

Whitehorse, Yukon
Monday, June 11, 2007 -- 1:00 p.m.

Speaker: I will now call the House to order. We will proceed at this time with prayers.

Prayers

In remembrance of John Ostashek, former Government Leader

Speaker: Will members please remain standing, as it is my sad duty to inform you that former Government Leader John Ostashek passed away last evening, and I invite you to join me in a moment of silence to honour Mr. Ostashek.

I will also inform you that our flags will be flown at half-mast in his honour.

Moment of silence observed

DAILY ROUTINE

Speaker: We will proceed at this time with the Order Paper.

Tributes.

TRIBUTES

In recognition of National Public Service Week

Hon. Mr. Fentie: Mr. Speaker, on behalf of the House, I am honoured to rise today on behalf of the Legislature to pay tribute to all the hard-working women and men in the public service during National Public Service Week.

I wish to recognize the exceptional contributions made by all public sector employees, including those in the employ of the Government of Yukon, Government of Canada, First Nation governments and municipal governments. National Public Service Week gives us an opportunity to think about values that make our public service one of the best in the country and, indeed, in the world.

Day after day, public servants work with dedication and commitment on behalf of Yukon people, the public that they serve. That is why, Mr. Speaker, I want to take this opportunity to reflect on the many contributions public servants make to our society through professionalism, resourcefulness and hard work, which enable us the quality of life that we so enjoy.

The importance of the public service professionals in our daily lives cannot be overstated. They deliver essential programs and services; they are innovative in approach, so that the particular situations of individual Yukoners, as well as the interest of the broader community, can be considered and they are hard-working in their daily tasks and longer term projects.

We have celebrated National Public Service Week in June for the last two years. This has been a federally designated week for some time, and the federal government theme for this year's National Public Service Week is "Keeping the circle strong: connecting our generations," a theme that highlights the need for the public sector to be an attractive employer to current and new workers in order to continue to provide high-quality service to the public.

On behalf of all members of this House and the public, I wish to extend our heartfelt thanks to each and every public

servant for their continued hard work, their dedication and commitment to the well-being of all Yukon citizens.

Thank you.

Speaker: Are there any further tributes?

Introduction of visitors.

Returns or documents for tabling.

Reports of committees.

Are there any petitions?

PETITIONS

Petition No. 3 -- response

Hon. Mr. Lang: I rise today to respond to Petition No. 3 regarding the continuation of the rate stabilization fund. We recognize that it's natural and understandable for people to be concerned with increases in the cost of goods and services we use every day.

We have extended the RSF for one year at a 50-percent level, which will commence this year on July 1. This extension will provide consumers with some time to explore ways to increase their energy efficiency and reduce their consumption. I urge all Yukoners to participate in the broad range of government programs that are available to assist consumers in improving their energy efficiency.

Recent examples include mortgages for building green and environmentally friendly homes, loans to upgrade the energy efficiency on current Yukon homes, appliance rebates, such as the washing machine rebate, and the efficient compact fluorescent lighting program, such as Project Porchlight. Through the Energy Solutions Centre, the government will continue to introduce programs aimed at helping consumers to reduce electrical consumption.

Reducing the impact of climate change is a priority of this government and we need to focus on ways to adapt and become more energy efficient.

In addition we are targeting a rate reduction as part of the general rate application in the year 2008 for all ratepayers. The Yukon government has also initiated the work required to develop a comprehensive Yukon energy strategy. The strategy will address a wide range of issues, including energy management, supply, demand, security, affordability, energy efficiency, renewable energy and reduction of greenhouse gas emissions. The strategy will be developed in consultation with stakeholders, the public and other governments, and we look forward to hearing from Yukoners on key energy issues.

Thank you.

Speaker: Are there any petitions to be presented?

Are there any bills to be introduced?

Are there any notices of motion?

NOTICES OF MOTION

Hon. Mr. Cathers: I rise to give notice of the following motion:

THAT a select committee on anti-smoking legislation be established;

THAT Hon. Brad Cathers be the chair of the committee;

THAT the honourable members Darius Elias and John Edzerza be appointed to the committee;

THAT Bill No. 104, entitled *Smoke-free Places Act* be referred to the committee;

THAT the committee hold hearings for the purpose of receiving the views and opinions of Yukon citizens and interested groups on legislative options for banning smoking in public places;

THAT decisions by the committee require unanimous agreement by members of the committee;

THAT the committee report to the Legislative Assembly no later than the 15th day of the next regular sitting of the Legislative Assembly:

(a) its findings, if any, relating to public opinion on options for legislative change;

(b) its recommendations, if any, regarding what form legislation implementing changes recommended by the committee should take;

THAT, in the event the Legislative Assembly is not sitting at the time the committee is prepared to report, the chair of the committee forward copies of the report to all Members of the Legislative Assembly, thereafter make the report public, and subsequently present the report to the Legislative Assembly at the next sitting of the Legislative Assembly;

THAT, during its review of public opinion on legislative options for banning smoking in public places, the committee be empowered:

(a) to invite officials from the Government of Yukon to appear as witnesses on technical matters;

(b) to invite representatives of the Canadian Cancer Society to appear as witnesses on technical matters;

(c) to engage a technical expert who is not a member of the Legislative Assembly or an employee of the Government of Yukon to act as facilitator at the public hearings;

(d) to invite such other persons as it deems necessary to appear as witnesses on technical matters;

(e) to hold public hearings;

(f) to print such papers and evidence as may be ordered by it; and

THAT the Clerk of the Legislative Assembly be responsible for providing the necessary support services to the committee.

Mr. Hardy: I give notice of the following motion:

THAT this House opposes the development of coal-bed methane anywhere within the Yukon Territory.

I give notice of the following motion:

THAT this House urges the Yukon government, under its substance abuse action plan, to convene a Yukon-wide summit for addictions counsellors and related professionals and paraprofessionals, as well as First Nation governments and members of the Yukon public, to respond to the urgent need for action on addictions treatment, including options for detoxification, assessment, pre-treatment, treatment and aftercare that is

both culturally relevant and accessible for persons of all age groups and their families.

Mr. Cardiff: I give notice of the following motion:

THAT this House urges the Yukon government to act on the shortage of dental therapists in the Yukon children's dental program by reviewing the program's recruitment and retention practices and particularly its salary ranges, which are the lowest in Canada.

