STANDING COMMITTEE ON HUMAN SERVICES

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STANDING COMMITTEE ON HUMAN SERVICES

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Mr. Hugh Nerlien
Kelvington-Wadena

[The committee met at 15:30.]

The Chair: — Good afternoon, everyone. Welcome to the Standing Committee on Human Services. My name is Alana Ross, and I am your Chair this evening. Committee members are Mr. Jared Clarke, Mr. Matt Love sitting in for Ms. Meara Conway, Mr. Terry Jenson sitting in for Mr. Muhammad Fiaz, Mr. Warren Kaeding, Mr. Hugh Nerlien, and Mr. Jim Lemaigre sitting in for Mr. Marv Friesen.

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 begin with the consideration of vote 32, Health, central management and services, subvote (HE01).

Mr. McLeod is here with his officials. I would ask that officials please state their names before speaking and please do not touch the microphones. The Hansard operator will turn your microphone on when you are speaking to the committee.

Minister, if you would please introduce your officials and make your opening remarks.

Hon. Mr. T. McLeod: — Well thank you, Madam Chair, and members of the committee.

If it please the Chair and the committee, I know Minister Hindley did introduce the officials yesterday. So in the interest of time and to respect Mr. Love's request to move things along, I will just note that we have the same officials here today. With me, seated to my left at the table, is Deputy Minister Tracey Smith. And of course all of these wonderful officials who will introduce themselves as required along the way.

As the Minister of Mental Health and Addictions, Seniors and Rural and Remote Health, I'm pleased to provide an overview of the significant investments in the 2024-2025 budget that we are making in key priority areas for Saskatchewan people.

I want to thank all of our front-line health care workers across the province and our partner agencies for their hard work and dedication to caring for patients. We greatly appreciate the work that they do.

We recognize the challenges that we are facing, and we are continuing our efforts to address the need for additional health care workers here in Saskatchewan. These same challenges are affecting every province. We are taking bold actions to address health care in our province through our ambitious health human resources action plan and through many of the initiatives I will talk about today, including initiatives specifically for rural and remote locations.

In the area of mental health and addictions we are investing in mental health care and addictions treatment services. That is a high priority for our government. That is why budget 2024-25 includes an additional $56 million for mental health care and addictions treatment services for a record total of $574 million in funding. This represents an increase of 10.9 per cent over last year's budget and an increase of 162 per cent since our government was first elected in 2007.

Of the $56 million increase, 34 million is new funding to expand and improve mental health care and addictions treatment for Saskatchewan people. The remaining 22 million is to support increased utilization of existing services, including hospital-based services, physician visits, and prescription drugs.

Addictions are impacting individuals, families, and communities in Saskatchewan, across Canada, and around the world. That is why Saskatchewan has put forward a new action plan for mental health and addictions last fall that focuses on getting more people the treatment they need to overcome addictions and live healthy, safe lives in recovery.

Budget 2024-2025 continues to invest in the three pillars of our action plan: building capacity for treatment, improving the system to make it more accessible, and transitioning to a recovery-oriented system of care.

Budget 24-25 invests a record $102 million in addictions treatment. That's a 29 per cent increase over last year and a 177 per cent increase since our government was first elected in 2007. This includes $6.2 million for an additional 150 addictions treatment spaces on top of the 183 that have been announced thus far, further advancing towards our commitment of adding 500 spaces to double the capacity for addictions treatment in Saskatchewan.

The 183 addictions treatment spaces announced so far include 15 in-patient treatment spaces through Thorpe Recovery Centre in Lloydminster, 60 in-patient treatment spaces through EHN Canada in Lumsden just outside Regina, 14 in-patient treatment spaces through Poundmaker's Lodge at the former Drumming Hill Youth Centre in North Battleford, 32 out-patient spaces through Possibilities Recovery Center in Saskatoon, 26 post-treatment spaces at St. Joseph's Addiction Recovery Centre in Estevan, and 36 virtual spaces through EHN Canada accessible across the province. More addictions treatment spaces are planned to be announced in the weeks and months ahead.

One million dollars in this year's budget is supporting the development of a central intake system that patients can contact directly to self-refer for treatment. The central intake system will make addictions treatment more accessible to patients, better match patients with the services that best meet their needs, and provide a bridge between services as patients move through the continuum of care.

An additional $1 million is supporting the development of a new province-wide program that will provide rapid access to addictions medicines for opioid agonist therapy. By helping more people overcome addictions and live healthy, safe lives in recovery we can save lives, heal families, and strengthen our communities. Budget '24-25 invests a record $472 million in mental health care. That's a 7.7 per cent increase over last year and a 160 per cent increase since our government was first elected in 2007.

New investments in mental health care in this year's budget include a $1 million investment to further expand the mental health capacity building in schools initiative to five more schools for a total of 15 schools in that program. We recognize the challenges that young people face, and this initiative is there to help support their mental health. The program focuses on prevention and mental health promotion, early identification and intervention. It also helps young people better manage their feelings and increases awareness of where they can find help.

The 10 schools that are currently in the program include Dr. Martin LeBoldus Catholic High School in Regina, North Battleford Comprehensive High School, John Paul II Collegiate in North Battleford, Greenall High School in Balgonie, Hector Thiboutot School in Sandy Bay, Churchill Community High School in La Ronge, Prince Albert Collegiate Institute, St. John Community School in Prince Albert, Weyburn Comprehensive School, and Dr. Brass School in Yorkton. I look forward to announcing the additional five schools being added to the program in the weeks and months ahead.

Budget '24-25 is also providing $215,000 in new funding for the BridgePoint Center for Eating Disorders to provide a virtual treatment program available to patients across the province, increasing access to this important service.

We recognize the importance of programs like those offered at BridgePoint Center for Eating Disorders which help people address eating disorders through a holistic wellness approach. BridgePoint is a not-for-profit organization that works in partnership with the Saskatchewan Health Authority to provide options for recovery and healing to people suffering from eating disorders. Participants of the current program stay at the BridgePoint facility for the duration of their program and receive support 24 hours a day, seven days a week. Adding a virtual option for treatment is important because it will provide access for these services to residents across the province, making it easier and more convenient for patients.

Budget 2024-25 also provides an additional $150,000 in funding for Sanctum Care Group in Saskatoon to assist their prenatal outreach teams, or PORT [prenatal outreach resource team] program to support the health of at-risk expectant mothers and their babies. This multi-sectoral program sees many groups come together to provide support for pregnant women living in complex situations by providing effective interventions early in pregnancy to reduce health complications for mothers and their infants.

1.9 million in the budget 2024-25 enhances psychiatry services in Prince Albert with a team-based model of care so that they can see more patients. The team-based model of care will make recruiting child and youth psychiatrists more attractive, further supporting our efforts to fill vacant positions there, in addition to improving patient care through a team-based approach. An additional $400,000 will also enhance psychiatry in Saskatoon with a team-based model of care to better support intake management and better coordinate patient care.

