3.9 million investment will strengthen home care services across Saskatchewan. Home care remains a critical service that allows individuals to receive care in familiar environments while maintaining quality of life. This investment supports seniors to age in place, reducing the need for institutional care and helping individuals remain safely in their homes for as long as possible.

An additional 651,000 will support community-based programs for people with complex needs or disabilities. This includes the Rural and Remote Memory Clinic community-based dementia program and an autism summer program. These programs also provide important supports for caregivers and families, recognizing the essential role they play in supporting loved ones.

As Minister Cockrill will touch on tomorrow, our government continues to invest in rural and remote health care to improve access to care across the province. A $6.7 million increase will support physician recruitment and retention, including expansion of the rural physician incentive program and supports for internationally trained physicians.

We are also investing in workplace development through $984,000 to support registered nurses training to become nurse practitioners and $290,000 for an Indigenous continuing care assistant pilot program. These initiatives support a grow-your-own approach to building a sustainable health workforce in rural and northern communities. By supporting training and career development within Saskatchewan, we are helping ensure communities have access to health care providers who understand local needs and are committed to providing care close to home.

In addition, 8.7 million in ongoing funding continues to support the rural and remote recruitment incentive program. Since its launch, this program has attracted more than 500 health care workers to communities experiencing staffing challenges. These investments are helping to stabilize health services, reduce disruptions, and improve continuity of care for patients living in rural and remote areas.

Through all of these investments that I had the opportunity to highlight today, we are advancing a patient-first approach to health care in Saskatchewan. This approach improves access to care and delivers the right care in the right place and at the right time.

We recognize there is more work to be done, and we remain committed to do that work. We remain committed to building a more responsive, more coordinated, and better equipped health care system. We are working hard to meet the needs of Saskatchewan people today and into the future.

My officials and I would now be pleased to take your questions.

Chair Keisig: — Thank you, Minister, for your opening comments, and I want to welcome MLA Kropf to the committee. I will now open the floor to questions. MLA Nippi-Albright.

Betty Nippi-Albright: — Miigwech, Minister. Miigwech . . . Thank you to both you and your officials for being here this evening and for all that are taking time away from their children and families to sit here and take our questions and hopefully be able to respond to them. So I appreciate this opportunity to ask questions on the mental health and addictions budget.

I want to begin by noting that I have a limited amount of time tonight because I have to share the time with my colleagues. And I don't want to take away from the time my colleagues need for their critic areas.

To make the best use of everyone's time, I would ask if the minister or her officials don't have any of the answers to my questions this evening, I'm requesting that those answers be tabled pretty quickly, right. And that they be tabled so that we can get as many answers to our questions this evening.

So we need to properly evaluate the six point three point eight million dollar budget. We need some timely information, so that's why I ask that if you don't have the information tonight that if it could be presented, regarding my questions anyway.

So with that, I'm going to ask you — and because it's mental health and addictions, I'll just start with mental health, for example — so of the total budget that you have, how much of that is allocated just to mental health supports and services?

And if you don't have the answers, you just table it and then we'll move on to the next question.

Hon. Lori Carr: — So in this year's budget of a total of 674 million, 502 million is directed to mental health supports.

Betty Nippi-Albright: — Thank you. So of that portion for mental health, how much is specifically allocated to supports for children, for youth, parents, and their families? And also adults? So how much of that portion is allocated specifically for children, youth, families, and of course adults?

Hon. Lori Carr: — So thank you very much for the question. Within I guess our mental health buckets of funding, we have several different types of services. And within that service it would actually service whether that be youth or adults or families. So it's kind of commingled in all different types of services. So it would be very difficult to break that out into specific buckets that you're asking for.

Betty Nippi-Albright: — Actually it would be good to have those broken down so we have a better idea. If that's something that could be presented probably within the next couple weeks, that would be really helpful. But thank you for . . . I assume that they're all in the same, but it would be nice to hear, see how much is actually for specific groups in that area.

So I'm going to move on to the question on how much of this budget is actually dedicated to school-based mental health supports. That's including counsellors, mental health literacy, prevention programs, and crisis support for students as well as educators. So how much of this year's budget is dedicated to those school-based mental health supports?

Hon. Lori Carr: — Thank you very much for the question. So what we have for school-based mental health supports is actually funded through the Ministry of Education. Having said that, it is the mental health capacity funding, and the goal is to have that in all 27 school divisions across the province.

And I know that within the Creighton School Division we have that program up and running. And some extra supports were put there, recognizing the very difficult year that has happened there. And any counsellors that would be available for anything like this would also be funded through the Ministry of Education.

[17:30]

I think at one time it was within our Health portfolio. But just because of the nature of how the funding flows to all of the school divisions, we felt it was more appropriate that they take and divvy it up amongst the school divisions because they know better where the services are needed, especially if they have to ramp up something.

Betty Nippi-Albright: — Thank you for that. Just for clarity so I can understand better, so of the Mental Health dollars, do you give dollars to Education to do the mental health piece for this?

Hon. Lori Carr: — They have their own funding bucket. We don't give it to them, so they have their own line item for that.

Betty Nippi-Albright: — So do you have a timeline of when you will have the school-based mental health supports for all the schools within the province? Do you have a timeline for that?

Hon. Lori Carr: — So I don't know the exact number. That would definitely be a Ministry of Education question, so I guess whoever your critic is for Education.

Betty Nippi-Albright: — Okay. Yeah, it would be good to know because I think there's . . . We know that mental health impacts every one of us, right? And when we look at the schools, for example, for the children as well as the educators in the school, we know that we get transfer dollars from the federal government for mental health.

And I just want to know if . . . I guess I would like to get a better picture. Other than Education, who gets funds for . . . They have a lot. But at what point does Mental Health fund where there's no capacity for Education to do the mental health supports that they need? At what point? Is there a threshold where Mental Health, the ministry, the money comes out of that to say, you guys are really struggling?

And we know that mental health is really affecting so many people, more so than it has in the past. Is there a point, is there a threshold that says that if schools are needing more mental health supports, that Mental Health dollars will come and help?

Hon. Lori Carr: — So I think we can take for example the extreme circumstances that happened during the wildfires this summer, right? And some of that was during school time and obviously will affect people for some time to come.

So as we worked our way through that and as we listened to the community and tried to target supports to where they were needed . . . Of course we had the mental health capacity in the schools to start with, but what we actually did was we set up something called a rapid response team. And that team was right in the community, working with individuals to see where the needs were.

When it comes to mental health needs, we would draw on the resources that we already have within the province, within our ministry, and put those teams out there to help where and when needed, ensuring that the right literature was out there for individuals if they just wanted to make a phone call to talk through something and not necessarily something in person.

So those are the types of supports that we would insert into a community on an as-needed basis, whether it's the community as a whole . . . If it's something that has specifically happened within a school, then those additional resources would absolutely be put into that school to help out with whatever situation is going on at that point in time.

Betty Nippi-Albright: — Thank you for that. I'm pleased that you shared what you do with what's happened with the schools and, of course, the fires. I want to talk about . . . And I'm glad you brought that up. One of the things my colleagues from the North have shared, and also I've received calls about communities, individuals across the northern province that have no access to mental health supports.

And we have high, high rates of suicide amongst our young people. And we have families that live in the far North and in the northern communities that are in perpetual mourning, loss because young people are dying every single day. Their community members are dying every day.

And one of the things that we hear often is that there's no one there for them in terms of mental health supports, that yes, we have supports, but they're not being . . . we're not able to staff them. And that's a challenge, especially when communities are mourning the loss of loved ones, whether they died by suicide or drug overdose, or are in mental health distress because of what they have to endure.

And we know that challenges are there — huge, huge challenges in the North — and the issues they face in the North are very different than what we face down in the South. So how much of the budget is going and is dedicated to northern communities to include mental health counsellors, prevention programs, crisis support strictly for mental health?

[17:45]

Hon. Lori Carr: — Thank you for the question. So northern Saskatchewan residents can access mental health and addictions services via a range of professionals including social workers, mental health therapists, addiction counsellors, family physicians, and nurses, as well as visiting the telemedicine services from psychiatrists and other professionals. Acute in-patient mental health services for residents of the North are available through nearby in-patient facilities primarily in Prince Albert, North Battleford, and Saskatoon.

Mental health services are typically provided by the SHA [Saskatchewan Health Authority] for off-reserve residents, while Indigenous Services Canada and the First Nation Bands deliver services for individuals on-reserve. All Saskatchewan residents experiencing mental health addictions issues, including those in the North, have access to call or text lines such as 811, 988, Kids Help Phone, mobile crisis lines, and the Hope for Wellness online chat service.

We also have funding for suicide prevention including 1.1 million for Roots of Hope community suicide prevention projects in Meadow Lake, La Ronge, Ile-a-la-Crosse, Prince Albert, and North Battleford; and 480,000 for a grant program that provides support for training and awareness-related suicide prevention initiatives for individuals.

We also have the VAAM program, the virtual addictions medicine program which . . . I'm just going to turn over to Derek Miller, if you want to give your title and explain that a little bit, how it works for the North.

Derek Miller: — Yes. Thank you, Minister. Good evening. I'm Derek Miller. I'm the chief operating officer with the Saskatchewan Health Authority, and I'm pleased to join you this evening and share information around the virtual access to addiction medicine program. Virtual access to addiction medicine provides virtual, timely access to physicians, nurses, and counsellors who specialize in addiction medicine.

Our goal is to make treatment easier to reach, especially for people in rural and remote areas who may not have a local prescriber. The initial phase of virtual access to addiction medicine provided services to Lloydminster, Nipawin, and Cumberland House, as well as to clients in detox and recovery treatment centres in the province.