Speaker: Are there any further notices of motion?
Are there any statements by a minister?

Speaker's ruling

Speaker: Before we proceed with Question Period, there was a point of order raised on Thursday, I believe. At the time, the Leader of the Official Opposition asked the question of the Minister of Health and Social Services regarding the Yukon Hospital Corporation and the corporation's board of directors. In raising his point of order, the Minister of Economic Development cited guidelines for Oral Question Period. According to the minister, the Yukon Hospital Corporation Board is an independent board and its activities are not within the purview of the Yukon government. The minister argued that the question posed by the Leader of the Official Opposition was therefore not in order.

There is no point of order. While the Yukon Hospital Corporation Board is independent of government, both the Legislature and the government have responsibilities toward the hospital. These are enumerated in the preamble to the *Hospital Act*. As such, this is a matter that falls within the administrative responsibilities of the Government of Yukon. Members, therefore, are entitled to ask questions about the Hospital Corporation and its board of directors.

We shall now proceed to Question Period.

QUESTION PERIOD

Question re: First Nations hire in government

Mr. Fairclough: Mr. Speaker, I've asked a series of question in the public service debate about First Nation hiring within Government of Yukon. While some strides have been made over the past number of years, the number of Yukon aboriginal people working for the territory's largest employer is still quite low. From the numbers that I have seen, there are more than 4,000 government employees, and only about seven percent of them are Yukon First Nation people. Given the fact that approximately 23 percent of the population is First Nations, it is obvious that they are under-represented in the public service. Is the acting minister satisfied with these rather dismal statistics?

Hon. Ms. Taylor: Mr. Speaker, our government has been very proactive over the last number of years in terms of attracting a more diverse workforce in the Yukon territorial government. We have been reducing the barriers to employment, whether it be First Nation people, individuals with disabilities, and so forth. Again, we take action to make strides to become a more sought after workforce and a better service pro-

vider. As the member opposite knows full well, as it has been outlined on a number of occasions, we have been working to implement our employment equity policy. There are a number of programs and actions that help toward creating a more diverse workplace that's accessible to Yukoners, including the Workplace Diversity Employment Office, as well as working on Yukon-wide representative public service plans. So this government has been taking actions. Of course, there is always room for improvement, and we are working to do just that.

Mr. Fairclough: Seven percent -- it's not working for aboriginal people here in the Yukon. The under-representation in the public service itself is one concern. The complete lack of representation at the most senior level of the public service is another and we're talking about the deputy minister level.

Can the minister confirm that none of the Yukon government's deputy ministers are Yukon First Nation people?

Hon. Ms. Taylor: As I just outlined for the member opposite, without getting into any particular specifics, our government has been employing a number of various initiatives to attract and retain a more diverse workforce that is representative of the public we represent, including, as I mentioned, the Workplace Diversity Employment Office.

This is an actual office that our government created and implemented a number of years ago. It includes the First Nation Training Corps, a program we have tripled -- actually tripled the number of positions to be funded, which provides training, internships for First Nations and vice versa with First Nation offices. It also provides a training and work experience program for individuals with disabilities.

We continue to meet our obligations as set out in the *Umbrella Final Agreement* toward a more representative public service with plans under the First Nations' final agreements, as well as preferential hires where under-representation of various groups exist. So we certainly are striving to meet our obligations. We know there is much more work to be done and we are taking steps to do this.

Mr. Fairclough: She also avoided the question. It's not working for aboriginal people and the government has been in power now for close to five years.

There is a First Nation woman in the gallery with us today and she has been in touch with my office several times over the last few weeks, discussing this lack of First Nation representation within Yukon's largest employer -- the Yukon government. Make no mistake, Mr. Speaker, it is the largest single employer by a wide margin.

She is very concerned about the lack of First Nation representation in the public service and the way First Nation people are sometimes treated when they do apply for work within the Government of Yukon. As I already pointed out, only about seven percent of the Government of Yukon workforce is made up of Yukon First Nation people.

Does the minister think that her government is doing enough to bring this number to a more respectable level?

Hon. Ms. Taylor: As I've just outlined for members opposite, and I'm pleased to do so again, we are undertaking our obligations as set out in the *Umbrella Final Agreement*. We are also striving to be a more representative workplace -- repre-

sentative of the people we represent. We have employed the Workplace Diversity Employment Office, including increased dollars for training initiatives with various First Nation governments.

We have actually tripled the number of dollars spent, in terms of helping to build capacity in our various communities. We continue to review, update and implement provisions set out with the Yukon-wide representative public service plan under Yukon First Nation final agreements, along with plans for other traditional territories.

We endeavour, through preferential hiring on a number of various job competitions, in terms of temporary assignments between the Yukon government and other governments, including First Nations. We continue to provide training through various workshops and development programs, extending those invitations to First Nation governments in helping develop those courses.

So, we are taking steps.

Question re: Old Crow fire protection system

Mr. Elias: On May 18, 2007, during the early morning hours, a fire broke out in a home in Old Crow. The home was occupied by a young mother and her son. A neighbour happened to notice the fire and ran to sound the alarm at the nearest emergency pull station. It didn't work.

He then ran three blocks to the next pull station; it also didn't work. Frantically, he ran to get help. When the fire truck finally arrived at the scene, they found the PTO -- or power takeoff -- on the fire truck was broken so it could not operate the water pump.

The young mother and her son barely escaped with their lives.

Can the minister explain why the emergency response system and the fire truck have been allowed to deteriorate to such a point as to endanger the lives of those they're supposed to protect?

Hon. Mr. Kenyon: We are aware of the fact that the community of Old Crow is having some difficulty maintaining the volunteer fire department. The fire marshal's office is working with the community to help re-establish a full volunteer fire department. The fire marshal's office continues to maintain the firehall and equipment, including the fire truck, and I will certainly look into the member's concerns and have someone review the status of the truck and the pull stations today.

Mr. Elias: Well, Mr. Speaker, the minister on February 17, 2005, attended the presentation of a new state-of-the-art fire truck for Marsh Lake. The present minister said that having the right equipment can make all the difference in saving lives and property. I agree. The residents of Old Crow agree. In fact, I suspect that all Yukoners agree. Old Crow cannot call on neighbouring communities for mutual aid. There are no neighbouring communities.

