STANDING COMMITTEE ON HUMAN SERVICES

Hansard Verbatim Report

No. 16 — April 11, 2022

Published under the authority of The Hon. Randy Weekes Speaker

Legislative Assembly of Saskatchewan

Twenty-Ninth Legislature

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STANDING COMMITTEE ON HUMAN SERVICES

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Saskatoon Willowgrove

Ms. Meara Conway, Deputy Chair
Regina Elphinstone-Centre

Mr. Ryan Domotor
Cut Knife-Turtleford

Mr. Muhammad Fiaz
Regina Pasqua

Mr. Derek Meyers
Regina Walsh Acres

Mr. Hugh Nerlien
Kelvington-Wadena

Ms. Alana Ross
Prince Albert Northcote

[The committee met at 15:14.]

The Chair: — Well good afternoon, everyone. 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 I will serve as your Chair this afternoon.

Committee members are Meara Conway — substituting in for Meara today will be Doyle Vermette for the first hour and Matt Love, roughly, for the second hour — also committee members Ryan Domotor, Muhammad Fiaz, Derek Meyers, Hugh Nerlien, and Alana Ross.

General Revenue Fund
Health
Vote 32

Subvote (HE01)

The Chair: — Today the committee will be considering the estimates and supplementary estimates no. 2 for the Ministry of Health. We will now begin with vote 32, Health, central management and services, subvote (HE01). I would ask officials not seated at the table who wish to speak to take their place at the table prior to speaking. And please introduce yourself if you're speaking for the first time this afternoon.

Ministers, over to you. Please introduce your officials and please go ahead and make your opening remarks.

Hon. Mr. Merriman: — Thank you, Mr. Chair. I don't have any opening remarks other than to welcome my team back for the final two hours of committee. I very much appreciate Mr. Vermette's joined us here today. I have Max Hendricks, my deputy minister. And my officials will introduce themselves when they come to the table. Minister Hindley?

Hon. Mr. Hindley: — Thank you, Mr. Chair. Same here, no additional opening remarks but just thanks to our officials for being here today and to Mr. Vermette for the questions that will be coming forth over the next couple of hours of estimates here.

The Chair: — Mr. Vermette, the floor is yours.

Mr. Vermette: — Thank you, Mr. Chair. I want to thank the minister and the officials for being here and giving me an opportunity to ask on behalf of constituents and of course many families who are suffering with mental health, addictions, and a suicide crisis in our province that's currently going on. And as I've been doing questions each day in the House, you know, on behalf of the families, asking them . . . They need real action. They need a plan. And I know the minister has said . . . And I thank him for coming to the North and meeting with our band councillor. And I was hoping, and I won't speak for the band councillor, but we were hoping in this budget it would be treated like a crisis when it comes to mental health and addictions.

And the amount of money that we are spending in health, and then seeing the number go down from 7.5 to 7.3 per cent of the overall health budget was not something I was really very happy to see. And of course many others were hoping. We have a crisis so I just wanted . . . because I haven't had a chance to be here when you did your opening remarks so I just want to give a little bit of background where I'm coming from and the questions I have when it comes to mental health, addictions, and suicide crisis going on in our province. So with that I guess I can get into some of my questions.

I've had an opportunity to meet with many families and have families share their pain. And they look at a government to hopefully help so that other families don't have to go through the same pain they have. And that starts with consulting. That starts with talking to families, front-line workers and stuff.

And some of the challenges, what is your ministry going to do when it comes to the barriers that families are seeing in our province with the lack of services, ministries maybe not communicating with one another, and making sure . . . because there's barriers that they can't communicate for whatever privacy . . . I don't know what the reasons are, but they're being told that they can't.

Can you just give me a little bit of background why a family who lost a loved one would feel that . . . How is the government not dealing with these priorities, barriers? And is there anything that we can see — help in your ministry — with the dollars that are currently being put under health to make sure that there are no more barriers when ministries are working together, when somebody is reaching out for help?

I know that there's a family wanting to have an answer, and it gives me a day to start here, and I just would start with that. If you could give us an update, that would be helpful.

Hon. Mr. Hindley: — Sure. Thank you, Mr. Chair, and thank you, Mr. Vermette, for the question. So just a couple of things here to touch on when it comes to the budget itself this year for mental health and addictions. So we're investing, as I've said before, a record investment amount, 470 million, into mental health and addictions services in this year's budget with a targeted $8 million increase for additional enhancement to health and addictions initiatives in terms of what we're providing across this province.

And there's some new initiatives but also some enhancements to some pre-existing ones here and some annualization dollars here as well. And I've talked about a number of these previously. And some of them are the addictions treatment spaces. Some of it's the enhancement to fund the ongoing efforts of the virtual PACT, the police and crisis teams' partnership that we have with the RCMP [Royal Canadian Mounted Police]. There's funds there for detox treatment spaces as well, and a number of different other areas, and I'm sure that we'll talk about here this afternoon.

Specific to the question though about the barriers that families may be seeing across this province, you know, that's something that we want to improve. There should not be barriers for people when they're trying to access supports, whether it's mental health or addictions, when they're in a time of crisis or a time of need.

And there's a number of different avenues that people can access, whether it's, you know, 811 or 911 in emergency situations. There's a number of mental health clinics that are available

across the province, some operated by the government, some operated by some very, very good community-based organizations in this area.

We do have some dollars in this year's budget, over a million dollars in fact to support information technology infrastructure in mental health and addictions. And that's to better streamline and have clearer and more open lines of communication when it comes to the various services and supports that we have, the health care professionals in this province, in this ministry.

And we know we need to better coordinate that as well with other ministries in addition to that. You know, one of the goals of the integrated youth services model which received some initial start-up funding in the last budget year and is going to have additional dollars committed to it in 2022-23 is to better align the supports that we do have. And that involves better coordination between ministries of Health, Mental Health and Addictions, Social Services, Corrections and Policing, Education — any number of these areas, of ministries or agencies where they have some involvement on these issues. And the integrated youth services model is designed to provide that sort of one-stop shop, if you will, for youth trying to access services and support.

And that is something that, you know, we want to be able to deliver upon across the province in terms of improved coordination of the existing services that are out there that are funded by government, and making sure that it's easier for people to access the supports that are out there and not have to spend time navigating, trying to determine where they can find help.

And in doing that it also helps us to identify where there's some gaps. Sometimes there can be duplication of services, and I know I've heard that from some of the community-based organizations that I talk to in terms of the work that they do and the work that they provide. But there are also sometimes areas where there are some gaps.

So being able to better coordinate these services provides a . . . It's a priority for us, and it provides sort of a twofold approach to it. One, it just makes it easier for residents across Saskatchewan to be able to access these services But it also, number two, helps identify where we've got some gaps that we need to address.

Mr. Vermette: — Well thank you for what you shared so far, but I think to be honest with you, I know the front-line workers. I know some people who do amazing work with mental health. I think of back home, and I know many.