VAAM has expanded to additional communities in the northeast area including Nipawin, Carrot River, Arborfield, Choiceland, Tobin Lake, Cumberland House Cree First Nation, Shoal Lake Cree First Nation, Red Earth First Nation. And we continue to have conversations with First Nations communities for expansions during phase 2.

We launched the program initially on the 26th of January 2026. And it's open to individuals living in the identified communities that we've rolled out to, as well as others that may be attending a detox or recovery treatment centre. Patients accessing the program would be 18 years or older and be looking for help with substance abuse and be open to treatment options including medication.

A few services that an individual could expect when they access the program is meant to be a holistic approach, including timely assessment and prescriptions for addictions medication; virtual appointments with physicians, nurses, and counsellors; screening for sexually transmitted and blood-borne infections; brief counselling and connection to community supports; stabilization and transition to local care when possible; and culturally safe and trauma-informed care for all clients.

Betty Nippi-Albright: — Thank you for that, Mr. Miller. So my questions have been on just mental health right now, but thank you for also sharing on the substance use side of this.

I sit here and I wonder about, and I'm concerned about, the old people, our Elders that don't have access to internet, that can't get themselves to the clinics for the virtual treatment to help with their mental health. We have these historians, the old people, our Elders in the communities, especially in the North, that are asked for guidance and help when they themselves are also experiencing the stress and anxiety that comes with their community members that are suffering from substance use harms or, in this case, mental health.

But so having said that, I guess the question I want to know is how much of the budget is allocated for the expansion of the remote health incentive plan to include mental health professions in the North?

Hon. Lori Carr: — Thank you for the question. So within the rural and remote recruitment incentive program, it's $8.73 million. Of course those are for nine professions across several different professionalities, whether that be a registered nurse or registered psychiatric nurses or whatever the case might be. And if there are facilities in the North that have those vacancies, then those positions would obviously be eligible for that. But we don't actually break it down specifically to the North because we look at the province as a whole when we do that budgeting.

You talked a little bit about the Elders and what about when they can't access that virtual care because they're not comfortable with FaceTiming or whatever that might be. Of course we still have first and foremost, we'd like to have individuals close to them in their health care facilities that they can reach out because our whole goal is to get the right care at the right time and in the right place.

But we do have more traditional ways of like, just a regular telephone call through the HealthLine 811 that can direct you to services that don't have to be in person, that they don't have to be like on a computer or on a FaceTime call. It can literally be a telephone conversation with a professional that can actually help individuals, I guess, regardless of your age. But that is definitely one way that seniors would be able to access those services successfully.

Betty Nippi-Albright: — Thank you, thank you for that. I'm going to move on. You know, I think about — as many in this room and across the province think about — the first responders, you know, the firefighters out there and the paramedics, the police officers, the dispatchers, the hospital personnel that greet many of us if we go to the ER [emergency room], the front-line workers that are out in the communities helping us.

And we know that many people across the province are struggling with their mental health. And I often wonder, how are we there for those first responders? And what I would like to know is, how much funding is allocated to support the first responders — whether it's front-line workers, hospital personnel, paramedics, officers, firefighters, dispatchers — for their mental health needs?

[18:00]

Hon. Lori Carr: — Thank you for the question. So to ensure that patients and public receive the best care possible, I have requested that the SHA actually put a plan in place for mental health supports for EMS [emergency medical services] providers and all health care workers within the health care system. SHA currently offers resources for SHA and contracted EMS operators, as well as medical first responders that are responding on behalf of the Health Authority.

There are critical incident stress debriefing teams composed of individuals from mental health, EMS, and other first responders. Accessing additional supports is not mandatory for employees, but if an individual wants additional supports, access is available through the employee family assistance program or their family physician.

Supports for individuals are also available at a federal and provincial level for RCMP [Royal Canadian Mounted Police] veterans and first-line responders such as EMS, police, firefighters, and other first-line responders who experience post-traumatic stress disorder as an operational stress injury.

In May of '25 we approved the SHA's request to expand the EMS mental health and wellness program, so now the total funding for that is 535 K. This funding supports the addition of two mental health support peer-facilitators, as well as the transition of the current mental health specialist into a manager position to oversee that mental health and wellness program. The program also employs a part-time psychologist.

And all of this funding did become annualized in the '26-27 budget as well. We also give funding to the River Valley Resilience Retreat in the amount of $250,000. And that is directly for first responders.

We also have, on top of the employee and family assistance program, which is that immediate support, if employees need ongoing support within their plans there is an additional $2,000 for each employee annually that they can spend on additional counselling if needed.

Betty Nippi-Albright: — Thank you. I'm just going to ask now, just on a question about how much of the budget is allocated for training, recruitment, retaining mental health and addictions professionals?

[18:15]

Hon. Lori Carr: — Thank you. So when we look at, I guess, professionals within the SHA and we talk about training, recruiting, and retaining of individuals, of course we have the whole incentive program as a whole. To break it down into specifically for those mental health professionals is really tough, because depending on what you're taking, there's always a portion of that that does come into that mental health realm. But we really do have quite a few things in place for that retention piece of, you know, whether you'd be a mental health worker or a health professional as a whole.

And I'm just going to ask Mike to introduce himself and go through some of that information for you.

Mike Northcott: — Thank you, Minister. My name is Mike Northcott. I'm the chief human resources officer for the SHA.

Thank you for the opportunity to speak about the SHA's retention initiatives. It's very important. Obviously recruitment is important, but even more so is retention and making sure that we support the staff that we have who do great work each and every day for those we serve.

I will highlight the SHA well-being and resilience website. So this is a resource made up of tools, practices to enhance well-being and resilience. And that's accessible to all our employees.

I'd also highlight the TELUS Health. So this is a total mental health through the employee and family assistance program, so a confidential and voluntary support for employees, physicians, and families. It covers all areas of well-being, so mental, social, financial, physical. Has a combination of caregiver support, counselling for example, and comprehensive self-serve resources, so lots of videos and articles that can be accessed.

The next item I would highlight is LifeSpeak. So this is an on-demand, comprehensive mental health and well-being education from experts across many fields. It's a very good product.

Workplace strategies for mental health, so offered in partnership with Canada Life, so tools for workplace mental health and psychological safety. It includes supports, tools, articles, and assessments for leaders and front-line team members and their families. The psychological safety . . . So we have resources on creating psychologically safe workplaces. We have the SHA violence prevention and mitigation plan to help address violence and prevent that from happening.

We link folks to the University of Regina's online therapy unit. So it's an online cognitive behaviour therapy to assist those who are suffering from anxiety, depression, panic, trauma, addictions, and other challenges, and there's no cost for those.

We also have access for folks to the Resilience Institute global assessment, so a seven-minute, evidence-based tool that provides instant personalized insight for your resilient strengths and areas for support. We also have a SHA well-being and resilience toolkit, so it includes over 500 resources for leaders and teams.

I would highlight the 3S [Health Shared Services Saskatchewan] health benefits.

Betty Nippi-Albright: — Can we get back to the question about who they're recruiting? You're talking about services.

Hon. Lori Carr: — Part of the question was how we are going to retain some of these individuals, and these programs and services that are offered are very important to help them feel valued and have services that are available to them to help retain them within the workplace. So I believe that is what Mr. Northcott is going through.

Betty Nippi-Albright: — Okay. Thank you.

Hon. Lori Carr: — You're welcome.

Betty Nippi-Albright: — Thank you so much. I'll move on to the next question.

Hon. Lori Carr: — Okay.

Betty Nippi-Albright: — Thank you so much.

Hon. Lori Carr: — You're welcome.

Betty Nippi-Albright: — So first of all I want to say that . . . And I'm going to move on to the addictions piece, the substance use harms. I just want to give out a shout-out to St. Joe's. They do phenomenal work for substance use harms, and it's really good to hear that they've expanded, or the government's expanded to their sober living homes.

The other one that's doing phenomenal work of course is Pine Lodge. And it's always good that investments are made to programs that are doing phenomenal work like St. Joe's, Pine Lodge, and also culturally Indigenous-led treatment centres like Battlefords Treatment Centre. So it's good to see that.

What I would like to know though, in addition to the expansion of these sober living homes or additional services to these really good treatment centres, facilities that are helping those that want to abstain from substance use harms, how much funding is in this budget for in-province, non-profit, community-based treatment facilities? How much have they received in this budget for capacity expansion?

Hon. Lori Carr: — Thank you. I guess I just want to start off with, thank you for acknowledging the work that's going on at St. Joseph's Hospital. That was the first in the province for recovery-oriented system of care. They celebrated their fifth anniversary last year, and it really is a model of what that holistic approach looks like for recovery, you know, the detox, the treatment spaces, the post-treatment spaces. And so we see the successes that are happening through that work, and that is the work that we are expanding throughout the whole province. So I'm really happy that you acknowledge the work that is going on there.

So we talk about the 500 spaces that we want to add within our action plan for mental health and addictions. And we already had those 500 existing spaces. As of today we have an additional 316 spaces on top of that that are up and running. So in this fiscal year, we plan on getting to that full 500 spaces. And within this budget we have added an additional $6.28 million in increased annualized funding towards actually getting to that commitment of 500 spaces. And we're really excited for that to happen.

And of course as I've talked about in the past and in the House, once all of those spaces are in place, then, you know, stop; have a look. You know, where are the spaces? What are the spaces? Where do we see gaps that might still be in place? Do we need more in-treatment? Do we need more post-treatment? Where should they be in the province at this point in time based on demand?