Old Crow needs reliable emergency alarm systems, training and equipment, not 1960s hand-me-downs. What assurance will the minister give my constituents in Old Crow that this situation will be addressed, and when can the community expect to see results?

Hon. Mr. Kenyon: The village of Old Crow does rely on a volunteer fire department. They provide fire protection to residential homes and commercial buildings owned by the Vuntut Gwitchin First Nation, as well as infrastructure owned and operated by Yukon Electrical, Health and Social Services, the RCMP, Property Management Agency and others.

The Old Crow volunteer fire department has experienced difficulties in recruiting and retaining volunteer firefighters and has had no trained volunteer firefighters since approximately December 2003. The office of the fire marshal recruited and trained three firefighters in 2003, who unfortunately didn't continue as firefighters, and initiated a recruiting process for five potential volunteer firefighters last fall. Training was delayed at the request of the community -- the request of Old Crow -- and the First Nation has been advised that the firefighter recruitment is their responsibility.

Mr. Elias: Apparently, it's everybody's fault except the minister's.

"The protective services branch of Community Services is made up of the Emergency Measures Organization, the fire marshal's office and forest fire management. All three branches work together with levels of government to prepare, train and ultimately respond to fires and other emergency situations that may occur in all regions of the territory." That is a quote from a 2005 government news release, which I can table.

Here is the situation in Old Crow today, Mr. Speaker: since the fire on May 18, the emergency pull stations have not been fixed. They are still inoperable. The fire truck is in ill repair and needs to be replaced. Lives in my community are at stake. It has been a month since the fire, and nothing has been done. When can Old Crow expect to get the new equipment, the systems and the training to address the situation that would not be tolerated in any other Yukon community?

Hon. Mr. Kenyon: Again, for the member opposite, we are aware of the fact that the Old Crow volunteer fire department has experienced those difficulties in recruiting and retaining. The office of the fire marshal recruited and trained three firefighters in 2003 who didn't continue; they dropped out as firefighters. They initiated a recruiting process for five potential volunteer firefighters last fall, but training was delayed at the request of the First Nation, the local government.

The First Nation has been advised that firefighter recruitment is their responsibility. I will certainly look into the member's complaints and have that addressed from our perspective today. Again, I would invite the member opposite to address the concerns to the local community, which certainly has a shared responsibility.

Question re: Paulsen case appeal

Mr. Hardy: Last week, the Tr'ondek Hwech'in announced that it has asked the Supreme Court of Canada to hear its case against the Yukon government over the issues of mineral staking in Tombstone Park. At the same time, the Premier announced that the Yukon government will appeal a Yukon Supreme Court decision that the government did not properly consult the Little Salmon-Carmacks First Nation before granting an agricultural lease.

My question is for the Premier: what pressure did the Yukon government get from the federal government or from provincial or territorial governments to appeal the Little Salmon-Carmacks First Nation decision?

Hon. Mr. Fentie: I thank the Leader of the Third Party for the question because it brings to mind, when the member mentioned the issue in Tombstone, what was bequeathed this government in terms of the third party interests in the claims that happened to be inside the park that the NDP created back in the 1990s. This government finally brought forward the establishment of the actual park boundaries and proceeded with the implementation plan for the park. Tr'ondek Hwech'in has gone to court on this and, I believe on two occasions -- although I would stand corrected -- the courts have ruled the third party interest within the park is in good standing.

As far as pressure brought to bear, there's no pressure. The decision was based on a thorough analysis and due process. That's not pressure; that is the obligation of public government to undergo those processes to make informed decisions.

In this case, we have to appeal the decision with respect to the issue -- I call it the Paulsen case. We have to appeal on the basis of providing clarity from the final agreements -- what was achieved there in terms of clarity and the spirit and intent of the agreements all parties entered into -- and, of course, three separate legal opinions that said errors may have been made in the ruling.

Mr. Hardy: In November 2005, the Supreme Court of Canada ruled in a nine-nothing decision that the federal government had failed to meet its treaty obligations to consult the Mikisew Cree First Nation over a proposed road into Wood Buffalo National Park. That case was very similar to the Little Salmon-Carmacks case, with two exceptions: the first is that it concerned a treaty that was signed in 1899, not a modern treaty; the second is that it involved the federal government, not a territorial or provincial government.

So the question is: is the Yukon government intending to take the Little Salmon-Carmacks issue to the Supreme Court of Canada for a ruling on the obligations that provincial and territorial governments have to consult under modern First Nation land claims and self-government agreements?

Hon. Mr. Fentie: I have before me stacks and stacks of paper that demonstrate all the consultation that has gone on and continues to be undertaken by public government here in the Yukon. Having said that, that is why there's a fundamental issue here. That is why we are appealing the ruling here in Yukon's court. We're appealing on the basis of clarity of the final agreements for both First Nations and the public. I'm not going to get into any legalese here, because frankly, Mr. Speaker, I'm not a lawyer. We're going to allow the appellant court to address those issues, including importing the Mikisew Cree case into what is a modern treaty here in the Yukon. We'll allow the appeal court to address all the issues that are brought forward, and we'll await that ruling.

Mr. Hardy: I talked to a few lawyers about this case over the weekend as well. Every one of them assured me that this government is not obligated to take this further. This is a decision made by the people in government right at the mo-

ment; this is a decision made by the minister. Let's put that to rest. It's not an obligation.

We also heard the Chief of the Kwanlin Dun refer to the Yukon Forum as "useless". Meanwhile, a growing list of First Nations is lining up to take this government to court. Instead of leaving it to the courts to determine the minimum amount of consultation the government can get away with, why isn't the Premier heeding the call from First Nations for a respectful government-to-government relationship that would make the final agreements work for the benefit of all Yukon people? We need to work together.

Hon. Mr. Fentie: I know the sensitivities on the side opposite, who have prematurely taken a position in this matter and have concluded that the recent ruling here in Yukon is the position they take. That's nice for the members opposite. We on this side of the House, though, represent the public at large -- all Yukoners, First Nations included -- and that is why we are obligated to appeal this decision, to ensure clarity when it comes to the final agreements that the parties agreed to and signed off on here in Yukon.