I have 17 grandkids. Trust me, I'm fortunate. When we're reaching out, sometimes you don't have the resources. And I've been fortunate. I'll say this, the Creator has provided me so that I can help my grandkids to get to an appointment for mental health, to make sure that travelling, that they can get those services they need.

There's many families back home that struggle, whether they're rural, urban, you know, our rural areas, our northern areas, who struggle with getting to services. And the challenges paying for it and making sure that they have it in a timely manner. And that's what we talk about, the barriers.

I mean again I'll go back to saying I know that the front-line workers are doing all they can, but I also know some of them have said very clearly they're burning out too. And we know there's a crisis going on, and I've tried to express that. And we were hoping, you know, with one of our northern leaders coming, more have been speaking out and, I think, our municipal leaders. We're hearing it everywhere we go that there is a crisis.

And we're hoping that this budget and the allocation of dollars that are here would've been improved. And I realize you say you give more money, dollars, millions, 400-and-some million. You talk about 8 million more when we have a crisis where we're losing so many people with COVID, with mental health, the addictions, and suicide. And I see the list goes on, and I don't want to get into this point of arguing back and forth.

Of the overall budget, you guys have gone from 7.5 before, where it should be about 9 per cent, I think as we have said that. And we have heard people saying that's what we should be trying to do as a target. But now we've dropped to 7.3 this year from your numbers, if I'm correct.

So having said that, while we have a crisis going on I was hoping . . . We passed a bill April 30th, a suicide bill for the province of Saskatchewan. Passed unanimously in this Assembly. And I thanked you then and I will thank members of this Assembly for doing that. It was the right thing to do and we needed to do that. I've asked questions who have been consulted. You had 180 days to consult. And I was hoping we would see in this budget some real effort in saying it is a crisis; let's treat it as a crisis; let's consult with front-line workers, families, school divisions, municipal leaders, families who have lost loved ones; let's sit down and have a dialogue and truly find . . . It is a crisis. Let's deal with it as a crisis.

Just like I've said before where you might have a flood, a drought, fires in the North, government takes resources and they put them in and allocate them to deal with the crisis. And when the crisis is over, they allocate those resources somewhere else. I was hoping and wishing that yourself and the government would've seen that as a crisis and would've responded that way. And I have to be honest, it is a struggle. And I see other families who are feeling the same struggles.

So you know as I said, I thank the front-line workers. I thank those families and leaders who are calling out, First Nations, Métis leaders, who are saying we have a crisis and are hoping the government will respond.

I would like to know what your plan is and that's what I'll keep asking. What is the plan? How many more children, how many more citizens does this province have to lose with suicides, addictions, mental health? How many families have to come before this Assembly, asking, saying, we have a crisis; we have a problem. How come we're not dealing with it? And I know we can sit down and talk.

And I want to say this for the record to you. I believe you when you say you're sincere. But you know, I was hoping to see that the budget would have had more dollars allocated so we could deal with this other crisis. And the Premier and the cabinet would have seen it as a crisis. And unfortunately, I have to be honest. I'm waiting to see what's happening. But when I see the struggles going on and people leaving the field . . . whether they're retiring.

I've got more questions, but on that note I'll leave it there. And then I'm going to get in to the questions that I need to have answered.

But I just wanted to say that for the record, just to have a dialogue because I didn't get an opportunity. And I wanted you to know that I am sincere when I say I want to work with the government. Yes, I can be stubborn and I can be a little miserable sometimes. But understand it's because I have passion for the people that I support.

Even my staff, who's lost his daughter . . . four little children committed suicide not long ago. It's pretty tough and you watch it and you wonder why those supports aren't there when they need them. And I hear people saying this: all I want as a family is no more barriers. And when we reach out for help, please have the resources there. Know that we've done all we can as a family to bring the person that may need mental health or supports that they get the supports that they need. And that they're there. And that's what these families are asking for.

So I'll let you comment and then I'll get in to more of my questions. Thank you for taking my question.

[15:30]

Hon. Mr. Hindley: — Thank you, Mr. Chair. And I thank the member for the question and for his ongoing support and interest and commitment to this, not just for the constituency that he represents but for people across this province. And I think that's something that each and every one of us in this Assembly is committed to in terms of, you know, the work that we are trying to do for the people in our communities that we represent when it comes to suicide prevention and to mental health supports and addictions supports, you know.

And we can talk about the numbers in terms of, like, the overall investments. And you know, we continue to provide funding for our suicide prevention plan, Pillars for Life, which was released in May of 2020, and we've had several million dollars invested into that initiative and the additional initiatives that it supports.

And we've talked about that before in the House and publicly, I think, through the media as well, in terms of what that means for, you know, improved psychiatric access for patients accessing some of these treatments: enhanced mental health first aid and enhancing local suicide prevention projects, you know, specifically for northern youth; the work that we're doing with the FSIN [Federation of Sovereign Indigenous Nations] through the letter of commitment that we signed with them back in September of 2020; some of the initiatives that have been funded on an annual basis.

Or you know, as an example on a one-time basis, funding we provided to the Muskwa Lake recovery camp, and had an opportunity to visit Pinehouse earlier this winter and meet with the group that meets weekly to discuss suicide prevention and mental health issues in their community. And that's an example, you know, of an area where that consultation happens and it continually happens with me as the minister in terms of, you know, the portfolio that I'm responsible for and fortunate to serve in. And I continue to consult and hear from members on all sides when it comes to what it is that they are hearing and what they're recommending.

You know, the member for Regina Walsh Acres and I have had some very deep discussions about this. And of course that member has very close, personal circumstances, and of course, I'm very grateful for his work on this issue and raising it within our own caucus and government. But as we've talked about in this Chamber, it's a non-partisan issue. It's one that each and every one of us is trying to do as much as we can.

And it truly is one of these areas where, you know, it's not a one-size-fits-all approach. And we have different challenges that are faced in different communities — north/south, urban/rural, First Nations/non-First Nations, newcomer communities as well — and trying to find what works.

And we're always interested to hear from people across this province, whether they're elected or if they're the people that we represent. And hearing from people and hearing what those ideas are from those individuals. And I know that when I've had discussions with representatives from the FSIN, and I know that our officials have had discussions with folks from the FSIN. That's the nature of some the discussions they have is, you know, bring forward some ideas. We're always open to looking at what other ideas, initiatives that could possibly be tried or might be working on a small, localized basis that perhaps are showing some excellent promise when it comes to mental health supports and suicide prevention initiatives and showing some positive outcomes. So we, you know, we continue to look for that support.

We look at other jurisdictions, see what other, you know, other provinces and territories in this country are doing. We look at expanding virtual care options to provide for some additional options here when it comes to people who have, perhaps based on where they live, have difficulty accessing some of these supports. Put some additional dollars in this year's budget to further enhance and further expand the mental health walk-in clinic program which has worked very well and will be expanding to an additional eight communities.

