



STANDING COMMITTEE ON HUMAN SERVICES

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STANDING COMMITTEE ON HUMAN SERVICES

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Ms. Alana Ross
Prince Albert Northcote

[The committee met at 15:15.]

The Chair: — Well good afternoon, colleagues and officials. Welcome to the Standing Committee on Human Services. My name is Ken Cheveldayoff. I'm the MLA [Member of the Legislative Assembly] for Saskatoon Willowgrove. And welcome, committee members. Ms. Meara Conway is a committee member, but substituting in for her is Ms. Vicki Mowat. Welcome. Mr. Ryan Domotor, Mr. Muhammad Fiaz, Mr. Derek Meyers, Mr. Hugh Nerlien, and Ms. Alana Ross.

Today the committee will be considering the estimates and supplementary estimates no. 2 for the Ministry of Health. Then we'll take a brief recess and return to consider the estimates for the Ministry of Social Services this evening.

**General Revenue Fund
Health
Vote 32**

Subvote (HE01)

The Chair: — We will now begin with vote 32, Health, central management and services, subvote (HE01).

Ministers Merriman and Hindley are here with their officials. I would ask that officials please state their names before speaking at the microphone. As a reminder, please do not touch the microphones. The Hansard operator will turn on your microphone when you are speaking to the committee. I would ask officials not seated at the table who wish to speak to take a place at the table prior to speaking if possible.

Ministers, please introduce your officials and make your opening remarks. Just before you do, we have a new rule in place here. I just want to remind members that we are scheduled to go till 5:15. If for any reason we adjourn earlier, it'll be deemed two hours of time. So I believe the House leaders have made that agreement, and I was asked to put that on the table here. Without further ado, Minister Merriman.

Hon. Mr. Merriman: — Thank you very much, Mr. Chair and committee members. I'm pleased to have this opportunity to speak about the Ministry of Health's budget. The ministry's senior leaders that are joining me today are Max Hendricks. I have Denise Macza, Mark Wyatt, Billie-Jo Morrisette, and a team of others that will introduce themselves as needed, Mr. Chair. I also acknowledge the senior officials here today from the Ministry of Health and will ask them to introduce themselves.

I'd like to begin by saying that Saskatchewan is back on track, with a vastly improved financial picture and fiscal plan to return the budget to balance, as you've heard the Minister of Finance address in her speech. We have much to be optimistic about in the approaching year and look forward to seeing the results of what we set out to achieve.

Saskatchewan's residents and health care workers faced difficult circumstances during the COVID-19 pandemic. I'd like to express my sincere gratitude to the health care workers for providing safe, compassionate care during these difficult times. With vaccinations and available treatments, we have a brighter

path forward and we can move ahead to address other demands as part of our rebuilding process.

The Saskatchewan government is making a record investment in health care this year to address surgical wait times, mental health, and many other priorities. As we focused our health care resources on the pandemic over the past two years, it limited our ability to deliver health services in some other areas, but not limited to the number of surgeries performed.

This year's budget will address many of those priorities and get our health care system back on track. The '22-23 Ministry of Health budget provides an increase of \$318.7 million or 5.2 per cent from the 2021-22 budget, for a total of 6.44 billion, which represents the largest health investment in Saskatchewan's history.

The Saskatchewan Health Authority, Saskatchewan Cancer Agency, and eHealth Saskatchewan will receive the largest budgets ever. This budget provides substantial funding for acute and emergency care in urban, rural, and northern communities; key provincial infrastructure investments; and will protect people as we adjust to living with COVID-19.

It also provides record investment in mental health and addictions and cancer treatments and programs. My colleague the Hon. Everett Hindley will speak to more details in mental health and addictions initiatives as well as for those seniors and rural and remote health.

Our government recognizes that workers who deliver patient care are the foundation of our health care system. This budget will support development of new and innovative solutions to invest in Saskatchewan's valued health care providers and build a more robust workforce.

Planning work has begun to establish a new independent agency dedicated to recruitment and retention of health care professionals. The Saskatchewan Healthcare Recruitment Agency, or the SHRA, will serve to attract the best and the brightest from across our province, North America, and around the world to join our friendly and welcoming communities.

The 2022-23 budget includes \$1.5 million in new one-time funding for recruitment incentive programs. This funding is part of a recruitment mission to the Philippines to attract qualified candidates for hard-to-fill critical health sector positions. To further attract and retain specialists and physicians, 3.5 million in new funding will increase the number of specialty and family medicine resident training seats, expand intake for the Saskatchewan international physician practice assessment, or the SIPPA program, and enhance our rural practices initiatives for physicians. Also an increase of \$5.2 million in new funding is provided for physician contracts to assist with the recruitment and the retention process.

Key commitments of the '22-23 budget will see significant expansion in acute and emergency services areas within urban and rural communities. A \$21.6 million increase is specifically dedicated to reduce the surgical wait-list by performing thousands of additional procedures in the upcoming fiscal year. In prioritizing surgical plans and setting aggressive but

achievable targets, Saskatchewan will deliver the largest volume of surgical procedures in the history of this province this year. The goal is to reach our total surgical volume of 97,000 procedures in '22-23. This year's investment introduces a three-year plan to eliminate the COVID-related surgical backlog and return to the pre-COVID wait times by the end of March of 2025.

A further \$12.5 million investment will support the first of a multi-year strategy to create 31 additional intensive care units, ICU beds, across our province. This year, 11 ICU beds will be added to the provincial system for a total of 90 ICU beds. This is the first step in achieving 110 beds to address the over-capacity issues and high occupancy rates, leading to a higher quality of care.

In addition, we are providing \$3 million to fund 10 high-acuity beds at the Regina General Hospital to support capacity expansion. These beds will be used to reduce demands on the ICU and improve patient flow. This budget also includes an increase of 2.2 million for specialized care in the neonatal ICU at Prince Albert's Victoria Hospital. A \$4.9 million increase will expand the number of specialized medical imaging procedures, including over 11,000 CT [computerized tomography] and MRI [magnetic resonance imaging] scans. The budget contains a \$2 million increase for 65 additional transcatheter aortic valve insertion or TAVI [transcatheter aortic valve implantation] procedures for a total of 120 procedures this year.

This budget makes significant investments in other health care programs and services. Among them: \$16 million to increase for the Saskatchewan prescription drug plan for high-cost drugs, treatment changes, and increased medication use; 1.2 million to increase to support community-based organizations; and 394,000 for six additional hospice beds at Wascana Rehab Centre.

The Saskatchewan Cancer Agency will receive its largest budget this year at \$219.8 million. There will be \$15.8 million or 7.7 per cent increase for the Cancer Agency to improve treatments, services, and resource for cancer patients and to achieve better outcomes. Included in this funding, increases are \$4.8 million for drugs and other therapies; \$2 million to boost and hire more nurses and cancer doctors to support patient and treatment volumes and other investments in front-line services; and 1.75 million in additional investments in screening programs for various cancers, including the initial development of a lung cancer screening program for northern Saskatchewan. There is also 1.1 million for additional resources and funding to address growing demands in the bone marrow transplant program.

Also included in the Cancer Agency budget this year are \$674,000 increase for development of provincial chimeric antigen receptor T-cell therapy programs and an emergency treatment for select types of cancer; \$575,000 increase for community oncology programs, ensuring patients continue to benefit from the treatment options closer to home; and \$389,000 increase for medical oncologists to support the establishment of a new medical oncology residency program in partnership with the College of Medicine. All of these investments will ensure that Saskatchewan residents have timely access to screening programs and health professionals, and benefit from the most current effective oncology treatment options.

This budget will continue to build a better infrastructure through

\$156.6 million investments in hospital and health care facilities. Among other projects: urgent care centres, Prince Albert Victoria Hospital, and Weyburn General Hospital replacement projects will receive priority funding. 15.2 million has been earmarked for urgent care centres in Regina and Saskatoon for design and construction expenses as well as site selection activities in Saskatoon. 13.5 million has been allocated for Prince Albert Victoria Hospital to cover the procurement and the design of the stages of the project. And \$6 million for Weyburn General Hospital replacement to continue with procurement and design activities.

There are also significant funding dedicated to long-term care infrastructure projects. 6.5 million for design and procurement of activities for specialized and standardized long-term care beds in Regina. 5 million for continued progress on the La Ronge and Grenfell long-term facilities. And 200,000 will fund planning needs assessment for the Yorkton Regional Health Centre replacement. And \$200,000 each will be dedicated to the Watson and Estevan long-term care replacement to continue planning and assessment work. An additional \$750,000 has been allocated for planning, procurement, and the design of the Regina General Hospital parkade.

We're also investing over \$50 million in maintenance for priority areas. Our government has invested nearly \$2.1 billion since 2007 into capital facilities and equipment to improve the delivery of health care across our province. eHealth will receive its highest operating budget ever this year at 135.6 million. This is an increase of 9.8 million or 7.8 per cent. The funding will be used for critical investments in health care systems and supporting IT infrastructure, modernization, and security. This investment will have a positive impact on patient care, health care providers, and health care partner organizations.

The budget also provides significant dollars to sustain ongoing COVID-19 response-and-recovery measures. Funding of \$95 million will support the cost of PPE [personal protective equipment] supplies, ongoing vaccinations, enhanced infection and prevention in long-term care homes. It'll also cover the cost of a total of 58 temporary acute care beds in Regina and Saskatoon. These investments will help protect Saskatchewan people as we continue to live with COVID-19.

In conclusion, I want to thank the committee for giving me the opportunity to outline some of the significant initiatives in the '22-23 Ministry of Health budget. Minister Hindley will speak to our major budget commitments for mental health and addiction supports as well as seniors, rural and remote health.

[15:30]

We both look forward to the upcoming year leading the Ministry of Health and the health partner agencies as we work together to tackle the priorities ahead. I will now turn things over to Minister Hindley.

The Chair: — Minister Hindley, go ahead.

Hon. Mr. Hindley: — Thank you, Mr. Chair, and to the minister and members of committee. I am pleased to be here today to speak about the Ministry of Health's significant budget investment into mental health and addictions services and our

plan to support seniors' care and rural health services. I would like to sincerely thank health care workers across the province for their incredible efforts and hard work during another challenging year. Thank you to all of our dedicated health care teams who are caring for patients each and every day.

With the COVID-19 vaccinations and treatments available, there is an optimistic path forward. I look forward to much progress in the year ahead as we address the many other health care demands and challenges ahead of us. Saskatchewan is back on track with a budget that invests in important programs and services to strengthen and protect our residents.

Investing in mental health and addictions services is a priority for our government. This year's total 2022-23 Ministry of Health budget of \$6.44 billion will continue to build on record investments in this area. I am pleased that mental health and addictions will receive 470 million, or 7.3 per cent of our total budget, to fund critical initiatives. This key area received a significant increase of \$9.5 million, with 8 million for targeted initiatives that provide counselling and treatments for Saskatchewan people, reduce harms associated with substance use, and advance proactive preventative measures, particularly for youth. This is the largest total investment ever to support individuals facing these serious challenges.

With this added funding in 2022-23, the government has invested over \$92 million in targeted initiatives in mental health and addictions since 2018. Included in this year's funding increase is \$2.1 million to support the first year of a three-year commitment to add 150 new addiction treatment spaces. This was a commitment introduced by our government in the 2021 Speech from the Throne, and we are pleased to continue carrying these ambitious plans forward.

Our government plans to continue building on support for several important initiatives that have demonstrated success this past year. For example, we will expand on the success seen in the mental health capacity-building program in schools throughout the province with a new \$800,000 investment, bringing our annual commitment to \$2 million to this program. We will also support ongoing work to establish an integrated services model to better coordinate available mental health and addictions services for children and youth. This budget includes \$3.4 million for this important priority, up from \$2 million in '21-22, a \$1.5 million increase to support the continued implementation of initiatives first introduced and committed to in the 2021-22 budget, including our wellness buses. Other annualized funding will support the virtual rural police and crisis team, the PACT partnership with the RCMP [Royal Canadian Mounted Police] which began as a pilot in 2020-21.

In 2021, Saskatchewan experienced a record high number of drug overdoses. We are not alone. Many other jurisdictions across Canada and North America suffered a similar path, with tragic outcomes due to substance use. There is an urgent need to address addictions and overdoses in our province, and we are committed to finding solutions. This is not just a health, police, or mental health issue. It will take everyone working together to address it.

That's why our government assembled a Saskatchewan drug task force to engage closely with Saskatchewan communities and find solutions to the challenging and complex issues surrounding

substance use and overdoses. The 2022-23 budget will fund recent recommendations and priorities released by the Saskatchewan drug task force after extensive consultations with a wide range of partners, including what we believe to be vital input from people with lived experience. These individuals brought an abundance of insight and value to the discussion table.

As a result, investments in response to the drug task force consultations totalled \$1 million, including \$650,000 for development of local integrated overdose response projects, also known as hot-spotting initiatives. Funding of \$150,000 will go directly towards targeted stigma reduction efforts. A further \$150,000 will be used for trauma-informed practice training for front-line staff. This will assist in identifying and appropriately responding to individuals who use substances due to past trauma. And another \$50,000 will be dedicated to coordinated research in areas of interest for the drug task force.

Of the targeted \$8 million increase announced this year, government will invest \$475,000 to support the operation of additional detox treatment spaces across the province. Details around the location of the additional 150 addictions treatment spaces that I mentioned earlier along with plans for the added detox spaces are still being determined. Prior to the release of this year's budget, our government provided an update on the continuing expansion of public access to free take-home naloxone kits to help prevent overdose deaths in our province. Take-home naloxone kits are now available at more than 70 pharmacies across Saskatchewan. This year's 2022-23 budget will provide another \$200,000 for further expansion of naloxone to community pharmacies.

This budget also addresses barriers created by wait times for detox and treatment, while also providing widespread access to harm reduction services and supplies for Saskatchewan people regardless of where they may live. A \$175,000 investment will assist with building capacity and resource development support for recovery from crystal meth addiction.

Further targeted investments in mental health supports include \$255,000 in new funding for expansion of the Family Service Saskatchewan rapid access counselling program. Family Service Saskatchewan provides brief counselling services to respond to growing service need. Eight additional communities will be able to offer services as a result of this investment: Moose Jaw, Assiniboia, Gravelbourg, Kindersley, Biggar, Leader, Rosetown, and Unity. This is in addition to 23 communities already served.

Finally the targeted increase will financially support the province-wide implementation of the mental health and addictions information system with a \$1 million investment. This information system improves the quality of care by ensuring clients of mental health and addiction services do not need to continually repeat their story, and professionals can follow and provide more seamless care.

In 2021-22, our government introduced a province-wide mental health awareness campaign to address stigma around mental health and directly communicate that your mental health matters. The main message is a simple one that we hope will continue to resonate: there is help, there is hope. An extensive resource list of mental health supports across the province can be found on Saskatchewan.ca.

We have made progress, but we also know the work must continue. There's a lot more to do in the coming weeks, months, and years ahead with the end goal of improved mental health and a substantial decrease in opioid or substance use and overdose injuries and deaths.

On March 29th, the Advocate for Children and Youth released her special report on mental health and addictions. We thank the advocate for her work on this very important matter. The mental wellness of our children and youth is more important to me and our government, and we know more needs to be done in this area. We are continuing to review the report and its recommendations in detail, and we'll have more to say in the coming weeks.

Upon my initial review, I'm pleased to see that several of the recent investments in children and youth supports align with the advocate's recommendations. Our increased support for mental health capacity-building and the integrated youth services model are two examples which build on other investments over the past several years, such as the community recovery teams and the new addictions treatment spaces in southwest Saskatchewan.

Key commitments in the 2022-23 budget will see significant expansion in emergency medical services across our rural communities. To help stabilize emergency medical services, particularly in rural and remote areas, this budget is providing a \$10.8 million increase, with additional paramedics, ambulances, and funding in 27 communities across the province: Beauval, Beechy, Big River, Blaine Lake, Buffalo Narrows, Cut Knife, Frontier, Humboldt, Imperial, Indian Head, Kipling, Kyle, La Ronge, Lloydminster, Macklin, Maple Creek, Meadow Lake, Melfort, Melville, Moosomin, Naicam, North Battleford, Oxbow, Redvers, Rosetown, St. Walberg, and Yorkton. This funding will also support additional training and resourcing for community paramedicine in a number of rural and northern communities.

Significant investments into recruitment and retention of health care professionals in this budget, which the Minister of Health spoke to in his remarks, will also help get health care services in rural Saskatchewan back on track.

Seniors' care also remains an important area of focus for our government. A \$17 million budget increase will enhance services to help seniors live safely and comfortably in their communities and strengthen long-term care and home care. As part of this funding, six and a half million dollars will be invested in 117 additional continuing care assistants — 70 for long-term care, and 47 for home care. This builds on the 108 added in 2021-22 to a total of 225 of our commitment to add 300 continuing care assistants.

There's also funding to assist seniors to remain in their own home, or age in place. \$2.5 million for improved access to individualized home care funding, and two and a quarter million dollars for supportive home care services. We will also be working with our partners to examine ways to better support aging in place and building independence for seniors. We have heard from seniors that they want options to better support them remaining in their own homes. I am pleased to be providing \$250,000 this year to begin exploring these ideas.

This budget includes \$3.8 million in increased funding annually

for the new, expanded NorthWest Community Lodge in Meadow Lake. This new 72-bed facility is scheduled to open later this spring.

And to better protect seniors against influenza, \$4.1 million will be dedicated to deliver high-dose influenza vaccine to all Saskatchewan residents aged 65 years and older.

In conclusion, I thank the committee for the opportunity to discuss the significant investments of our 2022-23 Ministry of Health budget. Saskatchewan people and our health care workers are determined, hard-working, compassionate, and resilient. We remain committed to support them as best we can.