Our health human resources action plan is getting results for rural, regional, and northern communities, and budget 2024-25 continues that important work. Our government has committed to creating 25 nurse practitioner positions in rural, regional, and northern communities to enable care teams to see more patients. We know how important it is for patients to have timely access to quality care as close to home as possible, and we have seen first-hand the role nurse practitioners play in making this possible. By creating these new positions we will establish greater access to care in areas that are currently underserved, making life easier for Saskatchewan residents.

We are also investing an additional $600,000 to add eight more training seats to the Saskatchewan international physician program, or SIPPA [Saskatchewan international physician practice assessment] for a total of 53, which will bring more physicians to rural, regional, and northern communities. Supporting access to health care in rural, regional, and northern communities is a high priority for our government. Adding training seats to the SIPPA program is another step in this direction, and we are excited to see more physicians serving these communities.

We are also excited to proceed with phase 3 of the rural EMS [emergency medical services] enhancement initiative through a $7.5 million increase to enhance emergency medical services. This phase will add 40 additional full-time equivalent EMS staff in rural and northern communities. The addition of these positions will help stabilize and strengthen the important EMS services that people living in rural and northern communities rely upon.

We are also providing $8.7 million in funding for the rural and remote recruitment incentive to continue to fill hard-to-recruit positions and strengthen health care services. To date, 305 hard-to-recruit positions have been filled as a direct result of this program, helping to stabilize and strengthen important health care services in rural and northern communities across our province.

In addition to that funding, we are also providing $1 million in additional funding for the rural physician incentive program, enabling us to continue to attract more physicians to work in rural and northern communities.

Budget 2024-25 makes a record $517 million investment in health care capital. As part of this milestone in capital spending, we are investing in new health care facilities for rural and northern communities, including 55 million for the construction of the Weyburn hospital replacement. Construction of this project is well under way.

A $27 million investment has been allocated for construction of the La Ronge long-term care project. Construction of this project is expected to start this year. Also, $10 million is included in this budget for ongoing construction of the Grenfell long-term care centre.

Other capital investments for rural and northern communities include $2.5 million to continue planning for the Estevan long-term care project; $1.5 million to continue planning for the Watson long-term care project; $1 million for planning for the Yorkton Regional Health Centre replacement; $250,000 for planning for the Esterhazy St. Anthony's Hospital replacement; $250,000 for planning for the Rosthern Hospital replacement project; and $250,000 for planning for the Battleford District Care Centre replacement.

[15:45]

Planning can entail anything from a needs assessment to determine what the community requires, to a business case model to show why the facility is necessary and how it will benefit the community. Investment in infrastructure will improve access, safety, and quality of care for residents in our rural and remote communities. Ultimately we want to see all Saskatchewan residents getting the care they need and deserve.

With regard to seniors, our government recognizes the unique needs of seniors in the province, and caring for them continues to be a priority for our government. We remain committed to providing health services and programs that support our seniors to live safely and comfortably in their communities.

To address these needs, we are continuing to invest in seniors' care in this budget which includes increasing the personal care home benefit through Social Services again this year to a maximum of $2,500 per month. This builds on the increase provided last year from a maximum of 2,000 per month to 2,400 per month and further supports the ability of lower-income residents to access personal care home services.

We are investing $20 million to further advance the 240-bed specialized long-term care facility in Regina. And we are investing $10 million for additional long-term care spaces in Saskatoon and Regina; $8 million to expand bed capacity in the community and help alleviate pressures in Saskatoon's hospitals; and $2.36 million in additional funding to support the replacement of long-term care spaces here in Regina.

Our government is also providing a $40 million funding boost for affiliate long-term care providers which will support them in continuing to provide high-quality long-term care across 36 third-party long-term care homes with just over 2,500 beds.

In conclusion I thank the committee for giving me the opportunity to discuss these significant investments in our 2024-25 Ministry of Health budget. I know we have accomplished a lot this past year, but we also recognize much more work remains to be done as we continue to tackle the challenges facing health care in our province.

I want to thank our partner agencies and all the stakeholders for their contributions. There is a lot to look forward to in this year with many health care improvements planned and already under way. My officials and I will now be pleased to take your questions. Thank you very much.

The Chair: — Thank you, Minister. I will now open the floor for questions. Mr. Love.

Mr. Love: — Thank you, Madam Chair, and thanks to the minister for his remarks and for being willing to forgo the introductions that were done yesterday. It is appreciated by my colleague and I as we've got lots to cover this afternoon and this evening.

Just for the sake of your officials and the ministers here, our intention is to divide the time tonight starting with questions on seniors followed by my colleague bringing questions on rural and remote health care and mental health and addictions, although there may be some time at the end where we get in a few last questions that may be spread across all of those areas.

When it comes to questions on seniors, I'll be focusing my time on questions related to long-term care, home care, personal care, home supports, and staffing questions.

Minister, the first question is one that I brought to you at the end of our time last night and wanted to give you an opportunity to gather some information, so I'll just quickly summarize this question and then turn things over to you and your officials.

I noticed that last year in this committee on April 3rd and then again on April 4th, I asked for the Health minister, who was then minister for Seniors, to gather information on folks who have left the long-term care workforce. So I asked on April 3rd if the SHA [Saskatchewan Health Authority] tracks people leaving the workforce. He said yes they do. I asked him to assemble this. He said his officials would be on it.

I returned to that question on April 4th and the minister committed to table that information. So that was a year and six days ago. Although we did just receive a couple days ago another tabled document from the April 4th meeting, so I realize that sometimes this takes time. But I'm wondering if you have that information that you can provide to the committee this evening.

Ms. Smith: — Thank you for the question. Tracey Smith, deputy minister of Health. So your question was in relation to . . . I think you had asked for the most recent numbers around attrition in special-care long-term care homes. So for the fiscal year of '22-23, there were 263.6 FTEs [full-time equivalent] that were gone through attrition. Some of those reasons for attrition include things like retirements, terminations, if somebody resigned, or they didn't pass probation. So those are some of the examples just in terms of the reason for the attrition.

Mr. Love: — Thanks, and a simple yes or no will help me to know how to proceed. Do you have numbers available on hand to show how that year would compare to, say, the previous five years before that?

Ms. Smith: — Thanks for the question. So we don't have five years' worth of data, but I do have the last couple, I guess the last three fiscal years that I can provide. So I will just start with '20-21, the number was 212.7 FTEs; for '21-22, 277.3 FTEs.

Mr. Love: — All right. Thanks. I appreciate that. What is your retention strategy for the long-term care workforce?

[16:00]

Ms. Smith: — Thanks for the question. I'll just maybe, just to give it a little bit of context again, just to reinforce with the importance of this area and the importance of staffing within our long-term care facilities, we have made . . . In terms of the planned, the overarching plan would be our health human resources plan that we've been working through over the course of the last couple of years.

But what I would say, you know, specifically around long-term care, government has made a significant increase in terms of the number of CCAs [continuing care aide] within long-term care

facilities. So there's been an incremental investment every year for the last few years, for a total of 300 new CCA positions for that area.