So all of that work will continue to take place so that we can ensure that we get individuals the right care at the right place and at the right time.

Betty Nippi-Albright: — Thank you for that. So out of the existing treatment facilities that we have, that you have, besides the ones you've shared, have they received dollars for a capacity expansion?

Hon. Lori Carr: — Can you just repeat that for me?

Betty Nippi-Albright: — Yes. So you've got these great programs that you've given dollars for. The ones that are already in existence in terms of the . . . that are funded by the province, those existing treatment centres and community support services, have they received additional dollars to expand their capacity to keep doing the good work that they're doing?

Hon. Lori Carr: — Thank you. So obviously we have several providers that are providing services for us throughout the entire province. Two of those facilities that have had expansions are St. Joseph's — they got that expansion of 15 post-treatment spaces — as well as Pine Lodge here in Regina. They had an expansion of 16.

And I would also like to add that any of our community-based organizations that are doing work for us, you know, whether it be in . . . well both for mental health and addictions, they all got a 2 per cent lift to all of their funding to help with the pressures that they have, and last year they actually received a 3 per cent lift. So we continue on with increasing for our community-based organizations as well.

Betty Nippi-Albright: — Thank you. There was an ask for additional funds for mental health and addictions emergency room supports. And can you explain why there's no increase for mental health and addictions emergency room supports?

[18:30]

Hon. Lori Carr: — Thank you for the question. Your question was regarding an ask for emergency room supports. And I mean I'd really like to say, to start off with, it is that there is absolutely no shortage of good programs or services that we can add throughout the entire system, you know. As we're doing our budgeting, not everything ends up getting funded. So within this budget for mental health and addictions and supports that are provided, there's a $49.9 million increase. That's an 8 per cent increase over last year, and last year we had just about an 8 per cent increase.

But when we talk about our emergency rooms and supports, I think it's important to talk about the work that we're doing on

our urgent care centres. If we look right here in the city of Regina, the urgent care centre that has been put in place, it actually has a special door for mental health and addictions and services for individuals like that. And it's those types of services that help take the stress off the other emergency rooms that are within the city. And of course we have the urgent care centre that is 75 per cent done in Saskatoon. Can't wait to see that open up and help that community out in many ways.

But we also have the complex-needs emergency facilities, both in Saskatoon and Regina. And these facilities directly, directly take people out of the emergency room as well as out of possibly our correctional facilities. And so when we think holistically of all of the services that are provided, those services are all funded to help with emergency-type supports for individuals. And that work will continue as we move forward.

Betty Nippi-Albright: — Thank you. The other . . . I guess there's another group that I was actually quite intrigued is the police and crisis team enhancement team, otherwise known as PACT [police and crisis team]. They also requested additional funds this year, and they didn't receive that. And yet we know that with the mental health and addictions crisis, we need all hands on deck. But can you explain why PACT didn't get the additional dollars they were asking as well?

Hon. Lori Carr: — Thank you for the question. With regards to PACT teams, we have several PACT teams throughout the province already. This is a great service. It pairs a police officer with a social worker. And I mean they de-escalate situations from happening by doing that fine work. This is a partnership with Justice. You know, it's just not Health that actually does this. This is a partnership, excuse me, Community Safety because now it falls under the Community Safety portfolio.

So we already fund several of these teams throughout the province. They already exist in several locations. As we go through the budget process, we always have asks that we want. We want to build on existing programs, but priorities take place and we have to make decisions. So there is the full services available that have always been there. And we had to prioritize some of the initiatives that we're already doing when we talk about access to care and timely access to care and different things like that.

But I would like to just reiterate and highlight that within this budget we have made some decisions on increasing services in different areas of mental health and addictions to the tune of 8 per cent of $49.9 million. So that work will continue. And you know, next year we're going to have several asks and initiatives come forward, probably all good initiatives, and we just can't fund them all.

Chair Keisig: — Minister or Ms. Albright, could you just inform the committee of PACT? Acronyms are always a challenge for committee members.

Hon. Lori Carr: — Yeah, it stands for police and crisis team. Yeah, and really what they do is they take care of crises kind of before, while they're occurring, and de-escalate them so that hopefully someone doesn't have to go to cells. The situation can be worked out. And yeah, they're great teams to have in your community.

Chair Keisig: — Thank you for that.

Hon. Lori Carr: — You're welcome. And I'll try not to use acronyms anymore.

[18:45]

Betty Nippi-Albright: — Okay, so a year ago — actually I think it was exactly a year ago we were in estimates — I asked you about the reporting from Willowview and the EHN [Edgewood Health Network] contracts, and you did say that you would get those to us. And we haven't received any of those reports. And I met with actually the CEO [chief executive officer] of EHN, Edgewood Health Network, Joe Manget. I hope I'm saying his name properly. Anyway he did say that they do release all the quarterly reports to the ministry and those reports are always available.

I'm wondering when we will be able to see those reports or the ministry table those reports from EHN about Willowview and also the complex-needs units.

Hon. Lori Carr: — Could you clarify what you're asking for?

Betty Nippi-Albright: — So last year I asked, during estimates, for the quarterly reports and also the contract for EHN was granted for the complex-needs units, as well as the Willowview. And your exact words were, "We will be getting those numbers from them . . . and it will be a regular requirement within the contract."

So I'm asking when we'll be able to get those quarterly reports that the CEO said that they already give. And is there a time frame that we can get that within this year, or this session? And I'm thinking that perhaps it was an oversight that these reports weren't submitted.

Hon. Lori Carr: — Just one more question to you before I go to the team here. I guess what are you looking for? Because there's several kinds of reporting that can happen, so I need to know exactly what you're looking for.

Betty Nippi-Albright: — We're looking for the quarterly reports that state what their objectives are, what they're being funded for, what the target measures are, what the success rates are, how many people actually went through Willowview, how many people completed the program, how many people have sustained recovery, how many people in the complex-needs units actually received counselling or found recovery.

We're looking for the target measures. We're looking for what was said was going to be done and what actually happened. That's what we're looking for. So that would be included in the quarterly reports. Does that provide clarification?

Hon. Lori Carr: — Okay, so with regards to the actual contract with EHN, that's not something that we're prepared to release because it is competitive in nature. We have several different companies that are going to be bidding on spaces, so that would release information that is very competitive in nature.

With regards to the reporting that comes in from EHN with regard to those spaces, we do get some reporting that comes back

from them. And then we cumulate that information into, you know, on a weekly average how many individuals are in there.

So James will speak to that as well as our complex-needs facilities that we have. We have some really good stats on individuals that are brought there and then how many are provided with services on the other end. And he's just going to explain both of those to you. Thank you.

Betty Nippi-Albright: — Just before he explains, first of all, thank you for answering that. And I look forward to hearing or reading about it. Hopefully I can read about your answer there. I'm just cognizant of the time. I just want to say thank you so much for taking the time to answer my questions and also to your staff and the folks that are taking the time to answer these. If that could be given to me later, that would be great. I'm just thinking of the time.

I do have three questions that I would like to table and then I'm going. I have to let these fellows go. So I could do them quick, quick. We know that you're looking at, always looking at providers to help with mental health and addictions. And EHN and other out-of-province for providers have now been operating in Saskatchewan for over a year. Has the ministry conducted a cost-benefit analysis of these providers? And if so, can you provide it? And if not, why not?

And the second question that I had is around the RFP [request for proposal] process for *The Compassionate Intervention Act*. What is the RFP process, including the requirements, evaluation criteria, timelines, and eligibility standards for selecting the operator for *The Compassionate Intervention Act*?

And my third question is the procurement transparency pieces. Have any of these providers who already hold contracts in Alberta been identified as recipients of the funding allocated in this year's budget for phase 1 of Bill 48?

So those are the questions that it would be good to have within the next couple weeks. And I just want to say thank you so much for your time and . . . Oh, okay, he can answer then.

James Turner: — All right. Good evening. James Turner. I'm assistant deputy minister at the Ministry of Health. In terms of the number from occupants through Willowview at Lumsden, so we've been averaging somewhere in the range of 47 to 58 clients out of the 60-bed facility at Lumsden. The total number of patients that have completed the program there are 347 since January 23 of 2025. And I will say that all quarterly reports have actually been received by the SHA as per their contract for that.

In terms of the complex-needs facilities, so we have done an evaluation of the patients going through the complex-needs facilities. And so 70 per cent of all clients going through both sites are unique clients. That means they have one stay and are not returning. So that's a pretty good result out of the facilities.

Beginning in January of 2025, in terms of the admissions in Saskatoon, out of 1,990 admissions, 46 were connected with mental health and addictions supports in the community, 58 per cent were connected to shelter supports in the community, and 59 per cent were connected to physical health connections in the community.

In Regina, out of 1,096 admissions, 54 per cent were connected to mental health and addictions supports in the community, 48 per cent were connected to shelter connections in the community, and 52 per cent were connected to physical health connections in the community. Also out of Regina, 70 per cent of intoxication-related arrests from RPS [Regina Police Service] were redirected to complex-needs facilities.

[19:00]

Betty Nippi-Albright: — Thank you. Thank you.

Chair Keisig: — I recognize Ms. Conway.

Meara Conway: — Thank you, Chair. Just a quick question on that. Is there any way that those contracts can be provided to us, and the sensitive competitive information just be redacted?

Hon. Lori Carr: — We don't release the contracts due to the competitive nature.

Meara Conway: — Can you provide any clarity at all regarding cost per individual serviced under those contracts?

Hon. Lori Carr: — So I guess what we will give you is the same information we gave you last year, but updated numbers. The annual contract with Willowgrove is 7.665 million.