Our officials and I will now be pleased to take any questions that you may have. Thank you very much.

The Chair: — Thank you very much, Minister Hindley. Ms. Mowat, the floor is yours.

Ms. Mowat: — Thank you for the opening remarks that provided a little bit more detail on everything that we saw in estimates. And thanks to all the officials who have joined us here today but are also going to continue joining us as we spend multiple hours looking at Health. We know that this is a substantial portion of our provincial budget, and as a result, receives a substantial amount of scrutiny. So appreciate your time here today.

Mr. Meili: — Thank you very much, Mr. Chair. And Ms. Mowat, thank you for allowing me to join you. And of course, thank you to the ministers and to the officials for your time and willingness to answer questions.

A number of the budgetary choices this year and the impacts of choices in recent years, in the last couple of years, obviously directly related to the COVID-19 pandemic, and with that the recommendations, the decisions, the role of the chief medical health officer. And so I'm wondering if we could request . . . Clearly Dr. Shahab wasn't able to join us today. Could we request that Dr. Shahab join us for tomorrow's committee?

Hon. Mr. Merriman: — Thanks for the question, Mr. Meili. I'm not sure of Dr. Shahab's schedule. I don't know where . . . But we have 25 or 30 officials here that would be able to answer any questions that you have related to the budget.

Mr. Meili: — Okay, would you be able to request whether Dr. Shahab could join us for tomorrow's . . .

[15:45]

Hon. Mr. Merriman: — I guess my question would be, are they budgetary questions? Because they sound like they're policy questions.

Mr. Meili: — They're definitely related to the ongoing costs, past costs, and the results on ongoing costs within the health system. And so yes, very much relevant to budgetary choices.

Hon. Mr. Merriman: — Thanks. As I've been informed, Dr. Shahab doesn't get involved in our budgetary process. He provides his epi information to us on public health advice on policy, but is not involved in the budgetary process. That's more

at an ADM [assistant deputy minister] level, and it's not something that Dr. Shahab has, prior to COVID-19 or certainly during COVID-19, been involved in the budgetary process. So if there's budgetary questions involved around public health, we have the officials here that would be able to answer that.

Mr. Meili: — It's quite clear that policy decisions made at the CMHO [chief medical health officer] level and, well, at the Ministry of Health level in response to CMHO recommendations have had, whether those recommendations were followed or not, have had significant impacts on the budget. And the rationale behind the choices made by the ministry thus has significant impact on the budget. So the request stands to have Dr. Shahab join us tomorrow.

In the meantime, a number of written recommendations were made by Dr. Shahab over the last two years. If you could tell us more about that process. To whom were those recommendations delivered? And could those written recommendations be tabled, as clearly they would have had significant impact on policy and ultimately on costs within the health system?

Hon. Mr. Merriman: — Could you give me a line item reference that you're referring to?

Mr. Meili: — A line item reference?

Hon. Mr. Merriman: — Yes, a budgetary line item that we are here to talk about. These are estimates for our budget.

Mr. Meili: — Sure, you've got an additional \$95 million for ongoing COVID response. We certainly are looking at the past expenditures as well in terms of the added costs. So it clearly would apply quite globally to the conversation around health budgeting, not to mention, you know, the ongoing impacts of surgical shutdowns, the diversion of care away from things like imaging, etc. The list goes on, Minister.

Hon. Mr. Merriman: — Thanks, Mr. Meili. Dr. Shahab's recommendations do not involve the 2022-23 budget, as I've explained. He discusses policy, provides recommendations on public health issues, as I'm sure you're well aware.

These are not necessarily budgetary implications. The budgetary request for the additional dollars for COVID-19 came from the officials that are right here in front of you.

Mr. Meili: — Thank you. The minister, of course, is aware that those recommendations have had, and the decision on whether or not to follow them, have had massive impacts on the budgetary choices to date and those going forward.

Let's continue. Other things that will have great impact going forward are whether or not we're facing significant future pressures from COVID-19. One of the ways that we have attempted to predict such pressures has been around modelling.

Does modelling for COVID-19 cases, hospitalizations, and deaths, is that continuing at the ministry or within the SHA [Saskatchewan Health Authority]? And if so, what does the current modelling say, based on what we're seeing with rising sixth-wave cases nationwide?

Hon. Mr. Merriman: — Thanks for the question, Mr. Meili. The \$95 million that you were referring to, I can go through kind of a breakdown of what that entails. And as I've been informed, our modelling group has been extended out until March of 2023. So that would include in this fiscal year and some of that \$95 million, a \$5 million increase from 2021 which obviously we had \$90 million.

We're maintaining a six-month supply of PPE, resourcing 58 temporary acute beds in Regina and Saskatoon. The funding will be prioritized to the most pressing requirements including compensation, vaccinations, boosters, also within our long-term care facilities to make sure that they are covered off. But modelling would be something that would be included in on that. And we've used that, as Dr. Shahab has to inform his decisions in the past. And I assume that he will do that on an ongoing basis when he gets his weekly epi reports to be able to inform us on what could potentially be happening in the future.

Ms. Mowat: — Thank you. Switching back and forth here. Thank you for providing a bit of detail on the COVID dollars. Just noting the fact that we've had a couple of sets of supplementary estimates in Health this year, meaning that there were unforeseen cost pressures to the system. How can we be assured that this is going to be enough for the upcoming year in terms of our handling of COVID-19 and the pressures to the health system? Have those pressures been taken into account? Is there, are there confidence that these numbers are going to be able to get us there? Or shall we expect, you know, additional supplementary estimates?

Hon. Mr. Merriman: — To answer your question on what is going to happen in the 12 months coming up as far as COVID-19, I can't tell you because I don't know. And there's lots of people that are making projections one way or the other. We've allocated, last year we allocated \$90 million and we had to come back for supplemental estimates to be able to make sure that we were covering our costs.

We've allocated \$95 million this year. If there is a need for an expenditure beyond that, then obviously we go through the supplemental process, but I can't give you a guarantee. These are our budgetary numbers that we work with, that we create in January. And as I've mentioned before, to be able to say what could happen in November globally or in Saskatchewan, it's almost impossible to project for that.

But we have allocated money. If this money isn't being used — and I believe I said this last year — if we don't use this money then we can allocate it in other areas within our health care system to be able to shore up that. But this is a budget, and it's not a guarantee. That's why it's a fluid document and we do have to sometimes come back — in Health, often come back — for supplemental estimates because some of the costs that are incurred were unforeseen at the time of budget.

Ms. Mowat: — So if there was 90 million, and this is 95, what was actually spent on COVID in Health last year?

Mr. Hendricks: — Max Hendricks, deputy minister. So in '21-22, the original budget appropriation was \$90 million, and we received supplementary estimates of \$220 million and a

special warrant of 347 million as well. There were allocations to eHealth of \$4 million and to the ministry for our pharmacy vaccination program of \$15 million. So \$366 million.

Some of those expenditures we haven't completed — volume 1, volume 2 of our Public Accounts for last year — so those are budgeted still, or supplementary estimates. We won't know until the actual bills come in, but I think our forecasts are predicting that we'll be in that range.

Ms. Mowat: — So just to clarify, you're saying 90 plus 220 plus 347 million is the total? I'm not able to do quick math, so that's the total amount that was spent on COVID in 2021? Estimate, without having the firm actual numbers yet.

Mr. Hendricks: — Yes, 366 million.

Ms. Mowat: — Okay. 366?

Mr. Hendricks: — Yes. Sorry. I did 347 then I added the ministry, so 347 plus 4 plus 15 is 366.

Ms. Mowat: — Okay, but just for COVID?

Mr. Hendricks: — Yes.

Ms. Mowat: — Okay. Thank you.

Mr. Meili: — Returning to the question around modelling, of course the minister's correct: we cannot know the future. But I suppose we can plan for it. What, if anything, would trigger — and knowing how costly past waves have been as a result of failing to act soon enough — what would trigger a return to a number of different things: more frequent reporting, so returning to daily reporting. What would trigger a return to wider availability of testing? What would trigger a return to public health measures? Has that been foreseen?

Hon. Mr. Merriman: — Thanks for the question, Mr. Meili. As we went through 2020 and 2021, every time that we experienced something changing within COVID-19 we would learn from it and adapt. We engaged the SPSA [Saskatchewan Public Safety Agency]. We had our PEOC [provincial emergency operations centre] meetings that were on a daily basis sometimes. We put as much out in the media as we possibly could.

[16:00]

Are there specific metrics to be able to say, when we do this, that this will happen? Everything is fluid, and we always sit down and have a discussion with our health providers, obviously with Dr. Shahab. And we're able to make that assessment like we have done in the past, and we'll continue to do that in the future.

The money that is allocated for this, \$95 million, is for the items that I have outlined before. And if there is a need for us to go back and because of a public policy decision that we need to allocate more money than that, then we'd go through the process of treasury board and bring that through to supplemental estimates if need be. We're hopeful that, now that we have a very high vaccination rate on our first and second dose and hopefully increasing our booster shot and potentially getting into second booster shots, as I've been told now, if that's where we need to

go to be able to manage through COVID-19, then we'll continue to do that.

What we've learned over the last two years, we've adapted people. We've moved people around within our health care system. So if we need to do that, we will. We've learned from what has happened in the past, and I think our health care system is more nimble because of the adaptation that the people on the front line have been able to do over the past last couple of years.

Mr. Meili: — To wrap up the question, what you're saying is, at this time you haven't identified what those levels would be, what those thresholds would be, but that should things get bad enough, we might see a return to previous steps, say, mask use or more regular reporting or more widely available testing.

Hon. Mr. Merriman: — Well again, as you identified yourself, it's hard to predict what's happening if there's different variants that come. As we're seeing the variant that we're dealing with right here and now, I'm feeling very comfortable that the people of Saskatchewan have the tools and the knowledge to be able to manage and live with COVID-19. If something changes in the future and there are things happening around the world and across our country that we need to adapt our behaviour in Saskatchewan, then we'll take that under consideration at the time.

But I think it would be irresponsible to make a premature assumption on what's going to happen six months from now. We're prepared for what could be coming. But to make an assumption if something's going to happen a certain amount of time from now, and us to be making a decision today on information that we don't have, that's not how we've managed this in the past, and that's not how we'll manage it in the future.

Mr. Meili: — But failing to lay out those algorithms and knowing what happens if, that's pretty normal planning. It's been a disappointing element of the response throughout. One of those very obvious things that you've just mentioned, that will happen most likely, is that we'll see another round of boosters. Has a plan for both the delivery and the payment of a new round of boosters, second round of boosters, been built into that 95 million? Is it built into the budget already, or will that likely be an additional unplanned-for expense?

Hon. Mr. Merriman: — As I outlined when I said the \$95 million funding — and I'll read it into the record again — funding will be prioritized for the most pressing requirements including compensation, vaccinations, boosters, and support of third-party long-term care homes. So as I mentioned before, boosters are included in that \$95 million.

Mr. Meili: — Okay, including a full . . . Should NACI [National Advisory Committee on Immunization] recommendations, for example, say that we're going to full population as has been the recommendation for the first booster, that's built into the budget that we would have a full campaign?

Hon. Mr. Merriman: — I'm sorry, are you asking . . .

Mr. Meili: — So for all age groups, for example, like we have with the current booster program.

Hon. Mr. Merriman: — Yeah, we'd have to wait. I have to wait. I can't budget for something that NACI hasn't recommended yet.

Mr. Meili: — Of course you can budget ahead, but we'll move on to the next question: public health. We did not see any additional dollars to public health, at the public health department, at the onset of the COVID-19 pandemic. In this budget do we see any dedicated dollars to increasing capacity, be it in testing and tracing, be it in immunizations for other illnesses, any added dollars to the public health budget?

Mr. Hendricks: — So in public health we've budgeted 4 million additional dollars for high-dose influenza vaccine to provide it to 65-plus in the community rather than just in long-term care. In terms of some of the monitoring and testing and that sort of thing, we have budgeted for that in the COVID-19 dollars.

We're still going to continue surveillance and, you know, monitoring the epidemiology. But as part of our regular course of business in public health, we monitor the epidemiology of other diseases and track that, be it influenza, whatever, as it comes on. So the \$4 million though, as I said, is targeted specifically at the influenza high-dose vaccines.

Mr. Meili: — So 4 million for influenza but otherwise public health is status quo.

Mr. Hendricks: — Other than public health dollars that would flow towards supporting COVID.

Mr. Meili: — Directly for COVID, but say health promotion, prevention, other standard immunization, no major changes there?

Mr. Hendricks: — No major changes.

Mr. Meili: — Okay. Just while we're on that topic of immunization, we've seen a disturbing rise in anti-vaccine sentiment, particularly around the COVID-19 vaccine. But one worries and wonders both about the spread of that type of thinking and its application to other vaccines, but also the lack of capacity within public health. As you say, we haven't seen a substantial increase, and yet we've had a substantial increase in demand.

So what are we seeing in terms of trends for, say, things like standard battery of childhood immunizations, MMR [measles, mumps, rubella], diphtheria, pertussis, as well as other adult vaccinations that are required?

Mr. Hendricks: — Our targets for provincial vaccination are to achieve on-time pertussis immunization of one-dose in 90 per cent of infants aged 91 days, up-to-date measles immunization coverage of one-dose in 90 per cent of children by their second birthday, and up-to-date measles immunization of two-dose by 90 per cent by their fifth birthday.

Right now, in 2021, we were 85 per cent for infants at 91 days, 87 per cent for toddlers two years receiving their measles vaccination, and 88 per cent turning five years in 2021 had received their two doses, so slightly below the targets that were being set.

Mr. Meili: — And how did that compare to previous years in terms of, were we reaching targets in previous years? Is this a drop? Or is this consistent with previous years?

Mr. Hendricks: — We don't have the previous years' data with us. This is what we have right now. We can get that though.

Mr. Meili: — If I could ask and just put on the record, requesting those previous years as well as the current numbers. Thank you very much. You know, while we're talking about cost in the system, I'll just back up a little bit. Yeah, if we could have the last five years, that would be the best comparator. Thank you very much.

Just looking at some of what we've heard today, the budgeted 90 million turned out to be 366, so substantially more. Does the department do any sort of backward-looking analysis of what the added costs were based on outcomes? You know, so since we saw, for example, some of the very high rates, in particular in the fourth wave of COVID-19, high rates of hospitalizations, any comparison to what the national average or what expected costs were, versus what the actual outcome was?

[16:15]

Hon. Mr. Merriman: — That would be a bit of a challenge because every jurisdiction does a budgetary process differently. They might not allocate it. They'd just do it as an extra cost. They might allocate for money just going to the general of health care. Everybody budgets it a little differently, so I don't know if we'd be able to draw a straight apples-to-apples comparison on that.

But I know that there were lots of . . . Most of the governments did have to go back for additional dollars because, depending on when their budget cycle also is, when last year we were planning for COVID-19, we were looking at the immunization, the first two shots, to be able to get that. That was the focus in January, February, March of last year, was very much the focus of getting two shots into everybody and trying to get as many people vaccinated as possible, and that was the main focus of it.

And there certainly wasn't . . . When we were budgeting, there wasn't obviously that foresight to see what was happening, going to happen in the fall. And again that's why we're saying that if there are extra dollars needed, we go back for those extra dollars. That's why we have the supplementary estimate process. But again it's hard to project what's going to happen three to six months from now with COVID-19. If one thing it's taught me about COVID-19, it's it is unpredictable and it doesn't follow a very straight line.

Mr. Meili: — Not straight lines. One of the things that was unique to Saskatchewan and a definitely added cost that might have been avoided with better forethought was the requirement to ship patients to Ontario for ICU care when our ICUs were overwhelmed. Could we know exactly how much that cost, in particular the cost of care, the care of those patients when they were in Ontario hospitals, the cost of their flights away and return, as well as the costs to families, any costs that families were required to bear?

Hon. Mr. Merriman: — We're going to have Mark Wyatt go through it. Just for the record and clarification, the family cost

component out of that would have actually come out of a different ministry. It would have come out of the SPSA, so that might be a question for that specific file. We don't have that information but we do have the cost for transportation and we do have the costs for the stay in the Ontario hospitals, and Mark will get into that.

Mr. Wyatt: — Mark Wyatt, assistant deputy minister. So first of all, looking at the costs that we've been invoiced for by Ontario as of March 31st of this year, Ontario has submitted invoices for 24 out of 27 patients that were transferred from Saskatchewan to Ontario ICUs. The total cost for the 24 invoiced patients thus far is \$837,000. In addition, we have transportation costs for the patients, and as mentioned, this doesn't include SPSA costs for additional family members. The full cost for the four different providers who were providing air medevac service is 1,203,000.

Mr. Meili: — Okay. So about a little over 2 million total in what you've got calculated. It sounds like all the flights have been invoiced. Just waiting on some of the invoicing for the care while in Ontario?

Mr. Wyatt: — Yes, that's correct.

Mr. Meili: — Okay. Excellent. Thank you very much, Mr. Wyatt. Just one more question on the budgeting going forward. Hearing lots of concern about the notion of long COVID, people who might be having ongoing effects from a previous COVID-19 infection. Is there any work under way to plan for additional costs to the health system due to longer term effects of COVID-19?

Mr. Hendricks: — So we have started to . . . well we started a while ago to do some planning on what it would be, what it will involve to clinically manage patients with long COVID. You know, the majority of patients do see a total absence of symptoms within two to four weeks, but some people are dragging out.

And I think, you know, we're still looking at the research to understand what that fully means. The presentations of that as well, you know, whether there is any difference in terms of the variant that you've gotten, the impact, and the duration of that impact.