So that's, you know, that's one example. And I would say just in terms of . . . And I'm going to turn it over to Mike Northcott, the VP [vice-president] with the Saskatchewan Health Authority for human resources. But just in terms of the overarching retention sort of strategy, I think we talked a lot last night about the importance of the workplace and the importance of having a healthy workplace where staff feel supported.

And I think that's where the SHA, again in terms of their planning and their focus, they've got some examples of where they're working with those teams across the province to ensure that staff in those facilities feel supported and have a good work experience. So I'm going to turn it over to Mike.

Mr. Northcott: — Good afternoon. My name is Mike Northcott. I'm the chief human resources officer with the SHA. I just want to start out with a statement around demonstrating our appreciation for what the staff do each and every day. It's so important to us, and retention of those staff is so important to us.

I'll maybe just walk through some of the bigger areas of initiatives in terms of retention. And so I'll maybe start with leadership presence. We really want our leaders to engage their teams to really be supportive of their teams. So we focused on some of the training that we provide. Leadership essentials programming, intro to coaching skills for leaders, core strengths, leadership coaching supports, crucial conversations, introductions to the LEADS [lead self; engage others; achieve results; develop coalitions; systems transformation] framework, succession planning, and provincial mentorship program are some of the things that we do in that space.

Team effectiveness is also really important. So we've all been in work environments where we have a great team environment and support each other and work effectively as a team. So we provide support around building effective teams: five behaviours of a cohesive team program, core strengths, and developing team charters.

In terms of well-being and resilience, this is a large area of focus for us. Some of the things that I would highlight are LifeSpeak. So it's an online platform. It's an app that staff have access to.

Workplace strategies for mental health. The U of R's [University of Regina] online therapy unit is available. Our EFAP [employee family assistance program] program is available that provides support on a wide variety of issues to staff as they want to access. It's a confidential service for them.

Recognition and rewards is a category. So a recognition tool kit, long-service awards.

Mentorship is an area, too, that we've emphasized more. It's so important. We've all been new employees in a profession or in an area, and having that mentor available is a game changer for new staff. And it's also rewarding for those more experienced staff that can be the mentor.

Belonging, diversity, and inclusion. We want everyone that comes to work each and every day to feel like they belong. They belong to the team. Their unique skills that they bring are valued by the team and the organization. So we've got strategies there around anti-racism, Indigenous cultural awareness, and cultural responsiveness training. And Andrew spoke to some of the great results that we've gotten in training in that regard. And yeah, the First Nations and Métis retention aspects of that as well. And Andrew spoke to the plan yesterday.

Mr. Love: — Great. Thanks, Minister, for the information that your officials provided. I may come back if time permits later, just some questions about retention strategy and as it relates to that work environment that the deputy minister mentioned.

I'm going to move on for now. Your predecessor will know every year in this committee I ask this question. We've joked in the past, it's a tradition we have. I'd like to know — and I'm guessing 2022-23 will be the most recent year available — how many continuing care aides were working in the province of Saskatchewan in special-care homes?

Hon. Mr. T. McLeod: — I just want to clarify: specifically how many continuing care assistants in 2023 in special-care homes?

Mr. Love: — Yeah, so typically this is broken up by FTEs, so it's the total number of FTEs. And it's my prediction — you can tell me otherwise — that the most recent data that you likely have is for 2022-23. If you have anything more recent, I'll accept that as well in addition to that number. So looking for the total number of FTEs of CCAs working in Saskatchewan.

[16:15]

Hon. Mr. T. McLeod: — Thanks for the question, Mr. Love. I just want to be clear, when I asked for clarification I think I heard you say, how many FTE CCAs across Saskatchewan. But when you referenced the historical question that you've been asking my colleague, you're talking about in long-term care.

Mr. Love: — Yes.

Hon. Mr. T. McLeod: — Okay. So in 2023 we had 5,089 paid FTEs in long-term care, and that does not include CCAs that may be working in hospitals or home care or other environments outside of long-term care. But the number that you were asking for in previous years that you're asking for in this most recent year would be 5,089.

Mr. Love: — Do you immediately have the number employed in home care?

The Chair: — Are you able to find the information that was requested?

Hon. Mr. T. McLeod: — Thank you, Madam Chair, and thank you to the member for your patience. It's just you're asking to extract a specific set of data from a larger set of data, so that's what the officials were working to do. But I think we have found an answer for you.

Ms. Smith: — Thanks for the question. So in terms of . . . Just again to give a little bit of context, we had talked earlier about CCAs and long-term care. What I can say is that we don't have

the ability to sort of pull out home care, and I think was your question. Like, how many specifically for home care.

But what I am able to share is that from a system-wide perspective, how many CCAs we have working within the system. So for fiscal year '22-23, the number of paid FTEs is 6,441 FTEs.

Mr. Love: — And that would include acute care, hospitals, home care, long-term care, just across the board?

Ms. Smith: — Yes, that's correct.

Mr. Love: — Okay. So Minister, as you might expect, I'm just going to make a quick comment here and then move on to another question. My job as critic is to hold the Government of Saskatchewan accountable, and prior to the 2020 election, there's a promise to hire 300 continuing care aides. After the election, it was announced that that would be spread out over three years and not in one year. And since that time, when I asked this question every time in committee as is expected, the number reported to me has grown from 5,054 to 5,089. So I do see an increase this year of 18 FTEs, but I'm not sure how to possibly account for this being promises made and promises kept.

I'm going to move on to a new question, Minister.

Hon. Mr. T. McLeod: — Would you like me to respond to that?

Mr. Love: — I'm going to ask another question . . .

Hon. Mr. T. McLeod: — I'd be happy to provide you the explanation why your math is off.

Mr. Love: — Well it's the numbers provided by ministers in this committee on or near the same day every year, now four years in a row. And I will ask for you to respond to that if you can while your officials collect the next data points that I'm asking for. Then you can respond to that question.

Can you provide me an updated number of total spaces or beds — or whatever the language is that your government and the ministry uses — total number of long-term care spaces broken down by SHA and affiliate homes and also broken down by region, however the ministry . . . I know with the amalgamation of health regions it's different, but I understand the ministry still does break it down by region. And if you could also provide the wait times in each of those regions for somebody waiting to access long-term care.

And then while your officials collect that, if you'd like to respond, I'd certainly be willing to hear you out.

[16:30]

Hon. Mr. T. McLeod: — Thanks, Mr. Love. While the officials are working on that, yeah, I did just want to respond to your comments about the 300 CCAs. That was a promise committed to by this government, and it has absolutely been fulfilled. And the reason for that is there are 300 new positions that did not exist at the time that that promise was made. Three hundred positions have been created, and all of those positions have been filled.

The reason your number doesn't look right is because you're not accounting for anybody that ever retired. You're not accounting for anybody that maybe passed away. You're not accounting for the fluctuation in the vacancies that happen. But the promise was to create 300 new positions. That promise has been kept. We've created 300 new CCA positions. All of them have been hired, and those are 300 new paid positions.