Furthermore, if you want to be specific about the case that we are dealing with, the Paulsen matter, there's clear evidence that consultation had taken place through LARC, which is the Land Application Review Committee, a committee of which a member of Little Salmon-Carmacks sits on. When concerns were brought forward by the First Nation, through this committee, there was reconfiguration of the application itself to address those concerns. I say to you, Mr. Speaker, the members opposite, in being so hasty to criticize government, have forgotten to look at the facts. We're appealing this matter because we are obligated to appeal it on behalf of the Yukon and all Yukoners in general. Given the fact that there may be errors in the case adds to our decision.

Question re: Group home construction

Mr. Cardiff: Mr. Speaker, in his 2004-05 Budget Address, the Premier promised that the Department of Health and Social Services would provide enhanced support for children in care, including \$421,000 in funding for a new receiving home for youth. In the 2005-06 budget, there was \$809,000 allocated for a new group home for high-risk adolescents -- nearly double the amount of the year before. A report recommended that the old receiving home be replaced, and the government appeared to be committed to doing that.

Then in the 2006-07 budget, there was a mere \$50,000 for a new group home. This year, there is nothing -- not a cent. Why did the Minister of Finance renege on that commitment he made?

Hon. Mr. Cathers: I appreciate the comment from the Member for Mount Lorne, but it's certainly not an accurate characterization. This government has stepped forward in this area. I've pointed out in the past that we have yet again this year increased the budget within this area. Family and children's services has a significant allocation. The total budget for family and children's services in this year's 2007-08 main estimates is \$32.25 million, a significant increase in this area. In child placement alone, we have increased the investment primarily for the creation of new support workers and social

workers in this area. I have pointed out in the past to members that we have in fact allocated additional capital in this area to upgrade existing facilities. We will address the needs as required and we will continue to take care of this important area.

Mr. Cardiff: Well, the minister didn't answer the question and the Premier didn't answer the question, but that's not surprising. It seems like there is a mystery here -- the mystery of the disappearing group home. It sounds like a Hardy Boys mystery to me.

Now, the Minister of Finance told the media last week that he doesn't know where the money went and that it's a departmental issue. The Minister of Health and Social Services wouldn't talk about that, but I'm sure that that would impress the Auditor General -- that \$809,000 just kind of went missing. Maybe Miss Marple should be called. Maybe she could start looking in Watson Lake for the missing \$809,000. It's probably somewhere around the health facility that's not being built down there.

Now, since the Minister of Finance is also responsible for the Youth Directorate, let me ask him this: will the minister bring forward a supplementary budget that restores the funding that was previously identified for a new group home for high-risk youth?

Hon. Mr. Cathers: I would point out that this government has invested significantly in all these areas. The Premier, the minister responsible for the Youth Directorate, has increased the funding to areas, including both youth centres in Whitehorse. This government was the first government to provide \$110,000 each to these areas, as well as increased funding for the Youth Directorate itself.

One of the examples of investment in this area that I pointed out to members, and I will reiterate again, is that we have increased the funding in this area. The funding of last year -- at a level of \$32.25 million that I referenced -- is a three-percent increase over last fiscal year. In the renovations and equipment for our children's homes, we have an additional \$215,000 in this budget -- yet another investment in the facilities, upgrading the existing facilities we have.

For the member to raise the suggestion that \$809,000 somehow went missing -- the member knows very well, if money is not expended, it shows up in the budget as a revote. To make some suggestion of impropriety -- which appears to have been raised -- is absolutely ludicrous.

I would remind the member, and I remind all members, that the Auditor General has given this government unqualified audits, contrary to previous governments where there was only qualified acceptance of the financial statements through their shoddy financial management practices.

Mr. Cardiff: We don't need renovations; we need the building to be replaced. The minister knows there are serious issues at the children's receiving home. Four types of mould have been found; staff have been assaulted; high-risk youth of both sexes are being warehoused in a building that is actually three houses jammed together as one. There are blind corners; there are tiny rooms; there are narrow hallways. The fire extinguishers in the building are under lock and key, because they were being used as weapons.

If this were a private contract, the government would not tolerate such conditions -- they would not tolerate them. The reality is that the building doesn't need to be renovated; it doesn't need a quarter of a million dollars or a \$215,000 upgrade; it needs to be replaced, as was committed.

Will the Minister of Finance or the Minister of Health and Social Services commit right now to making the needs of high-risk youth and the workers who deal with them an immediate priority?

Hon. Mr. Cathers: We are indeed making it a priority. It has always been a priority.

I would point out for the member's information that right now we are dealing with the contracts with our existing group home providers. Currently, they are in a one-year extension. There is a review being done right now by the hard-working staff at Health and Social Services. They are looking at the overall areas and determining what the most effective way is to enhance the services we have to fully address the needs in this area, and the extent to which that will require upgrades to our facilities. A request for proposals for additional space to be provided through the private sector may enhance that. Good work is being done in this area.

For the member to be mixing the issue of the current problems at the receiving home in terms of the violence incidents that took place -- and this is absolutely ridiculous. The member needs to recognize here that, as we discussed previously in this House, the number of violent incidents has gone up and down over the years. We treat them all very seriously. That is one of the reasons we put in place a director of risk management and quality assurance in the last fiscal year to address the appropriate planning and procedures in all areas of high risk within the department, particularly front-line employees. The steps are being taken. We are doing government a good work. We are doing a full review and, at the end of the day, we will have further enhancement to our existing services.

Question re: Land availability

Mr. McRobb: In recent weeks, we have established that for the first time since the Granger subdivision was originally developed in the 1980s, there are absolutely no urban, fully-serviced lots available in Whitehorse, nor will there be until at least 2009 or 2010. Previous governments did proper planning and always provided for a two-year supply of urban, fully-serviced lots to allow the community of Whitehorse to grow.

The Yukon Party promised Yukoners there was a two-year supply of serviced lots available but it has failed to live up to that promise. What fast-track options has the minister come up with to address this matter before 2009 or 2010?

Hon. Mr. Lang: The member opposite is wrong. We did come into office four years ago, when there was a mass exodus from the Yukon. The last Liberal government had sold fewer than 40 lots in a 12-month period in the City of Whitehorse. Those are the facts. The fact is, we are working with the city to fast-track their official city plan. We're doing that today and we're looking forward to the results. We do work with the city; the city is our partner; the city has the obligations; they have the official city plan, and they're working on it. All gov-

ernments are aware of the influx of property owners who are coming to the Yukon today. That is an issue. It is a challenge, but they've got the right government in place to address those challenges.