But we plan on dealing it primarily through primary care clinicians, would be the first point of contact. And what we need to do there is provide education to primary care physicians on recognizing the signs of long COVID and educating them on how to make the referrals, if necessary, to the appropriate type of providers. Some might require, you know, physical therapy, that sort of thing. And so we would educate them on (a) recognizing it with a patient that had had COVID, and then the appropriate steps to take, and also I guess just working with the SHA on making sure that those resources are available to support the treatment of that condition.

Mr. Meili: — So no dedicated budget at this time, but some consideration being given to how to prepare providers with responding?

Mr. Hendricks: — Yeah. I think initially, you know, one or two other provinces have set up a clinic or two in large centres with million-plus populations. And I think for our situation, in most jurisdictions, you know, I think the plan is to use primary care as

kind of the initial entry point and provide the appropriate referrals if necessary from there. I think the majority of this will . . . You know, a lot of it is time, right. And so a lot of it will be able to be managed by primary care physicians. But in some cases there will need to be some referrals and additional studies.

Mr. Meili: — Speaking a bit about education, there are physicians looking to education of the public. How much was spent in public education campaigns around COVID-19, be it prevention, be it vaccination, in 2020 and 2021? And how much is budgeted for the year ahead?

Hon. Mr. Merriman: — Thanks for the question, Mr. Meili. As within our health care budget, I have a total number here of expenditures for education, advertising. However it's 2.285 million for '21-22. And this would have included vaccinations, any mailout material, everything associated with that. That would not include, as a government-wide, what we were doing through Exec Council, through the Premier's office, through advertising, through our caucus office. There would have been some more expenditures on that side of things.

But one of the challenges that we had, and I think we all had as leaders in our community, was battling misinformation. And there was volumes of misinformation flowing around the internet on social media, sometimes in mainstream media. There was a huge amount. And so it was very challenging to combat that because the misinformation travelled, from what I saw, about 10 times faster than factual information.

So one of the things that we did, not just in our media placements and that, but we were also educating our clinicians and giving them fee codes for them to be able to sit down and have that conversation about vaccinations with their patients, be able to provide those vaccinations within their office. But the majority of this was done in the '21-22 budget because we didn't have the vaccinations in . . . We didn't get them until December of 2020, and barely started with our seniors at the beginning of '21 calendar year.

So the majority of the vaccination information and education we would have had would have been in this current fiscal year. And again it was a challenge battling misinformation because it was moving pretty quick. But through our physicians, our clinicians, through the ministry we tried to battle that as much as we can, and also through other areas of government and through local MLA offices as well on both sides of the House. We were trying to battle the misinformation about vaccinations and about COVID in general.

[16:30]

Mr. Meili: — And in the '22-23 budget?

Hon. Mr. Merriman: — That would be included in the \$95 million that we've allocated for COVID-19. And again if there's money that we need on top of that, then we go through our process which I previously explained.

Mr. Meili: — Okay. I want to look at some of the COVID-19 impacts, starting with schools. I wonder if officials can tell us how many total school outbreaks we have had, how many current school outbreaks we're dealing with, and whether or not we track

from those outbreaks the hospitalizations and deaths related to those who have contracted COVID-19 through a school outbreak and, if so, of course what those numbers of hospitalizations and deaths related to school outbreaks would be. Does that all make sense?

Hon. Mr. Merriman: — Just a second. Okay, so how many outbreaks were in the last calendar year?

Mr. Meili: — I think total.

Hon. Mr. Merriman: — Total?

Mr. Meili: — You know, since the beginning, how many have we had for school outbreaks, how many do we have right now, and then the tracking of hospitalizations and deaths related to those outbreaks.

Hon. Mr. Merriman: — Okay, just to put that in context, there could be one school that could have multiple outbreaks throughout a calendar year so it might not . . . the number might be a little misleading. And then total number, okay.

Mr. Meili: — And we'll need to have each of those count as an outbreak for sure.

Hon. Mr. Merriman: — We don't have the total number of outbreaks within our schools. As you might recall a while ago, we were asking the schools, once we changed our reporting structure, that they were to self-declare, that it wasn't being done through . . . We would have to get that information through Education and see if we can find that and potentially bring that back to the committee. But it might take a little bit of time to be able to compile that.

As far as an outbreak at a specific school that transitioned, if that individual got sick and was hospitalized and we weren't tracking that specifically . . .

Mr. Meili: — You didn't track the . . .

Hon. Mr. Merriman: — No, we didn't track a specific child if they were . . . Because an outbreak, as I'm sure you're well aware, is two individuals, and whether that goes to 15 and whether they had to seek medical treatment, that wouldn't be tracked back because we wouldn't have the specific child earmarked from the education system to the health care system.

Mr. Meili: — Okay. So if you were able to reach out and endeavour to . . .

Hon. Mr. Merriman: — Yes, we'll endeavour to talk with Education and see if there's some . . . if we can figure out exactly what that number is. But it did change partially throughout this calendar year as well.

Mr. Meili: — Yeah, I can understand that there may be some different reporting based on different . . . reporting at different times. That makes sense.

Hon. Mr. Merriman: — We'll try to get that number to you for sure.

Mr. Meili: — Appreciate that. I'm curious about . . . and this is, you know, maybe just a thought, but when we do contact testing and tracing, you usually would go back with the infected individual in hospital to try to find out where that happened from, where that came from. So one would hope that within public health, there was some tracking back to the outbreaks to understand the source of who was hospitalized and who died.

Hon. Mr. Merriman: — Yeah. Thanks. We would know how many children either sought medical attention or were hospitalized, but to trace that back to a specific outbreak . . . Because we don't know whether they actually got, you know, that hospitalization was from the outbreak within the school or it could have been within a family. As we know a lot of the contact was within family settings.

Mr. Meili: — That's fair. I'll come back to a similar question for the Minister for Seniors in a moment, but I just want to stay on pediatric care. How many total pediatric admissions have we had due to COVID-19 up until whatever point you're current? And also related: we noticed that since the move to weekly reporting we no longer see NICU [neonatal intensive care unit] or PICU [pediatric intensive care unit] outlined. We only see adult ICU numbers. Is that because there have been no under-18 ICU admissions, or are we missing or misunderstanding the reporting there?

Hon. Mr. Merriman: — Just for clarification there. So you're looking for peds admissions . . .

Mr. Meili: — Total since the beginning of the pandemic for pediatric hospitalizations. And then, just that question around since the change to weekly reporting, have we not been admitting kids to NICU/PICU or are we just no longer reporting that?

Hon. Mr. Merriman: — Thanks for that. As I've been informed, we have one patient in PICU, but again I've got to ask if we can get back to the budgetary numbers. These are questions that could be asked in question period, written questions. This is not relevant to the budget of 2020 through of how many children are in Jim Pattison Children's Hospital right at this specific moment, as I don't see the relevance of that of our '22-23 budget.

Mr. Meili: — That wasn't actually the question I asked. I asked how many children have been admitted throughout the pandemic. Obviously that would have huge budgetary implications. And then I was asking about reporting, whether or not the ongoing reporting . . . So you're saying there is a child in PICU now. That doesn't show up on the weekly epi reports. Unless . . .

Hon. Mr. Merriman: — I don't know when that child was admitted into . . . So I don't . . .

Mr. Meili: — So the question is, between January 30th when that change was made, we haven't seen any reporting of any PICU admissions. I'm asking about how that's being communicated or why that's no longer included in the regular reporting.

Hon. Mr. Merriman: — And I understand that. But you're asking a policy question, not a budgetary question for the '22-23 budgetary estimates of this coming fiscal year. You're talking about epi reports on a weekly basis, not about budgetary dollars that are being allocated that the opposition has requested time to

be able to talk about this budget. You're asking about epi reports of this week. You're asking epi reports. We're here to talk about this budget.

Mr. Meili: — No, Minister. I mean it's a bit . . . I don't want to get too political in here, but it's a bit laughable. We can't talk about things going forward and we can't talk about things going past. I don't know what is allowed. We're asking how many pediatric admissions into pediatric care from COVID-19 since the beginning of the pandemic. That obviously has had huge impacts on the budget.

Hon. Mr. Merriman: — We will endeavour to try to get that information. I do not have that at my fingertips. But if we could focus the questions on the fiscal budget that we are here to talk about, that would certainly . . . because that's what my staff has prepared for.

Mr. Meili: — We will continue to ask questions about the health impacts related to the health budget of course. This one is for the minister who might have been feeling a little lonely at that end of the desk, or maybe he was happy being ignored for a while. We'll see.

Similar to the question around the total number of school outbreaks — and I do appreciate the minister endeavouring to give us that total — how many total long-term care outbreaks have there been, and again not how many facilities, but how many total outbreaks? And, now with this one, it's a lot easier to say, we know where you got it. So how many long-term care hospitalizations have there been? How many long-term care deaths have there been, and if possible, the current number of long-term care outbreaks as well?

The Chair: — Before the minister answers, I'm just going to weigh in here and say that, again, we're here to talk about the estimates, and I've heard the Opposition Leader say many times, obviously, this is something to do with the budget. So I'm being quite lenient, I think, and allowing questions from a wide range, but if the member could identify which vote or subvote or which line or bring it back to the finances whenever possible, that would be well received. Thank you.

[16:45]

Hon. Mr. Hindley: — With respect to long-term care outbreaks . . . and the current active outbreak information, as the member will know, is available on the website. We still publicly report that on Saskatchewan.ca. But in terms of the number of outbreaks, between the statistics we have from October 2020 to February 2nd of this year 2022, in long-term care there have been 217 resolved outbreaks and 50, five zero, that are currently active.

Mr. Meili: — Great. And then the subsequent questions around the number of hospitalizations and deaths related to outbreaks in long-term care. More simply put, how many long-term care residents were hospitalized up until whatever date you have reporting? How many long-term care residents are now deceased?

Hon. Mr. Hindley: — Thanks to the member. We don't have the current cumulative total right now. We'll endeavour to try to get

that for you. We know that we're just checking back here. And there was a written question, I think last spring, that we've provided some answers to that had that sort of calculation in there, specific to long-term care. But we don't have, again, just a cumulative total as of today as to what that number is. So we'll try to track that down for you.

Mr. Meili: — For all of those questions? Hospitalizations, deaths, and total outbreaks?

Hon. Mr. Hindley: — Yes.

Mr. Meili: — Okay. Thank you very much.

Hon. Mr. Hindley: — Yeah.

Mr. Meili: — Related, as we look at the deaths, and I believe it's 1,232 official deaths from COVID-19, are you able to provide a breakdown of those deaths by ethnicity — First Nations and Métis, visible minorities, etc. — as well as socio-economic status? Or is that information not being tracked?

Hon. Mr. Merriman: — Mr. Chair, I'd ask again what the relevance of this is to our budgetary estimates that we're doing here right now.

Mr. Meili: — When we see . . . [inaudible].

The Chair: — Thank you. Yes, if you could define the relevance to the specific estimates and the budget of the question you just asked, it would be appreciated.

Mr. Meili: — Happy to do so. You know, we spent \$366 million on COVID-19 last year; 95 million is budgeted for the year ahead. The arrival of people in hospital, and ultimately leaving hospital in the way we don't want them, contributes significantly to those associated costs. Understanding who's getting sick, who's winding up in hospital, and who's dying helps us to understand where that money went, as well as to plan forward for. You know, if we're seeing a particular community being affected disproportionately, then you change your behaviour to try to decrease both the costs as well as . . .

And I think it's important, Mr. Chair, to remember we're evaluating the dollars being spent, of course, but also the value of those dollars. What outcomes did we achieve by spending them in the right place?

So again, the question is around the breakdown of deaths by ethnicity, by socio-economic status, and any other categories that the ministry has been tracking those impacts.

Hon. Mr. Merriman: — Again I'm not seeing . . . The cost of COVID care isn't affected by race or ethnicity or religion or gender.

Mr. Meili: — No. The minister is being intentional there.

Hon. Mr. Merriman: — I'm not understanding the . . .

Mr. Meili: — But the cost is affected by the number of cases. So if you've got First Nations people being affected at three times the rate of the rest of the population — I'm making that number

up, but imagine that for a moment — that's going to have a particular cost, because you're failing to prevent those cases in that community. How do you then examine the ongoing response to avoid both the health impacts, of course, because that is ultimately the purpose of your health budget, but also the expenses associated with the care?

Hon. Mr. Merriman: — I think the answer to that is we worked with our First Nations communities, our Indigenous communities. We were the first ones . . . The first Moderna that we had within our province went up north . . .

Mr. Meili: — I'm not asking what you did. I'm asking what the numbers were. What's the breakdown? Do you track it or no? That's a simple yes or no answer. And if yes, can you provide it?

Hon. Mr. Merriman: — Am I allowed to finish my answer, Mr. Chair?

The Chair: — Pardon me?

Hon. Mr. Merriman: — Am I allowed to finish my answer?

The Chair: — Yes, absolutely.

Hon. Mr. Merriman: — Thank you. We worked with several Indigenous communities, going door to door in some areas. We were also working with FSIN [Federation of Sovereign Indigenous Nations], with Saskatoon Tribal Council in setting up a clinic in Saskatoon, working with other Indigenous communities — Cowessess First Nation in Regina and area — to be able to help out and educate.

We had our vaccination information translated into many languages and put out on the airwaves in many languages to be able to make sure that people were included and understood the facts, as we talked about before, battling misinformation. And certainly we always make sure that we're inclusive of everybody within our health care system to make sure that they are getting the factual information on COVID-19, but also the factual information and have every opportunity to be able to get vaccinated.

Mr. Meili: — Well that is a good story, but the question was: do you track deaths and infections on ethnicity, on socio-economic status, or no? It's a simple yes or no.

Hon. Mr. Merriman: — No, we don't track that information due to some of the limitations we have within our database. But no, we don't track that. But every person that we've lost from COVID-19 was a significant loss to our community.

Mr. Meili: — I couldn't agree more on the loss. I do not agree that that's not a wise thing to do, to analyze that information to have a better understanding of the impacts within our communities.

I am also looking at, as we're tracking deaths, we see a significant increase in total deaths that aren't accounted for by the 1,232 official COVID deaths. Excess mortality in Saskatchewan from March 8th, 2020 to October 16th, 2021 was 11 per cent. That's nearly twice the national average. From September 21st of '21 to October 16th, the excess mortality was 26 per cent, five times

higher than the national average.

We don't have any further reporting to the Canadian vital statistics database after October 16, '21 so we don't know what happened after that date. But up until that point, 20 per cent of the death reporting since March of 2020 has not been completed. There's a couple of questions there. One, what's going on? Why is Saskatchewan four times lower than the national average in terms of . . . or four times more deaths have not been reported to the national database than the national average?

But more importantly, there's a large number of excess deaths there, far more than would be accounted for by the official COVID numbers. What investigation is the ministry doing to try to understand what those excess deaths are or what the causes might be, if the belief is that they do not represent undiagnosed COVID deaths?

Hon. Mr. Merriman: — Again, Mr. Chair, I'm confused as to how this has to do with a specific line item within our budget. This is not just a general question-and-answer. This is very specific to our budget. I've brought officials here. They've prepared for this budget. We have done a lot of work on this budget.

If the member has a budgetary question or a line item, I'd be happy to answer that. But I am no longer going to go down this road of him just doing general questions about COVID-19 or whatever else happens to be on his agenda this evening. This is about a budgetary estimate. This is what we've agreed to as House leaders and in back-and-forth. This is what we need to continue to do is to talk about this budget. This is not an inquiry. This is about budgetary estimates. I would ask that we please stay on topic again.

The Chair: — Thank you, Mr. Minister. I believe we have a point of order. Would the member please state his point of order? Mr. Meyers.

Mr. Meyers: — Thank you, Mr. Chair. I would just ask that the member has, in his line of questioning, wandered outside the purview of why we're here and would like to ask that we get back on track. As we know, there's a lot of people here that are costing the people of Saskatchewan a lot of taxpayers' dollars and would like to ask if the member could ask his questions as they're relevant to the budget.

Mr. Meili: — Thank you, Mr. Chair . . .

The Chair: — If I could just say, thank you for your point of order. And I would agree with the point of order, and it would be well taken. And this is the third time, Mr. Meili, that I will interject and say, can you please specifically point to what area of the budget your question is referring to? Because that's what we're here to do with estimates.

As you know, you have an opportunity to ask written questions. You have an opportunity in question period to ask many questions as well. Today here we're dealing with the estimates, the financial estimates, and if you could focus on that it'd be much appreciated. Thank you.

Mr. Meili: — \$3.9 billion to the Saskatchewan Health Authority,

Mr. Chair. Those dollars are for a purpose. Those dollars are to try to keep people well and alive.

[17:00]

If we have an increase in total deaths of 11 per cent — nearly twice the national average — not accounted for, it is really difficult to understand how that's not relevant to the Ministry of Health in the expenditures which are designed to try to keep people well and alive. So again, my question. Knowing that we spend these dollars to try to keep people well, knowing that far more of them died than expected, my question to the minister is, what work is going on to understand? Because as well, of course, that means more people winding up in hospital. Much more expensive. There are significant budgetary impacts of a huge increase in the number of people dying in a given year.

So again, what work is going on? What work is going on to try to understand what accounts for those excess deaths? And of course how they might be avoided, knowing that, you know, as well as saving lives being the primary purpose of the Ministry of Health, the dollars that could be saved as well should we discover what that issue is.

Hon. Mr. Merriman: — If there's a question about excess deaths or those deaths not being reported in a proper way, I would suggest that you take that up with the Minister of Justice, as that falls under the coroner.