Mr. Love: — So, Minister, and I know it's your first time in this committee in this role. In previous conversations with your predecessor, who's also here, it was discussed that the commitment was over and above the vacancies that exist. So while your officials are busy looking for some numbers, would you also tell me how many vacancies there are currently in Saskatchewan for CCAs?

Hon. Mr. T. McLeod: — Thank you. So I'll answer your last question first about the vacancies with the CCAs. The question was, how many CCA vacancies do we currently have? As of today, a point-in-time, we have 182 vacancies across Saskatchewan, CCA vacancies across Saskatchewan, which represents a 1.9 per cent vacancy rate when compared to our total CCA head count across the province.

And your previous question, Tracey will answer.

Ms. Smith: — Thanks, Minister. Just circling back to your question around the number of long-term care beds across the province, and then you had a series of questions. So maybe I'll just start with the overarching number.

So as of March of 2023, the total number of long-term care beds provincially was 8,620. Of that number, 2,579 are affiliates.

And then to answer your . . . I think you had made a note that we would collect this information by former health region. We don't have that information by health region. We don't have that available by health region.

And you had I think, just sort of moving forward, you had asked about wait times I think was your other question. So just give me one moment. So point-in-time, and I'll maybe just again give a point-in-time of September of '23 is our latest information that we have. So the average wait time in days provincially was 22.

Mr. Love: — And in the past in this committee those wait times have been available. And when I referenced former health regions, I at least tried to indicate however you now collect that information. So whatever system you have, I'm willing to accept, both for beds and for wait times, because in the past officials did have wait times available for Saskatoon, Regina, sometimes other regions, you know, north, south. Like however you collect it, I'm certainly open to.

Now for the sake of time, Minister, would you commit to tabling the wait times by whatever regional breakdown is reasonable or done at the ministry? Can you commit to tabling that in a timely way for this committee?

Hon. Mr. T. McLeod: — Actually I think we track it by surface area and I believe we have it available for the committee tonight. Tracey can provide that.

Ms. Smith: — Thanks, Minister. So I can, in terms of the wait times, I can go over the wait times by service area, and it sounds like that's the same information that you've been provided in the past. So point-in-time again being September of '23, and I'll start with service area.

So I'll start with service area northeast, the average wait time in days was 69; northwest, 42; southeast, 2 days; southwest, 3 days; Regina, 50 days; and Saskatoon, 48 days.

Mr. Love: — That's great. Thank you for that information. Moving on to some questions about home care and home support. What is the wait time for home care services in Saskatchewan broken down by service area? Let's just stick with that. What's the wait time for home care services?

[16:45]

Mr. Havervold: — Good afternoon. Brad Havervold, acting assistant deputy minister. Thanks for the question around home care.

So in terms of home care waits, that's not information that we collect specifically, either through the ministry or through the Health Authority. Home care is such a varied program that it's difficult to measure what waits look like.

I would say the acute side of home care where people are getting, say, home IV [intravenous] therapy or wound care, that planning for home care often happens while the individual is in hospital so that when they're discharged, home care happens within the next day. And they're often seen by home care. So that would be a service that would be based on need but would have relatively little weight, if at all.

Individuals that are seeking supportive care, so for instance getting assistance with a bath or something like that, individuals would be assessed based on their level of need, and then they would be triaged based on their level of need. And those with the greatest need would be, you know, queued in first for those kinds of services or if they had other supports around them or a lack of other supports around them. So I think that's the important piece is it's really based on the assessed level of need — determines where and when, the volume of service that you'd get.

In past years of course we made investments into home care through individualized funding programs. There was targeted funding to expand home care, etc., and those funds are continuing in '24-25.

Mr. Love: — So as a follow-up question, Minister, and to your official, Mr. Havervold spoke about kind of two categories of home care that are provided, some that might be more acute providing support for maybe post-hospital or maybe palliative care, you know, and more long-term, maybe perhaps targeted for an older adult wanting to remain living independently in their own home in need of home care.

Can you break down the proportion of home care service volume and expenditure dedicated to each of those two categories that you've discussed? And as a subsequent question, is there a maximum number of hours or units of service that the SHA will provide to an individual?

[17:00]

Hon. Mr. T. McLeod: — So Mr. Love, your question asked to break down into two categories. There's actually three categories. There's acute, there's supportive, and there's palliative as the three home care categories.

We don't break down the spending in each of those categories, but we do have a total number if you're interested in that. The total spend in 2022-23 was $215,139,618.

And you'd asked, I believe, about the maximum amount that an individual can receive. The maximum is actually in hours, not in dollars. So under the acute category, the maximum hours to an individual is . . . pardon me. Sorry, Mr. Love, I misspoke. This is the maximum amount of hours that were provided in each of those, not just to an individual, but the maximum amount . . . the actual amount provided, pardon me: 235,983 hours of acute services; supportive services, 837,074 hours; and palliative, 92,071 hours.

Mr. Love: — A simple yes or no will do here, Minister. So is there a maximum number of hours or units of care that an individual is eligible to receive of home care?

Hon. Mr. T. McLeod: — To answer your question, Mr. Love, there's no fixed maximum. The maximum hours provided are based on the assessed need of the individual.

Mr. Love: — Okay, thank you. This will be my last set of questions until I turn things over to a colleague, and I'm hoping that he'll give me time later in the evening because I've still got lots to get through.

I'm wondering if the minister can give an update to the committee on the Brightwater pilot project. I'll give a little bit of context here, and some information that I'm looking for. I understand — through a tabled document here that I requested in committee last year that was tabled recently — that the SHA provided Brightwater with $10.9 million to provide 100 long-term care beds and 1.35 million for 12 ALC [alternative level of care] beds in 2022-23. How much money did Brightwater receive in '23-24? Is there any change to the number of beds and the type of service provided?

And also, Minister, if you could comment: in this committee last year we learned that Brightwater doesn't employ any CCAs, and that they employ personal service workers, which I understand not to be a professional designation recognized within the SHA.

So if you could provide an update on what's happening with the pilot project, the funds disbursed in last year and in this year's budget for the pilot project, and also a comment on if you think it's appropriate to fund to a private institution, you know, upwards of $12 million to a facility that doesn't employ the same trained individuals that are employed in every other long-term care facility in the province.

There's a lot there. If I can clarify anything later, I'm happy to do so.

[17:15]

Hon. Mr. T. McLeod: — So with regard to the first part of your question about the dollar amount received for '23-24, that number is not yet available given that we're so close to the end of the fiscal year. I can say that the projected amount is very consistent with last year's total that was provided to you. But when that amount is available, we can certainly provide it.

With regard to the other parts of your question, Brad is going to provide the answer.

Mr. Havervold: — Thank you. So the question about have the numbers of beds changed in the pilot project over time: the number of long-term care beds has stayed static at 100 through the pilot project; the number of ALC beds fluctuates. And some of those ALC beds that have been part of that separate arrangement are gradually being migrated over to be more permanent long-term care beds as part of that.