Meara Conway: — Thank you.

Hon. Lori Carr: — You're welcome.

Jared Clarke: — Thank you, Minister. I'm going to switch over to virtual care. In the budget you talked about expanding the virtual physician program. I'm wondering if you can give me a breakdown as to how much dollars are going into VIPER [virtual physician for emergency response]? And how many dollars are going into the Virtual Health Hub?

Hon. Lori Carr: — Thank you for the question. So with regards to VIPER, the virtual physician program that we have rolled out throughout the province, the amount in this year's budget is $6.7 million. And so far we've been able to expand within that budget and we are up to 30 sites throughout the entire province.

With regards to the Virtual Health Hub, our commitment for that is one-third of the capital expenditures as they are building that facility, of which we have committed $4 million already.

Jared Clarke: — Thank you. In your preamble today, you spoke about 5,200 potential disruptions not occurring because of VIPER. I'm wondering if you can clarify as to the time frame that that 5,200 disruptions accounts for?

Hon. Lori Carr: — Great. Thank you very much for the question with regards to the virtual physician for emergency room program. So the program was in an effort to stabilize emergency room services in those rural and remote communities. The Saskatchewan Health Authority piloted that virtual physician emergency room program in two emergency departments in the summer of 2023, Porcupine Plain on July 1st and Oxbow on August 1st of 2023. As I mentioned, since then there has been an expansion to 30 communities as of March 6th, 2026 so that is the

time frame that those numbers are taken from.

Jared Clarke: — So the 5,200 potential disruptions that were averted are from the summer of 2023, when those first two facilities began, to the present?

Hon. Lori Carr: — Correct.

Jared Clarke: — Okay, thank you. I'm wondering if you can help me understand, Minister, what happens in a hospital in rural Saskatchewan that has fewer than 4,000 people in the community when the emergency room has to utilize the VIPER program. And I'm specifically wondering about acute care beds within the hospital. So what happens to patients who are in acute care beds when the ER goes onto VIPER?

[19:15]

Hon. Lori Carr: — I'm just going to turn this over to Brenda to answer that question for you.

Brenda Schwan: — Good evening. I'm Brenda Schwan. I'm the vice-president for integrated rural health. So when the virtual physician program's on, in-patients . . . So we might have local physicians that will still cover in-patients; so they would still be on call for in-patients. The virtual physicians don't cover the in-patients, but the local physicians might choose to still do that call and remain on call for their . . . as the most responsible practitioner.

Or based on how many patients are in there, the acuity of the patients, we might end up transferring some out if the local physicians don't cover that call. Then we might transfer some out or we might, you know, transfer them. Their designation might be ALC [alternative level of care], so then they can still stay within the hospital.

Jared Clarke: — So how often are, you know . . . If we have 5,200 potential disruptions over the last two and a half, three years, how often are patients being transported out of their hospital due to VIPER coming online?

Brenda Schwan: — So the virtual physician program is just to cover the ER, right. So our other physicians that are local cover the in-patient beds. And so it would be rare that those local physicians would not take that call, and so those people then would stay in their community.

Jared Clarke: — Can you clarify for me, if there are doctors within the community, why are they not covering the emergency room, then?

Ingrid Kirby: — Good evening. Ingrid Kirby, assistant deputy minister. So there will be situations where there are local physicians in the community, but they're not providing on call to the emergency department. So some of these communities are fairly small and a physician group might be a one-in-three call rotation. And for physician work-life balance, it can be difficult for a physician to be on call that frequently.

If you lose a physician — or even if you're a physician group of five physicians in a community, and you lose one or two physicians — the call frequency becomes really heavy for emergency departments. It is lighter for in-patient beds if you're not typically called in as frequently.

So local physicians would be more comfortable covering the in patient beds, knowing that they get to sleep through the night. But if they're on call in the emergency department, they are woken up more frequently. So it is really to address that sustainability for those physician groups working in a collegial environment, as well as ensuring that there is continuity of care for those in-patient beds.

Jared Clarke: — So you said it is rare for patients to be transferred out of acute care when VIPER has been enacted. But it does happen, so do you track that?

Hon. Lori Carr: — That is not something that we currently track.

Jared Clarke: — Thank you. In terms of the impact on EMS in the case of an emergency and a rural hospital is using VIPER at the moment, what happens to EMS who have patients that would normally come to this rural hospital?

Hon. Jeremy Cockrill: — Thank you, Mr. Chair. So in response to the member's question, when a facility is on the VIPER program, through system flow with the Saskatchewan Health Authority, those EMS trips would be diverted to another facility.

Jared Clarke: — Do you track how often that happens?

[19:30]

Hon. Jeremy Cockrill: — So I think you're looking for a specific number of EMS trips that were diverted or gone to another facility. That number isn't tracked, but obviously, I mean, if you look at the number of disruptions, then any EMS trips during those disruptions would be a part of that.

So the specific number on EMS trips . . . And I'll just say too, you know, around the VIPER program, and I think this is important to note. We've talked about it before how the VIPER program has saved over 5,000 disruptions in rural emergency rooms around the province. No program is perfect, and you know, this is why we're going to be initiating a review of the VIPER program in the coming months. We're just figuring out . . . We've found a physician who has a lot of experience in acute care settings really in Western Canada and around the world, and so we are looking forward to working with them. We'll be announcing that very shortly in terms of who will be leading that review.

And I'll just say, you know, from folks that Minister Carr and myself have spoken with as we've toured rural health care facilities as well as our EMS partners, you know, there have been some specific pain points around kind of how EMS and our rural emergency rooms interact with each other when a facility is on the virtual physician program. That would be one area of specific interest to the review, trying to understand again how we can determine, or how system flow can really determine, what is the right threshold for somebody to be diverted to a different facility. And we've heard about this from EMS folks, again from folks that work in rural facilities.

So looking forward to getting into that review and really taking a closer look at the program and figuring out . . . As I said, no program is perfect, but where we have the opportunity to tinker and make a program better, we'll take those opportunities.

Jared Clarke: — Thank you, Minister. I guess you kind of waded into where I was going to kind of go next in terms of, you know . . . You're talking about 5,200 potential service disruptions that didn't happen, but at the same time EMS is not taking patients. They're being diverted. So the number of patients being seen in that hospital in the emergency room is going to decline.

You spoke to opening up a review in the next couple of months which will be interesting to see the results from that. But I'm wondering how, up to this point in the last three years, you've kind of measured any metrics of success or how you're gauging this is actually helping the situation. Yeah, so what metrics are you tracking to support that this is actually a good use of resources?

Hon. Jeremy Cockrill: — If you're looking for kind of a fulsome number of metrics, there's really one metric that matters in my mind and that is, is the emergency room open and are we avoiding disruptions. And so when we talk about . . . You know, you've asked about some other numbers that are not tracked. The most important number is, is the emergency room open as close to home as possible for Saskatchewan residents.

And you know, I will say too, I mean this program is really an expansion of a program that was previously existing, I believe it was Canora, Maidstone, and Shaunavon with the collaborative emergency centres. Originally a partnership between the SHA and STARS [Shock Trauma Air Rescue Service], that really was a unique model in those three communities. Now we've been able to expand VIPER to 30 facilities right around the province.

And you know, when I talk to community leaders, and I think about just the community leaders that I've spoken with just in recent weeks and months. You know, the mayor of Lanigan comes to mind, Tony Mycock. You know, I remember I went to go meet with him several months ago and he said he was skeptical of the virtual physician program initially when he met with the SHA. I think Ms. Schwan was likely in that meeting with the folks from Lanigan. But what it's done is it's enabled that Lanigan emergency room to be open far more consistently. And that's really the metric that matters.

Same goes for folks in the town of Leader. I had a call with them not too long ago. Mayor Wenzel and Pam Busby. And you know, I've quoted Pam before in question period in regards to her comments about the virtual physician program, how important it is for their community. Understandably, there's skepticism initially on this program. But I think as we've been able to expand it to more facilities as needed, obviously patient safety and patient access, those are the two key things.

I believe it was here last year at estimates when I shared with the committee that, you know, up to that point there had been, knock on wood, no critical incidents stemming from a patient who had been served under the VIPER program. The same is still true today. I mean, obviously as we look at further expansion, the program, patient safety will continue to be the number one priority.

But I think the key metric is, is the emergency room open.

Jared Clarke: — Thank you, Minister. I mean it's slightly concerning because you talk about, you know, is the emergency room open or closed, and providing care closest to home. But when we're diverting, you know, emergencies that are coming in through EMS, then they're not getting the care in that facility. So they're not getting that care closest to home.

I want to ask or I want to clarify, so you're tracking whether the hospital is open or closed. Do you track any other metrics in terms of how effective virtual care is? I'm hearing the answer is no. Is that correct?

Hon. Jeremy Cockrill: — You know, obviously the yes or no metric is not the only metric. I mean there's others, like what you would track in terms of the CTAS [Canadian triage and acuity scale] score of a patient presenting, the time they're presenting, and that's how you get volume numbers overall. You know, and obviously the CTAS numbers are important just in regards to, you know, how we make decisions around resources, you know, targeted at a specific facility or at specific times.

I'll make a comment on volume though. And this is interesting, and Ms. Schwan just shared it with me, and it's reminded of a discussion that we had previously around this. When we look at the volumes coming through a facility pre-implementation of VIPER and then after the implementation of VIPER, the volumes are roughly similar.

And you know, this goes back to my earlier comment in regards to patient confidence or community confidence in the program. That tells me that even though a community may be aware that their facility may be utilizing the VIPER program from time to time or on a more consistent basis depending on the physician roster in that community, there's still confidence in the folks in that community, in the area that they're going to get quality care regardless if the facility is utilizing the virtual physician program at any given time.