Mr. Meili: — So now looking back, and of course we talk in Health estimates every year about waiting lists, extremely important. We saw waiting lists increase drastically for surgeries, you know, approaching 40,000 patients. Not everybody who gets on a waiting list gets that surgery. Some of them don't make it to that point. And I'm wondering if the ministry has numbers on how many people died while waiting for surgery. How many people died on waiting lists that were waiting for organ transplants, as well as any deaths that occurred from those waiting lists while people were waiting for imaging such as CT scans or MRIs?

Hon. Mr. Merriman: — Thank you for the question. As was announced in December of last year, we had a very aggressive surgical plan to be able to address the 35,000-plus surgeries that we are aware of within our surgical system that had to be delayed because of COVID-19. We're allocating an extra 7,000 surgeries this year. We're doing another 13,000 surgeries on top of that in 2023 and 18,000 more on top of the original amount in 2024.

We've allocated \$21.6 million. This is part of an over-six-hundred-million-dollar surgical expenditure that we have. We've expanded our ICU beds by 11. We also had our high-acuity beds, we've increased them as well as in Regina. We understand that there are some surgeries out there that have been delayed for a long time during the pandemic.

As I've said before, very much appreciate the patience of the people of Saskatchewan. That's why we're increasing our surgical. We also received some money from the federal government that we're going to allocate towards our surgical initiative to be able to get as many surgeries done as possible.

Mr. Meili: — Thank you for the answer, Minister. Just to look

back a little bit though, during that period — up until the present day from the beginning of the pandemic — how many surgeries were delayed? How many were permanently cancelled, so never went on to be performed, removed from the list? And how many people died while waiting for those surgeries? How many people were removed from waiting lists due to being deceased?

Hon. Mr. Merriman: — I believe, Mr. Chair, that this is submitted in written questions, and we're endeavouring to gather that information and be able to present it back to the submitter of the written question. So that actually is in process right now.

Mr. Meili: — I do want to just move on to a couple of other things. I notice that we're getting close on time here. Did the Ministry of Health or SHA purchase the Lumeca platform, the Lumeca virtual care platform? And if so, what was the price of that purchase?

Mr. Hendricks: — So Lumeca was the successful proponent in the competition to replace our video conferencing platform, Pexip. We're still in final negotiations with the contract with them. So I can't release the number until those are concluded.

Mr. Meili: — Just to understand, it's not necessarily that the platform is being purchased from Lumeca; it's that they will be contracted to provide those services? Just can you . . . Are we buying their system or is Lumeca going to be working within Saskatchewan Health Authority?

Mr. Hendricks: — Yeah, we're licensing the platform for any provider in the province to use, any physician provider.

Mr. Meili: — Okay, so you are essentially purchasing access for providers to use the platform that Lumeca developed?

Mr. Hendricks: — Yes. It's their means to engage in video conferencing with patients, yeah.

Mr. Meili: — Okay. Obviously when that is finalized, we'll be interested to know what that costs Saskatchewan taxpayers.

It might seem a little out of left field, but something else that has been on my mind. We've heard the Premier and ministers saying that we will accept an unlimited number of Ukrainian refugees. That's good news. Obviously we want to have open arms and open doors. However the program as it is, these are folks who will not necessarily be refugees as we currently . . . as we usually understand them. They may be here on a temporary visa rather than having refugee status.

So my questions there, if we're talking about potentially thousands or even tens of thousands, in some of the numbers we've heard, and these are folks who will not have interim federal health or IFH funding through the usual refugee health channels . . . I guess my two questions: (1) will this government provide a similar level of coverage for that first year as we see for federally designated refugees? (2) will we see a significant investment in refugee health provision? For example the Regina community clinic, REACH [Refugee Engagement and Community Health], or perhaps new facilities. And if so, if that IFH-type coverage or that investment in added care is going to occur, where would we find that in this year's budget?

Hon. Mr. Merriman: — Absolutely right. And the Premier has stated, and we had unanimous support of this House to be able to welcome any refugees that are coming from the Ukraine and being displaced by Russia and Vladimir Putin's war. If there are any temporary residents, we will extend them health coverage for the duration of their stay, whether that be a year or if it's further than a year.

But this is something that we have to sit down and discuss with the federal government and get their support on. Obviously they're leading the immigration process. We've opened our doors, but we need to drive this process. The Minister of Immigration and Career Training officials were in contact with my officials to be able to make sure that if residents, if refugees did arrive that they would be able to access our health care system.

As well as, I know the Minister of Education is working on that as well, to be able to access schooling if there's any families that are coming across. This all has to be worked out with the federal government, but as far as our perspective we are ready to be able to welcome them if they need a temporary card. This is very similar, from what I've been told, as what happened with Syrian refugees when they came to Canada — I believe it was 2015-2016. We offered them a temporary health card so they had access to our health care system.

We don't know what the amount of the people coming through would be, so it's very tough to provide budgetary numbers for primary health care or what we would know as far as people being able to access, additional people accessing our system. But we'll deal with that on a case-by-case basis. But the short answer is yes, we will make sure that they do have a card so to speak.

And also any interpretation, communications. I know the Ukrainian community has reached out to be able to say that they will help out in any language barriers, and we'll work through them to be able to make sure that any refugees that are coming here from the Ukraine will have health coverage while they are here.

Mr. Meili: — Thank you for that. And as the minister knows, there's health card coverage, you know, what the regular provincial health coverage would be. But as well, there's IFH, which . . . some added benefits, pharmaceutical coverage, eye care, etc. Pretty important in that first year when people arrive. That may very well be something that we would want to advocate to the federal government, for that coverage to be extended to Ukrainian arrivals, even if it's just on a visa. If that's something the minister wishes to pursue, you'll certainly have our support in doing so.

Hon. Mr. Merriman: — Put it on the list of the things we're requesting from the federal government.

Mr. Meili: — Good stuff. Last question from me. I think we're wrapping up here. One thing that did jump out at me — the Chair will be happy to know it's in a budget line — physician services dropped from 636.349 million to . . . a drop of \$17.860 million in physician services. Can you explain that nearly 3 per cent drop in budgeting for physician services?

Hon. Mr. Merriman: — From what I understand, that's

physician services that have gone from fee-for-service to a salaried position, or vice versa. And that fluctuates ongoing depending on what the physician's method of billing is.

Mr. Meili: — And can you explain to me what new salaried positions . . . What's leading that shift? We haven't seen a big increase in community clinics or alternate funding plans in primary care. So what are we seeing where people are going from fee-for-service to salary in a pretty substantial way?

Hon. Mr. Merriman: — I think it's a little bit of a broader question. It depends on the physician, and I may have mentioned this in the House; I know I've mentioned it in the media. It's depending on the physician, depending on the circumstances, whether they . . . A fee-for-service can be very good for a community or good for the physician. It could be on a salary. It all depends on what that fit is. So we're trying to make sure that we have good physician coverage across our province, and we have to be flexible with our billing process to be able to adapt to that physician's specific needs in that specific community.

So we want to be able to have a suite and a different variety for that individual to be able to practise and make it accommodating, because sometimes salary is what they desire. And we want to be able to make sure that we're keeping the physicians content and setting them up to be successful in their either fee-for-service or in their salary, depending on what specifically works best for them.

[17:15]

Obviously we have to look at rural Saskatchewan. We have to look at community clinics in the larger centres, but we also have to make sure that we're meeting the physicians' needs on either a fee-for-service or on a salary basis.

Mr. Meili: — If it were at all possible to — I understand you won't have this information at your fingertips but — to provide a breakdown of what we're seeing in terms of number of physicians in salary, number of physicians in fee-for-service, to get a sense of what that shift is. Because this is . . . It's substantial, and it's curious to know just what's going on within physician services.

Hon. Mr. Merriman: — Yeah, and I just want to make sure: the coverage is still the same. It's just a billing process for that.

The Chair: — Thank you, Mr. Minister, Mr. Meili. Thank you for the discussion. I will just, in light of where the questions and the discussion are going . . . I know there's members of the research staff for the opposition watching as well. If they could assist members in asking those questions so they pertain directly to the estimates, it would put the Chair not having to intervene as I'd had done three or four times today.

So thank you for the questions; thank you for the answers. Having reached our agreed time of consideration of these estimates, we will adjourn consideration of the estimates and supplementary estimates no. 2 for the Ministry of Health. Thank you.

[The committee recessed from 17:16 until 18:00.]

**General Revenue Fund
Social Services
Vote 36**

Subvote (SS01)

The Chair: — Well welcome back, committee members. We will begin our consideration of vote no. 36, Social Services, central management and services, subvote (SS01). Minister Carr is here with her officials.

I would ask that the officials please state their names before speaking into the microphone. As a reminder, please don't touch the microphones. The Hansard operator will turn your microphone on when you are speaking to the committee. I would ask officials not seated at the table who wish to speak to take a place at the table prior to speaking. Minister, please introduce your officials, and you can make your opening remarks.

Hon. Ms. Carr: — Great. Thank you very much. Well good evening, everybody. I'm pleased to be here today to share the Ministry of Social Services budget and priorities for the 2022-2023 year. Before I begin I would like to introduce officials from the ministry who are joining me here today and who will assist in responding to questions.

Next to me I have my deputy minister, Tracey Smith. We have Tobie Eberhardt, assistant deputy minister of child and family programs; Devon Exner, assistant deputy minister of income assistance programs; Louise Michaud, president of the Saskatchewan Housing Corporation and assistant deputy minister of the Saskatchewan Housing Corporation and disability programs and housing; and Jason Pirlot, assistant deputy minister of finance and corporate services.

We have several other people who are with us here today, some backup staff. So if they do happen to come up to the microphone, as the Chair said, they will introduce themselves and what their position is. And also joining me today from my office is my chief of staff, Clint Fox.

The Ministry of Social Services delivers a wide range of services and supports to ensure the most vulnerable in our province are safe, supported, and participating in their communities to the best of their abilities. Over 1,800 ministry employees support people and families across the entire province. These dedicated employees have thousands of interactions with clients every day, helping people with their immediate needs and providing one-on-one support as they move forward and build better lives for themselves.

These services are also delivered in partnership with Indigenous and community-based service providers. In many cases it's local agencies that have the most direct connection with clients in their communities.

Together we work hard every day to ensure families are supported to safely care for children, children and youth in care are supported to be successful, people with disabilities have an improved quality of life through community-based services, affordable housing is available and accessible for Saskatchewan people in need, and people's basic needs are met and they receive one-on-one support as they work to become more self-sufficient

and independent to the best of their abilities. There are many examples over the past year where these goals have been met, and I would like to share a few with you here today.

Indigenous partnerships. We can't look back on this year without recognizing the historic signing of our first coordination agreement to transfer responsibility of child welfare to Cowessess First Nation. This agreement was the first of its kind in Canada. It has led the way in the ongoing work to renew the child welfare system with our First Nations and Métis partners so Indigenous children and families are supported by their communities within their own customs and cultural traditions.

The ministry is committed to responding to truth and reconciliation Calls to Action by strengthening partnerships with First Nations and Indigenous organizations to better meet the needs of clients today and into the future. One example was the ownership transfer of the Saskatchewan Housing Corporation building to All Nations Hope Network, which supported the expansion of the space and services offered through the Awasiw program in Regina.

We also celebrated the grand opening of the international, award-winning Round Prairie Elders' Lodge, an affordable housing development for Indigenous elders in Saskatoon developed in partnership with the Saskatchewan Housing Corporation, Canada Mortgage and Housing Corporation, Central Urban Métis Federation Inc., and the city of Saskatoon.

The ministry's reconciliation journey includes a focus on championing respect for Indigenous cultures and values. The ministry expanded Opikinawasowin program that offers culturally appropriate child welfare services to Indigenous families requiring support, otherwise known as Opik. Continuous education and communication on Indigenous culture, values, and people occurs across the ministries. And Team of Indigenous Employees of Saskatchewan, or TIES, was formed by the ministry Indigenous employees. TIES has boosted Indigenous leadership representation, organized cultural ceremonies, and provided educational opportunities for all employees.

In child and family programs, partnerships are integral to the important services and supports provided through the Ministry of Social Services. One exciting new partnership is giving young people in our province a voice in the services provided to them. Three youth advisory teams were formed in December of 2021 to provide guidance to the ministry as it develops a comprehensive youth engagement strategy. The teams are led by a provincial youth coordinator and supported by a community partner in each location. Egadz in Saskatoon, John Howard Society in Regina, and Prince Albert Outreach in Prince Albert.

Another highlight in child and family programs was the implementation of phase 2 of the parent resources for information, development, and education, or PRIDE, levels of pay program for foster families. This new payment structure compensates foster families when they complete mandatory training, including specialized training on fetal alcohol spectrum disorder and trauma-competent care-giving training. This results in a better-trained pool of foster care providers to care for the children with specialized needs.

Disability programs continues its important work developing

new accessibility legislation for the province. Following public engagement, the summary report was released in September. The ministry is now developing the new legislation that will ensure all people have the same opportunities to participate and contribute in their communities.

Through disability programs, we provided \$350,000 to help bridge service gaps for Deaf and Deaf-blind Saskatchewan people. This funding, the second of a four-year commitment, helped increase American Sign Language interpreter services and Deaf-blind community intervener services in the province.

Turning to income assistance, another commitment was fulfilled with the investment of \$3.5 million to make life more affordable for Saskatchewan seniors through the seniors' income plan. The ministry has continued its important work to make all income assistance programs simpler, more transparent, client-friendly, and sustainable.

The Saskatchewan income support program was introduced in 2019 to support people by meeting their basic needs while they became more self-sufficient and independent. It replaced the transitional employment allowance and the Saskatchewan assistance program, programs we heard for many years were too complex and didn't effectively help clients gain skills and independence. Clients were able to switch from SAP [Saskatchewan assistance program] and TEA [transitional employment allowance] at any time, with the transition fully concluding at the end of August, 2021.

SIS [Saskatchewan income support] offers a new approach to helping people towards independence. It provides clients with more choice and responsibility and more direct supports from income assistance workers to build skills, make effective connections to training and employment, and support positive choices to achieve their goals. It also takes a whole-income approach that recognizes other sources of income, such as a part-time job or the federal Canada child benefit, and provides increased earning income exemptions.

We know some clients have complex challenges that make managing their finances very difficult. We made two key changes to the program in November, 2021 to better support them. The ministry began providing direct payments of shelter benefits available for rent, utilities, and security deposits on behalf of the high-needs clients with complex challenges who are at risk of homelessness. The ministry also increased funding to community-based organizations who provide money management and trustee services so more clients with complex needs can access these services.

Our government is also committed to safe and affordable housing, investing over \$806 million in affordable rental development, housing supply, and repair programs since 2007. Over the past year the Saskatchewan Housing Corporation, or SHC, has worked alongside community partners to provide innovative housing options. These include expanded eligibility for the Saskatchewan housing benefit to help even more people with low and moderate incomes better afford their housing costs; renewal of the northern home ownership initiative, providing northern Saskatchewan residents who live in social housing with the opportunity to purchase their homes.

The rental development program provided over 6.3 million to complete 79 housing units for those in the greatest need across the province, including 47 units for individuals and families who have difficulty accessing and maintaining tenancy due to mental illness, addictions, or other similar barriers. And SHC supported Camponi Housing Corporation develop the Rent-ED program, which helps people at risk of housing instability, eviction, or homelessness gain and maintain long-term housing.

The ministry continues to work hand in hand with community partners at all levels of government to address the complex issues of homelessness. Social Services provides some stability in the form of income and housing supports while partner agencies support specific issues people may be experiencing, such as mental health or addictions issues.

This collaborative approach was evident this past winter when Social Services worked closely with the city of Regina, partner agencies, and other ministries to support the diverse and complex needs of individuals at a temporary encampment in the city. Ministry staff visited the site daily to reach out to individuals to connect over 240 individuals to services, including income support, stable housing, or temporary relocation to a hotel or a shelter.

The ministry provided over \$1 million to Regina Treaty/Status Indian Services and Saskatoon Tribal Council to provide additional temporary emergency shelters in Regina and Saskatoon.

We continue to engage and collaborate with communities and partners on long-term, integrated approaches. As we look forward to the coming year, the ministry is continuing our focus to make life better for people we serve. In '22-23 Social Services budget is a record 1.386 billion, an increase of 45.7 million or 3.4 per cent over the '21-22 budget. It includes targeted investments in income assistance and housing supports for low-income individuals, families, and seniors.

An \$11.4 million investment in the SIS program will increase basic benefits by \$30 per month and shelter benefits by up to \$25 per month. Higher monthly payments will help people meet their basic needs as they work to become self-sufficient and independent to the best of their abilities. Partners providing money management and trustee services will also receive \$480,000 in new funding to assist more clients that need help managing their benefits.

This summer the new education and training incentive will be implemented through core income assistance programs. An investment of almost 20 million will support clients with a monthly benefit of up to \$200 to complete education and training programs on a path to employment, in addition to income assistance benefits.

Our government is fulfilling the second year of our three-year commitment to increase the seniors' income plan benefit. Starting in July, 3 million in funding will increase maximum payments by \$30 a month to \$330.

The Saskatchewan housing benefit will help people with low incomes better afford their housing costs, providing up to 11.5 million under the national housing strategy. Saskatchewan

Housing Corporation will continue to focus on developing innovative projects that increase supported-living options for people who need more than a home to remain connected to housing.

An investment of \$350,000 will extend to the Saskatoon Tribal Council sawëyihotân project, which assists people experiencing homelessness in Saskatoon to access supports and find and maintain stable housing.

The province is committed to ensuring the safety and well-being of vulnerable children and youth with this budget, investing an additional 2 million in prevention programs so more children can remain safely at home with their families, 5.4 million to increase available out-of-home care resources and new program delivery supports, and funding to increase staffing resources in priority areas includes \$375,000 for mobile child protection workers in northern communities and \$140,000 to strengthen group home oversight.