So the number of beds in each of those categories sort of changes as personal care home people leave and you replace it with a long-term care. So at any point in time the goal is to migrate more of the beds to the long-term care pilot. So you know, to say any day those numbers of beds could fluctuate and change between the programs.

Mr. Love: — And, Minister, did you have a response to my question about the appropriateness of not employing any trained CCAs in this facility yet receiving fully funded amounts for long-term care? Did you have a response to that? If not, I'll turn things over to my colleague.

Mr. Havervold: — Yeah, I can comment on sort of some of the rules of this pilot. The pilot is just that. It's been a pilot, and it was us trialling something different. And because the facility itself is a licensed personal care home, they are required to follow the rules that are applied to personal care homes, which means you have the appropriate staffing for the care of the needs of the residents that are there. But I would add that because they are providing long-term care under contract through the Health Authority, they are required to have registered nurses on staff.

They have, you know, all of the medication safety protocols that apply to long-term care. They're subject to inspections by our ministry long-term care inspection teams, as well as reporting and accountability of critical incidents to the ministry as well as to the personal care homes program. They do participate in the quality indicator monitoring, like all of our long-term care homes in terms of rates of falls, medication errors, those sorts of things. So they are overseen and guided and sort of governed, if you would, like it would be any other long-term care facility.

Mr. Love: — Okay. Thanks for that response. We'll see if I get any time at the end of the evening, but for now I think I'll turn it over to some of the other areas that are before the committee tonight with my colleague, Mr. Clarke.

Mr. Clarke: — Thank you. I'm hoping we can return to the rapid-fire, rapid-response agreement we had last night with Minister Hindley. But I've got a long question to start.

Based on information contained in the Canadian Institute for Health Information report, *The State of the Health Workforce in Canada, 2022*, it appears that we may be losing ground in the recruitment and retention of health care providers in rural and remote communities.

The report indicates, between 2018 and 2022, the per cent of health care providers in the province practising in rural or remote communities declined. Family medicine physicians from 22.1 per cent in 2018 to 20.8 per cent in 2022. Nurse practitioners, 52.1 per cent to 43 per cent. Registered nurses, 21.2 per cent to 15.8 per cent. Pharmacists, 21.6 per cent to 20 per cent.

As these are percentages of the workforce at a point in time, can you please provide an update based on the ministry's most recent information on the total number of family medicine physicians, nurse practitioners, registered nurses, and pharmacists? So family doctors, nurse practitioners, registered nurses, and pharmacists in active practice in the province. And then what percentage of those in active practice are in rural and remote communities in Saskatchewan?

[17:30]

Hon. Mr. T. McLeod: — Mr. Clarke, thank you for the question. You asked for a lot of data and it's not all in the same place, so we're going to have different officials answer the different pieces of the question that you asked. The first piece, with respect to family doctors, we'll have Ingrid answer that question.

Ms. Kirby: — Ingrid Kirby, assistant deputy minister. So this is a snapshot in time, so as of March 31st, 2023 there were 257 actively practising general practitioners working in rural communities. As a total, there were 968 actively practising general practitioners in the province at that time which means 26.5 per cent of physicians were practising in rural communities.

Mr. Gettle: — Greg Gettle, assistant deputy minister with the Ministry of Health. So the numbers that I would have are the most recent numbers that we have available. So the time frame is April 1st of 2022 to March 31st of 2023. And so this will be a total paid FTE number, and it's for the SHA affiliates and the Saskatchewan Cancer Agency.

So for nurse practitioners, the FTE number was 153. For pharmacists it would be 275. And again for pharmacists what I would point out is this would just be for SHA and affiliates. Most pharmacists would work in community pharmacy which would not be part of these numbers. And then registered nurses, FTEs, we had 8,124.

Mr. Clarke: — Those are province-wide numbers for those three?

Mr. Gettle: — They would be all paid FTEs within the Saskatchewan Health Authority affiliates and the Saskatchewan Cancer Agency.

Mr. Clarke: — Thank you. And then what percentage would those be in rural and remote?

Mr. Gettle: — Unfortunately we don't have that information. We don't track it in that manner.

Mr. Clarke: — Could you figure that out though, because you'd know where those are based?

Mr. Gettle: — Thank you for the question. Due to the limitations of the system, we're not able to track it in that manner.

Mr. Clarke: — Thank you. The media backgrounder that was released on budget day stated that there would be a $785,000 increase to stabilize emergency rooms in rural and remote areas to support registered nurses and administrative staff recruits as well as rural trauma training for physicians. I'm wondering which rural and remote communities will receive this funding, and how much for each community, and for which of the purposes stated in the backgrounder.

Ms. Kirby: — All right. Thank you for the question. So the funding we received this year, the 785,000 was targeted to the communities of Kindersley, Nipawin, Meadow Lake, and La Ronge, and it's annualization of funding that we received in previous years.

[17:45]

So in '23-24 we received 2.17 million, and that was for something we're calling our emergency room hub. So these are larger emergency rooms in our rural communities who serve a larger catchment. And so to bolster some of the services they provide and provide some more stability, what we did was we added additional registered nursing into those emergency departments so that they had two RNs [registered nurse] on 24-7.

The other thing we did was provided some additional funding for things like having a pharmacist available 24-7 to the emergency department so that if there is a, you know, middle-of-the-night question and they need an urgent consult with a pharmacist, it would support that as well.

It also provided some additional trauma training for those rural physicians. These communities are large. Like they're active; they're busy communities. And so it provided additional trauma training for those physicians so that they could handle anything that walked through the door.

So it was really annualization of positions that we added in previous years. And so this kind of builds on some of the work we've been doing across, you know, complements in a lot of the rural recruitment strategies and really supports those rural positions and those nurses working in those busy emergency departments. So I think that answers your questions.

Mr. Clarke: — Thank you. The media backgrounder also noted that funding for $1.8 million increase to expand access to nurse practitioners by permanently funding eight positions in four communities. The wording is a bit, you know, interesting here. So are these positions that are already in place but they're being made permanent? Or are these positions incremental to actual positions, whether they're permanent, temporary, or casual, that were in place during 2023-2024? I'm wondering which four communities and how many in each community.

Ms. Kimens: — Thank you for the question. It's Melissa Kimens, executive director. So your question was about annualized funding for eight nurse practitioner positions. In this budget there is funding provided for three positions in Warman, three in Martensville, one in Melville, and one in Canora. So those are positions that were announced, hired previously but had been a pressure to the ministry. And so funding was received through budget to support them going forward.

Mr. Clarke: — Thank you. Same kind of a question around adding 250 new and enhanced full-time positions. The backgrounder noted $11.6 million for an increase for a total annual funding of 33.8 million to stabilize rural and remote staffing, which supports the commitment to add 250 new and enhanced full-time, permanent positions in nine high-priority classifications in 54 rural and remote communities.

Can you explain what you mean when you say "250 new and enhanced full-time, permanent positions"?

Hon. Mr. T. McLeod: — As part of our engagement with front-line health care workers in our rural and remote communities, one of the things that Minister Hindley and myself, and Minister Merriman before us, certainly heard was, with regard to recruitment and retention strategy, there have been positions that were either part-time or temporary and posted but not receiving very many applications.