Mr. McRobb: It's painfully obvious that the minister has done very little to alleviate the hardship he's imposing on our community. This is a serious matter and Yukoners can't afford to wait for him to play catch-up. One option I'd like to suggest is the development of the old tank farm property, located on the Alaska Highway, between Valleyview and Hillcrest. The developer has tried and tried and tried to overcome this government's hurdles, but has gotten nowhere, despite having invested several years of effort and millions of dollars to prepare this property. This property could make available more than 300 large, fully serviced residential lots close to downtown, starting within a year if this minister ever got his act together.

Why has he failed to do the work necessary to allow this desirable, near-term development to proceed?

Hon. Mr. Lang: It demonstrates a lack of homework being done by the member opposite. The tank farm is a National Energy Board responsibility. We have been working with the National Energy Board to see what we could do to fast-track that property. The NEB is the federal authorization on that land. The member opposite does not know of what he speaks. This is the responsibility of the NEB. We will try to work with the NEB and the landowners to resolve the issue, but at the end of the day, this government is not going to accept the responsibility of the NEB and the environmental issues on that land. No government of the Yukon, hopefully, would take on that responsibility. We will work with the NEB; we will work with the landowners to try to get the land onto the market, but the NEB has the environmental responsibility for that land. That's a fact.

Question re: Land availability

Mr. McRobb: The NEB has been trying to get hold of the minister since January, but he doesn't return their calls. This matter deserves more attention than just the finger pointing from the minister.

Let's recount the facts: (1) previous governments have always ensured a continuous supply of fully-serviced urban residential lots; (2) the Yukon Party's election platform promised to ensure there's a two-year supply of serviced lots available; (3) no such lots will be available in the next two or three years, at the earliest; (4) this development could provide 300 large residential lots close to downtown starting next summer; (5) the only problem hindering the development lies within this government; and (6) the Yukon Party won't respond to the NEB or the developer.

Instead of ignoring this matter, why doesn't the minister give it a high priority, pull up his bootstraps and view it as an opportunity to resolve this growing problem within our capital city?

Hon. Mr. Lang: For the member opposite to say I wouldn't return a call from the National Energy Board -- Mr. Speaker, the member opposite is again wrong. The National Energy Board has the environmental responsibility for the old

tank farm. That's not this government's problem but we will work with the NEB and the land owners to resolve it -- but at the end of the day, hopefully no government would take on the environmental responsibility from the Alaska side of the border into Whitehorse so we could develop some lots in questionably environmentally sensitive areas.

The NEB has a responsibility. The environmental responsibility for that land is an NEB question and it is an environmental question.

For the members opposite to recommend to any government to sell land to Yukoners that the NEB would not approve of environmentally -- it might come back and bite you, Mr. Speaker. Would it be fair to the consumers to sell land that has an environmental question? I don't think so. Yukoners want better than that.

Mr. McRobb: Well, the minister is in denial. I can certainly empathize with the developer for not getting very far with this government. The Yukon Party hasn't given this matter the priority needed to help Yukoners overcome the hardships resulting from its lack of action. It has also become painfully obvious that concerns expressed by the consultant who investigated this government's land disposition process still exist. Let me quote from his report: no vision; no strategy to guide the process; and no overall land management or land disposition policies. This is the same consultant who also found massive amounts of political interference in the process.

To top it off, Mr. Speaker, the minister has refused to respond to the developer, who is with us today in the gallery, or the National Energy Board, which is very interested in resolving this matter -- unbelievable. What will it take to bring this minister down from his high and mighty pedestal to realize he has a responsibility --

Unparliamentary language

Speaker: Order. That type of terminology is inappropriate, and the honourable member knows full well. So please do not do that in the future, or else I will interrupt you again. You're done. Minister responsible.

Hon. Mr. Lang: In answering the member opposite, the National Energy Board has not contacted me at any time in the last four years personally. We have worked with the land owners in the past, and we have worked with the National Energy Board in the past. The National Energy Board has the environmental responsibility for that land. That's a fact.

Until such time as the National Energy Board will clear that land environmentally and give us the assurance as Yukoners that the land is environmentally acceptable, Mr. Speaker, we will not move on that land. If we are going to sell land to Yukoners, we're going to sell environmentally clean land to the consumers.

So again, Mr. Speaker, we have been working with the land owners. We have worked with the National Energy Board, and we have worked with them to address the issues that the National Energy Board has. They have issues on the environmental question on the land, and we look forward to that being resolved. But environmental questions will not be resolved overnight, especially when you're working with the National

Energy Board. They are very, very thorough in their investigation, and so they should be.

Mr. McRobb: This matter won't get resolved unless the minister gives it the priority it deserves and gets back to the developer, who has been trying to contact the minister about this. Let's remind him who is hurting from this matter. Housing contractors are forced to either do without work or leave the Yukon. Laid-off construction workers are faced with the same Hobson's choice. First-time homeowners are facing more difficulty entering the market. People looking for a place to rent are facing fewer choices and higher costs. Existing residents wanting to downgrade or upgrade have fewer options. Employees and others wanting to move here have no place to live and our entire business community is being negatively impacted. Surely the minister can do more than throw up his hands and point his finger.

In recognition of the severity of this problem, will he now commit to meet with the developer in a meaningful way and endeavour to alleviate the problem to allow these lots to start becoming available next summer?

Hon. Mr. Lang: My door is open to developers. In fact, the developer he talks about in the Chamber can come into my office any time, and he has in the past. But it doesn't solve the issue with the NEB.

If the members opposite were in government, would they recommend we sell land to Yukoners that hasn't passed the NEB test for environmental security? We are elected to do the job. We will do the job. I, as the minister, have not contacted the NEB. I have not had any communications with them whatsoever. I have talked to the contractor --

Some Hon. Member: (Inaudible)

Hon. Mr. Lang: It isn't a problem. Mr. Speaker, the NEB is a judicial board. You don't tamper with it. They have to do their job. Their job is to do the job they are set out to do, and we have to wait until that green light goes on. The land is available. The land could be developed but the NEB has to do their work. We will work them and with the developer and try to get that land out. But when that land is out, it has to have the stamp of approval from the NEB.