Our government continues to work to make Saskatchewan the best place for people with disabilities to live. Additional investments include a 16.7 million utilization increase to the Saskatchewan assured income for disability program to continue to support the evolving needs of people with significant and enduring disabilities; 8 million to support new and changing needs of clients with intellectual disabilities, including enhancing residential services, day programming, and individualized supports; increased funding of 273,000 to fulfill the third year of the commitment to enhance services for people who are deaf and hard of hearing or deaf-blind.

[18:15]

I touched on the importance of partnerships at the top of my remarks, and I will close by highlighting again how the work of the ministry and the diverse community agencies we fund is interconnected. In '22-23, the ministry will provide over \$400 million in funding to community-based service providers, a significant contribution to the province's economy and local communities and 31 per cent of the ministry's budget. This represents an \$8.7 million increase for service providers that work with people with disabilities and those that support at-risk children, youth, and families.

Providing support to the most vulnerable people in our communities is vitally important work. It can also be challenging, difficult, and ultimately rewarding as they build connections and help children, people, and families gain stability. The ministry makes it a top priority to engage and support employees to deliver high-quality services to clients and partners. That includes fostering a positive workplace culture that recognizes and supports employee wellness, recognition, culture, and inclusion.

In conclusion, the theme of this year's budget is back on track. It strengthens and protects Saskatchewan with key investments and priorities that include social services. Together with partners, the Ministry of Social Services protects Saskatchewan's most vulnerable people, helps build stronger and healthier families, and supports more inclusive communities.

Thank you to the Chair and the members of the committee. My

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

The Chair: — Thank you very much, Madam Minister. I just want to remind all members this evening that questions should relate directly to the estimates. I will be lenient as long as I feel that there's an effort being made, and ministers only need to answer questions that relate directly to the estimates. With that, Ms. Conway, the floor is yours.

Ms. Conway: — Thank you, Mr. Chair. And I want to thank the minister for her opening remarks, and I want to say welcome and thank you to all of the ministry officials for being here tonight, especially to Ms. Smith, of course. I recognize that the work you do is very important. Of course, the Ministry of Social Services accounts for a significant amount of the provincial budget, and it's very hard work that this budget addresses, and there are no shortage of challenges across the province in this area.

So with that, I will get into my questions. And if at any time there is something that can't be answered tonight, you know, we can always receive it at a later point or submit it as a written question. My hope is that we can use the time as efficiently as possible because of course we only get to do this once every year.

So of course a large allotment of this budget goes to the various income support programs, so I just want to start . . . I was given the beneficiary and household counts for the SIS program, or at the time, it was the total of the SIS, SAP, and TEA — of course that's no longer the case — up until '20-21. And I was just hoping to get an update for March 2022 in terms of the number of beneficiaries and households currently receiving SAID [Saskatchewan assured income for disability] as well as SIS.

Hon. Ms. Carr: — Well thank you for the question. So within the SIS program, I guess first of all I'll preface it with, these are households, not necessarily individuals. So in the SIS program — as of February 2022 because we don't have the March numbers quite yet — we have 15,570 households. And in the SAID program we have 18,473 households.

Ms. Conway: — I have seen in other letters and requests for information references to beneficiaries rather than households. Is there any reason why we can't get the number of beneficiaries here tonight?

Hon. Ms. Carr: — So as far as we know, specifically to SIS and SAID numbers as I've gave them to you, we've always reported them as households. But I'm going to let my assistant deputy minister, Devon Exner, just expand on maybe where he thinks you're coming from.

Ms. Conway: — Sure.

Mr. Exner: — Hi. Devon Exner, ADM of income assistance. Typically we report on the number of households for SIS and SAID. And when we're responding in correspondence and those sorts of things, we do refer to the services and supports we provide to clients, as an example. Typically we don't necessarily use the word "beneficiaries"; it's generally "clients" when it's kind of personalized. And then we talk about the number of households that may be eligible for those programs or in receipt of those benefits.

Ms. Conway: — So do you track individuals on these programs or just households? Because of course our office deals with many, you know, a case where it comes in and you'll often find a couple on SAID, you know. They're both receiving SAID; they both have disability issues or a family or roommates, you know. So the household number isn't necessarily, you know, telling us everything.

So is that something the ministry tracks, or . . . Sorry. I should direct my questions to the ministry. Is that something the ministry tracks or not? And yes or no? And if so, could I get that? If not tonight, you know, in the coming weeks.

Hon. Ms. Carr: — So that is not something that we have here with us tonight, but we can endeavour to get you the SIS and the SAID individual numbers.

Ms. Conway: — That would be wonderful. That would be great.

And if we could just get some comparative numbers, like maybe the last . . . I think the last time we received the last five years for households. So if we could get it going back five years, that would be great because it would be nice to have some comparative data, including data that predates COVID, because of course COVID seems to impact numbers in all sorts of ways.

Hon. Ms. Carr: — So I guess just the one thing I would say to that is just because of the way the program has changed — and we're no longer SAP and TEA or other programs, and it's all just under the SIS and SAID formula now — that it might be hard to compare apples to apples going backwards like that. If you already have some numbers that you want to compare them to, that would be great, but this really is a reset.

Ms. Conway: — Yeah, understood, Minister. I know with SAID that won't be an issue because SAID is still SAID. The numbers I was provided after last year's estimate, I believe you broke it down SIS/SAP/TEA total. So if you could perhaps do that for beneficiaries as well, that would be great if you still have that information. I don't suppose that you don't, given that you've broke it down that way in the past, understanding that SIS is a new program.

I guess one of the things that stakeholders have reached out to me about . . . And I think they're reflected in these household numbers, and they'd likely be reflected in the beneficiary numbers as well, is I have numbers going back to 2016. Based on what I've read, the subscription to social assistance programs was increasing year over year. We saw that certainly between 2016 and 2020. And then all of a sudden, you know, we go from 21,900-ish total folks on basic assistance, so SIS/SAP/TEA. And then suddenly under the SIS program that goes down to, I think it was 16,000 last year. And now with this most recent number it's 15,000.

So a lot of stakeholders have reached out to me saying, you know, where did those 6,000 households go? And I'm just wondering if the ministry has any thoughts about where those folks are, what explains this significant discrepancy, particularly given that the overall trend was that there were, you know, increasing subscriptions to these programs? And here I'm not speaking of SAID, I'm speaking of basic assistance.

Hon. Ms. Carr: — So I guess just to the 21,900, and now we're at just over 15, just about 16,000 people, that time frame actually kind of corresponds with the pandemic and the CERB [Canada emergency response benefit] payments. And as you're fully aware, if a client was receiving CERB payments, then they did not receive social assistance payments. And that program ended in October of 2021.

And of course we anticipated people coming back on the program at that point in time. And we have seen a slow uptick from October till now, monthly. So we have actually built in to this budget, anticipating that we possibly could get back up to that 22,000 number. I myself am surprised the number hasn't gone up quicker than it has been going up. I guess my only assumptions could be that people find themselves in better situations. There are lots of job opportunities out there at this point in time. So maybe they were fortunate enough to find employment. Maybe their living conditions changed. You know, if they have a partner and they no longer need the assistance, that could be a reason.

One of the things we don't track is why people drop off the program. We don't know if the situation is they've found a job or they moved out of the province or whatever the case might be. So we don't track those kinds of things. People don't actually get back to us and let us know why they no longer need the services. But those are the numbers they're at. We don't know why the discrepancy is, other than CERB at the point in time. But we have built in the anticipation that we may get back to that number again.

Ms. Conway: — Thank you for that. And I guess time will tell, right? Yeah. On that point though, I was reviewing the ministry's business plan and something jumped out at me on page 5. You don't need to go to the document. I can kind of put it in context for you. And this number struck me particularly because of the ministry's lack of tracking why people get off assistance, which I think is a problem, because I think it leaves us really not knowing what's working and what's not.

But at the bottom of this page, in terms of the performance measures that the ministry has identified, under the subheading "Proportion of Saskatchewan Income Support (SIS) clients who leave income assistance," here it says, "Target: In 2022-23, 25 per cent of clients will no longer require SIS benefits."

Can you speak about that performance measure? Like where are you getting that number? And yeah, why has that been identified? Is that clear? Sorry, I could have been clearer.

[18:30]

Hon. Ms. Carr: — Okay. I'm just going to start, and then I'm going to turn it over to Devon to explain completely. But obviously with the SIS program, this is intended to be a temporary program, and our goal is to get people trained up and to move on as quickly as possible. So we want people to fall off the program on a regular basis. But I'm just going to let Devon expand on that.

Mr. Exner: — Sure. So as we discussed, folks leave for many different reasons. So as we're working with clients, some might have greater employment capacity or skills available to them where they can leave assistance quicker. There are additional

individuals, as we also discussed, that would be applying for the program, you know, in any given month. So 25 per cent of the caseload we anticipate will leave kind of throughout the course of the year, so that provides us a bit of a measure around the number of individuals that are leaving the program and no longer requiring basic income support.

Ms. Conway: — Is the idea that 25 per cent of people who come on SIS will no longer require it, but those numbers will be backfilled by new individuals requiring SIS? Like I'm just trying to understand because, you know, I referenced the trend. The minister says that these . . . You've budgeted as if we could go back up to that 20,000 mark. So this reference to 25 per cent is that the overall subscriptions would drop by 25 per cent? Or just that, you know, one in four people that come on SIS in a given year will be off by the next year, but someone else will take their place? I'm just trying to understand that 25 per cent as well as, you know, where that number comes from. Like, what's the evidence for that?

Hon. Ms. Carr: — I'm going to let Devon answer that one.

Mr. Exner: — So this was a new target for us as of last year, obviously, with the new program. So working through the pandemic, this year really gives us that opportunity to really kind of understand, develop, and monitor that baseline as we move forward coming out of the pandemic, as people return into the labour market, very similar when we were talking about the CERB and folks were turning potentially to income assistance.

Some of those complexities around the labour market and what folks may have access to is part of what we're trying to understand with that measure and so that we can kind of refine and adjust and monitor over time.

Hon. Ms. Carr: — And I would just add to that that under SAP and TEA we didn't have these percentages or these measures, so it truly is a new measure that we're creating. And obviously right now we're estimating what we think that will be, and as we move forward we'll learn.

Ms. Conway: — Yeah, I just think that a measure should, you know, be tied to some evidence or some metrics. And you know, leaving the program in and of itself is surely not a goal unless people are leaving it to something better. If people are leaving the program because of the barriers to accessing or remaining on SIS, obviously that would be a failure of the program.

So that number concerns me because it doesn't come with a lot of other information. And of course I, in my role as critic, have been hearing from a lot of people about the barriers to remaining on SIS. And maybe this is a good transition to ask about the eligibility review unit. I'm wondering which line item the eligibility review unit falls under, a little bit of information about how that unit came about, and then the cost to maintain that unit, so salaries, etc.

Hon. Ms. Carr: — Okay. I'm probably going to learn a little bit here too, but I'm going to pass it over to Jeff Redekop and he's going to explain some of your question.

Mr. Redekop: — Jeff Redekop, executive director, income assistance service delivery. So maybe a bit of context first. The

eligibility review unit is part of the service delivery branch of our ministry, and it would be in the budget line item for service delivery. So we don't have that necessarily separated out, but to help explain, maybe I can talk about the function of that unit.

So that unit is part of our overall client service branch and the core functions would include quite a broad range of things. We have a group that would match income to other sources such as Canada Revenue information, Workers' Compensation, and so on. We have various agreements that allow us to do that matching. And clients provide consent on applying for the program to allow that to happen so that we can make sure, through that unit, that clients are getting the correct benefits. You know, if the information we have or the client has isn't complete, we can provide that.

Some of the other information that might be gathered or the work that might be done by that unit would be following up on community complaints, calls that might come into our deputy's office or our minister's office. Our team would follow up and gather information, ultimately so we can provide the best support possible to the client and make sure that they're getting accurate benefits.

Some of the work might include following up on suspected fraud investigations. And they don't do the investigating, but they would gather the information. If need be, that information would be reported to law enforcement. We may also use that knowledge and resource of that team to do something like a targeted or systemic review of our services to make sure that we're doing the best job we can to provide benefits to the client and make sure we're meeting their needs.

So that unit varies in size depending on where we are in the year, but there's approximately 20 FTEs [full-time equivalent] that we allocate to that unit. And it's a good team and ultimately, you know, the goal again is to make sure the clients are served well, that we do the best job possible in making sure benefits are accurate. And that can be sometimes identifying benefits the clients aren't receiving that they should be, or that they're receiving that they shouldn't be if they may not be eligible. So at the end of the day, it's about making sure that clients are well supported.

Ms. Conway: — Thank you. Twenty FTEs. Forgive me, what would be the total cost to run that unit then?

Mr. Redekop: — I don't have an exact number for the total cost, but all those positions are within the collective agreement. So the collective agreement numbers would determine the salary of that group, but I don't have that specific number with me.

Ms. Conway: — Minister, is that something you could provide to me? I'm not sure if I have access . . .

Hon. Ms. Carr: — So you're asking for the total number of employees and what they earn?

Ms. Conway: — I'm asking for the total cost to run that unit. So it may include costs beyond paying the FTEs. I don't know. I don't know enough about the unit. But just the cost of running that unit.

Hon. Ms. Carr: — So just while they're looking for that number, I think we have found your individual numbers for the SIS program that you were asking for earlier. So I'll just let Devon address that right now.

Mr. Exner: — Thank you. So we were talking about SIS and SAID households, so I'll reference a few different measures here.

[18:45]

So in January of 2021, there were 7,884 SIS households, which equates to 13,628 beneficiaries. And in January of '22, there were 15,658 households and 29,659 beneficiaries. For SAID, in January of 2021, there were 16,633 SAID households and 20,071 beneficiaries.

Ms. Conway: — Sorry, that last number?

Mr. Exner: — 20,071.

Ms. Conway: — When was that, sorry?

Mr. Exner: — Sorry. January of '21. And then moving forward to January of 2022 for the SAID program, there were 18,256 households; 22,633 beneficiaries.

Ms. Conway: — Thank you for those numbers. Just a quick follow-up. The number you provided for 2021, it would be great to also at some point get the individual beneficiaries on SAP and TEA, because of course 2021 those programs still existed. If that would be okay, because that would just give us the global picture. It doesn't have to be tonight. Does that make sense?

Mr. Exner: — Yes it does.

Ms. Conway: — Okay. Thank you.

Hon. Ms. Carr: — Sorry about that. We just want to make sure we're giving you the most accurate information we can. Tracey Smith will answer to start with.

Ms. Smith: — Sure, thank you, Minister. So just, we were just sort of talking to some terms of the approach within the program and within income assistance as whole. So we, you know, we have all of our resources, and I think, as we've pointed out within our estimates, we have that program delivery line which is where we include all of our program delivery, and part of our approach within the program . . .

And just being mindful of the fact that we have made some changes, we've got some new programs that are in place. When we look at where we put our resources across the entire division, it's really putting . . . There's that ability to be able to move resources to where you need them depending on what some of the priorities are. And so how I would frame just program delivery as a whole is the teams again, you know, on pretty much a daily basis, you're really looking for where do you have your resources. Are there spots where you need them? And in the case of the eligibility review unit, some of those resources may shift as well throughout the course of a given year just depending on where your priorities are, where you're looking, what maybe changes have been happening in the program.

So that's really how we manage that, and it really is all reflected within that program service delivery line within income assistance that you're looking at within the estimates book.

Ms. Conway: — How long has the eligibility review unit been up and running? Like more than three years?

Mr. Redekop: — No, I can answer that. I'm Jeff Redekop. Yeah, I don't recall the exact date, but I'm thinking it's in the range of 20 years.

Ms. Conway: — So again, would I be able to get . . . I understand that the cost of the unit may fluctuate year to year. Could I get the overall cost of that unit dating back the last three years, even if you can't get it tonight?

Hon. Ms. Carr: — We'll take a look and try and see if we can break that out and try and be as accurate as possible, but we don't have the numbers tonight.

Ms. Conway: — Thank you, Minister, I appreciate that. Turning to SAID for a moment, the increase in the budget, I understand, is for increased subscription not increased rates. There has been no increase to SAID over the last eight years, and there's been no announcement of any increase to rates that I'm aware of to keep up with inflation. I believe that there have been increases to the seniors' benefit and then to SIS.

Things have changed even since this budget has been put together. Things are changing quickly. Inflation is really squeezing individuals. Is there any plan to increase rates under SAID, even just a little bit, to keep up with that sharp increase in the cost of living?

Hon. Ms. Carr: — So I mean, you're aware that the SAID program is for individuals with significant and enduring disabilities, and so the program actually has a number of unique features that are already built right into that program that the SIS program does not have.

It actually has overall higher rates to start with. We have additional benefits for special and disability-related needs that are paid directly. We have higher earned income exemptions, which allow clients to keep money, more of the money they earn through employment. The SAID program actually pays actual costs for utilities, so if those are going up then they're paid on behalf of that SAID client already.

It is just simply a different program than the SIS program, and we cover a lot of actual costs within it already. So we also know that the federal government is considering a new Canada disability benefit program, so we're looking forward to engaging with them and seeing where that leads and how that will work for the existing SAID clients as well.

Ms. Conway: — Thank you, Minister. I'm very familiar with the program, but the fact remains that folks on SAID are getting the same rates that they were getting eight years ago. It's not been indexed. And then in this most immediate time frame, we're seeing — what — fuel jump by 40 per cent, food costs up by 15 per cent. Folks are really struggling. Not to mention the increase in cost of living that's happened over the last eight years that we haven't seen an increase. And during that amount of time we

have seen cuts to some of the additional benefits that have been under SAID.