So what we mean by "enhanced" is temporary or part-time positions have been enhanced to full-time permanent positions. And that's both with respect to vacant postings, but also with respect to current employees to help with retention. If an individual was employed as a part-time or as a temporary, some positions in these designations across these 54 communities would be enhanced to permanent full-time positions.

By "new" we obviously mean those positions didn't exist at all before, and so there's 250 new or enhanced positions that have been added as a result of this.

Mr. Clarke: — So how many of those would be new of the 250? How many new full-time permanent positions are created?

Hon. Mr. T. McLeod: — So thanks for the question. I just want to clarify there's 250 permanent full-time positions that did not exist before. So there's 250 new full-time positions. Some of those would have replaced casual or temporary or part-time. Some didn't exist at all before. But 250 permanent full-time positions now exist that did not exist before within the system.

Of that 250, 232 have already been filled, but we don't have the current breakdown of the 232 yet. The last point at which we tracked the breakdown was as of December 31st, 2023. At that time we had 216 of the 250 filled: 43 of those are what you would refer to as enhanced where they replaced a casual or temporary part-time; 173 were absolutely new.

Mr. Clarke: — Thank you. Would you be able to provide or table the list of the 54 communities and how many positions and what type of position in each of the communities?

Hon. Mr. T. McLeod: — Thanks for the question. So yes, we can provide the 232 of the 250 positions that have been hired as of March 28th, 2024 in the following communities and the following classifications. We have Arcola . . .

Mr. Clarke: — Minister, I'm just wondering if you can table it. No, I don't want to . . . I only have a limited time here, so I don't want to read the 54 communities. I'm just wondering if you can

table that document.

Hon. Mr. T. McLeod: — So I have the list in front of me. It's not in a format that can be tabled tonight. So it would take some time to table it later or I can provide it right now, whichever your preference.

Mr. Clarke: — Could you commit to tabling it tomorrow in the session?

Hon. Mr. T. McLeod: — I don't think tomorrow provides us enough time to put it in the format that it can be tabled, but it could certainly be tabled . . .

Mr. Clarke: — Next week?

Hon. Mr. T. McLeod: — Next week would be appropriate, yeah.

Mr. Clarke: — Okay. Thank you. Can you give me an update on the current status of the microbial lab services in Weyburn?

[18:15]

Hon. Mr. T. McLeod: — Thanks for the question. So there has been no change. Microbiology services are still available in Weyburn. No services have been removed.

Mr. Clarke: — Thank you, Minister. Can you confirm if there's funding allocated this year for the Yorkton hospital replacement and the Esterhazy hospital, the Rosthern Hospital, and the Battlefords care home? Any funding allocated in this year's budget?

Hon. Mr. T. McLeod: — For which?

Mr. Clarke: — Yorkton hospital replacement, the Esterhazy hospital, the Rosthern Hospital, and the Battlefords care home.

Hon. Mr. T. McLeod: — So I'll just go back to my opening remarks. I listed some of the capital investments for our rural and northern communities. In that were the communities that you asked for. We have other capital investments. If you're interested, I can repeat those.

But the Yorkton hospital is receiving, or we have allocated $1 million for planning for the Yorkton Regional Health Centre replacement; with regard to Esterhazy, $250,000 for planning for the Esterhazy St. Anthony's Hospital replacement; $250,000 for planning for the Rosthern Hospital replacement project; and $250,000 for planning for the Battleford District Care Centre replacement. I think that was your list.

Mr. Clarke: — Thank you, Minister. Alongside with amalgamation when SHA was created, the ministry was supposed to strengthen community health advisory networks. How come these were dissolved instead, and what is the feedback mechanism to hear local voices now?

Hon. Mr. T. McLeod: — So I'd like to begin by simply pointing out that *The Provincial Health Authority Act* recognizes community advisory networks that were already in place when the SHA was formed with specific provision that recognizes that these relationships continue. Nothing has been dissolved as your question suggests. That's factually not accurate.

Further to that, community advisory networks are only one of many forms that communities choose to engage with their provincial government on local health issues. We have mayors, reeves, councils, health committees, local foundations, regional groups and associations, SARM [Saskatchewan Association of Rural Municipalities], SUMA [Saskatchewan Urban Municipalities Association], as well as the Health minister and myself and all of our local MLAs [Member of the Legislative Assembly] who regularly engage with people and on behalf of the people that we represent.

Local representation in health care is always evolving and it's important for the elected representatives of Saskatchewan to be responsive and to that end to engage with local communities through their own organizations. We do not have a one-size-fits-all approach to how we engage with our rural and northern communities when it comes to health care.

[18:30]

And I'd point out that we have formally recognized community advisory networks. We have several of them in the province. There are Twin Rivers health care foundation; Esterhazy Health Foundations; South East medical group; Meadow Lake and area community health advisory network; Lakeland regional community health advisory network; the Lloydminster and district health advisory committee; Paradise Hill health advisory committee; St. Walburg health advisory committee; Pine Island Lodge; Highway 16 health advisory committee in Maidstone; Cut Knife health advisory committee; St. Peter's Hospital Foundation in Melville; East Central health foundation, Yorkton; the Assiniboine Valley Health & Wellness Foundation; Indian Head Hospital Foundation; Moosomin & District Health Care Foundation; St. Joseph's Hospital Foundation in Estevan; Dr. Noble Irwin Regional Healthcare Foundation in Maple Creek; Weyburn & District Hospital Foundation; North Central Health Care Foundation in Melfort; the DEK/ANHH [All Nations' Healing Hospital] Foundation Fund in partnership with the south Saskatchewan community fund in Fort Qu'Appelle; Moose Jaw Health Foundation; South Country Health Care Foundation; Rosetown Health Foundation; Outlook and District Health Foundation; and the Victoria Hospital Foundation.

So as you can see, we did not dissolve the community advisory networks, and we regularly and frequently engage with our communities and municipal leaders and local health committees to find solutions to the challenges that we face in rural and northern communities.

Mr. Clarke: — Thank you, Minister. We hear from folks that there is no formal feedback mechanism to provide back to government. But I'm going to move on because I'm running out of time here.

Registered psychiatric nurses conducted a labour market analysis and they looked at the needs based on their current complement of folks employed in Saskatchewan. Their analysis shows that they are in need of 120 training seats to keep pace with demand and retirements. How many seats do they currently have?

Hon. Mr. T. McLeod: — Sorry?

Mr. Clarke: — How many training seats in the province are there for registered psychiatric nurses?

Hon. Mr. T. McLeod: — Thank you.

Thank you for the question. Currently there are 80 RPN [registered psychiatric nurse] training seats in Saskatchewan. And in this fiscal year, in '24-25, we'll be adding 24 more for a total of 104 total training seats for RPNs. And that is 104 more training seats than there were in 2007.