Speaker: The time for Question Period has now elapsed. We will proceed to Orders of the Day.

ORDERS OF THE DAY

Hon. Mr. Cathers: I move that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

Speaker: It has been moved by the Government House Leader that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair: Order please. Committee of the Whole will now come to order. The matter before the Committee is Bill

No. 6, *First Appropriation Act, 2007-08*, Department of Health and Social Services. Do members wish to take a brief recess?

All Hon. Members: Agreed.

Chair: Committee of the Whole will recess for 15 minutes.

Recess

Chair's statement

Chair: Order please. Before we begin with the Department of Health and Social Services, the Chair would like to clarify some statements he made during the debate on estimates for the department last week.

Standing Order 42(2) says, "Speeches in Committee of the Whole shall be strictly relevant to the item or clause under consideration." Certain references have been made to both the report of the Auditor General on the Department of Highways and Public Works and the Public Accounts Committee's consideration of that report. Pursuant to Standing Order 42(2), it is in order for the members to discuss references to the Department of Health and Social Services made in the Auditor General's report or during the Public Accounts Committee process. What is not in order is for members to discuss the activities of members of the Public Accounts Committee with remarks as to who may or may not be politicizing the activities of that committee. That issue is not relevant to the item under consideration, which is the estimates for the Department of Health and Social Services.

We will now proceed with Committee of the Whole.

Bill No. 6 -- *First Appropriation Act, 2007-08* -- continued

Department of Health and Social Services -- *continued*

Chair: We will continue with general debate under Health and Social Services.

Hon. Mr. Cathers: It's a pleasure to rise once again to resume debate on the Department of Health and Social Services. Our budget this year, to recap for members once again, shows a significant increase. In fact, there is a \$25,270,000 increase over last year's vote authority in this department. Comparing main estimates to main estimates, there has been an increase of \$25,270,000 in operation and maintenance alone, plus there is a further \$5-million increase in capital funding, bringing the total for O&M to \$200,900,000 and the total capital to \$12,998,000.

I would like to point out a few other areas to members that we have not touched on in previous debate. I point out that we will continue investments in addition to areas such as the health human resources strategy, which we discussed at some length before. Of course, it is a very key area and a key priority of this government to invest in developing health and human resources, both addressing our current challenges in areas such as access to a family physician, and addressing the challenges we expect in years to come in areas such as nursing and other health professions.

This has been done through the enhancements in bursaries and the strategies such as the family physician incentive pro-

gram, which I have raised previously in this Assembly with members.

Other areas that we are taking action on include the new partnership with the federal government in dealing with wait times. The Yukon, of course, is committed to implementing a wait-time guarantee for mammography screening. As a result of that commitment, we will receive \$4.5 million over a three-year period from the federal government from their wait-time guarantee trust fund. We will use this to enhance the resources locally within the hospital and to reduce the wait time for diagnostics and mammography. This, of course, is a very key part of early diagnosis and detection, and the earlier that cancer is detected, needless to say, enables an increased likelihood of a successful treatment. Breast cancer is one of the leading causes of death nationwide for women, and this is an area that we felt was very important to invest in to reduce this wait time. There will be some surplus funding from the requirement in there, and the remainder of the \$4.5 million will be used to reduce wait times in other areas within our health system that I will announce at a later date. We have been, at this point, just working on finalizing the arrangements with the hospital to determine the total cost and requirements in that area. That is almost complete, and sometime over the course of the summer I anticipate being able to make announcements on the specific areas that we'll be investing in to further reduce wait times for a number of procedures across the spectrum within Health and Social Services.

It is very important to this government to ensure that our citizens receive timely access to care. That is a challenge nationwide. Every jurisdiction is coping with that challenge and though, on the nationally listed procedures, the 10 benchmarks that were agreed to a few years ago by the health ministers of the provinces and territories for the procedures we perform inside the territory, the Yukon compares very well, we still see room for improvement and are committed to investing in this area. Needless to say, the quicker someone receives the care, the quicker their quality of life improves and the less chance they will have a problem due to complications from waiting for a long time for that surgery.

This is just one more example of this government's continued investment in health care. As we have discussed previously in this House, and because members have not fully recognized it, I would urge them to take the time to review the budget and recognize the fact that this government increased the budget for the Yukon Hospital Corporation -- for Whitehorse General Hospital -- by \$5 million annually from what it stood at when we took office. It now stands at \$25 million annual operation and maintenance investment -- an increase of over 25 percent in total funding to this area.

In addition to that, of course, we stepped forward to address the \$17-million pension plan deficit in the employees of Whitehorse General Hospital's pension plan, which had not been properly recognized and addressed by the corporation. We stepped forward and worked cooperatively with the corporation to identify to them the importance of respecting the direction of the federal regulator, the office of the superintendent of financial instruments, rather than engaging in a legal battle and

spending a significant amount of money on lawyers' fees, as they had previously been focused. Recognizing the importance of these requirements is something that all governments in Canada, as well as public corporations, have had to do. They are required to fully fund the employee pension plan to prevent the possibility that, in the event of some problem, employees do not receive their pension plans. This issue was not properly addressed previously.

We stepped forward on the advice of the office of the superintendent of financial instruments. The Department of Health and Social Services and the Department of Finance stepped forward, working very cooperatively, contrary to what members have suggested, with the members of the board and, in fact, protecting them from the liability, which they would have been subject to within mere days after the government stepped forward. The federal regulator was on the verge of decertifying the pension plan. They had extended the deadline. They had made it clear that the deadline would not be extended further. The hospital had no ability to take care of that itself. Had that pension plan contribution not been made by the territorial government, the board members would have been jointly and severally liable for the \$17-million liability. As well, employees would have seen their pensions put in great jeopardy.

I have to remind members that the corporation and the board members in particular would have been in violation of federal legislation, so this government acted to assist them in this area, stepped forward and were very proud of being able to do so. It was unfortunate that this had to happen. Of course, to prevent such future problems, we made it a requirement of that contribution that the Auditor General, the highest level of accountability and respect in financial auditing in the country, would become, for the future, the financial auditor of the Hospital Corporation and would have the opportunity to fully review the books and ensure that the highest level of accountability is followed through that organization.