Very familiar with the program. My question was really about those basic rates and whether they'll go up, even just a little bit, like we saw with SIS?

Hon. Ms. Carr: — So thank you for the question. You tell me you're quite familiar with the program, so I won't repeat everything again. But simply because of the unique nature of the features that are within the program, it was decided this year that we were going to leave it status quo and monitor as we go forward, knowing full well that the federal government is considering this disability benefit. And hopefully we'll have some details on that shortly.

Ms. Conway: — On that — I think it's Bill 35 — have you been in touch at all with the feds about what the plan is there? Have you been doing any outreach in that regard? And my other question around that potential universal disability benefit is I've heard from stakeholders a lot of concern.

You'll recall that your predecessor, when making the decision to cut the rental housing supplement, referred to the coming Canada-Saskatchewan housing benefit. You know, they're quoted extensively in the media saying, "Don't worry about this cut; we've got this federal benefit that's coming; just hold on." Of course that cut was made before the benefit was in place and then when the benefit was rolled out, it was not accessible to anyone on income assistance.

[19:00]

So there is a fair degree of trepidation and worry in the community. A lot of stakeholders have reached out to me about this. They want a guarantee that SAID won't be reviewed or changed until a benefit is in place. So there's no, sort of, referring to something that might happen to, kind of, decrease benefits in the meantime. Is that a guarantee or a commitment you're willing to make, Minister?

Hon. Ms. Carr: — So I guess just with the existing SAID program, at this current point in time, we have no plans on changing the benefits that are in place. To comment on the federal program, it's just too premature. The talks are so preliminary. We don't have enough information from them, but obviously we look forward to it.

Ms. Conway: — The SIS program. Leading up to the full transition to SIS, folks had not seen an increase to the basic amount in 14 years. Under SIS, you know, we've seen a lot of cuts to additional line items: phone stipend has been cut, the disability benefit, mobility allowance, cuts to clothing, furniture, high-calorie diet, school supplies, laundry grant. But of course — and you've heard me talk about this many times, Minister — the biggest cut I think that occurred under SIS was this decision to no longer pay utilities in addition to benefits.

And you mentioned that the SAID program does do that. Folks can have their utilities covered on top of the shelter allowance and their living allowance. Is there any thought to returning to a system under SIS where utilities are covered?

And I guess related to that question, just because I know you'll take a bit of time just to consider this area, have you any indication from Crowns — SaskPower, SaskEnergy — how this shift has impacted them? Have we seen an increase in cut-offs, in collection activities? Can you speak to that?

Hon. Ms. Carr: — So you're aware that the SIS program just came into full implementation in September of 2021. So at this current point in time, we're probably not going to be changing anything within the structure. We're going to continue to monitor it as we move forward. But Devon will answer the questions around the service part of things and SaskPower and stuff.

Mr. Exner: — Thanks, Minister. So going back, you know, as you had mentioned on SAP, we did pay some actual utilities but not for everybody. Some folks did not receive actuals. But on the TEA program . . . That was another flat-rate benefit program, so there is a thought out there that that was all actuals as well. It wasn't.

So when we moved to the SIS flat rates, as part of that, when we were talking about how do we best support our clients, we actually worked very closely with SaskPower and SaskEnergy to ensure that we are connecting our clients. We're sitting down and having a conversation about developing that monthly budget, understanding what their income is, what their needs are, what their utility costs are, having conversations with them about consumption, and ensuring that they are taking steps to try to work within their budget.

And if they're unable to, how can we support them to move into a more affordable accommodation or something like that, where utilities are, as an example, included in their rent?

So we have weekly conversations with Power and Energy staff around ensuring that we are collectively supporting our common clients to ensure that they are not falling into arrears. And those that are, that's where we introduced the money management and trusteeship supports and direct pay supports back in November of 2021 to support some of those individuals that have complex needs and need additional supports and services to ensure that their bills are being paid.

Ms. Conway: — One of the aspects of this change under SIS is that previously the ministry . . . When a client got into trouble and had rental arrears or utility arrears, they could approach their worker and have those arrears paid down by the ministry, and then repay their debt over the months, whether it was in \$25 instalments or the like. Under SIS, that's no longer an option for clients and it's — from what I can see out there — wreaking a certain amount of havoc.

Minister, you've spoken in the media about vacancies in social housing, for example. Of course, one of the barriers to accessing social housing is you can't access . . . You know, the Regina Housing Authority, you can't access one of their units if you have significant arrears or any arrears, I understand. So why was that decision made? Why was that decision made not to pay down arrears and then recoup that from the client month to month? Why was the decision made to no longer cover utility and rent arrears given the barriers that that poses to people to secure housing?

Hon. Ms. Carr: — When the new program was created, one of the goals was to give people independence, have more responsibility, and try and do that stuff on their own. But I'm just going to turn it over to Devon to explain a little bit more of the background on that.

Mr. Exner: — Yeah, so really like any other citizen, being able to pay your bills and manage your monthly budget, that's a critical skill. And so really being proactive with our clients, this is one of the foundational changes around the SIS program, is how we work with clients.

It's not just about administering a financial benefit. It is about supporting that client and investing in that client to help them build that capacity to do that as they move forward with changes in their lives. So our planning and support specialists take the time to work with clients proactively, up front, about understanding what their budget is, what benefits are available to them, what sort of situation they're in.

We do have some clients, they come to us, that are in arrears prior to even applying for assistance. So then we're working very closely with them to ensure that we set up a repayment plan to avoid any sort of such disconnections or them getting into a challenging situation as the weather turns colder, and those sorts of things. So it really is about that proactive approach of working with our clients, outlining some of those goals — how do we support them to do that? — making those connections so that they don't fall further into arrears and continue to have those moving forward.

Ms. Conway: — You know, one of the tenets of a housing-first methodology, Minister, is that in order to make some of these changes and be proactive and increase one's independence, housing is a major starting point for that.

And a lot of these policies are a barrier to just taking that first step of acquiring stable housing. Some of these folks have acquired brain injuries. They're addicted to crystal meth. They're struggling with intergenerational trauma. Why not, you know, help them to pay down those arrears and then sit down with them and budget going forward? Why was this decision not to cover arrears and then reclaim it from the client over time made? It seems to be not working. It seems to be creating more barriers for folks who are dealing with quite a few barriers to begin with.

[19:15]

Hon. Ms. Carr: — So I'll just start off by saying the majority of clients that actually are on our program do and have the ability to pay their own bills on their own. So we're talking about a small portion of people here. But having said that, I'm just going to let Devon expand.

Mr. Exner: — Thanks, Minister. So with the change that we made in November expanding trusteeship money management services, including direct pay, our staff are working with our clients to review their situation. So again, that's for individuals that do have complex challenges. So part of that is, throughout that conversation some of those individuals actually may be better served through SAID. So we would assist them to complete an application if it appeared that they were having challenges and they had a significant and enduring disability. So

that's another process for those individuals to work through.

We are making direct payments of their utilities to service providers now for those that do have those complex needs. I'm going to say we've stopped that, or filled that gap for these individuals that you were referring to. We continue to monitor how we're working with those individuals through our case planning processes, motivational interviewing, so that we ensure that you don't end up on direct pay forever. Because we do want to make that investment and work with these individuals to help them move forward. Now understanding not everybody is going to be able to pay their bills next month, that's done on a case-by-case basis alongside their worker.

We have had some feedback from our clients who actually did not have any idea how much their utility bills were when the ministry was paying them directly on their behalf without involving the client. And so we've received some notes back to us that — Jeff could probably speak to this — from some individuals that said, thanks for the help and thanks for allowing me to pay my bills and start to work through this process; I've never had to do it before. So it is a foundational change in the way that we are administering the program.

Ms. Conway: — So I think there may have been a misunderstanding of my question. The direct payment to landlord and utility providers of course is something we've criticized as the opposition. There have been a couple of changes. I understand you've expanded the availability of the trusteeship. I forget what the number was, I think 400,000 was committed to that which is, I would argue, very little.

But actually my point here is not about direct payment. It's about the ministry's new policy not to pay arrears and then recoup that from the client going forward. So it used to be under SAP, that if a client came to you, and you know, they owed SaskPower, SaskEnergy something, or if they owed the Sask Housing Corporation some rental arrears, the ministry would pay that down so that they could, say, access a unit in one of the social housing buildings and then recoup that money over time, whether it's 25 a month. I think that the general amount was usually \$25 per month.

There's been a decision now to no longer pay down arrears for these folks, and it's creating a barrier to accessing housing. And I'm wondering why that decision was made.

Mr. Exner: — So really the proactive approach that we're taking in the SIS program, that is, you know, again — I hate to use the word — but it is foundational to supporting those clients, building that capacity rather than just paying outright arrears for those clients. Building up those arrears and overpayments can cause folks to stay on the program longer as well because it takes longer for them to pay it off. So they could end up being on the programs.

But really it is about that proactive approach of working with clients. If they are having some challenges when they first apply and they're coming to us and are in arrears, we will work with them to help them work through those arrears, get those payment arrangements made, and start to work through that process.

Ms. Conway: — Thank you, Mr. Exner. Thinking back to my

questions around the Crowns, and I'm not sure if I asked the question or got an answer about whether, based on what you know, there's been an increase in disconnects and collection activities. You said you're in touch with the Crowns on a weekly basis. Is the feedback you're getting that those activities are increasing with this transition to SIS?

Hon. Ms. Carr: — Tracey is going to answer that question for you.

Ms. Smith: — Thanks for the question. So just a couple of points of, I guess, context. Again, we have and continue to be working closely with Power and Energy to support our common clients. And you know, overall over the course of the period of time since the new program was introduced, we have been just talking to them to understand if they've seen any, you know, major shifts or changes. And you know, up to this point the feedback from Power and Energy is that they haven't seen any major sort of shifts.

What they have commented to us on is that they have acknowledged that they are seeing, you know, with their interactions with our clients, the fact that we are investing time and energy into working with clients differently than we were before, helping get those clients connected to Power and Energy to set up those payment plans, or if they are in a situation where if they do happen to be at risk of falling into arrears, really working with them quickly to make those changes.

The other thing I just wanted to provide for context as well, you had mentioned around Saskatchewan Housing Corporation. And with regards to people that interact with those programs, there are arrears and debts where the housing authority can arrange a repayment plan with them. And they also have a debt forgiveness policy for their former tenants where their past debt is forgiven over a period of time.

And so, you know, the point there being that when we're working with our clients, we're working not just within Social Services. We're working with the housing authorities if that is where a client is connecting with. We're working with Power and Energy. We're working with other providers, depending on what that client, you know, who they're working with. We're working with a variety of different partners to support that client to be successful.

[19:30]

Ms. Conway: — It would be wonderful to get a little more information on those debt forgiveness programs and how often they're relied on. I'm hearing from stakeholders that this is a major barrier, including from women fleeing violence. Not even they appear to be considered eligible for these debt forgiveness programs. So I would love to have more information about that and some indication of how often that's being relied upon because it's a little bit at odds with what I'm hearing from folks out in the community.

Every time a government creates a new program, of course there are costs associated with that. Under the old program, I believe workers used SWIN [Social Work Information Network] to administer it. I'm wondering, this new program, MiCase, that's used to administer SIS, what was the cost to develop that

program? Who developed it? And how much has the ministry — or I guess the government because sometimes this goes through other branches, such as Linkin wasn't paid for through the ministry's budget, I understand — but how much investment has been made in making that MiCase system viable? And what are the ongoing costs, the licensing fees and the like? So who and how much?

Mr. Exner: — Sorry about that. So as we were working on the income assistance piece as it related to the new Saskatchewan income support program, back in 2018 we started with an expression of interest. So we reached out to the vendor community to solicit feedback from industry experts around how best to move through this business transformation process and support it with new IT [information technology] or a new technology to replace our existing SWIN system.

So as we started that process back in 2018 and then moved through the RFP [request for proposal] process once we received that feedback, at conclusion of the evaluation, MNP was awarded that as the provider for it. We worked very closely with SaskBuilds and Procurement through that RFP process, through the evaluation, and the award. At that point we were then moving into gathering requirements and building our project team. So these costs would include all of the pieces: so the ministry project team, IT platform, vendor resource costs, and ITD [information technology division] costs as well, information technology division costs with SaskBuilds and Procurement.

So from 2018-19 through to '20-21, so that takes us right through the implementation of the SIS program and the wind-down of SAP and TEA, it comes to \$24 million. I'll say approximately because of . . .

Ms. Conway: — And what are the anticipated costs going forward, like annual in terms of licensing fees and the like and maintenance? It's okay if you don't . . .

Hon. Ms. Carr: — So this year we anticipate that it's going to cost about \$900,000. Moving forward annually, if everything stays status quo, working good, that should be approximately what we're spending.

Ms. Conway: — And which line item does the maintenance of MiCase fall under in the ministry's sub-lines?

Hon. Ms. Carr: — So if you look under vote 36 on page 114 under allocations, central services, it's found in that line item there.

Ms. Conway: — Thank you, Minister. Next I want to ask about the reliance on hotel rooms. I'm wondering if the ministry can provide me with the dollar amount as well as number of nights of hotel stays paid for by the ministry, broken down by community and month for the last five years, as well as the average length of stay. And if that number can't be provided tonight, I would completely understand.

Mr. Exner: — Thank you. So as we're transitioning between two systems, it's not a stat that I believe that we can get. I can take that away. But as an example, when somebody's staying at a hotel, it may be because an emergency shelter may be full. So we want to ensure that somebody has a place to stay. But it also could

be somebody is maybe transitioning maybe to Saskatoon to go to the hospital and then requires a hotel stay because their child's in the hospital or something like that. So we don't have the ability to break out those different types of stays as it relates to a hotel.

Ms. Conway: — I'm not asking for the reason for the hotel stay. I'm just asking for the bare-bone numbers. Like, I have some appreciation for how this works. Basically the hotel invoices the worker. This should be, you know, information you're tracking as a ministry, I would assume. I'm really just not looking at the breakdown of why those stays are occurring. I'm asking for the dollar amount spent on hotel stays by the ministry, the number of nights of hotel paid for by the ministry, broken down by community and month for the last five years, and the average length of stay.

That last number, the average length of stay, I think that would be tough to get. I can't imagine you necessarily track that. But those other numbers, I can't imagine why you wouldn't have that information.

[19:45]

Mr. Exner: — Thanks. So as we're thinking through this one, hotel usage and the payments for those are paid off a single client file. So every time an individual accesses a hotel, that invoice comes in and it's paid. It's probably paid under a number of different sort of codes that are available, which could also include other expenditures or needs that are paid on that client's behalf as it relates to whatever might be occurring with their situation. There's really no way for us to break that information out to specifically provide the direct amount that is associated with purely the hotel cost.

Ms. Conway: — So one of the concerns that have been voiced is that SIS has resulted in an increased reliance on hotels. I've been contacted by Ministry of Social Services income assistance workers who tell me that, you know, in Saskatoon a stay in a ThriftLodge can cost on average \$130 a night. That's a lot of taxpayer dollars, especially if we're doing this on a reactive basis at the expense of more long-term housing-first approaches.

I'm very concerned to hear that we're not tracking this information. It's a potentially reactive and expensive approach to a growing housing crisis. Is there any way, even if you can't get some of the more nimble facts, is there any way just to get a global dollar amount of what is spent on hotel rooms year to year?

Mr. Exner: — Unfortunately it's the same answer. You know, it's something that I can take away and we can continue to think about that, you know, as we're tracking and monitoring going forward. But at this time I don't believe that I can get you those numbers.

Ms. Conway: — Thank you. And just before I move on from this area there's . . . You know, we had a little bit of a back-and-forth about that target of having 25 per cent of folks on SIS leave the program this year. And just thinking back to the back-and-forth we had on that, I'm still a little confused about where that measure came from and how the ministry intends to reach a target like that when they're not measuring why people leave assistance. Is there any additional light, Minister, you can shed

on that performance measure before I move to another area of questioning — that 25 per cent target of having people leave SIS?

Hon. Ms. Carr: — So just because this is so new and it's a new target for us, we're not recalling where that number came from. Apparently it's in a different binder that's not here. So we will endeavour to get that for you and get it to you.

Ms. Conway: — Thank you. I know we wanted to take a break in about five minutes, and I understand my baby is hungry, so I would like to stick to that if possible. But just before we take a break . . . One of the things I've contacted your office about, Minister, is about the policy under SAID to require folks on disability to apply for CPP [Canada Pension Plan] early — not the CPP disability, the CPP — and I've brought that decision, the Stadler decision from the Manitoba Court of Appeal, to your attention, which found that this is discriminatory because it further sets folks on disability back. The Government of Manitoba appealed that decision to the Supreme Court of Canada, and the Supreme Court of Canada chose not to hear the appeal, which is some indication that they think that that is sound jurisprudence.

I'm wondering if there's been any discussion or any thought put to changing this policy of requiring people on SAID to apply for early CPP. It leaves them less under their benefits after they turn 65, and it's been found by the high courts to be discriminatory. So I'm wondering if any change is in the works in terms of that clawback.

Hon. Ms. Carr: — So you've heard me say this before. Social assistance, SAID, is a program of last resort, so we expect individuals to access all income that is available to them. And Canada Pension Plan is one of those, and they do have the ability to access that at the age of 60. So at this current point in time, we don't plan on changing anything. Obviously, as more information becomes available at some point down the road, we may look at that again, but currently it will be status quo.

Ms. Conway: — That's very disappointing to hear, Minister. That practice has been found to be discriminatory. We have folks contacting us on a regular basis. It leaves less for them after they turn 65, and they're already facing numerous barriers.