But we know that the conversation continues and work is going to continue day after day after day on this issue. And knowing that it's a priority for provincially elected folks, but also municipal and federal and First Nations leaders and leaders within our own communities that serve on a number of, you know, local organizations that are trying to do their part. And I think at the end of the day that's what we're all trying to achieve is to work together and to try to provide the best possible supports we can for people in our communities as we face this challenge.

Mr. Vermette: — Thank you, Mr. Chair. I guess I'll go with my question. I'm thinking about when we talk about the children and youth advocate's recent report, stated that nearly 800 children were on a wait-list to see a psychiatrist in Saskatoon alone, Regina. Current wait times, what are they? Do you have those and can you please provide those? If you don't have them, could you provide them for the committee?

Hon. Mr. Hindley: — Thank you, Mr. Chair. So I've got a few numbers here that we can report back to the member. So as of March of this year, March 2022, the SHA [Saskatchewan Health Authority] has advised that there are approximately 400 individuals on the wait-list in Saskatoon to see an SHA child and

youth psychiatrist. It's important to note that that wait-list does not include the wait-list of private practice that psychiatrists may have.

Just generally speaking, though, in terms of what some of the current wait times are in the province — and these are as of this spring here, again a snapshot in time — but in Regina roughly a reported wait time of three to four months for child and youth psychiatric services. Prince Albert reports a wait time of approximately a month. And in Saskatoon, as the committee may know, that it's a longer wait time there of roughly nine months for child and youth psychiatric services.

You know, I think it's important to note that not every child necessarily needs a psychiatrist, but in these instances where we do have waits, and Saskatoon, you know, is . . . The wait-list in Saskatoon is definitely of significant concern for us.

And I think it was my predecessor in this role, previous minister that had written to the SHA, to the former head of the SHA, in terms of identifying that challenge and trying to determine a way that we're going to address that significant wait in Saskatoon. And as I understand it, you know, the work continues with the interim CEO [chief executive officer] of the SHA and trying to do what we can to get those wait time numbers down in Saskatoon in particular, but across this province for children and youth that are waiting for psychiatric services.

Mr. Vermette: — Mr. Chair, just an opportunity to ask, I guess, looking at that. The bigger centres, and you're talking about . . . Honestly, I have families who are waiting and children who are waiting to see a . . . I don't want to be the one to say who should get there first and, you know, if it's a priority or not. Those are alarming numbers that you're talking about to start with.

But having said that, I think about psychiatric services available. You know, you look at 24 hours a day outside of the bigger centres. Is there anything . . . The rural areas out of the big centres, the North, do they have access to psychiatric services 24 hours a day? What is the . . . respond to that, and can you just give us an update. Because I've had some people asking, and I'd like to give them some answers.

[15:45]

Hon. Mr. Hindley: — Thank you, Mr. Chair. So in non-emergent situations there's always the ability and the option for — and would be recommended — for individuals to go to their local health centre. But in the case of 24-hour psychiatric support province-wide, there's access to 811. And I can report that in the instance where there's severe cases that the turnaround time in those cases . . . 100 per cent of folks are taken care of or receive access to support within a 24-hour time frame is what has been indicated to me.

You know, in the case of a number of communities — for example, in Prince Albert and North Battleford — there is a psychiatrist that's on call. And so if someone presents looking for . . . you know, presents to an emergency room or is referred perhaps as the result of a phone call to 811, there are psychiatrists that are available to provide some support.

And that would be for, you know, individual patients that are making those calls directly or perhaps if they, you know, present to an emergency room or to their local family doctor. The general practitioner, the family doctor, can also make those contacts as well and make a direct contact to the psychiatrist. But in terms of 24-hour, 7-day-a-week support, again 811 is available there and can provide the direction and referrals as necessary.

Mr. Vermette: — Okay, so that's the 811. I know that, and I know this from seeing it, hearing it from families, from different people, the frustrations and alarm and concern and fear for their loved ones, whether they're under the mental health . . . have to call police officers, the RCMP, the city police to respond to a crisis and somebody's mental health.

What is the process? And what is your ministry's role in making sure that those individuals are getting services, being assessed if they're being, I guess, brought to cells? And how is the process to make sure that somebody is suffering with mental health instead of just saying to them, well we've done a quick call or an assessment, and out they go, back out on the streets? And our municipalities are the ones that sometimes are dealing with some of the individuals who truly are struggling.

And you know, maybe for whatever reason . . . I'm no expert, but I just see what I see going on and the challenges I hear from families saying they can't understand why their loved one . . . You know, they're concerned and then all of a sudden they're turned out, and then they are let go free and without feeling like they were . . . proper assessment done on them.

I think we have a crisis going on there, so I'm curious to see how your ministry's dealing with that. And you know, maybe the dollars in this budget are going to alleviate some of that. Because that is a crisis and I'm hearing there's quite a bit of concern around that. So I'll leave that for you to answer.

Hon. Mr. Hindley: — Thank you, Mr. Chair. And I'll just maybe give a high-level view just of a couple of areas here, and then we'll ask Brad Havervold from the ministry to get into a bit more detail in terms of what we currently do.

In this year's budget we have provided some annualized funding for the virtual PACT, the police and crisis teams model that has been very successful for us, not just the virtual PACT but also, you know, the overall PACT program itself. So we've annualized the funding there just based on, not only the results we're hearing from people that operate the program and those officials but frankly from people on the ground in a number of communities that have seen the benefits of that particular program. And I think that is a valuable tool and a resource for us to have.

There's some dollars tied towards the drug task force and its recommendations or findings as a result of the work that it's done over the past number of months, and that includes the consultations that wrapped up earlier this fall, then culminated in a final report to government. And as an example, you know, one of the initiatives there that we're going to be pursuing in this budget year is this hot-spotting approach towards, you know . . . a locally targeted type of mobile and flexible response type of a unit that can specifically target areas — and do so quickly and in a mobile and flexible and scalable way — to provide supports in communities or areas of the province where we've got some immediate issues, and to be able to react very, very quickly.

So those are a couple of initiatives, but I think I'll ask Brad maybe too if he wants to comment further on those two initiatives. Or I think there's some other areas there as well that we're investing some dollars into in the last year or two that will help us on this front.

Mr. Havervold: — Thank you, Minister. Brad Havervold with the Ministry of Health. Just to build on what the minister was speaking in relation to, the police and crisis teams. It was a few budgets ago now that teams were implemented in our larger centres: North Battleford, Prince Albert, Swift Current, Regina, Saskatoon. The police and crisis teams marries a police officer with a mental health worker whose sole purpose is to attend to potential mental health-related situations, emergencies, to help de-escalate the situation and to direct that individual to the appropriate location that is most appropriate for the needs of that individual. And most often, that would be to an emergency department or to their mental health team if it's during the day, or even making connections back to their local mental health provider for appropriate support.

So you know, we do realize that I think cells is not the right place for people that are in those situations and that's why those police and crisis teams were started.

As the minister mentioned, the expansion to include the RCMP is actually one of the options that allows that service to be extended into the North, where local RCMP officers can dial into a team of registered nurses that are on staff at the RCMP to assist them virtually in managing mental health cases, again with the goal of directing them to the appropriate location.