Other areas that we have stepped forward with include funding to non-government organizations, which are key partners with the Yukon government in delivering services to the general public. Without the many fine non-government organizations, the level of service that is currently provided to Yukoners would not be in the fine shape it is today. As members know, it is second to none in Canada. Although there are always areas on which we can seek further improvement and adapt and prepare for the challenges of tomorrow, it stands at a very high level today, and it is largely due to the work of not only the capable staff in the Department of Health and Social Services and other departments of the government that address this area, but of non-government organizations, their volunteers and volunteer boards and employees and the work they do in this area.

In this fiscal year, this includes -- to name but a few of the non-governmental organizations that the Department of Health and Social Services funds -- Aspen House, Yukon Anti-Poverty Coalition, Balsam Residence, Blood Ties Four Directions, Challenge Vocational Alternatives, Child Development Centre, Canadian National Institute for the Blind, Dawson City shelter, Fetal Alcohol Syndrome Society of Yukon, Food For Learning,

Foster Parents Association, Handy Bus, Haines Junction Developmental Society -- which, I would point out to members, is an area of cooperation with the First Nation government and it was, in fact, an area identified to me by the now former Chief of the Champagne and Aishihik First Nations as an area of priority for their government, which they had invested in. It is a project similar to Challenge, which members may be more familiar with, in that it reaches out to those who may have mental and physical challenges and it assists them in gaining job skills. The Champagne and Aishihik First Nations jointly fund that. We were very pleased to receive that direct request and to provide them with a \$50,000 contribution, per the request of the former chief, James Allen.

As well, other NGOs that we fund include the Help and Hope for Families Society of Watson Lake, Hospice Yukon Society, Kwanlin Dun First Nation child welfare, Learning Disabilities Association of Yukon, the Liard Basin task force for youth intervention worker, Liard family support.

The Line of Life is an organization, as members may be aware, that provides seniors, particularly, with the option -- I'd guess you'd call it a transmitter on a necklace around their neck, which gives them the ability to remain at home. Once they reach a point where they have an increased risk and concern about falling down, should they fall down, they have the ability to press a button in case they are not able to reach a telephone to call for the help they need. This is an area where they do good work, and we've given them an increase in this fiscal year to address the number of clients they had. They are a very cost-effective and key partner in helping seniors remain in their homes as long as they choose to do so.

Another non-governmental organization we fund is the Options for Independence Society, which provides a residential program for adults with fetal alcohol spectrum disorder. We fund the Recreation and Parks Association of Yukon and the Rick Hansen Foundation. Mr. Hansen made a request to us along with all other provinces, territories and the federal government to work with him and to assist in funding the anniversary of the Man in Motion tour, and we provide them with a \$100,000 contribution over a five-year period, which was the amount that they requested. The request they made of each jurisdiction was a per capita contribution, which we are very pleased to provide.

Another NGO we fund is the Ross River Dena family support. We also fund Salvation Army for an emergency shelter in Whitehorse; the Second Opinion Society for a resource centre and support for people with mental health challenges, Signpost Seniors in Watson Lake, Skookum Jim Friendship Centre, Sport Yukon kids recreation fund, which we have significantly increased beyond the previous level -- I believe it stood at \$60,000 a few years ago; it now stands at \$200,000 annually. We fund the St. Elias Seniors Society as well. We fund the Teegatha'OhZheh; the Teen Parent Access to Education Society Scholarship; United Way; the Vuntut Gwitchin youth active living project, which is an area where we work with the Vuntut Gwitchin First Nation, and that has been well-received by them. Its focus is on healthy living for students of the school, and it is focused on improving activity and physical fitness. It's

also an area that has been identified by the Member for Vuntut Gwitchin as a priority of his, and I am pleased to be able to work cooperatively and collaboratively with him in addressing the needs of his constituents.

We also fund Kaushee's Place, the women's transition home, Yukon Council on Aging, Yukon Association for Community Living, Yukon Council on Disabilities and Yukon Family Services Association, to name but a few of the areas we work with. That comprises a significant number of the non-governmental organizations we fund and the total amount of those contribution agreements is some \$8.3 million.

With that, I believe I'm almost out of time at this point. I would thank members for their attention and entertain further questions on the Department of Health and Social Services.

Mr. Cardiff: I have a number of questions for the minister. I look forward to having a productive conversation with him this afternoon and getting some answers to these questions. It's important to know what services are provided and whether or not the Department of Health and Social Services has the adequate resources.

There has been some controversy over the years about the use of the young offenders facility, whether or not it's adequately used -- not that we want to see lots of young offenders in there -- and whether or not it's adequately funded. There's a bit of a twist to the question as well.

I'd like to know from the minister what services are provided in the young offenders facility in Whitehorse. What services are provided in rural Yukon for young offenders?

If you look at the statistics in the budget document, on a proportional basis, there seems to be a higher percentage of young offenders in rural Yukon than there is in Whitehorse, while there are more overall in Whitehorse, according to the statistics. Proportionately, per population, it would seem there are more in rural Yukon.

What happens to young offenders in rural communities versus what's happening with young offenders in Whitehorse?

Hon. Mr. Cathers: I think I can clear that up for the member opposite. The statistics he's looking at, in fact, refer to youth probation, I believe, and there are two distinct areas. The young offenders facility is, of course, for young offenders who are incarcerated. The youth probation area is related to services that we provide through the regional services when it's in rural Yukon, and it's focused on areas such as support workers, social workers, et cetera, to assist them in there. There may be monitoring requirements in association with the probation, but those statistics aren't reflective of those who are incarcerated in the young offenders facility.

Mr. Cardiff: Yes, I understood that, actually, but I was trying to roll everything into one question. So if a young offender in the community doesn't go to the young offenders facility up by the Correctional Centre, they're dealt with through youth probation services -- that is my understanding -- in their communities. In those communities, are we using a restorative justice model to deal with young offenders?

Hon. Mr. Cathers: I'm not entirely clear on what the member is asking, but I think I'm answering his question when I say that through regional services in communities and within

Whitehorse, where it's possible to focus on treatment, on counselling and on helping those who have been through the court system to modify their behaviour, to accept responsibility for their actions, to learn to address problems such as substance abuse -- and mental health issues, for example, which would be then supported by things such as our youth clinician services and the rural mental health clinician that we have provided. There is some linkage with other sections of the department and other resources to link up with those offenders.