If I can eke in one more question before eight. The motivational interviewing. We chatted about that last year in estimates, and I believe it was clarified that that was an Ontario company, Empowering Change, that had that contract. And as of last year, the ministry had spent just under 400,000 on motivational interviewing. And I'm just looking for an updated number on total expenditures on that motivational interviewing initiative.

[20:00]

Hon. Ms. Carr: — They're just working on getting it, so we'll gather it. And you can go ahead and take the break and hopefully have it when you get back.

Ms. Conway: — Okay. Thank you, Minister.

Hon. Ms. Carr: — You're welcome.

The Chair: — Thank you. We will recess for five minutes. Does

that work? We'll have a five-minute recess.

[The committee recessed for a period of time.]

The Chair: — All right, committee members, colleagues, officials. I think we're ready to begin again. Ms. Conway, the floor is yours.

Ms. Conway: — Oh great. Yeah, thank you. I think we'll start with some answers from the minister.

Hon. Ms. Carr: — Thank you very much. We have two outstanding questions from the last session, so we're just going to let Devon and Jeff answer those. Go ahead, Jeff.

[20:15]

Mr. Redekop: — Jeff Redekop. So the question was asked about our expenditure on services from Empowering Change Inc., and the number I have here is in '21-22 for — we only have 11 months of data in yet — but that would be \$67,000 for that expenditure.

And just to give a bit of context on that, of course we in the ministry contracted with Empowering Change Inc. after a public request for proposal process to help guide our ministry on the implementation of the new motivational interviewing approach, which was a change when that was implemented, to help our staff with the new approach interacting with clients that allows them to partner with the client as they make positive changes in their lives and achieve their goals.

The approach of course is evidence-based, well researched around the world. And we even went to the extent of visiting other provinces to learn their experiences to inform our path as we moved forward. And from the time it was implemented until now, we have trained about 300 staff in the use of motivational interviewing. And that involves a number of things. We make sure that people have a more general training on the spirit of motivational interviewing. We have more detailed training for people who are planning and support specialists that are working with clients directly.

And what's really, I think, exciting about the technique is first of all it gives our staff an approach to use that's rooted in positive . . . it's a very positive approach rooted in empathy. And again I think I said this earlier, it's about partnering with the client.

One of the most impactful statements I heard from one of our staff members was that they used to talk across the table with the client as they worked with them on determining their benefits. And upon introducing motivational interviewing, that staff member talked about how they moved their chair around beside the client so they could partner with the client on that path that they could both see moving forward. And while of course that's not always a practical approach in the office, I think it really embodies the spirit of what motivational interviewing is about. It is about that partnership with the client.

One of the great things to share is that one of the years that we've been, or the past couple years that we've been using it, we have become largely independent in training our staff. So our team has developed the skills to maintain that approach. And we still work

with Empowering Change Inc. as needed to help guide us as we move forward and ensure that we maintain that expert level of support and that approach with the client.

Hon. Ms. Carr: — Thank you. And then . . .

Mr. Exner: — Thanks, Minister. So just back to the question regarding the 25 per cent measure. So the methodology dates back to when SIS began. We started to track a cohort of SIS clients, and through that we developed a baseline in targets based on client behaviour at the onset of the program. So we continued to kind of monitor it as we went through that.

So in 2021 the target was 20 per cent, and as of Q3 [third quarter], we're on track at about 17.9 per cent. And we don't have Q4 yet available. But of course as we're monitoring this, we are hoping and working with clients and targeting a higher level of independence going forward as, you know, the province . . . as the economic recovery begins and continues. So we do expect that we will see an increase and move to 25 per cent.

I will just clarify that we do track why people leave assistance when we're aware of it. There are times when clients don't necessarily let us know when they no longer need assistance. We might hear that from a third party or their benefits are returned for whatever reason. So we do our best to try to understand. If a client is leaving for employment or, as the minister had indicated, left the province, if we're aware of that, we do record those results.

Ms. Conway: — So just to clarify, sorry, you said you're at 17 per cent. So you're on track? And don't . . . The numbers don't support that; am I wrong? I mean we haven't seen a drop in subscriptions to SIS that would reflect that 17 per cent, have we? Perhaps I'm confused.

Mr. Exner: — Sorry . . .

Ms. Conway: — Yeah, I should direct the question to the minister. I'm sorry.

Mr. Exner: — So it's not a percentage decrease of the overall caseload. It's the number of clients that we're serving that leave the program throughout the course of the year. So currently we're seeing a 17.9 per cent exit rate from the SIS program. If the number of new entrants is greater, obviously that impacts our overall caseload.

Ms. Conway: — Sorry, so the performance measure of 25 per cent is not a reduction of overall subscriptions by 25 per cent? It's just to get one in four folks on SIS off the program this year? Like maybe I . . . Sorry, maybe if I just . . . I just don't understand. Is that 25 per cent measure or performance measure overall subscription, or just hoping that individuals will quickly leave the program, even if that means they're just backfilled by someone else?

Mr. Exner: — It's 25 per cent of the . . . sorry. It's 25 per cent of the cases that we work with that we're hoping will transition off of the SIS program.

Ms. Conway: — Are there any performance measures about overall reduction of subscription to SIS? Is that a different

performance measure? Sorry, I should direct that to the minister.

Hon. Ms. Carr: — So right now this is the only measure that we're monitoring.

Ms. Conway: — The ministry ended the provincial subsidy agreement with 11 independently owned seniors' homes and family housing facilities. What 11 organizations are affected by this? How many residents will be impacted? And why did the ministry decide to end these agreements after a 30-year partnership? And where is that funding going to instead?

Hon. Ms. Carr: — Yeah, so with these agreements that are in place, there are 11 that are coming due in 2024. So we're just in the process of amending those agreements. But I'm going to let Roger elaborate on that from here.

Mr. Parenteau: — Yes. I'm Roger Parenteau, executive director of housing operations. So having, beginning conversations with the groups that have existing agreements with us, and we're starting with the first 11 organizations that are . . . their terms expire in 2024. And we're offering some amendments for them to consider so that the groups can stay sustainable and continue to offer affordable housing at the same time as having the existing tenants be allowed to continue on RGI, rent-geared-to-income, until the end of the terms of their agreement.

And if they accept these amendments then they would continue until then and then be offered the ability for the Saskatchewan housing benefit. And for new tenants coming into these, with these housing groups, they will be charged an affordable rent but will be offered the Saskatchewan housing benefit to help bridge that gap for them if they have an affordability problem.

Ms. Conway: — Will the rent amount of seniors that are currently living in these units go up? Can you guarantee that they won't go up?

Hon. Ms. Carr: — I'm going to have Louise explain the ins and outs of that.

Ms. Michaud: — Louise Michaud, assistant deputy minister, disability programs and housing, and president of the Saskatchewan Housing Corporation.

[20:30]

So the way that people's rents are intended to work is that while these agreements are in place, the tenants that are subsidized are paying rent-geared-to-income, and that is essentially the social housing rent. When they go off they will likely be charged an affordable housing rent and then they would become eligible to receive the Saskatchewan housing benefit. And our calculations show that that will bring them to at least being in the same position as they are now. So the Saskatchewan housing benefit is actually designed to bring people to a rent-geared-to-income that is approximately 30 per cent.

Ms. Conway: — What are the 11 organizations that are being impacted?

Hon. Ms. Carr: — So I guess I would just start with that these are maturing agreements. They're not ended. We're still in the

process.

But we have the Waterston House in Regina and that's 40 units; the Luther Family in Saskatoon and that's 30 units; Transcona Park in Regina, 46 units; Bethany Manor in Saskatoon, 21 units; Luther Heights in Saskatoon, 50 units; Trinity Tower in Estevan, 44 units; McClure Place in Saskatoon, 35 units; Manoir Marchildon, North Battleford — I'm not sure if I said that right or if I butchered it; Consolation Manor family in Melfort — oh, excuse me, the last two had 10 units each; Sunrise Villa in Maryfield, 10 units; and Sunset Manor in Hague, with eight units.

Ms. Conway: — Thank you. On that Saskatchewan housing benefit, the million-dollar question of course is whether that's going to be expanded to be available to folks on income assistance.

Hon. Ms. Carr: — So as you're aware, in the budget we have \$11.4 million for this. And it hasn't been fully subscribed, so we've been looking at ways that we can expand the eligibility on that. We're still actually looking through the options on what that will look like, and we just haven't decided yet.

Ms. Conway: — Okay. And sorry, which line item is the Saskatchewan housing benefit provided for under the subvotes?

Hon. Ms. Carr: — So for this one here, if we look under vote 36, page 115, under housing (SS12) allocations, it says Saskatchewan Housing Corporation, 9.964. And because it was undersubscribed last year, there's some leftover money, so this is just the new funds that will go into that for the 11.4.

Ms. Conway: — So those unsubscribed funds, were they just rolled over to . . . Okay. And this is the program that's funded half, 50/50, by the federal government?

Hon. Ms. Carr: — Correct.

Ms. Conway: — What is the income percentage that you have to be spending on housing now? I believe that it had been 50 per cent, and then the last time we met at estimates it was down to 40. The definition of affordable housing is 30 per cent or less. If the program is undersubscribed, has any thought been made to expanding that and making it available to folks who are spending, you know, closer to 30 per cent of their income on rent?

Hon. Ms. Carr: — I'm going to have Louise answer that for you.

Ms. Michaud: — Thank you. So the way that the Saskatchewan housing benefit was rolled out, it was rolled out with a 50 per cent shelter-to-income ratio. And because it wasn't subscribed to, you know, to meet our goals, we did expand it to include people whose shelter-to-income ratio is 40 per cent. And as part of the review that we're looking at now, as part of the policy review that we're doing, we're looking at ways to target it so that with the Saskatchewan housing benefit in place, people can reach that target of a shelter-to-income ratio of 30 per cent.

Ms. Conway: — That's great to hear. It's a shame to be leaving those dollars on the table given the state of the housing crisis in the province.

I have a couple of questions around the Saskatchewan Housing

Corporation, but I think they're probably better for written questions. But one of the things I am wondering is whether — well there's two things I'm wondering — whether we know how many people are turned away due to having rental arrears or utility arrears, whether that's tracked in any way.

Ms. Michaud: — Thank you. We don't. People apply for housing to one of potentially about 250 different housing authorities that operate the social housing on our behalf. And so we don't track how many are turned away due to rent arrears.

We do however have in place, we have some policies to help people deal with rent arrears where they're able to enter into payment plans with the housing authority, and we will work with them to help set that up if they're having difficulties. And for people with complex needs, we also look at having other ways for them to address their rent arrears or at least part of their rent arrears. And that may be other ways to encourage accountability, such as having a case plan and working to implement that case plan on the part of the client. And then we can enter into agreements with them to help them use those to work to address some of their rent arrears.

Ms. Conway: — Thank you. Like I said, I have a number of numbers I'm seeking, but I think, given the limited time, they're better submitted in terms of written questions around numbers on wait lists and vacant units and units in disrepair and evictions.

I guess the one thing I would like to kind of ask about — well there's two things. What we're hearing in the community is that there has been an increase in evictions in social housing recently. I don't know whether that's something you can confirm. The other thing that has been brought to my attention is the rent formula around folks who receive SIS.

So we recently had a gentleman come to us who had been served with a notice to vacate by I believe it was the Regina housing corporation. And the long and the short of his situation is that because of . . . under SAP he had a number of line items that he received, you know, phone stipend, disability benefit. And his shelter allowance was less than it is now under SIS, but he was overall receiving less under SIS.

And one of the aspects to that is that he was paying his utilities out-of-pocket. But because his shelter amount had gone up on paper, the Regina Housing Authority had considered that an increase in revenue and they had increased his rent. Somehow he didn't know about this so, you know, now four months into his transition to SIS, he was served with a notice that he had arrears and they're seeking his eviction.

It was arrears of about \$1,200, so not a lot. So I was surprised to hear that they were seeking eviction. But really my concern when I looked a little closer at the case is, I crunched the numbers and his rent under SAP was 711 plus some laundry or something. And now under SIS, under the warm rent formula, his rent is more like 930. And I don't expect you to kind of be able to engage with these numbers on the spot. But what I'm concerned about is that the new rent formula doesn't take into consideration the fact that folks no longer have utilities covered directly.

[20:45]

And I'm just wondering if, Minister, you can speak to that? This appears to be an issue that's across the board, and I don't know whether it's just kind of a lack of understanding around the supports that are available under SIS. I did go to the handbook and it says right there that the formula will be set, you know, will be less, knowing that folks have to cover their utilities in addition. But it doesn't seem like the formulas are actually reflecting that. Does that make sense?

Hon. Ms. Carr: — So just regarding the evictions and the Saskatchewan housing authority, because we work directly with them and we're aware of different situations, there's nothing being flagged about excessive evictions or increases on that front.

And just regarding the individual case that you're talking about, I know that we have that in his case work, and there is an answer forthcoming on specifically how those numbers were determined. So I guess after that comes back to you, if you have follow-up questions at that point in time.

Ms. Conway: — I'm satisfied with that, Minister. Thank you. I'm sorry that I'm jumping around a bit. I want to go back to the subvotes. I'm wondering what accommodation services is. I see there's a significant, well relatively significant increase of 9 per cent, almost 9 per cent, so if you could speak to what that is and what accounts for that increase.

Hon. Ms. Carr: — So the majority of that increase that you see in that line item are capital leasehold improvements that we're doing to the Sturdy Stone Building in Saskatoon.

Ms. Conway: — And what is the . . . Like I just don't know what accommodation services are. So I appreciate the context for that increase, but what else does that line item involve?

Mr. Pirlot — Yeah, Jason Pirlot, ADM for finance and corporate services. So the line item you're referring to there basically refers to basically the lease cost plus, as the minister mentioned, some capital improvement costs related to those leases.

But the ministry has 67 locations across the province including regular offices, day office locations, etc. So those costs are . . . effectively that's the rent associated with operating those offices, yeah.

Ms. Conway: — Thank you. Thank you. Moving along to the line item under income assistance services, Saskatchewan employment supplement, that's decreasing by 17 per cent. Can you speak to that variation?

Hon. Ms. Carr: — It is just utilization within that program. Utilization is down that much, is what they're estimating for next year.

Ms. Conway: — Okay, and the child care subsidy, the decrease of 50 per cent, is that as a result of the federal child care agreement? The lowering of fees, so less people are eligible for the subsidy? Or are changes being made to the eligibility to access that subsidy?

Hon. Ms. Carr: — Yeah, I think it's fair to say that with the child care, the parent subsidies that are in place between Education and ourselves, some of that is transferring over to

administration through Education. Parents will still receive the same benefits as they receive now, and some may be better off.

Ms. Conway: — Sorry, what do you mean by it's transferring over to Education?

Hon. Ms. Carr: — So it really is a coordinated approach between Social Services and Education, and because they're doing the administration, some of those payments will just come out of Education instead of Social Services.

Ms. Conway: — Okay. What was the subscription under that subsidy program? How many recipients and total spent on that program last year and compared to this year?

Minister, if I could just interject for one moment. On that child care issue, I guess what I'm asking is like, is it being shuttered? Is it just being transferred over to Education? I'm just a little confused about what's happening with the subsidy. So if you could speak to the global context, that would be great.

Hon. Ms. Carr: — Can you just clarify? You were looking for households, the number of households on the program? Or dollar amounts?

Ms. Conway: — Both would be great.

Mr. Exner: — Yeah, so around the Canada-Saskatchewan early learning and child care agreement and how that interacts with the child care subsidy program. So because of the new funding that's available, changes have been made to the child care subsidy program. This was done to ensure that the program is really aligned with the early learning and child care agreement goal of getting to \$10-per-day child care in Saskatchewan by '25-26.

Eligible clients can receive the child care subsidy benefit in addition to the Canada-Saskatchewan early learning and child care grant. Clients who receive both the child care subsidy and early learning and child care grant will pay \$200 per month, or \$10 a day. So they're already getting to \$10 a day at this point in time, not waiting until '25-26.

Existing child care subsidy clients who currently pay less than \$200 per month will have their subsidy maintained at the existing level. So we've protected those individuals to ensure that they are not losing out on their current child care subsidy rate at this point in time. So clients who received the child care subsidy before the new agreement came into place will not pay more than before. So that's a commitment that we've made to help those out.

And in fact, as you're seeing, many of these individuals in fact are actually seeing a lower overall cost, out-of-pocket fees, in some of these cases. So that's really kind of what's going on with the caseload at this point.

Could you just clarify which years you were looking for?

Ms. Conway: — The two most available, the two most recent available years.

Mr. Exner: — All right. So in '21-22, our Q3 forecast is 1,456 households, and the expenditure that is related to that is about

7.8 million. And our '22-23 budget is 1,248 households and an expenditure of 5.78 million.

[21:00]

Ms. Conway: — Has there been any thought with the savings that will come for the ministry . . . My understanding is that child care is not covered for individuals receiving social assistance. Hopefully this federal-provincial agreement contributes to a bit of a change of approach to child care. You know, this is an agreement that really focuses on quality, and child care as early learning. And if we approach it that way, it's about giving kids a good start in life. And so you know, even though their parents aren't working — they're receiving social assistance — these children would benefit from this enormously.

Has the ministry given any thought . . . And the other thing I would add is that Quebec has adopted this approach. They make child care and early learning available to folks on assistance. Has there been any thought to taking these savings that have been freed up by the federal agreement and investing them in some of our most vulnerable children?

Hon. Ms. Carr: — So currently right now for clients that are on the programs SIS and SAID, if they have an approved plan, those clients, their child care is completely subsidized. So they are eligible for the child care subsidy, and it's completely subsidized.