Another thing that we've started a couple of years ago — and is going to be resurrected now that, you know, we no longer have as many pressures related to the COVID-19 pandemic — a project called HealthIM, is a piece of software that is available to police officers in their cruisers that allows them to do a quick scan of the situation that they're experiencing, particularly those where they're suspicious of mental health-related concerns. And it allows them to effectively triage whether this is more about a criminal behaviour or whether it's a mental health issue, and allows that police officer then to connect with emergency departments and redirect people to the appropriate location. So it's another tool in the hand of police that may not be the exact police and crisis team. It was trialled in Regina with great success a few years ago, and we're looking to expand that out.

And the final thing I might mention is we do have provisions in *The Mental Health Services Act* that allows for the detention of individuals for their own personal safety, to have a mental health assessment done if a police officer believes that there is benefit to having that assessment conducted. So that allows an individual to be taken to an appropriate location to have that assessment done, rather than, you know, the first trip being to cells.

Mr. Vermette: — Well, it takes me to I guess a further question. So you're saying the RCMP have the tool to be able to determine that that person needs to be brought somewhere else? Or who is it that determines that this person — whether it's a technology they're using, whatever it is to provide them to determine whether this person — should go to cells or maybe go get an assessment done? So you're saying . . . If the place that does the assessment is full, where would they take them?

Hon. Mr. Hindley: — Thank you, Mr. Chair. Yeah, just to clarify and, I think, just explain, you know, what would happen in a situation like that. That's where the PACT teams, the police and crisis teams, have been successful because it allows for us, whether they are . . . You know, if it's a PACT team and there's an RCMP member or police officer that receives a call or is attending to a call that is potentially a mental health situation, either physically they have a nurse, whether it's an RN [registered nurse] or a registered psychiatric nurse, with them attending to that situation, or in the case of the virtual PACT, where a police officer is called to a situation that may involve a mental health incident, they do have, 24-7 on the line with them, a nurse or a registered psychiatric nurse that can help provide that to that determination.

[16:00]

So you know, it's not specifically the RCMP officer that's left making that determination as to what's the best course of treatment for that particular individual. So that's where it's the team approach between the officer attending to the call, but either having a nurse or a registered psychiatric nurse with them — either physically on the call or, in the case of virtual PACT, on the phone with them — to help make that determination as to what should be the next steps that are taken with that particular individual to make sure that they get the help they need.

And of course would be then done in consultation with, depending on the community, what might be available or open at that particular point in time or that time of the day, whether there is a facility that that individual can be taken to for further assessment and treatment and admittance, or whether it's, you know, an emergency room nearby.

But that would be the determination made by the PACT team itself and the health care professionals that are partnered with the RCMP.

Mr. Vermette: — Well again I'll say again thank you for clarifying that. And that's exactly what the problem is. It's fine where those teams are set up in the bigger centres. I realize that. But when you're in the smaller centres dealing with mental health, addictions, that puts it at a . . . You like using this word I've heard: there's more work to be done. And I'm serious when I say that. There is more work out there to be done.

We do have areas where addictions . . . and I'm going to go into a little bit of addictions, and here's why I want to kind of go into that area. But we can say programs are there working and we can say we try our best. I get that. And I know front-line workers are doing what they can. And I do thank our service people, RCMP, and police who do respond. And they try to do what they can. So you know, on that note, I acknowledge that.

But again I go back to people struggling with addictions. And I'll be honest with you, I spend a lot of time having families talking with people who do struggle with addictions. I struggle with my own family with addictions, as I've said. Nobody in this world . . . you just never know who's going to struggle with mental health and all of a sudden they're into an addiction. And unfortunately you're seeing the situation go on.

When I think about addictions, this is one of the questions I have.

Somebody reaches out to mental health and they say, I need help . . . my addictions. And I've said this, that I thank those front-line workers who are doing what they can. But until you actually help somebody navigate through those calls to try to get them help, a counsellor, seeing a mental health worker, trying to get to detox, trying to get to a treatment centre — it's a long process. And sometimes I've seen people where I personally have helped and tried to get them the supports they need, have asked other people to help them to provide, get the supports they need. And the system is doing what it can do. I guess front-line workers . . . and I give credit. I realize that.

And this is why I say, we have a crisis going on with addictions, mental health. And I keep saying, a crisis. And if you see somebody who gets told they're going to wait three, four months while they're on their addiction, get them to detox and they can't. . . And again, I want to make it very clear that I say, I think we're in a worse . . . Things don't appear to me . . . And I'm no expert. I'm just a poor Métis with no land. And I just watch a process and watch people trying to find help.

And when they do finally get the help, some of them make it, and I've watched them. And some of them come home, and we hope the supports are there for them. And sometimes some of them don't make it, and unfortunately the sad reality is we lose them. They don't make it to the treatment because they don't make . . . The time's too long. Like they can't see three or four months, five months away to get into the supports they need. When they're asking for it, it's immediate and they need that help.

And I just want to share this and then I'll let you, you know, go ahead and answer, and maybe you guys are going to come up with a plan that can address some of this. When somebody goes through a treatment centre and they get out, and you know, they've come into supports — maybe family, friends, a mental health worker, counselling — they're doing what they can do, and then they're struggling. And all of a sudden for some reason they're struggling, and they need the extra help right now. Maybe it's to go back for a refresher. It's something they're just seeing.

They're struggling and then they're saying, I'm struggling. And they reach out to their health worker, and the health worker can only say to them, well I'm sorry; there's nothing I can do other than maybe, you know, see you once a week, do our session, and maybe in three or four months we can get you in again. You have to realize that sometimes that's where we're losing so many. At least that's my view of it. I mean, you know, I can only say what I see and what I hear, what people share with me, families.

And we have a crisis going on, and I don't know. I'm hoping at the end of the day, government would consult, government will talk. And we see these dollars, these budgets. And I mean, I get the opportunity to come in here and talk about it. And some will say, oh well, we're giving more money; I get it. But we see family after family, citizen after citizen saying we're in a crisis, mental health, addictions, and suicide.

So it is alarming and I have to say, yeah, to those front-line workers, my heart goes out because of them. I don't know. And so many of them probably are burning out, and the workload must be unbelievable. And then we have problems where we see the positions not being filled. And whether it's North Battleford, you know — and I'll come back to those, a few questions I have over there — FTEs [full-time equivalent], how many we're missing and short. And you know, the field that the people are retiring, what's the plan to fulfill that? I mean, I have tons of questions I could ask because people are, you know, we're knowing, we're seeing problems and we're worried about it just as citizens.

So I'll just let you . . . and I did, I'm kind of not sticking to my point because I think when I express a little bit of the frustration from families, people struggling and hoping government will respond and your ministry will respond. And you know, for the record, I want to get on that I have shared people's concerns and views as best I can articulate what they were expressing with me. Very emotional sometimes, and struggling with their own mental health, their own addictions, and they're asking for help. And there's only so much we can do in my area where, you know, I look at it.