So again back to your question about metrics, it's obviously not just yes or no. Other things are tracked, as they would be if you presented at Regina General or Regina Pasqua. What's your CTAS score? What time did you present? How long the call was with the virtual physician doctor. So it's not like it's just yes or no; there are other things. But I don't know if that answers your question in terms of . . .There's not necessarily other specific metrics only tracked by the VIPER program compared to other presentations at non-VIPER facilities.

[19:45]

Jared Clarke: — Thank you. How are physicians who are working the VIPER program compensated? Is it an hourly rate? Is it a shift rate? And if it's an hourly rate, what is that rate?

Hon. Jeremy Cockrill: — So it is an hourly rate, and that hourly rate currently is at $292.99 per hour.

Jared Clarke: — Thank you, Minister. I'm going to switch gears a little bit here. I'm wondering if there were any scurvy,

tuberculosis, or measles outbreaks in rural or northern Saskatchewan this past fiscal year. Scurvy, tuberculosis, measles.

Hon. Lori Carr: — So to answer your question regarding scurvy, there were none. TB [tuberculosis] there were three in the North. And for measles, areas of elevated risk are reported on the website.

Jared Clarke: — When we're talking about the tuberculosis, what communities were those in?

[20:00]

Hon. Lori Carr: — Thank you for your patience.

Jared Clarke: — I was just saying I want the minister back because you seem to be faster.

Hon. Lori Carr: — I'm here all night for you. So one was in the Northeast 5 which is the Nipawin area, the Northeast 4 which is the Prince Albert area, and the Northeast 2 which is the Sandy Bay area.

Jared Clarke: — Thank you. I'm going to switch gears again, this time into capital. I'm wondering, when it comes to the Yorkton hospital, what is the expected timeline for this project? How long is it going to stay in the pre-design phase?

Hon. Lori Carr: — So the funding in the budget, which you didn't ask for but I'm going to give it to you, is $1.775 million to support the planning of that project. But really the timeline and that process is something that you would have to ask SaskBuilds.

Jared Clarke: — Thank you. In the budget document on page 50 — of the little guy, not the coil one, no — I'm looking at the capital plan, the Saskatchewan capital plan 2025-26 to 2029-30. Under health care facilities, we see $472.3 million. And then in '27-28, 252.3. In '28-29 we see a reduction to 101.3. And then to 2029-30 we see capital and health facilities at $133.3 million.

Would you say it's safe to say, Minister, that building a hospital in Yorkton isn't projected in these values here in the next three, four years?

Hon. Lori Carr: — So as we talked about in the previous answer, this project is still in that pre-design phase that we talked about that SaskBuilds is in charge of. But we do have placeholders in the budget in the out years to continue that work. So we are committed to this project. We have talked about it. We have put dollars in for the planning of it.

Within this document we also talk about that the work will continue on other important projects such as . . . We list several facilities, and in that is a hospital in Yorkton and Rosthern. So we've got those right within this document. The commitment is there.

[20:15]

But another one of the things, as we have been working with the community of Yorkton, you know, talking with community leaders and the foundation, there is that community share that they're responsible for. So they're starting to raise that, knowing that that facility has been committed to.

And that community is super excited because we took that amount for community share . . . Actually it used to be 35 per cent, I believe, in 2007 before we had the opportunity to lead the province. We reduced it to 20 per cent a few years ago, and now this year we've taken that down to 10 per cent to take that burden off of that community, to help with that community share. So they are actively fundraising for that amount, knowing that that project is going to be moving forward in their community.

Jared Clarke: — Thank you, Minister. I'd be curious to know an analysis of how far a dollar went back in 2007 at 35 per cent of a hospital build, versus 20 per cent last year, versus 10 per cent this year. I'm not asking that question, but the analysis in terms of how much a community is on the hook for would be an interesting comparison.

But I'm curious to know, you kind of spoke a little bit vaguely on this in terms of the work continuing. I'm wondering if you can specifically speak to how many dollars are allotted in those upcoming three years for the Yorkton hospital.

Hon. Lori Carr: — Thank you for the question. So we are here to talk about . . . Mr. Chair, we're here to talk about the '26-27 estimates, so future year projections are actually out of the scope of what we're talking about here today. So we're not going to speak specifically to those numbers. But I am going to ask Sheldon just to address the process a little bit.

Sheldon Brandt: — Thank you. Good evening. Sheldon Brandt, the exec director at the Ministry of Health. So as the minister mentioned, placeholder amounts are included in budget that are associated with moving this project through the process.

Amounts are projected in the budget as mentioned, and those amounts are not publicly disclosed as they may influence the competitive bidding process for this project as it advances.

Jared Clarke: — Can you give me a ballpark as to how much a regional hospital build in Yorkton would cost?

Chair Keisig: — Minister, just before you answer that question, I just want to remind members we're here to debate and scrutinize subvote 32 of the budget. I'm not sure how a broad-ranging question about the future cost of the project is relevant to what we're debating tonight.

So if the minister's willing, I'll allow the question to stand. But I do want to remind members what our duty and performance values are here tonight. So thank you for that.

Hon. Lori Carr: — Okay. So we really can't speak to hypothetical questions. The scope of the project has not been finalized yet. We haven't completed the due diligent work that needs to happen to actually come up with any of those numbers. So to just throw a ballpark number would be completely irresponsible.

What I can talk about though is the capital projects that we have completed as far as facilities within the province. We have the Weyburn hospital that come in at 148 million. Of course we need to keep in mind that that was procured a few years ago. We also

have the P.A. [Prince Albert] Vic Hospital that we're very proud of that's going to provide great services for the North, and it's at $898 million. And I know those are not perfect comparators, but it just gives you an idea of the vast range of the cost of facilities that can actually happen within this province.

And I mean I would say, given the nature of the environment we're in — the geopolitical, the uncertainty of all sorts of things — until we actually get through the process and get those actual scope and what that's going to look like, it would be completely irresponsible to throw any numbers out there, being ballparking.

Jared Clarke: — Thank you. Yeah, I'm just surprised a little bit by the answer in terms of, you know, we're debating the budget of 2026-27. Within this document, your budget, you are projecting outlooks in '27-28, '28-29, '29-30 with health care facility numbers. So why include these numbers if we're not — in the budget book — if we're not actually talking about these numbers?

But I'm hearing from you, Minister, that there is no specific numbers attributed beyond the pre-design phase for Yorkton hospital in those outlooks going forward. But I'll move on to another question because I'm running out of time here.

Hon. Lori Carr: — I would just like to address that.

Jared Clarke: — Sure.

Hon. Lori Carr: — I think what we heard the official say is due to procurement and a competitive process, that those numbers would not be divulged. Thank you.

Jared Clarke: — In terms of the Community Oncology Program of Saskatchewan, I'm curious how many COPS locations . . . I believe there's 16. I'm curious to know how many COPS locations don't mix their chemo drugs on site.

[20:30]

Hon. Lori Carr: — So just in lieu of time, we're waiting on a little bit of information. We believe that there are two sites that do not mix their chemo drugs on site. One is Melville, and theirs gets mixed in Yorkton. And the other one is Meadow Lake, and it gets mixed at Battlefords Union. And they're just waiting. If one more comes up we'll let you know, but they think that this is accurate.

And I guess, just as a point of clarification to the Chair's comment earlier. When we look in the Estimates book for '26-27, which is what we're debating tonight, and you look on page 71 for the Health estimates, there are no future years referenced. It is the estimates for this year. So that is right in vote no. 32. Thank you.

Jared Clarke: — Thank you, Minister. There are instances where premixed chemo drugs are wasted if a patient hasn't gotten the proper blood work in time or misses an appointment. And we know that these chemo drugs can be very expensive. I'm wondering, one, do you track how often the premixed chemo drugs at these two sites are wasted? And if so, what are those numbers in the last fiscal year?

Hon. Lori Carr: — Okay, so I have one more community to add for you. Melfort is mixing for Tisdale.

And then with regards to your question on how much last year was not used, or you used the word "wasted." So less than 2 per cent of the drugs that we sent out to COPS don't get used.

Jared Clarke: — Thank you. Appreciate the opportunity to ask some of these questions. I'm going to pass it over to my colleague here.

Meara Conway: — Thank you. Just before we move along to some questions about seniors, because we're going to continue the fun on Health tomorrow, I just wanted to close out some of the rural and remote issues just by tabling some letters. I had reached out to yourself, Minister Carr, and Minister Cockrill, after last year's Rural and Remote Health estimates. There had been a number of items that had been committed that weren't provided.

I sent a letter on May 7th. I sent a follow-up June 5th. I sent a further follow-up on August 7th, 2025. These were all letters that were sent to your office, Minister Carr, and Minister Cockrill's; as well as copied to the former shadow minister for Health, Vicki Mowat; and the Chair and the ADM [assistant deputy minister] at the time.

And then I followed up with a final letter on March 23, 2026, very similar to these letters just regarding outstanding information from 2025 Health estimates, outlining that I had requested disruptions data. I pinpointed the page in estimates where it was committed that you would follow up with this.

Vacancy data back to 2022, also pinpointed the page in estimates where this had been committed.

SIPPA [Saskatchewan international physician practice assessment] data. In fairness to you at the time, Minister Carr, you said you would try to get me this data. It wasn't an unequivocal commitment, but you did say you'd try to get me this data. Pinpointed that.

The 2024-25 amounts spent on contract nursing, haven't received that yet. Pinpointed where that commitment was made.