Mr. Clarke: — Thank you, Minister. Does the ministry conduct its own health workforce needs assessment, looking at registered psychiatric nurses? And how many RPNs does it think we need?

[18:45]

Mr. Northcott: — Hi, Mike Northcott here again. So I would just highlight in the '22-23 budget, there was an additional 24 seats added which brought it to 80, and then the additional 24 that brought it to 104. So we're really pleased with that investment.

I wanted to give context that our system doesn't differentiate between RN and RPN. So from a data perspective, I don't have that.

In terms of how we utilize, it's a constant evaluation to make sure that we're aligning the skill set with the needs of patients. And the capacity that's being added through these additional seats is a factor and an important one.

Mr. Clarke: — Thank you. So, Minister, am I correct in interpreting that answer to suggest that there is no target number of RPNs that we need in Saskatchewan for our population?

Mr. Northcott: — Yeah, I would just highlight that that's a constant evaluation by our leaders in the mental health and addictions space.

Mr. Clarke: — Thank you. In the auditor's report from 2023, she reported on the very alarming waits in Prince Albert service area for children and youth psychiatric services, with a child waiting 130 days while experiencing severe symptoms. I understand that as of July, all three child psychiatric positions were vacant in the Prince Albert area. Are those three still vacant?

Mr. Turner: — Good evening. I'm James Turner. I'm assistant deputy minister. So specific to psychiatry FTEs, there are three FTEs for child and youth psychiatry in P.A. [Prince Albert]. One is currently filled. So one FTE is filled; two are vacant. But 0.4 of the vacancy is on a mat leave and so expected to return. So that's the FTE vacancy for psychiatry.

But also important to talk about I think, as part of that overall team, the enhancement to the team in P.A. And I think it was mentioned earlier that there is enhanced mental health nursing supports in the emergency department in P.A. to enhance around that team to also offload some of the burden off of psychiatrists, as well as 7.5 FTE nurses to assist, 1.0 FTE nurse practitioner, and a 1.0 FTE pharmacist. And so those FTEs, the investment in those FTEs, is another total of $1.4 million in addition to the psychiatry FTEs.

Mr. Clarke: — Thank you. Another quick and simple question. How many psychologists work directly in SHA and in our schools?

Hon. Mr. T. McLeod: — So we have 118 psychologists employed across the Ministry of Health, and that would be through SHA and affiliates. I can't speak to how many psychologists might be employed by individual school divisions. That would be information you'd have to get from Education.

Mr. Clarke: — Thank you. You've talked a lot about recovery in the House, but I think we need to fund the continuum of care when it comes to mental health and addiction. And we're going to see consequences of not funding that.

[19:00]

Does the ministry have a plan to track new cases of infectious diseases that arise because of people sharing used needles?

Ms. Code: — Hi there. Jillian Code with the Ministry of Health, executive director of population health. So just to respond to your question, through *The Public Health Act*, all communicable diseases are reported and so we do keep track of all new diseases that are reported into the system. And so that would include diseases like HIV [human immunodeficiency virus], hep C — any of the communicable diseases that would be sexually transmitted or blood-borne infections. And so we do track that.

And as part of that process and the investigation piece, they do keep track of indicators that would speak to what are potential risk factors that were associated. So there may be a number of variable risk factors that are tracked within the system as well. And so we do try and keep statistics on that and a line of sight on that.

Mr. Clarke: — Thank you. It was my understanding when we're talking about HIV that the highest cause of transmission of new HIV cases in this province is caused by the sharing of drug paraphernalia. We already have an alarming rate of HIV and hepatitis C in this province. I would implore the minister to listen to his officials when talking about where these new HIV infection rates are coming from.

And how does the minister expect that the recent policy changes here that are being talked about in the House are going to impact the already alarming rates of HIV?

Hon. Mr. Hindley: — Thank you. Just I think we've got a bit more information from some of the member's questions last night around biopsy numbers in Saskatoon. And I'll call up Deb Bulych from the Saskatchewan Cancer Agency to share some of that information, just as we'd committed we'd follow up with you once we got those details.

Ms. Bulych: — Hi. Deb Bulych, CEO [chief executive officer], Saskatchewan Cancer Agency. Thanks for the opportunity to respond in terms of the wait for biopsy.

As we know, it's 134 days in Saskatoon. When we talk about the

length of time to biopsy, we also need to consider the amount of time afterwards that it takes to get pathology results as well, because we know in our province and everywhere really that the time for cancer patients starts ticking the moment they're even suspecting something's wrong.

We have a number of wait time guidelines that I won't bother you with because they're pretty complex in terms of the type of cancer as well as the subsets of types within each one of those cancers. But what I will tell you is we've taken the opportunity to work with our Health Authority partners in remedying this as best we can.

There is a wait across Canada with our current workforce environment in terms of getting those pathology results back. We're experiencing it in Saskatchewan similar to all of our provincial colleagues across Canada. So a couple, a few things that we've done . . . And I will say we're very proud to work collaboratively with our SHA partners in remedying this situation.

We've developed what we call our quick line. What that is, is it's an email system that allows our oncologists to work directly with the SHA teams in order to prioritize the need for which pathologies, which biopsies need to happen urgently. Our oncologists carry that expertise in terms of these wait times and what is a safe wait and what is not. So that quick line exists where they do talk to one another, and it helps prioritize.

[19:15]

The other thing that it has led us to do is we currently book only two weeks out now. So if you're a new consult needing to come to the Cancer Agency, we used to book you into a four-week window. We're now booking only two weeks out to allow the opportunity for any urgent patients to be seen urgently. And urgent for us is when we get a pathology back and you're within an urgent window or you're starting to slip outside of what is considered an acceptable wait time for us to see you and treat you, we will book you in within 24 to 72 hours. And changing the way that we're scheduling has allowed us to do that.

There are some cancers, oddly enough, that don't need to be seen within weeks. These are people . . . some of them might be like a low-risk person with a low-risk prostate cancer that we are just providing hormone therapy. An acceptable wait for them is actually months, not weeks.

But in order to take care of them and to remedy some of their worry, we have new patient navigators and referral centre nurses who are reaching out to them and offering a lot of support and understanding that it's actually safe for some longer waits. So it's been a bit of a juggle for us, but I'm so proud of our clinical teams and very proud of the collaboration with the SHA in order to make this work.

I can provide for you if you'd like some of the wait times as of March 4th if you'd like that information.

Mr. Clarke: — Sure.

Ms. Bulych: — Okay. Tell me if it's too much, all right?

Mr. Clarke: — I do want to get the answer from Minister McLeod, but . . . Go ahead, Minister.

Hon. Mr. Hindley: — A point of clarification. Was it 134 days or patients? I thought it was 134 patients. You may have said "days."

Ms. Bulych: — Oh, I'm sorry. I said "days."

Hon. Mr. Hindley: — There we go.

Ms. Bulych: — Sorry. My apologies.

Hon. Mr. Hindley: — Yeah. Sorry.

Ms. Bulych: — Yeah, 134 waiting.