So with that I'll leave it at that, and I'll come back to some more questions without having a whole conversation. So with that I'll just leave with you. Thank you, Mr. Chair.

Hon. Mr. Hindley: — Thank you, Mr. Chair, and I thank the member for raising the question here. And maybe just talk a little bit about some of the investments that have been made over the past number of years and where we're going here in terms of additional investments when it comes to addictions treatment, and specifically I guess, to the member's question about access to treatment beds itself. And then, you know, the wraparound supports that might be needed for individuals as well, depending on their circumstances. Just, you know, the overall consultation that has happened and continues to happen in the years and months ahead.

So in the budget we do have a significant investment this year into additional new addictions treatment spaces in Saskatchewan. So as the member will know, we've talked about adding an additional 150 treatment spaces across the province over the next three years. And in this year's budget we have $2.1 million set aside specifically for the first year of the new addictions treatment spaces to be funded in the current budget year to add capacity into the system.

Because we know that is a challenge. That's something that we've heard and that's part of the consultations, the feedback we hear from people across this province, individuals, communities, those that are in this field and providing very, very valuable work providing the addictions treatment and support — a very, very intensive treatment. A lot has changed over the past number of decades in terms of what we're faced with and what we're dealing with, not just in this province. Every province and territory across the nation is dealing with these increasing addictions concerns, I would argue.

[16:15]

So we want to make sure we are expanding capacity. We know there are some groups and organizations that are already in this area when it comes to treatment capacity, in a private form. We've gone through and done a market-sounding approach here earlier this winter to get the lay of the land in terms of what's currently, potentially, out there for expanded capacity, that we could partner with. But also where there might be some

organizations that might be interested in getting into this field and providing this very valuable treatment support.

And so we're going to be making some decisions on that in the months ahead with respect to the funding that we have set aside in this year's budget and looking at where, you know, where do we need the spaces geographically in the province. Because we know that there are probably areas of Saskatchewan that aren't served as much as they would like when it comes to access to treatment. So we're going to continue to do that and then roll that plan out.

The consultation also leads us to, you know, why we've expanded into a number of different areas when it comes to enhanced harm reduction in Saskatchewan over the last number of years, adding more take-home naloxone kits in pharmacies across this province and further expansion, further funding to further expand that very valuable program in this province in the years ahead.

When it comes to take-home naloxone, we've had over 29,000 kits that've been distributed across the province since it was instituted in November of 2015, and a significant number in just the past year, over 13,000 take-home naloxone kits distributed in 2021-22. And by the statistics we have, we know that over 7,100 naloxone kits have been used to reverse an overdose. So you know, that's an example of where the consultation has led to some enhancements to existing addictions supports and treatments and harm reduction.

We've expanded into drug-checking strips across this province, and that's a fairly recent initiative. We consult with groups like the Saskatoon Tribal Council, who we provide some funding on an annual basis for harm reduction and support and street outreach and the excellent work that Saskatoon Tribal Council does serving their member First Nations. We have a number of rapid access to addictions medicine clinics, four of them in the province operating now: Prince Albert, Saskatoon, and Regina, and North Battleford just began operations here. Just in the past week or so, that has also opened.

And I'll maybe touch just a little bit on pre- and post-treatment beds, and then I'll ask one of our officials to come up and provide some additional details in this regard. But we've added an additional 50 pre- and post-treatment beds in this province. And we're getting into some areas where we didn't have, you know, treatment beds before, such as in St. Joseph's in Estevan. We now have a dozen beds there.

Lloydminster, we have a dozen beds operating there at the Residents in Recovery CBO [community-based organization]. Oxford House in Saskatoon previously did not have any pre- or post-treatment beds, now has 10. Pine Lodge in Regina, up to 18. And the YWCA [Young Women's Christian Association] in Prince Albert has added eight pre- and post-treatment beds. A combination but getting us up to a total of 87.

So between those enhancements plus the additional 150 treatment spaces that we're going to be adding over the next three years, and then the expansion of the RAAM [rapid access to addictions medicine] clinics, those are some of the areas where we've provided some additional options and more access, greater access to support when it comes to that.

And then maybe before I ask . . . I'll ask Brad Havervold to come back up and maybe just talk a little bit further about this. But I think it's also important to acknowledge a number of community-based organizations that are out there offering this service without any government dollars, that are doing this on their own accord and have been doing it for a number of years and sometimes decades. You know, a group that comes to mind is, you know, Alcoholics Anonymous, for example. And there's a number of these support groups that exist around the province.

I've had a chance to meet with some of them one on one. And they might only be operating in a community or two, but they've found an area where they've taken some initiative on their own to create a wraparound support for people that might be exiting treatment, whether it's for alcohol, or you know, serious drug addictions. And they've come to the fore and are offering that support in those communities and are doing it on their own accord and are doing that very, very well. And they exist across this province.

But maybe I'll ask Brad to come back up just to answer or provide a bit more detail into this area as well.

Mr. Havervold: — Hi. Just to build on what Minister Hindley was speaking about, the rapid access to addictions medicine clinics. I think the minister mentioned the communities where they are operational at this point. Those really are intended to be a first stop for an individual, often who has experienced an overdose. From the emergency department are redirected to the . . . We call them RAAM clinics. That consists of a physician with some expertise and training in addictions medicine, as well as nurses and other support workers.

And the intent is to provide access to them to specialized care at the time where they probably feel they're in a situation where they want to make a change in their life. And so it is really an opportunity, particularly with people that are suffering from opioid use disorder, to be able to direct them to things like opioid substitution therapy or other treatments.

A few other investments that have been made over the years that are in the addictions space, particularly those that find themselves in a crisis situation. We've added addictions workers into the emergency departments in Prince Albert, Regina, and Saskatoon. So there is an addictions worker in-house in the ER [emergency room] 16 hours a day in those communities. And again the intent and purpose of those positions is to make the connection with the individual who's suffering from addiction concerns and to help navigate them off into the appropriate services that they need and to support them. And that was an investment from '20-21 that is implemented in Regina and Saskatoon, and they're just in the process of hiring in Prince Albert.

I think, as the minister mentioned around mental health issues, often individuals don't need to go to the most highly skilled addictions medicine physician to be able to get the care and support they need. And we've implemented a training program for physicians, nurse practitioners, other primary care providers to learn more about how to better support and treat people with addictions in their own practice. Many of them would not have had much experience in addictions medicine, and this training program gives them the skills that they have that allows them to better support people within their own practice, rather than

referring them to a specialist or to a specialty clinic. And that's been a well-subscribed program from both family physicians and nurse practitioners across the province.

The other thing I might mention related to this is the supports for the detox centres that serve individuals, you know, doing their detox from crystal meth. They often have very severe symptoms as they withdraw, and they need nurses and other people to help administer medication and support them. And so we've implemented, again in '20-21, additional medical supports in detox. And I believe La Ronge was one of the first communities to implement that service to ensure that the people receive the appropriate care in the detox facility that they're in and again try to navigate them to the appropriate service.