And a copy of a redacted vacancy table that you spoke to at that time that you committed to provide, which I still am not in receipt of.

I'm going to table all of these letters today through my colleague, the shadow minister for Rural and Remote Health, and just request that these get provided. I just want to get your thoughts on that, whether that's something you can commit to today. And then maybe — for good measure — provide the updated number for each of these areas of estimates.

[20:45]

I'm also told by my colleague Mr. Jorgenson that there are a number of things that he was committed to receive last year: full-time equivalents, how many full-time equivalents there are, people who are working in CPAS [client patient access services]; the total number of full-time equivalents in long-term care. And

I'm not quoting the letter verbatim, but it will be tabled for clarification. The number of CPAS workers and analogous workers in Regina employed from 2024 to the present. And the number of respite beds that accommodate a risk of wandering. I'm told these are items that he says were committed that were not sent.

I didn't receive any responses to any of these letters, so I don't know if the issue is you feel they weren't committed. Happy to have that conversation. But I do feel this process is sacred, and when we make a commitment we should follow through. So I'll table those today. And we're back tomorrow for Health estimates. Maybe we can discuss it more tomorrow. Maybe there was a miscommunication. But I did want to just get this on the record to give folks 24 hours for tomorrow to kind of be responsive to this.

So I'll table a letter from May 2025; a letter from June 5th, 2025; a letter from August 7th, 2025; a follow-up letter from March 23rd, 2026; all authored by myself. And then a letter from Mr. Jorgenson dated March 31st, today's date. He has not sent this directly to the ministers, but he's tabling it today in lieu of that.

And then with that, unless you want to . . . We can talk about it tomorrow or we can talk about it now. If you're content, Minister Carr, I'll just maybe pass it along to my colleague, Mr. Jorgenson, to ask some questions about seniors.

Keith Jorgenson: — Thank you very much. I wanted to start off by thanking both Minister Carr and Minister Cockrill for being here tonight, and all the SHA officials. I know it's been a long day. I can see a lot of folks are a bit tired. I also in particular want to thank both Minister Carr and Minister Cockrill. We often disagree, but I would never question your love for this province. So I did want to extend again a congratulations to Minister Cockrill on the recent birth of his child.

So there's also a number of requests that I'm going to make that have quite a bit of data in them. And just in the sake of expediency, because we have about an hour and 10 minutes, a bit more, today, I'm quite content for those to be provided at a later date, because a couple of things I'm going to ask for do have quite a bit of data in them.

So the first thing is, I have a couple questions around inspections of facilities, both personal care homes and special-care homes. My first question is about inspections for personal care homes. And so I know in your opening remarks, Minister Carr, you mentioned enhanced inspections and oversights of facilities, which I think a lot of people would look forward to seeing. So my question has to do with the inspections that occurred last year at about this time in personal care homes.

So my office has gone through the inspection data for personal care homes in Saskatchewan. In November of '24 there was four inspections; in December there were eight; in January there were 10; in February there were 17; and then in March there were 84. Then afterwards it went back down to 15 this most recent September, 15 in November.

And so on February 5th there was a gentleman who wandered away from a personal care home in Saskatoon and froze to death. And so what I'm trying to understand is how we have a consistent pattern of approximately 10 inspections in personal care homes a month — that seems to be about the average historically if we go forward and backwards — and then we all of a sudden have this spike where it goes from eight one month to the next month 84. So we see a tenfold increase in the number of inspections that are occurring in personal care homes at about the time that someone froze to death in one of those homes.

And so I'm trying to understand how this came to pass. So was there an amount of money that was infused into inspections in March of '25 that led to the number of inspections increasing by 500 to 1,000 per cent? Or is there some other explanation for why we saw this huge spike in the number of inspections in personal care homes?

So if you could provide me with an explanation as to how there were so many inspections that occurred in March of '25 and so few before and after. Thank you.

Hon. Lori Carr: — Okay, thank you very much for the question. I guess coming into 2025, there was still a lot of catch-up work. We got behind because of COVID and different reasons. I mean having said all of that, it was completely unacceptable that we were behind that far. We expect better, to have those inspected on a regular basis. So what the ministry did was they re-prioritized the resources and the activities that that team did, and they said, you will go out and you will get these inspections done, period. And so that is exactly what they did.

And I guess just to bring it up to date, as of today those inspections have been kept up to date. Every home has been inspected within the allotted time frame. And we plan on staying on that path moving forward.

Keith Jorgenson: — Thank you, Minister Carr. Again I guess it's just . . . I found it curious when, you know, there was such an enormous number that occurred in such a short period of time. But thank you for that answer.

So I wanted to turn now to inspections of special-care homes or long-term care facilities, was something that was highlighted in the auditor's report, obviously, and found a number of these facilities that had not been inspected — again, you know, in a parallel problem to the personal care homes — in a very long time. And so I just wanted to follow up in terms of some of the data that was highlighted in the auditor's report.

I'm just curious, in terms of those special-care homes, have all of them been inspected in the last year? Have some of them . . . Has it been more than a year? More than two years? More than three years? More than four years?

[21:00]

Hon. Lori Carr: — So your question was with regards to the special-care homes and about how long has it been since they've been inspected. So we have 161 homes within the province. All of these inspections are actually done on a three-year cycle is how it works for these facilities.

And we instituted a new process on how we inspected homes four years ago. So in the first year, 20 homes were done that first year because we were figuring out the process, what that was going to

look like. And then over the next three years, the remainder 141 were done. So I guess outside of the process, technically 20 homes, but it was a new process that we were working out.

We have all of the funding in place. Everything's been annualized. We're fully staffed. And we're just starting the process, and all of those 161 homes will be done in this three-year cycle. We have a very stringent process in place now. We have a schedule, and all of those will get done.

The only thing that would compromise some of the timeline for individual homes as the inspections are being done are the kind of things that are out of our control. If a home has an outbreak, then obviously we can't go into that home. And then that would delay that inspection for up to eight weeks. And then you've got to make sure that that outbreak is clear for so many weeks after that. But then we would just go to a different home, so they would just get reshuffled in the deck.

So if someone falls outside of it, at this point in time, like I said, it's important that these get done on time. That's what we expect, that's what I expect, and actually that's what the team's goals are. So I have confidence that that will be done within the three-year cycle this time around.

Keith Jorgenson: — Thank you. Thank you very much. So I wanted to move on to something else that was highlighted in the auditor's report, and that was the use of antipsychotics in long-term care facilities when there is no diagnosis of psychosis.

And so a recent kind of like a survey of long-term care facilities that, you know . . . In a recent survey of long-term care facilities, 68 per cent of the facilities were found to exceed the benchmark of the use of, you know, like the benchmark or the acceptable range for the use of psychotics without a diagnosis.

So I'm just curious in terms of . . . I've kind of got a two-part question. What is the ministry doing to bring the use of antipsychotics without the use of a diagnosis down to an acceptable benchmark?

And the second part of that question is around, for lack of a better term, data integrity. When I talk to facilities, like people in long-term care facilities people — SHA staff — I've been told that this sort of definition of the use of restraint has evolved. And there might be a good rationale for changing when we define what it constitutes to restrain an older adult, whether it be physically or chemically.

But I guess my question is how do we know — if we're changing the definition inside of a home of what it means to chemically restrain an older adult — how do we know if the data is showing an improvement, that the improvement has actually occurred? Or is that merely as a result of us having changed the definition of what it means to chemically restrain someone? Sorry, does that make sense?

Hon. Lori Carr: — It does. I just, I have a quick question. What survey are you referring to? Just so I can get the accuracy here.

Keith Jorgenson: — So we received, through a freedom of information request, the data for quality indicator data from long-term care facilities in Saskatchewan. And so obviously when you take a snapshot one day, that's going to be slightly different than the next day. In the period of time that was provided to us by the Ministry of Health, if you just go through and counted which facilities were underneath the benchmark set and which ones were above, 68 per cent of the long-term care facilities were above.

And you know, I would encourage us not to maybe get caught up on it being exactly 68 per cent. Again you could take a different set of data and come up with a number that was slightly higher or lower. You know, I think we would all agree that whether it be . . . that 68 per cent above the benchmark is clearly not what we want. We would all want them to be below the benchmark.

So I'm just curious what we're doing to reduce the use of antipsychotics and get it to an acceptable level in the vast majority of the homes that care for older adults. And also how do we know, how can the ministry provide the people that love these older adults with certainty that the data is actually improving when they've changed the definition of what it means to chemically restrain someone?

Hon. Lori Carr: — Thank you for the question. I am just going to turn it over to Heather because she is our expert in this area.

Heather Murray: — All right. Hello. Heather Murray, executive director of continuing care. So just to clarify the quality indicators and where they come from, so these are derived out of the quarterly assessment done within the home, which is the LTCF [long-term care facility].

Quality indicators are not a direct measure of quality per resident, rather an indication of the presence or absence of potential poor practice or outcomes of the care. So the goal is a QI [quality indicator] is triggered. Homes would then go investigate, do a root-cause analysis. Sometimes it is appropriate, and you just need to document that and that you followed all the guidelines and processes, or do a further root-cause analysis of what needs to be different.

So in terms of the antipsychotic use without a diagnosis, so again it is based on that assessment. These definitions are standardized by CIHI [Canadian Institute for Health Information] and the developer of the tool, interRAI. The only changes that may have been made is for clarification because it wasn't clear to the assessors, but they have not substantively changed that all of a sudden that's very different and the data's not comparable.

Our data quality in Saskatchewan, based on CIHI's feedback to us, they've said we have very accurate, quality data and have no concerns about the accuracy. And we are comparable to other provinces.