Ms. Conway: — How much is the province going to save in terms of expenditures on child care, given this new federal agreement, whether it's through child family services or other departments?

Hon. Ms. Carr: — So I think the majority of the program actually falls under the Education portfolio just because of the nature of it. But as far as child and family services go, that's something that we'll have to monitor as we move forward because they have a choice of where they send their kids.

And as you're fully aware not all child care is going to have \$10 a day. If you have a day home that's not licensed the right way, then they don't get the \$10-a-day child care.

So it's just something we're going to have to monitor. We'll have a more firm understanding of that at the end of this year. It's all so brand new.

Ms. Conway: — So is the ministry not going to be in a practice of using licensed child care facilities? Pertaining to that, child and family services, those are children in care — I'm assuming — so the minister is in the place of the parent. So the minister, I'm guessing, makes those decisions around where those kids are sent. Am I to understand that the ministry doesn't have a policy of sending these children to licensed child care facilities?

Ms. Eberhardt: — Good evening. Tobie Eberhardt, assistant deputy minister for child and family programs. When we're looking at child care for children in care, we work with the caregiver to determine what's the best option for them. So oftentimes, you know, about 60 per cent of children in care are with family. And if they're requiring child care, it might be for short periods of time. They might have a family member. We assess all of that. But really it's working with the caregiver.

We are going to be looking at certainly encouraging, if they're in a daycare, to look at the licensed daycare because of the potential savings. And it's something we will monitor to see how it impacts on our budget on that area.

Ms. Conway: — Thank you. And I can certainly imagine scenarios where you'd want less disruption to the children if they've got other arrangements.

And I'm sorry to be jumping around. I just, with the limited time, I want to make sure I cover the things that I . . . you know, on a priority basis. So I'm not always following themes that are as convenient for the folks that are here. So there's a bit of musical chairs.

I want to draw, Minister, your attention to a couple of numbers from the Saskatchewan Children's Advocate report, the most recent annual report available, and specifically the numbers around child and youth deaths and critical injuries.

There were more deaths in 2020 than in the previous seven years combined. Thirty-two per cent of the deaths were Indigenous children and youth. Sorry, 92 per cent of the deaths were of Indigenous children and youth — 35 of the 38. Fifty-five per cent were ages zero to five, 21 per cent were ages 11 to 15, 18 per cent were 16 to 18. The causes: 24 per cent suspected homicide, 18 per cent medically fragile, 13 per cent undetermined, 13 per cent not available yet. In terms of the numbers around critical injury, 94 per cent were Indigenous; that's 31 of the 33 children. The majority of the causes were suicide attempts — 23 per cent.

And the obvious question I have on this, Minister, given these absolutely shocking numbers: what is the ministry doing to address and prevent these tragedies? You mentioned 2 million for prevention, 5.4 million for youth and care and group home oversight. Like respectfully, these are drops in the bucket. We just heard that you spent 24 million on an IT program to oversee SIS.

Ms. Eberhardt: — So the advocate, when they report on deaths and critical injuries, it's of people receiving services from both the Ministry of Social Services and Corrections.

[21:15]

So for the Ministry of Social Services, we have a policy that requires any child or youth or who received services at the time of their critical injury or death, or within 12 months, that requires us to do a review if there's an incident. So those numbers, a lot of the numbers would include people who weren't receiving our services at the time of the death or critical injury, or were not in our care.

And so we review everything. So for example, we might have been involved with the family, received an intake, gone out and put in a service, and closed the file. Six months later an incident could've happened, perhaps a car accident. That would still qualify for a child death review that we would complete, and we provide all those reports to the advocate's office and to the office of the coroner.

Regarding prevention funding, as you noted, it is a \$2 million increase this year, but overall we're anticipating our prevention

funding to be \$51 million this year. So again our priority is always to put whatever interventions we can put in place with the family to keep the children safely at home. That's always what our staff want to do, and that's where we would put our greatest effort.

Ms. Conway: — The 2 million additional for prevention, where is that going, Minister?

Ms. Eberhardt: — So the \$2 million to increase for prevention funding isn't going to one specific type of program. So under our one part of the subvote (05), that's funds that we pay towards organizations to support families, and those plans are based on each individual family. So for example, it might be identified that the family needs some cultural-based treatment. We would work with them to identify who could provide that for them, and that would come out of that funding. Ranch Ehrlo Society provides some intensive family programming that we don't block fund, so that could be where it's coming from. So we fund a number of programs through contracts, and then that \$2 million is more towards case-specific services.

Ms. Conway: — Thank you. Minister, I would have liked to see a greater prioritization of prevention in this area. We have to be proactive and try to keep families together, and we're not doing a good enough job in my view.

And we're seeing a shift to relying on group homes. And that's reflected in the numbers, and it's also reflected in the ministry's increasing reliance on for-profit group homes. Last year in estimates, we spoke about CBI. That was the company that provided a . . . or it was running a for-profit home that was involved in I believe the *Someone to Watch Over Us* report where, you know, they were dealing with cases of malnourishment and extreme neglect. It was found that one of those employees was not forthcoming during investigation, and my understanding is that CBI continues to receive funding from the ministry.

So my question to you is, how much of this year's budget is allotted to CBI contracts? Are there any new for-profit homes being funded by the ministry?

Ms. Eberhardt: — Currently we work with CBI. They operate two homes for us in Saskatoon and the funding's approximately 2.7 million. We haven't entered into any new contracts with for-profits this year.

Ms. Conway: — Are there other companies besides CBI running for-profit group homes, Minister?

Ms. Eberhardt: — So child and family programs also does contract with one other for-profit which is Neighbourhood Home Care Services.

Ms. Conway: — Where is that located?

Ms. Eberhardt: — We operate a home in Regina and Saskatoon.

Ms. Conway: — And what is the amount of their contract?

Ms. Eberhardt: — It's approximately 2.6 million. And I should just note that one of those homes that they're operating is a

temporary home that we're currently going through an RFP process for. So it's just temporary that they're operating that.

Ms. Conway: — Jumping again. Minister, I was copied on a letter from SARC [Saskatchewan Association of Rehabilitation Centres] which of course is the association of over 100 member agencies, over 75 of which provide essential daily services to thousands of people experiencing disabilities. And I know that they have some concerns that they've been raising now for a couple of years. They're struggling to compete to recruit, retain, and attract qualified staff. I mean they have a couple of concerns, but that seems to be the most pressing one. Continuing care aides are paid significantly more and so they're losing their workforce.

And you know, I would just remind the minister that we have had a commitment from this government to make Saskatchewan the best place in Canada for individuals with a disability to live. I saw a shocking statistic recently about the number of people that end up supporting a person with disabilities in this province, partly because of this revolving door of services. And SARC members are really struggling to retain staff, and of course that makes it all the more costly because they're constantly having to train new people.

There had been a commitment to supporting funding increases for the disability sector through a multi-year strategy from this government, but it appears to fall short of addressing this issue. I'm just wondering if this budget is going to go any distance in addressing this clear issue.

I know I followed up with a letter to you about this. It remains a significant concern to many of the member CBOs [community-based organization] of SARC. And their advocacy has been quite compelling really, particularly around this continuing care aide issue and the challenges retaining folks, given the discrepancy in pay there. So I'm just wondering if any steps have been taken to address this clear problem in the disability sector.

Hon. Ms. Carr: — Thank you very much for the question. And I think I've sat in on probably an annual meeting with SARC or with one of their member services because we do provide those services within my community also. And they do have the argument about the continuing care aide and trying to bridge that gap. And so over the past few years, we've been relatively proactive in trying to help close that gap for them so that they can keep those employees.

[21:30]

I think you're aware that within our budget this year we, across the disability sector CBOs, gave a 2 per cent lift right across the board, whether that be for salaries and/or operating. They do have a bit of discretion on how they use that. But over the past several years they've received a lift every year for wage increases. So '21-22 it was 1.75. In '20-21 it was 3 per cent, and previous lifts in the previous years before that. So we have had conversations and we're working on closing that gap.

Ms. Conway: — Thank you, Minister. The 2 per cent increase, though, falls well short of filling that gap. And in order to commit to sustainable and quality services for folks living with disability across the province, I would suggest more needs to be done.

I want to turn to the provincial training allowance. I understand it was transferred from Immigration and Career Training, so I'm wondering how much funding is allocated for this new program. Who is eligible and — just bear with me for one moment — are SIS clients eligible? And what is the income threshold? Finally, what is the amount per month and the rationale for changing this program into the Ministry of Social Services?

Mr. Exner: — Thank you. So with the new education and training incentive benefit, this summer the Ministry of Social Services will be implementing this through its core income assistance programs. So SIS and SAID clients would both potentially be eligible. It's an investment of about \$20 million, and it will support clients with a monthly benefit of up to \$200 to participate and complete their education and training programs.

It's really an important part of that continuum of that pathway to employment to help people develop these skills through these education and training programs as they participate in them and complete them. So this really is replacing the provincial training allowance this summer. And it really, as part of that transition, it allows us to support the individuals without them having to go back and forth between income support programs.

So they will be receiving SIS and SAID basic benefits as well as the incentive as part of it. So there will be one case plan for those individuals that we will support them. It all goes back to that individualized support and motivational interviewing to help them achieve their goals, setting those milestones which training would be a part of, and us working with them to, you know, really advance and move forward as they develop those skills to connect to the labour market when they're done their training.

Ms. Conway: — Would this appear under income assistance community services, or which line item does this appear under? And then I understand that under the ICT [Immigration and Career Training], 25 million was allocated for this program. So is that a cut of 5 million overall to the program?

Mr. Exner: — All right, thank you. So in the budget line item, that would be recorded as part of the Saskatchewan income support and Saskatchewan assured income for disability allocation.

Ms. Conway: — So there's like 10 million in each or something? Or it's just . . . Because those are separate line items, aren't they?

Mr. Exner: — So based on the current subscription to PTA [provincial training allowance] today, our estimates are based on that. So the increase to SIS is about 18.792 million. And the increase to SAID is 500,000.

Ms. Conway: — Thank you. And can you confirm there's an overall cut to the allotment for that program of 5 million? Because I understand under the previous iteration, it was 25 million was budgeted?

Mr. Exner: — I can't speak to ICT or Immigration and Career Training's budget or any adjustments that were made, you know. We are taking the program mid-year. And so the funding is based on the new training and employment incentive, and obviously also in receipt of the SIS and SAID program benefits.

Ms. Conway: — I know that the Chair is hoping I will wrap it up in about 10 minutes, and I'm close to probably being able to do that. I do have about three other areas, but some of them are quite straightforward. I was hoping for an updated number on the expenditure to Linkin for just this year.

And perhaps I'll sneak another question in there. In the business plan, one of the performance measures is to increase the number of units where supportive services are in place. This is under the heading, "Housing partnerships provide supportive services through innovative approaches." Of course the minister is aware that I am a huge advocate of supportive housing. I think it's one of the paths out of many of the crises that we're experiencing. This performance measure doesn't really come with a lot of additional information about how many units, where, who, when, where, what. Just wondering what the plan is around expanding supportive housing because I think that is a good idea.

Hon. Ms. Carr: — So I'll just answer the Linkin question while we're looking up the other information. It's 2.35 million for the '21-22 year.

[21:45]

So as we work forward and we send out our expressions of interest on housing projects, we're really trying to focus on, I guess to your point, on those projects that include the housing. But we could also partner with community-based organizations or other individuals that will provide those wraparound services, and then as we move forward, seeing what the outcomes are, based on those wraparound services and how they work. So really trying to focus on that partnership piece.

Ms. Conway: — So just before I turn to my last area of questions, can you say anything more about, you know, dollars that are being allotted, which communities you're targeting, how many units you're hoping to put in place? Anything, a little more meat on the bone?

Hon. Ms. Carr: — I guess for right now we have the expression of interest out there. It has closed. We're getting those applications in, and we're just going through them to see what exactly they are and what dollar values they come in at, and then we'll decide from there where we go. So there's not a whole lot I can tell you at this point in time, but as we move forward we'll be able to look at that and see where we go. But the wraparound services, I agree, are a very, very important piece. You know, it's hard enough to get people into that housing sometimes, but to keep them there and to get them healthier and better.

Ms. Conway: — So is this performance measure in kind of reference to that announcement that was made as part of SIS, the 700-and-something thousand dollars that you had committed to supportive housing? Is that kind of the beginning and end of it, or is there going to be more available? I don't have the number in front of me. I'm just going off my memory.

Hon. Ms. Carr: — So currently right now, for this new rental development that I'm talking about, it's 3.4 million at this current point in time.

Ms. Conway: — We're short on time. I did want to just touch on something because I think it's really important, and that's the

staffing and retention issue at the ministry. And you know, looking at your business plan, it's very clear that, you know, you recognize this is an issue as well. It's one of your goals is to retain more folks. Last year we spoke about a child and family programs workload study that was done in 2016. I've asked for that study, but the ministry won't provide it to me.

This is an issue that's been brewing for a long time. It's not just in child and family services, although I think some of the issues are most acutely felt there. But I have to be honest. I've been reached out to by a number of Ministry of Social Services staff this year in the income support department, expressing a certain degree of demoralization partly around the SIS program but just more generally around the culture at the ministry. And the message I get is that they just don't feel they have access to the tools to support their clients the way they want to. Their caseloads are mind-boggling, some of them 200, 250 people. There's no way you can do effective motivational interviewing with a caseload like that.

I guess what I'm wondering . . . I mean, and the cost to the taxpayer is also significant, you know, to train new people and then just to see them leave. It's a bit of a revolving door. This is in no one's best interests. And I'm wondering if any thought has been given to addressing retention by increasing some of the supports available to folks because I think that would certainly increase job satisfaction.

I'm wondering if there's any maximum on worker-to-caseload, whether you've thought about implementing a policy so that, you know, people don't have these absolutely crushing workloads. And I'm hoping that you'll agree to provide me the number of people that have either left or gone on leaves in the past year, going back five years, so we can compare that data to see if the anecdotes that I'm hearing, that burnout and turnover is increasing, is actually the case.

Ms. Eberhardt: — So we will have to go and get the numbers for you. I could just give you a couple, a brief explanation of what we're doing in child family programs.

And so recruitment and retention challenges are being seen across the provinces and territories. We're not unique in Saskatchewan. And we know that the work is complex and that for our staff that we need to really support them so that we can retain them because that's really important, like you've mentioned.

So we've got a number of initiatives under way to help around retention. We've got a dedicated manager in the North around some recruitment and retention initiatives. We've developed . . . And this year in our budget we also got additional five staff to do a mobile unit, so we can deploy staff into areas when they might have some shortages to help with making sure that the families are being served.

We've also placed in all of our offices . . . Elders are available. So the elders are available for our staff to go to, to talk about how, you know, how things are going for them, and also to consult around maybe planning for families. And so we're finding that that's very positive for our staff.

We're also working with PSC [Public Service Commission] on

different initiatives. And one of the things that we've put in place in Meadow Lake is a retention payment. And that's to try and keep people in that community. So after a period of time that they're there, they will get a payment in recognition of their staying in that community.

Ms. Conway: — So is there a commitment to get those numbers then, the comparative data dating back three or five years?

Hon. Ms. Carr: — Yeah, they're going to look and they're going to see what they have and they'll get it to you.

Ms. Conway: — Thank you, Minister.

The Chair: — Thank you very much. We will now proceed with the vote on estimates. It will be vote 36, Social Services, page 113.

All right. Central management and services, subvote (SS01) in the amount of 58,116,000, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Income assistance services, subvote (SS03) in the amount of 637,279,000, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Child and family services, subvote (SS04) in the amount of 363,618,000, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Client support, subvote (SS05) in the amount of 12,963,000, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Housing, subvote (SS12) in the amount of 17,590,000, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Disabilities programs and services, subvote (SS14) in the amount of 295,898,000, is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. Non-appropriated expense adjustment in the amount of \$7,466,000. Non-appropriated expense adjustments are non-cash adjustments presented for information purposes only. No amount is to be voted.

All right, here's the big one. Social Services, vote 36 — 1,385,464,000, is that agreed?

Some Hon. Members: — Agreed.

[22:00]

The Chair: — Carried. I will now ask a member to move the following resolution:

Resolved that there be granted to Her Majesty for the 12 months ending March 31st, 2023, the following sums for Social Services in the amount of \$1,385,464,000.

Mr. Meyers. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. All right, thank you. I'm going to do something that's not always done in committee, but I'm going to compliment both the critic and the minister for your discussion. Four hours is a long time by any means. You both were very professional about the way you went about it. It shows your passion for it. And the work that was done by the critic prior to the meeting and the minister's answers as well. So thank you to both of you.

I'll ask the minister for her closing comments.

Hon. Ms. Carr: — Great, thank you. I also would like to thank the opposition critic. I think it was a productive four hours. And I thank you for your time, the Chair, the committee members, Legislative Assembly staff, and Hansard.

But most of all, I want to thank my ministry and the officials. I've just been so supported throughout the budget process and with the information I need, and I always feel prepared. And tonight having you here to support me. And when I would answer a question that wasn't quite so fulsome, there you were to fill in all the blanks for me. So just thank you truly to everyone of you, even those that didn't get the chance to come up, for being here tonight and providing the information. Thank you.

The Chair: — Thank you. Ms. Conway.

Ms. Conway: — Just again, I want to thank everyone for being here tonight, particularly the officials. This is not an easy ministry; the issues are complex. And I want to thank the minister and all the staff who stayed late to accommodate this. And of course, I want to thank the Chair.

The Chair: — I would ask a member to move a motion of adjournment. Mr. Nerlien has moved. All agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. This committee stands adjourned until Wednesday, April 6th, 2022 at 3:15 p.m.

[The committee adjourned at 22:02.]