

Q. Regarding post-addiction treatment beds, when will the RFP be issued?

A. It is anticipated the RFP will be issued this summer.

Commitment: Regarding the physician in Regina who is no longer permitted to prescribe opioid substitution therapy; the Ministry will share with the SHA the concern in the community that his caseload of 700 patients will not be met.

- The SHA has hired a full time who has recruited an additional six part-time prescribing physicians in Regina.
- The SHA is providing three additional addictions counsellor and nursing supports for these patients.
- We are aware that pharmacists have been granted temporary prescribing authority to assist with this situation.
- The Saskatchewan Registered Nurses Association has recently approved bylaws that will allow nurse practitioners to prescribe methadone. This will assist in building capacity throughout the province.
- Through the Emergency Treatment Fund, we are providing funds to further expedite recruitment of prescribers throughout the province.

Q. The concern was raised that clients who use methadone are not welcomed into Pine Lodge in Indian Head. Is this true?

A. Employees at Pine Lodge report that they have not received a request to admit an individual on methadone for the last number of years.

Work is currently underway with Pine Lodge to discuss the provision of additional training and support that would increase Pine Lodge's ability to admit patients on methadone.

Q. There is \$1.55M directed to the mental health short-stay unit. What does that mean in terms of staff? Is it all going to be directed to mental health staff, or will some go towards housekeeping security, etc?

A. The SHA has advised their plan is to have two nurses in the short stay unit 24 hours a day, 7 days a week. They are also looking at how best to provide security services in the unit. This could involve collaboration with security in the Emergency Department or other options.

Q. What services will be available at the short stay unit?

A. The SHA has advised that Initial meetings have begun to refine what programs and services will be offered in the short stay unit. The principle is that each patient will have an individual care plan developed to best meet their specific needs.



HUS

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Tabled by

Acting Chair (Ross)

Date

Sept 16, 2019

Q. What is the caseload of addictions workers in Regina, Saskatoon, PA, Moose Jaw and North Battleford? Express as a ratio of 1 worker per X clients.

A. The following information was provided by the Saskatchewan Health Authority.

Regina

1 addiction worker per 50 clients

Saskatoon

1 addiction worker per 88 clients

Prince Albert Area

1 addiction worker per 34 clients

Moose Jaw Area

1 addiction worker per 61 clients

North Battleford & Area

1 addiction worker per 32 client

Q. What percentage of clients who accessed mental health inpatient services in 2018-19 self-identified the reason for their admission as being related to crystal meth addiction?

A. This information is not available.

Q. What percentage of clients who accessed addictions inpatient services in each year from 2012-13 to 2018-19 self-identified the reason for their admission as being related to opioid addiction?

A. This information is not available as we do not collect that level of data.

Q. What was the annual change in funding provided to CBOs over the last five years? How much was for salaries?

A. Since 2008-09, a 19.9% increase has been provided to Ministry CBOs:

- 2.3% in 2008-09
- 10% in 2009-10
- 1% in 2010-11
- 1.5% in 2011-12
- 1.6% in 2012-13
- 0.7% in 2013-14 (1% increase to salaries)
- 1% in 2014-15
- 1% in 2015-16
- 0.8% in 2019-20 (1% increase to salaries)

Q. What is the breakdown of the funding received for Community Recovery Teams (CRTs) by community? What percentage is going to each community? How many people will it support, and what is the expansion?

A. The breakdown of the funding for CRTs by community.

Community	Amount	Percentage of Total
Weyburn	\$287K	7.6%
Yorkton	\$333K	8.9%
Moose Jaw	\$265K	7%
North Battleford	\$419K	11.1%
Prince Albert	\$747K	19.9%
Regina	\$730K	19.4%
Saskatoon	\$615K	16.4%
Swift Current	\$363K	9.7%
Total	*3.76M	100%

*The remaining funds from the investment of \$4.2M are for peer support positions.

After Community Recovery Teams are operational for a longer period of time, the Ministry of Health and the SHA will be able to better understand demand for these services across Saskatchewan.

Q. How many proposals were received in response to the RFP for LTC in Grenfell?

A. As of April 29, 2019, the SHA had received only one (1) response to the RFP for LTC in Grenfell. Since the closure of the RFP on March 20, 2019, the SHA has confirmed that none of the five (5) qualified respondents to the fall 2018 Request for Expressions of Interest (REOI) were aware of the RFP. The SHA contacted the respondents to assess their interest; some of the respondents indicated that they were interested in responding to the RFP. The SHA will repost the RFP in May 2019.

Q. What have been the reported wait times for those waiting for a Long-term Care bed in all areas of the province?

A.
The average wait time across the province is 24 days.

Q. Provide LTC FTEs from 2015 to present.

A.

LTC Staffing: Paid FTEs				
Fiscal Year	CCA	LPN	RN/RPN	Total
2015-16	5,054	837	1,216	7,108
2016-17	5,108	869	1,249	7,226
2017-18	5,084	877	1,250	7,211