In terms of the antipsychotic use, we have seen a reduction of 3 per cent. And it's not necessarily a Saskatchewan issue; it's across Canada, the use of antipsychotics without a diagnosis. Yes, we have some higher rates.

There is a national working group or consortium trying to address this. And so there's two targets: it's either get to 15 per cent, or if you're well above that — because you're not going to be able to boil the ocean, for lack of a better term — you create a goal of a 15 per cent reduction year over year. And that is what

Saskatchewan has elected to do.

And it is the SHA who has a quality indicator monitoring program where the data is submitted. It's reviewed, discussed with homes. And that's why we're seeing a 3 per cent reduction as of, like, January. The year hasn't ended, so we don't have the year-end data.

So some of the work that we are doing specifically . . . Because I believe that was some of your question, about actions. So facilities are reviewing newly admitted residents who are prescribed antipsychotics, because often they are entering the home on these prescriptions, whether it's from hospital or from home and their family physician. It could have been added due to the hospitalization and/or illness.

Facilities are also reviewing the residents that have been on antipsychotics for years, and the facility would first lower the dose and then eliminate it. You wouldn't just stop right away just because of the implications of that. And it's usually done through a multidisciplinary team medication review to make sure it's appropriate. And sometimes individuals would be on these medications for short-term procedures or issues, and then they are weaned off. So one quarter could be different from another.

Keith Jorgenson: — Thank you very much. Yeah, and I just . . . The reference was, I've been in facilities where people have told me, "Our data last year looked like this because . . ." You know, an example would be used around physical restraint. What they say, when we put someone in, like, a Broda chair and put the tabletop on, are they physically restrained? So it might be reasonable to change that definition.

But still, if you're comparing a different data set, right, it still alters whether or not the data is actually getting better. Like maybe it was appropriate to change that definition.

Okay, so the next question I had is . . . This is something that if the minister and her team could endeavour to table this, because it is something that would take far too long to read out. So last year in estimates, Minister, you kindly provided me with data around the number of ALC patients in a number of facilities and the breakdown of those folks, if they were there awaiting long-term care or another care placement. Or if they were there — I believe the term that was used was "financial, housing, or social supports required."

[21:15]

So if you would be able to provide those to us for the facilities that have acute care patients, just so we understand if a given facility has . . . Like I think last year there was, you know, RUH [Royal University Hospital] had something like 50 ALC patients, and seven of them were in the facility because of financial, housing, and social supports required.

And again, that's far too much data for you to provide tonight, but if you could endeavour in several weeks or a month to, even if it was just on one day, provide us with a snapshot of what that data looked like for the facilities that have acute care patients in the province. Is that possible for that to be provided to us in, let's say, a month?

Hon. Lori Carr: — I guess first of all, I just want to clarify. On the last question, the official made it quite clear that the definition has not substantially changed. Okay?

Keith Jorgenson: — Okay. Yeah. Yeah, I understand, Minister. I'm not saying . . . It's like the interpretation of the definition. So I was not in any way trying to suggest that someone was trying to sort of like massage the data to make it say something it wasn't. Even correcting how you interpret something is still going to change the data. Maybe the data looked worse before than it actually was, is the point that I was making.

So is that possible, let's say in a month, to get a snapshot of a day where we see the number of ALC beds by acute care facility, and broken down as to how many of those people are in the facility for financial, housing, or social supports?

Hon. Lori Carr: — I'm just going to check with my officials quickly.

Keith Jorgenson: — Okay. Sure.

Chair Keisig: — MLA Jorgenson, could you provide the committee a definition of ALC?

Keith Jorgenson: — Sorry. Alternative level of care.

Chair Keisig: — Thank you very much.

Keith Jorgenson: — It's an acronym that's usually used to describe somebody who is in an acute care setting who does not require acute care.

Chair Keisig: — Perfect.

Keith Jorgenson: — Sorry.

Chair Keisig: — The committee will learn I despise acronyms. Thank you.

Hon. Lori Carr: — So I actually have that here, and it's actually not too terribly long so I'm just going to give you the information. Okay, so this is as of March 31st, 2026 and this is for Regina and Saskatoon, because that's where these numbers are tracked.

And we have Royal University Hospital, 45 in total; Saskatoon City Hospital, 21 in total; St. Paul's Hospital, 53 in total; Jim Pattison, one in total; Pasqua Hospital, 49 in total; Regina General Hospital, 23 in total; for a total of 192.

And now of those 192, no facility available to meet the care needs due to capacity is 75; allied health interprofessional practice assessment delayed, 29; no barrier selected, 24; delay due to patient searching for appropriate housing, 12; discharge assessment delayed, 11; no facility available to meet care needs due to care complexity, 11; delay due to screening committee, 10; level of care assessment delayed, 10.

Delays in support from other outside agency, three; delay due to social concerns, two; approved and waiting for admission to a facility or a bed, one; clinician refusing proposed discharge placement facility, one; delay due to financial instability, one;

home care services delayed, one; and no available facility bed, one.

Keith Jorgenson: — Thank you, Minister. Okay, could you tell me how much the province has spent on the SCAAP [senior citizens' ambulance assistance program] program — I think I'm saying that . . . the seniors ambulance assistance program — and in the current year. And how would that reflect historically over the previous year?

Hon. Lori Carr: — Thank you for the question. So you were asking about the seniors' ambulance assistance program and how much was spent. So for the, I guess for the '25-26 year, the estimate is 24.1 million. Now those will still need to be firmed up, but that's what we're estimating it's going to come out at. The '24-25 was 22.85, '23-24 was 23, '22-23 was 21.8.

Keith Jorgenson: — So I wanted to move on. Thank you very much, Minister. So I wanted to move on, and I guess I'd start by saying I think there's sometimes it's been characterized that the NDP [New Democratic Party] is opposed to virtual care. That's simply not the case. You know, we are in favour of the appropriate use of virtual care.

So with that said, I wanted to ask — and I'm quoting from a memo that was released and circulated from the SHA — and I'm quoting from it where it says, "The full list and map of service disruptions are available at the SHA service disruption/home." And so what I'm trying to understand . . . I guess I've got a two-part question. One is, do we have a figure for how much SHA is paying to maintain this inward-facing website that tracks disruptions through the province?

And what would be the rationale behind creating and paying for an inward-facing website that tracks, in real times, disruptions across the province and not allowing members of the general public to see it as well as front-line health care workers?

Hon. Lori Carr: — Can you just clarify, what were you reading from? Could I get a copy of that?

Keith Jorgenson: — Well it's my phone. It is a much-discussed memo that was circulated. We've spoken about it with regards to sort of one-RN [registered nurse] emergency room. But the point number 10 in it speaks to the existence of an SHA map and list of service disruptions. And it is referred to as the SHA service disruption/home.

[21:30]

Hon. Jeremy Cockrill: — So we've had obviously many discussions, you know, in this House around the notification of emergency room disruptions. Members on both sides will be well aware of the new process that was launched several months ago for the website that's available to the public, updated every day at 4 p.m.

You know, obviously that's a point-in-time look at 4 p.m. on that day in terms of what disruptions around the province could . . . temporary disruptions around the province could look like. It's important to note though that there's a whole internal process behind that in terms of, you know, how we're managing resources behind the scenes and trying to mitigate any potential disruptions.

I think Derek is going to share a little more about that process internally and hopefully answer the member's question.

Derek Miller: — Thank you, Minister. Derek Miller. I'm the chief operating officer with the Saskatchewan Health Authority. I'm happy to provide more information around how we track and monitor service disruptions and potential service disruptions.

We do have an internal tracking tool that we use for the logging of potential service disruptions. The process essentially is that locally they would submit a notification of an anticipated disruption. Upon that notification, our leadership is engaged, and they review the situation and look for ways to mitigate a potential impact for service delivery. And often something . . . We can take action to actually avoid a disruption at that point of time.

And then on a daily basis, we use the information that's been . . . where we have approved disruptions and anticipated disruptions that are coming up in the next 24 hours, that we make that information available on the public website. We do have occasions where there may be a disruption — for example, for lab services due to equipment failure or staff availability where we have point-of-care testing available at that site. So there wouldn't actually be a disruption. But we do receive notification through this type of process.

I do want to emphasize that any disruptions, that there is notification with 811, so there is awareness if a member of the public calls 811 and gets advice on accessing emergency services, they have awareness of which emergency departments may be on disruption at that time. And likewise for our System Flow Coordination Centre that supports the movement of patients within the province.

And as I mentioned, the tool, we had developed that internally. It's part of our IT [information technology] systems. There's no cost associated with maintaining that in terms of an external vendor or something like that.

Hon. Jeremy Cockrill: — If I can just add to that as well. It's really important to emphasize what Derek mentioned earlier, that the internal tool is for potential disruptions. And Derek did a good job indicating there's a whole process in there in terms of, you know, mitigating potential.

But that internal tool is not tracking where there will be disruptions but where there could be, and then obviously the teams around the province get to work on mitigating as much of that as possible. I think that's just an important emphasis to note.

Keith Jorgenson: — Sorry, I'd like to ask a follow-up question with regards to it. So just before I start, I'm going to actually read from the work standard, point no. 10 where it says, "At any time, leaders can access a full list and map of existing service disruptions by visiting service disruptions, SHA service disruptions/home."

I'm troubled in that it doesn't say "potential disruptions" in this service memo. It says "existing service disruptions." So you know, I don't know if there's an error in the document that was sent out to all of the hospitals about this, but it's saying that

they're existing service disruptions.

And it also seems like we're playing a bit of sort of a word game between tool and website. So this is a web-based tool, so to me that is still a website.