Mr. Vermette: — Like I've got a number of questions, and I guess if you want to have time later, Mr. Chair, if the minister with his officials wants to table some of these items and give us the numbers later, I'm okay with that. I got a few places I would like to comment because I know my time's running out, and my colleague would like to go. And I have a few things I'll finish up. So if you're okay with that, I'll . . . [inaudible] . . . and if you're willing to get those numbers for the committee at a later date, you know, when it works and you get those numbers, I'd appreciate it.

I guess my first one would be, how many people are currently waiting on the list for a residential treatment centre facility in our major centres? Like it'd be nice to know how many people are actually waiting to get into them, a treatment centre.

Another area where I'll just share with you. I'd also like to know how many are waiting on the detox in our major centres. And I know that some of the smaller centres, the rural come and feed into the bigger centres because they have the facilities to accommodate that. So those are numbers I would like to see, if you could give to the committee later, that would be very helpful when we're looking at the numbers.

There's one that maybe your officials would have this now, but if not they could table it later, yourself or your officials. If you're willing to do that, I am okay with that. How many children and youth in the mild to moderate categories are waiting for an initial out-patient mental health appointment today in Regina, Saskatoon, Prince Albert, Yorkton, and North Battleford? Nice to have those numbers if you could provide that.

Hon. Mr. Hindley: — Thank you, Mr. Chair. We're checking here. I'm not sure if we have the specific numbers that the member opposite is looking for, so we'll try to see if we can track that down. But I'd ask one of our officials here just to talk a little bit further about some of the youth out-patient tracking that we do have, in terms of numbers and benchmarks and those sorts of things, just to relate back to the committee some of the statistics we do have on hand when it comes to treating children and youth in this province on mental health issues.

Ms. Morrissette: — Thank you, Minister. Good afternoon. Billie-Jo Morrissette, assistant deputy minister with the Ministry of Health. As the minister mentioned, we don't have with us today the number of individuals waiting for those types of services. But we do track the amount of times that we're meeting our service benchmarks for child and youth out-patient mental health services across the province. And I have those which I can share with you today.

So the numbers I'll share with you today are the percentage of clients seen within triage benchmarks for child and youth out-patient mental health services, and this would be for '21-22 for the first three-quarters of the year. So for very severe, our benchmark is to see those patients within 24 hours, and we are meeting that target 86 per cent of the time across the province. For severe, the benchmark would be to see them within five working days, and we are meeting that target 94 per cent of the time. For moderate patients, the benchmark is to see them within 20 working days, and we are meeting that target 99 per cent of the time. And finally, for mild, the target would be to see them within 30 working days, and we are meeting that 100 per cent of the time. And this again is for child and youth out-patient mental health services.

Mr. Vermette: — Okay. Thank you for that information, and those other numbers you can get later would be much appreciated. I guess one more question I have: how many patients have left the emergency room with mental health concerns and did not see a physician? Do you have any numbers of how many patients might have left?

[16:30]

Hon. Mr. Hindley: — Thank you, Mr. Chair. Just in checking with our officials here, we track the number of patients that leave without being seen. We don't have the actual numbers here though with us today, so we're going to try to get that. What we don't track specifically, is my understanding, the reasons for why a patient may have left without being seen when presenting to a hospital or an ER or whatever it happens to be. So we do track it; just we don't have the numbers. We're going to see if we can find that for you. Okay?

Mr. Vermette: — Thank you. I guess the other area here . . . I'm going to conclude my remarks, but I know the federal government is looking at, I know, mental health, addictions. And I know I'm going to do everything I can to talk to certain individuals to put pressure. And maybe it's time we talk about partnerships. Maybe some other partners would love to take part in the federal government and trying to deal. Especially when, you know, I talk about as Indigenous people — as my grandchildren, First Nations or Métis, you know — there's more of a push to say, we need to make sure we're doing all we can with facilities that we operate and trying to help and trying to target.

So I know there's going to be a push and I'm going to do all I can. You say you are open to suggestions and meeting. And I'm glad, you know, you feel that way and I think that's important to have a good dialogue and talk. I'm going to do all I can and continue to advocate for people so we don't lose more lives, families don't have to suffer the loss . . . of barriers.

You know, I just want to say this. I'm hoping that you'll reconsider, as a minister in your government. Safe consumption sites in Regina, Saskatoon, unfortunately again were not in this budget and do such great work. And yes, there's many organizations that you acknowledge yourself, saying are doing some work out there on their own. And that's fine and dandy, and

I do appreciate any time we can help someone and save a life. It's important, but I'm hoping your government will reconsider, you know.

And I guess I'm asking you, would you, and are you thinking of, planning to reconsider looking at safe consumption sites, to fund those organizations? Because they do such great work. And you talk about saving lives and you talk about kits, and how important it is. Not only at home. I carry one in the pocket of my coat that I always have for a reason and exactly that reason, to make sure, you know, we can do all we can should we come upon somebody. I've lost a nephew to an overdose, and that's the sad reality of life as it is. And my family's had to go through its grieving, but we're always thinking of helping someone else, should we . . . So I'll leave that with you, you know, maybe for your consideration, and I've said about the federal government.

The last thing I'll say, I will be approaching you as the Minister for Mental Health and Addictions. I have a suggestion I'm going to propose to you. I won't be doing it here. I'll sit down with you. We'll have a talk. And you know, I think there is truly some work that needs to be done. We have a crisis going on and everybody's saying it. All, I think, front-line workers, I'm sure your staff, your officials all know this stuff. It's not new what I'm saying to them. They all know it. I know that and I do appreciate.

You know, I like to criticize because sometimes it's what you feel we need to do to wake up people, but sometimes . . . I hope people realize I'm sincere and with most respect saying, we're losing people. And we're losing our children; we're losing our grandchildren. We're losing family members throughout the province, not just Indigenous, not just North. It's rural. It's urban. It's everywhere.

And we have a crisis going on especially with COVID the way it is. And I'm just going to say, I'll do what I can do to help out and advocate as best I can, you know, with what I have, the tools that the Creator's given me to try to advocate for people. I will try to do that and will continue to do that. So some days we'll have good dialogues. Some day I want to kick at you to say, come on, help me out here; help these families.

So with that, I'll just say, Mr. Chair, thank you for giving me an opportunity to take part in some of the information and trying to find out where things are moving in a good way and where things are a crisis and we need to move further. So with that, I'll say thank you to everyone, your officials, to the ministers, and to the committee and the Chair. Thank you for giving me this opportunity.

The Chair: — Thank you very much, Mr. Vermette. Mr. Love, the floor is yours.

Mr. Love: — Thanks, Mr. Chair. I'll jump back into our discussion from last week on the care for seniors. Last week we had a discussion about the number of geriatricians on the job in the province, and at that time it was reported that there are three registered geriatricians. One of them is currently on leave.