Mr. Clarke: — Is Minister McLeod ready? I'm going to go to him first, please. Yeah. And if you . . . Deb, if you want to go . . . Sorry. If you want 30 seconds.

Ms. Bulych: — I will blaze through it.

Mr. Clarke: — Sure.

Ms. Bulych: — Okay. So for gyne-oncology, 100 per cent of patients are seen for consult as new patients within 28 days; in hematology, 93 per cent are seen within 28 days; radiation oncology, 91 per cent within 28 days; medical oncology, 85 per cent within 28 days. And then all of the treatment timelines are over 90 per cent of patients starting treatment within three weeks.

So we are proud to say that we're still meeting national clinical guidelines for wait times. And the other part of this is also that we've started working a lot of extended hours and evenings and weekends in order to make sure that people are seen and treated.

Mr. Clarke: — Thank you.

Hon. Mr. T. McLeod: — Thanks for your question. I do want to point out though that your question is premised on some assumptions that you're making. Firstly, our policy change that you're referring to in the question was only just announced on January the 18th and implemented on February the 1st. So it's far too early to make any conclusions on the impact of that policy, particularly when the other things we are doing together with our announcements include things like connecting people who are battling addictions with more services.

We're also making further investments in improving the provincial testing capacity to expand access to testing for sexually transmitted and blood-borne infections. I would point out also part of the policy still allows for the provision of clean needles.

So the question itself is premised with assumptions, and it doesn't take into account the fact that we are taking many other steps to protect individuals who are battling addiction and helping to connect them with services that will help get them off of drugs and get them into treatment.

We're wrapping those services and supports around those individuals so that they're not using needles, that they're not

using crack pipes. And that connection to those services will have a significant positive impact on saving lives and healing families.

Mr. Clarke: — Thank you, Minister. I mean I don't think it's an assumption that new infections of HIV are predominantly caused by the sharing of drug paraphernalia in Saskatchewan. That is a fact. Your officials can tell you that. We are the only province in Canada where that is the case.

My question was, how does the ministry expect that their recent policy changes will impact the HIV rates? I understand that the policy was just announced, but what's the expectation?

The Chair: — I just want to take note that we have 10 minutes left.

Hon. Mr. T. McLeod: — So, Mr. Clarke, I think your question was, what's the expectation of our policy changes? The expectation of our policy changes is that we will be getting more people the supports that they need. We will be getting more people off of drugs. We will be getting more people into treatment and recovery so that they're not exposed to dangerous drugs, so that they're not addicted to dangerous drugs, so that they're not overdosing, so that they're not sharing drug paraphernalia, so that they're not contracting HIV, and so that they're not dying.

The expectation of our policy is that individuals will receive the message that no illicit drugs are safe and that we have help available through treatment and that there is hope for recovery for those individuals. That's the expectation of our policy.

Mr. Clarke: — Thank you, Minister. My question was the expected change on the rates of HIV, not on how people are coping with addictions, so thank you for your answer. We are running out of time. I do want to make note as we're talking about HIV and hepatitis C, it is this government that has blocked third-party organizations from coming into schools to teach children about HIV and hepatitis C, blood-borne infections, which is in the Saskatchewan curriculum.

Anyway we have, I think, time for one more question. I'm going to pass it over to my colleague here for the last question.

Mr. Love: — Thanks, Mr. Clarke. Minister McLeod, I have a two-part question. I'm going to ask you to table some information, and then I'd like your response to my question. Would you be willing to table for the committee a list and the number of beds of all ALC patients that are being placed in, I think, what you described as community settings?

We heard from Mr. Will at length yesterday about the efforts, and good to see a reduction in the number of patients living in ALC beds in hospitals and acute care settings. Can you table a list of the locations and the number of beds at each location where those ALC patients are being moved to?

And then for you to respond to this evening, there's a news story today about a "Family concerned about Sask program moving patients from hospitals to private care homes." There's also reports — that I cannot verify and so I'm going to ask you — of an assault that took place at a care home for an older adult who had been living in this home, assaulted by somebody who was recently moved there through this effort to move some of these ALC patients into beds. So my question for you this evening . . .

The Chair: — Mr. Love.

Mr. Love: — Do you have any concerns . . .

The Chair: — I just wanted to point out that particular question doesn't follow along for the estimates, the type of question you're asking the minister. It will be up to the minister whether or not he chooses to answer that question.

Mr. Love: — In the estimates is a program to move people out of ALC beds.

The Chair: — But the assault that you're talking about.

Mr. Love: — But it's a result of these dollars.

The Chair: — I give the minister the choice whether or not he wants to answer the question. I'll allow you to finish it.

Mr. Love: — Okay, thank you, Madam Chair. He can choose. So as far as the safety of this program, if you could put any comments on the record tonight and assurances that your government is taking to ensure that existing and new residents in personal care homes are being kept safe.

[19:30]

Hon. Mr. T. McLeod: — Thank you, Madam Chair, and the committee for your patience. Yes, we can table a list of the ALC beds and locations as requested.

And with regard to your question on an allegation at one of the personal care homes, I understand that an allegation was made and that the personal care home provider is conducting its own investigation. The ministry, as the regulator of personal care homes, is conducting our own investigation as we would with any allegation arising out of any personal care home.

The Chair: — Thank you, Minister. Having reached our agreed-upon time for consideration of these estimates, we will adjourn consideration of the estimates and supplementary estimates no. 2 for the Ministry of Health. Minister, do you have any closing comments?

Hon. Mr. T. McLeod: — Thank you, Madam Chair. I would just like to thank yourself and certainly the committee, Mr. Clarke and Mr. Love for your questions this evening. Certainly thank you to my officials, Tracey Smith and the many officials who continue to support Minister Hindley and I every day and do such great work for the Ministry of Health and the people of Saskatchewan. And I would thank LAS [Legislative Assembly Service] staff and Hansard for your patience and your work with us as always.

The Chair: — Thank you, Minister. Mr. Love or Clarke, do you have any closing comments?

Mr. Love: — Yeah. Thank you, Madam Chair. I'll echo many of the words from Minister McLeod. And I want to thank the ministers and all the officials here this evening for the answers

that you provided. The assistance that you provide to these ministers tonight and every day for these ministers and for our province and for the people of Saskatchewan who are seeking to get health care when they need it and where they need it, we thank you for your efforts for that.

I want to thank all of the building staff, Hansard and broadcast and Clerks. And I also want to give a special thanks to my colleague Vicki Mowat, who couldn't be here tonight, but she put a lot of work into preparing my colleague and I and has just been an excellent advocate for better health care in Saskatchewan. I want to thank her for the efforts she put into this evening as well. Thank you.

The Chair: — Thank you. I too would like to thank, Minister and your officials, committee members, all of the Legislative Assembly officials here tonight, and building staff.

That concludes our business for today. I would ask a member to move a motion of adjournment. Mr. Nerlien has moved. All agreed?

Some Hon. Members: — Agreed.

The Chair: — The committee stands adjourned until Monday, April 15th, 2024 at 3:30 p.m.

[The committee adjourned at 19:36.]