And the last thing I want to . . . The last prefix I want to give to my question is that just on one day — I think it was this last weekend, it was the weekend before — there was two disruptions that were missed on the forward-facing website. Just in one day, there was two missed.

My office looks at them. The vast majority of them are historical in nature. So they tell us about a disruption that happened yesterday, which . . . I don't want to know if my local hospital was closed yesterday. I want to know if it's open now.

And so I'm just trying to understand why, if you have this tool that costs, in your own words, the SHA no money to maintain because it's part of an existing IT network, why you wouldn't take that existing tool and allow it to have, as it says, existing service disruptions logged here and then make it available to the general public and to front-line health care workers. What would be the rationale behind not doing that?

Chair Keisig: — Ministers, I just . . . It's hard to make a comment on something that they haven't seen, a document they haven't seen and hasn't been presented to the committee. I'm just struggling with a little bit of that.

Hon. Jeremy Cockrill: — You know, I know the document, the standard that he's referring to.

Chair Keisig: — Do you understand? Okay.

Hon. Jeremy Cockrill: — You know, if I may though, I'm curious . . . You know, Mr. Jorgenson, I agree. I mean it's the purpose of the public-facing website is certainly to understand the current state.

Can you share with us, you know . . . And if there were errors on that, I'd certainly like to follow up on that with our teams here. We've got our very qualified teams and officials here. So which day was that? And which two communities?

Keith Jorgenson: — Well I'll forward that to you. I mean there's probably 20 I could send you. I will have my CA [constituency assistant] send the full list that we've logged to date, but . . .

Hon. Jeremy Cockrill: — And what's the process of how you logged that, Mr. Jorgenson?

Keith Jorgenson: — Well I mean, again, it's just me and my CA. But we would look at the disruption map . . .

Hon. Jeremy Cockrill: — Like calling facilities or . . .

Keith Jorgenson: — No.

Hon. Jeremy Cockrill: — No?

Keith Jorgenson: — We look at Facebook basically. So there still are some communities . . . And so I think that this is one of the flaws in the existing processes. I think there's actually a lot of people found out via looking on Facebook. And there's a number of towns that used to notify their residents via Facebook, and they've stopped because they assume that the SHA public-facing website works. But it frequently misses disruptions.

And I have some sense in terms of how that happens. I don't think we have time tonight to delve into that. But again I talk to people who've seen the tool and have some understanding of what the functionality of the tool is.

And so again I'm troubled with why tonight, as many of us drive home on highways, we can look at the Highway Hotline and I can see a snowplow going down the highway, but I can't tell whether or not the hospital that's closest to my kids has X-ray services. And I find that troubling. And I don't understand why, if we have this tool, why we can't make that tool available.

Hon. Jeremy Cockrill: — Well certainly I hope that you'll share that information with my office, because that would be concerning to me as well. And so certainly we'll ask our teams to look into those specific dates and those specific communities when you provide that information.

Keith Jorgenson: — I will get that to you tomorrow, Minister.

So now part of the reason why I had asked about the cost of the ambulances is one of my . . . Again as I've said, like virtual care is great, especially in a rural province. The challenges that we face providing health care in a rural province, virtual care is necessary. But my concern is the government is sort of missing the full cost accounting of virtual care. And so I have two questions that I wanted to ask about that.

One has to do with ambulances. There was a gentleman who showed me — he didn't feel comfortable coming public — from the Davidson area who showed me an ambulance bill that was over $900. So instead of him taking an ambulance to his local hospital in Davidson, because it was on virtual care, he ended up taking an ambulance to a major centre. And instead of having a 100 or $200 ambulance bill, had an 8 or $900 bill. So is the SHA able to track and tell us how much the cost of ambulance rides have gone up since we've expanded virtual care and rolled it out into an increasing number of communities?

[21:45]

Hon. Lori Carr: — Thank you for the question. So there really is no way for us to track what you are asking for here. But like, as we look at the numbers that we have seen from the number of calls where the patients were transferred since virtual care has come into existence, there has been no increase in the number of calls as compared to previous years.

Keith Jorgenson: — Thank you. Okay, I have three more questions, so hopefully we can get through them all in the time that's left. So the other question I had with regards to, sort of, the incidental costs of virtual care is the number of acute care beds that we sort of functionally lose in rural Saskatchewan.

So I'm looking at a facility monthly occupancy report for the years '24-25, and we have three facilities during that period of time that for some months had an occupancy of zero. Davidson

Health Care Centre, Kipling Health Care Centre, and Wolseley Health Care Centre all had periods of time where there was no occupancy. So no one was in the hospital admitted.

I also have toured Lanigan Hospital. Wonderful facility, lots of great folks there. It does have patients in it. When I visited that, all of the patients there were ALC beds. So although the facility continues to provide excellent care to folks in the surrounding community, those aren't functionally acute care beds anymore due to not having, you know, for periods of time not having a doctor in the facility.

So I guess my question is, does the SHA have a sense in terms of, at any given time, how many rural acute care beds functionally are acting as acute care beds or are functionally lost as a result of them being on virtual care or as the result of disruptions?

Hon. Jeremy Cockrill: — So we should be very clear on this. You know, the introduction to the virtual physician program has not removed any acute care beds in rural Saskatchewan. That has to absolutely be emphasized.

And, Mr. Jorgenson, I hope you can be careful with your wording. Because just because there's an ALC patient in an acute care bed doesn't make it not an acute care bed, right? And so that wording can start to lead people to make assumptions about their local hospital that are just not the facts. And so I think this is where we have to be very clear on wording. Still an acute care bed. There may be an ALC patient in there; still staffed an acute care bed. There's still a most responsible provider in the facility looking after the patient in that bed.

And you know, you mentioned several facilities. Davidson Health Centre, two acute care beds in that facility; Kipling Integrated Health Centre, 12; Lanigan, 5; Wolseley, 11. You know, if anything, I think the virtual physician program, what it's enabled is actually for a wider range of services to be offered in rural Saskatchewan.

So I just caution that we should be very careful with our wording. There may be ALC patients in an acute care bed — it's still an acute care bed, especially in rural Saskatchewan.

Keith Jorgenson: — I'm not for a second questioning the need for those acute care beds. Quite the opposite. I'm just saying, functionally, if a facility has zero per cent occupancy and there is no one in the bed, we can still call it an acute care bed. But in terms of system flow, it doesn't function as a bed that system flow can put someone into.

Hon. Jeremy Cockrill: — There's a patient in the bed.

Keith Jorgenson: — But not if the occupancy is zero.

Hon. Jeremy Cockrill: — Sorry, I don't follow your . . .

Keith Jorgenson: — So in this document there are periods . . . There's multiple months where the occupancy in these facilities was zero, right? So that means there was no one at any point was lying in an acute care bed in that facility.

And the document is quite thorough. And I mean, there's a facility that had 0.65 per cent capacity, so obviously someone's doing the math. And there's multiple months where I think Kipling, it was something like six or seven months where there was no one admitted to acute care.

Okay, so I'm going to move on to my last question. So I had a kind of a two-part question about the cost of AIMS [administrative information management system]. So I'm curious about the total cost of AIMS in '25-26 versus '26-27. And then I would like a breakdown of a number that AIMS is being charged to affiliates. These are both embedded affiliates as well as other affiliates. Many of these are long-term care facilities. Some of them are obviously hospitals as well.

And so in that amount for the affiliates, I want to make sure we're getting kind of a full cost of the charges for AIMS '25-26 versus '26 through '27, including current AIMS and enhancement fees, AIMS licence, and BSSA [business systems support and analytics] fees, and I'm . . . I can't tell you what that means.

So if you could provide us with that, that would be fabulous.

[22:00]

Hon. Jeremy Cockrill: — Thanks for your patience. So we'll just compare. So capital in '25-26 was just shy of $30 million on the AIMS project. That goes to $0 on the '26-27 budget. From an operating perspective, operating costs in '25-26 were 2.9 million; that's a budget number. Obviously we don't have the actuals from '25-26 yet; we're still in the last day of the fiscal today. And the budgeted number for operating this year is 8.8.

Important to know, I mean, I'm sure you understand we're moving from the project development phase into a phase where now it's licensing and support to all different health sector partners on the AIMS system. The total expected to be charged to those partners — now that includes the SHA; that includes 3S; that includes, you know, all facilities using it — expected to be roughly $19 million across the whole sector.

Keith Jorgenson: — I see that our time has expired, so I just wanted to thank the Table . . . Oh, sorry.

Chair Keisig: — Well thank you for that, MLA. We've reached our agreed-upon time for consideration of estimates today. We will adjourn consideration of the estimates and the supplementary estimates no. 2 for the Ministry of Health. Minister, do you have any closing comments?

Hon. Lori Carr: — Well I would just quickly thank everybody for being here tonight. I guess we'll probably have different opposition members tomorrow, but we'll see you all again tomorrow night. So thank you to everybody that was here.

Chair Keisig: — MLA Jorgenson, do you have any closing comments?

Keith Jorgenson: — Yeah, I certainly do. I wanted to thank both of the ministers for kindly providing so much of their time to the committee, especially being away from family and so on. I want to thank all of the members of the SHA for coming here and giving up so much of their time from their families into the evening. And of course thank the Table Officers, the *Hansard*

folks, and the video folks for recording all of this. Thank you very much. Thank you, Minister Carr and Minister Cockrill.

Chair Keisig: — MLA Clarke, would you like to . . . Well I want to thank the ministers and everyone. We stand adjourned until 3:30 tomorrow. Thank you, everyone.

[The committee adjourned at 22:05.]