And I'm wondering if you can tell me — I thought of these questions after the discussion — what happened to the one geriatrician that we lost? Was that an unexpected loss or resignation? Was it a retirement on schedule with what the minister expected? And were there any geriatricians that were reassigned within the health care system during the Delta wave, or who continue to be reassigned or redeployed?

Mr. Hendricks: — Max Hendricks, deputy minister. So we had told you there was one on . . . There were three. One was on leave. She's on a temporary maternity leave and will be back in the near future. The one that you're referring to, I believe, who is part-time was working on the modelling project with the COVID pandemic, and we believe she has returned to clinic work, 0.6 FTEs now. And she was in a leadership position before, so that was her clinical assignment prior to this.

Mr. Love: — So the three individuals, the three certified individuals — other than the one you just mentioned — are they full-time permanent seats? So she's a 0.6 in her geriatric practice? Are the other two full-time? Or I guess the one that's on leave, when she comes back, will that be full-time?

Mr. Hendricks: — Yes, the other two are full-time. And the last one that I mentioned who has leadership responsibilities is 0.6 clinical.

Mr. Love: — I'm wondering if you can provide the numbers for the committee on the . . . Current outbreak reporting is a little bit confusing when we get the numbers each week because, I believe, it's the number of new outbreaks. So it's hard to know how that adds up.

Can you provide the number of outbreaks and the number of deaths in long-term care and personal care homes since January 1st of this year, and since February 28th when all public health measures were dropped?

Hon. Mr. Hindley: — Thank you, Mr. Chair. To the member's question here, we don't have — and we just did some searching there — but we don't have the numbers there specific to that time frame of outbreaks and deaths in long-term care since January 1st of this year or since February 28th. But I think at the last meeting that we had here, there were some questions just about long-term care outbreaks. And we do have some information overall since the start of the pandemic, so I'd just like to report those numbers back because I don't think we provided that information last time.

But there were 258 confirmed COVID outbreaks in long-term care facilities notified to the Ministry of Health between March 2020 and April 2nd of this year. And there were 223 COVID-related deaths in long-term care residents between March of 2020 and March 13th of 2022.

Mr. Love: — Is it possible to get the answer to my previous question tabled for the committee, specifically the number of outbreaks and deaths related to COVID in long-term care and personal care homes since January 1st, and also since February 28th, when all public health measures were dropped? Can that be tabled?

Mr. Chair, I can move on while they decide if this can be tabled or not. I guess for the minister . . . and I'm not sure this takes any discussion. But without this information, you know, readily available to you . . . There's a lot of discussion about the role of personal responsibility and risk assessment, but as a minister,

you're not just responsible for yourself. You assume responsibility for seniors within care of our public health system in Saskatchewan, in long-term care and personal care homes.

So without that information, how do you make risk assessment for those folks in care without knowing how many outbreaks or deaths have occurred since all public health measures were dropped? In other words, what information do you look at in determining if, you know, measures need to be brought back, if there's anything that needs to change? What information would you consider?

Hon. Mr. Hindley: — Thank you, Mr. Chair. When it comes to making these decisions, yes, we look at the numbers that we get in our weekly epidemiology reports that come to us, and continue to brief regularly with Dr. Shahab, the province's chief medical health officer. And we ask him when we do have these regular briefings and discussions with him as he's watching the situation of course very, very closely in terms of overall in the province but specifically when it comes to long-term care.

And that's a question that I ask on a regular basis when we have these discussions with officials, you know, in terms of the numbers that are reported on on a weekly basis, but also in terms of, you know, are there any specific areas of concern. So that is one of the topics of discussion that we discuss and have some conversations about in terms of where we're at when it comes to these weekly trends, and are there any areas of specific concern.

And so make those decisions, trying to do that, and as we have done throughout the pandemic, trying to balance that advice that we get from Dr. Shahab and from the officials, but you know, also what we're hearing from families and residents in long-term care across Saskatchewan in terms of, you know, what their point of view is and their level of comfort is with where things are at.

You know, we've prioritized vaccinations and continue to do so for our seniors and across this province when it comes to making sure that they're fully protected, but also balancing their requests to me personally when it comes to what they're looking for for their own personal and mental health when it comes to being able to have visits with family and friends and being able to, you know, leave facilities for day outings and those sorts of things.

I'd also point out that local medical health officers, they still have the ability to implement local outbreak precautions while again trying to balance the need and desire of residents while also protecting those that are in long-term care and knowing, of course, that it's a fluctuating resident base in long-term care as well.

So that's what we look to, that's how we determine, you know, and make the decisions that are made through, again, consultation with the province's chief medical health officer, watching all the trends across the province — and that includes long-term care — and watching specific regions to see what's happening in different areas of the province, and basing those decisions on all of those factors as we continue to navigate through this living-with-COVID period.

[17:00]

Mr. Love: — So it's interesting, Minister. I'm looking at a *Leader-Post* article that was from about one month ago. March 13th, they reported that at that time the government had data available, that 57 people had died from COVID-19 in long-term care homes alone, not including personal care.

And one of the interesting things that struck me in this was that (a) that the data was readily available for the media; and (b) that the government continued at this time to separate deaths in long-term care by the categories of for-profit facilities, third-party non-profit, and facilities owned by the SHA. And at the time, it was 10 deaths in for-profit, five in third-party or affiliate homes, and 42 in SHA-owned homes. What struck me about that was that the government continues to use the designation of for-profit facilities.

So can you update the committee on where things are at with the five Extendicare facilities, if the government still considers them . . . Is Extendicare still generating profit from Saskatchewan? Where are things at with the co-management agreement? How much is in the budget this year to facilitate transfer of those facilities? Is there any plan?

I'm sure that you can interpret my question as kind of, overall can you please give us an update on what's happening with the five Extendicare facilities for which . . . You indicated this province would be ending their relationship with Extendicare months ago.

Hon. Mr. Hindley: — Thank you, Mr. Chair. Now I'll just provide some opening comments here and then will ask the interim CEO of the Saskatchewan Health Authority, Andrew Will, to talk a little bit further about the situation.

What I can say to the member is that the discussions are continuing between the SHA and Extendicare in terms of the transition, and Andrew might be able to speak a little bit about that in terms of where things stand.

The co-management agreement is still in place and still in effect. As I understand it, we still have staff involved in each of the facilities as part of that, and the SHA continues to work towards negotiating that.

You know, there's a number of areas there and key items that require a detailed review and negotiation as part of this process which, you know, includes the service to the residents of these five facilities, the transition of staff with respect to their collective agreements, and other matters there as well.

So again, it's my understanding that the discussions are still happening, continue to take place. And I'll maybe ask the interim CEO of the SHA to speak a bit further about current status.

Mr. Will: — Thank you. Andrew Will, interim CEO of the Saskatchewan Health Authority. As the minister said, we're actively in discussions with Extendicare to work through the details of the transition. I'll just say the discussions are going well. You know, both parties are keen to see a good transition of services from Extendicare over to the Saskatchewan Health Authority.

You know, certainly there's lots to consider in terms of a smooth transition, including the transition of staff over and some of the

labour relations considerations with respect to that. So all is going well, and parties are working through the details. We couldn't speak to the details of that yet until it's resolved, but making good progress.

Mr. Love: — Is the province, the ministry, or the SHA, is it likely that you're looking at moving from co-management into ownership of these facilities? And being older facilities, which obviously was one of the causes of the outbreaks and the tragedies that unfolded, what is the future of these five facilities in Saskatchewan?

Hon. Mr. Hindley: — Yeah, Mr. Chair, it's, you know, we're not going to speculate on what the outcome of this might be. This is again a process that's under way. It's going to take some time. So how this, you know, or where this ends and where this lands at the end of the process, I just don't think it's fair to speculate on what that might be.

Mr. Love: — Are there any other for-profit providers of long-term care, Canadian companies that you have engaged in conversation with, either for these facilities or for new facilities in the province?

Hon. Mr. Hindley: — Thank you, Mr. Chair. This would be encompassed and part of it, but as part of the replacement of long-term care beds in the city of Regina, the 600 beds replacement project there, there has been a market sounding that's been conducted or is being conducted right now, that particular process under way. So there could be any number of organizations or companies that may have responded to that or participated in that market-sounding process, and that would be happening as part of the process that's under way to look at the replacement of the 600 beds here in Regina. So there could be a number of companies that perhaps have responded to that particular market sounding and expressed an interest in that area.

Mr. Love: — Okay, thanks, Minister. Just a quick question about the Ministry of Health's pilot project focused on a new inspection program for long-term care homes. I believe that it started with 20 homes inspected by the end of March. Can you update the committee on when you expect these inspections to be happening in every long-term care facility, as was the recommendation of the Ombudsman?

Hon. Mr. Hindley: — Thank you, Mr. Chair. So yeah, the Ministry of Health launched the new inspection program for long-term care homes in this past December. The initial series of inspections, which was 20 homes, was to be completed just recently, just by the end of March of this year, March 2022, with the goal that as we move forward that all long-term care homes will be regularly inspected on a three-year cycle. And I'll just maybe ask Billie-Jo Morrissette to provide some additional more detail and specifics when it comes to where we're at and where we are going forward with the new long-term care home inspection process.

Ms. Morrissette: — Thanks, Minister. So as the minister mentioned, we had started with a smaller number of homes just so that we could really . . . We called it a pilot, but it was really just to make sure that, you know, we had a good system of inspections, you know, we were working with the homes in terms of making sure that the process was really strong.

So we have completed most of the first tranche of homes and we are adjusting our processes just a little bit as we go into the next series of homes. We will inspect them regularly on a three-year process, as the minister mentioned. But I do want to flag also that if there are concerns coming forward or if there are follow-ups that we find during the inspection of the home, certainly we would be able to go, you know, sooner or we would make more than one visit in terms of that cycle.

And so we are now looking to sort out where we'll be going next in terms of that next series of homes. And we consider a number of different factors in terms of which ones we want to do next, you know, a mix of urban and rural and, you know, some where we might be seeing some indicators that would suggest we might want to go see what's happening in the home.

I think certainly we're happy with how the process is going. And I think the homes have been quite welcoming when we get there. And there's been a really good back-and-forth with the homes in terms of, you know, making this a really important learning experience and making sure that where we're finding things there are, you know, systems of follow-up and other processes are in place.

Mr. Love: — I imagine I only have time for one more question. So I'm going to lump a few things together here and just ask for a couple, you know, high-level comments on them. It's about the home in La Ronge. I believe it's originally promised to be built in the '22-23 year, but now I believe it's projected for 2025. I'm wondering if you could give an update on the timeline; who will be paying for furniture, fixtures, equipment; and also what the plan is to staff the facility. My understanding is that they currently have an acute care centre with about 30 beds and they are struggling to keep and retain staff. I'm wondering what the site-specific plan is to have more staff when they're already struggling with the facility that they have.

[17:15]

Hon. Mr. Hindley: — Thank you, Mr. Chair. And I'll provide a bit of information and ask the officials to fill in some of the blanks here. Scheduled completion date is 2025, early 2025, I believe. You know, there's some challenges when it comes to construction in that particular area because of the muskeg. Of course there's only certain times of the year that construction can take place. But you know, we continue to be in contact with community leaders and the community as a whole in terms of this project and the significance and the importance that it is to La Ronge and area.

And I'll just maybe touch on the staffing a little bit. All of our new builds that are either currently under way or will be in the near future, and that would be, you know, the Meadow Lake long-term care facility which is set to open very soon, La Ronge, Grenfell, Estevan, Watson, any of these communities. We're going to be replacing hospitals in Yorkton and Weyburn as well. And those are all priorities for us and it's part of, you know, why we're focusing on it through our overall health and human resources strategy, the four-point plan that we've talked about in terms of training, recruiting, incentivizing, and retaining individuals, not just in existing facilities but in cases where we're building new facilities and replacing them. And perhaps there might be more patients or residents they're taking care of and

additional staff required. So that's why we're taking this targeted approach to looking at, not just the short-term, but the longer term needs when it comes to health care facilities in this province.

But I'll maybe just ask the officials to touch a little bit on some of the other things that are happening with respect to the La Ronge project.

Ms. Morrissette: — Thanks, Minister. Maybe just a couple of follow-on comments just around the timing and schedule. So the facility is essentially designed, so we're kind of at the very end stages of design, just working through a couple of last details there. And then we are now into looking for when we can begin site works and construction. There is some, you know, specific issues in this part of the world around when you can do certain kinds of site works and things like muskeg, and sometimes it's better to do that when it's frozen. And so we are looking, you know, to make best use of those seasonal features, if you will, in terms of construction. And so we are hoping to start some of that here into the fall. So I think things are progressing quite well in terms of design and getting that construction and site work under way.

With respect to the FF & E [furniture, fixtures, and equipment] and some of the local share contributions, so normally in a community we would ask the community to contribute, as we've talked about before, 20 per cent toward the facility and then 100 per cent of the FF & E. In this case government has waived the 20 per cent, just given some of the unique features of who this building will be serving. And so we have been in early discussions with the community around the FF & E costs and looking to come up with strategies around how best to address that with the community. You know, certainly it's on their radar, but there are some challenges in that part of the world that we'll have to be conscious of. But those discussions are under way, and we are hoping to really start advancing that, given that we've got a 2025 move-in timeline and we need to get planning under way.

The Chair: — All right. Thank you. Having reached our agreed time for consideration of these estimates, we will adjourn consideration of these estimates and supplementary estimates no. 2 for the Ministry of Health. I would ask that a member move a motion of adjournment. Mr. Meyers has moved. All agreed?

Some Hon. Members: — Agreed.

The Chair: — Carried. This committee stands adjourned until Tuesday, April 12th, at 3:15 p.m. Thank you.

[The committee adjourned at 17:19.]