So I think the answer to the member's question would be yes and no. In some cases there is a very counselling-based focus. It depends to some extent -- particularly if the young offenders have been sentenced by the court -- on what they're sentenced to. This would be the type of model that, through areas such as the new therapeutic court and the community court, this type of approach -- this change to providing more options for sentencing -- is something that we are applying in the case, as I mentioned, focused on the adult side. But there is a distinct and focused attempt on trying to enhance the services to help offenders change their behaviour rather than simply engaging in the endless revolving-door behaviour.

I'm not sure if that answers the member's question. If not, perhaps he could clarify more what he is looking for.

Mr. Cardiff: I am going to go back to the original question. What I asked previously was whether or not there was a restorative justice system being used to deal with young offenders, both here in Whitehorse and in the communities.

The minister has brought up treatment, counselling, and mental health counselling. What I want to know is: are those services available at the young offenders facility for young offenders being housed there? A question that comes from that is: are those services also available in rural Yukon?

Hon. Mr. Cathers: Yes, the services that he was asking about are available through the young offenders facility. I think maybe I can provide a little more clarity to the member opposite in this area. Under youth justice, we have 41.3 FTE positions in this area. The total expenditure on youth justice is \$3.95 million. That includes contracted psychologists, building operation and management for the young offenders facility, day program materials for the Youth Achievement Centre, Youth Achievement Centre facility costs, the *Youth Criminal Justice Act* bridging programs and renewal funds and other general support costs.

As far as the member opposite's question about rural Yukon, as he is aware, in rural Yukon it depends somewhat on the area. Of course, in the larger centres we are able to provide a greater level of services. In some of the smaller areas it's a challenge to do so. In some cases, we make use of NGOs. For example, the Yukon Family Services Association provides some mental health and counselling services through our contract with them. In communities, providing services such as the Liard Basin task force -- these are other areas where we work with an NGO to enhance services in an area where it is difficult to provide that level of services through the department itself.

In fact, I would point out to the member that some of these areas where we work with NGOs in certain communities are areas where there is a bit of carry-over. It has been in place for

some time. In areas where NGOs are doing good work, we are not inclined to reduce that funding; we are inclined to continue it. In some cases where things have changed over time, we might be able to potentially consider funding positions in certain areas. If the NGO is doing the job well, we don't consider it necessary. We would rather work with and support the NGO and the community-minded volunteers if that level of services is being provided adequately. In some cases it works very well.

I would point out that through that dedication and community engagement, one benefit through an NGO, is that you often get more of that community-centred approach -- the involvement and commitment from members of the community that is so important -- toward helping troubled youth, for example. There are additional benefits to that service in some cases where it's provided through that.

I would point out that, even in areas such as Whitehorse, where we provide the highest level of service concentration, we work with NGOs such as Yukon Family Services Association and programs such as the Outreach van and the Salvation Army to address areas where we might be able to enhance the services -- to people who might be intimidated coming into a government office, for example -- by providing that enhancement and working with the dedicated volunteers of the NGO.

Mr. Cardiff: I thank the minister for his answers. I'd like to go back to Question Period for a minute. I'm still quite concerned about the situation a few blocks over at the receiving home.

I asked the question today. The minister went on about money in the capital budget for renovations and fix-me-ups. The other day he was talking about childcare when we asked about the receiving home, which, quite frankly, didn't make much sense to me. We weren't talking about the same issue.

I'll go back to the question I asked today. In the 2004-05 Budget Address, there was \$421,000. That money wasn't spent and was obviously lapsed. The following year there was \$809,000, which would appear to be an enhanced commitment to deal with high-risk adolescents. In fact, it was nearly double the amount that was committed in the previous year.

The commitment seemed to drop off, and the minister doesn't agree with me on that. He tells us about all kinds of money that's being spent in these areas, but we're not dealing with the infrastructure problem that exists there.

I'll just go over it a little bit for the minister. I don't have that mould report in front of me, but I did review it. There was a report done about the mould. Four different types of mould were found in the children's receiving home, and the minister seemed to think that those things could be mitigated by doing things like scrubbing them with toxic chemicals and cleaning it all up and then putting plywood over it and painting it and sealing it. The reality is, from what I could understand, that wasn't going to work. I don't believe that using the chemicals to clean the building is necessarily that healthy for either the workers or the young persons who are there. The fact is that there are major safety issues in that building. There are blind corners. The rooms are small, is my understanding of it. The fire extinguishers were put under lock and key, because the youth were using them to break windows or signs.

Now, the minister and the Premier don't seem to be -- I'm not saying that they're not concerned. I'm hoping that by asking these questions that I am raising the level of concern. My question for the minister is quite simple. I believe that there is a problem there. I believe that the concerns, which have been raised by me and my colleagues and by some employees who have been willing to speak with their representatives, are valid. It's now June 11, and we have three more days in the Legislature here, and then we're all going to have, hopefully, a little more time to deal with some of these other things. So my question, very simply, for the minister: would the minister commit to organizing a tour of the building sometime within the next two weeks, and would he accompany me on that tour?

Hon. Mr. Cathers: That's an interesting request. I wasn't expecting it.

I'll take that under consideration. I would want to consult with officials first, but I'm not going to rule out the request. I think it's always beneficial for members to see things with their own eyes and not rely on fear and rumour, as so often happens in debate in this Assembly. I will take the member's request under consideration and get back to him.

As far as the exact time frame on that, I won't commit to that but I will commit to getting back to the member within the next two weeks regarding that, and I will consider his request.

As far as that goes, I have toured the facility -- it would have been last year when I went through there. Just to point out to the member, an issue I appreciate the member has proposed a solution to -- giving him a bit of an on-the-ground view so he can understand the issues and I appreciate the appropriateness of his suggestion and that he actually see the facts for himself. Regarding some of the things the member and his colleagues have referred to that were addressed in the Anglin report, there have been significant renovations to that receiving home. That doesn't eliminate the need to do further work in the creation and enhancement of facilities in this area, which is in fact underway, but there have been some significant changes. There were a lot of issues that were addressed -- safety issues that have been resolved through significant renovations of the building, in some cases opening areas up and addressing some of the areas that had been problematic in terms of blind corners, et cetera.

There are still some issues, but that location has been improved significantly. I just want to emphasize to the member, in some cases where there have been challenges identified in homes, that significant renovations can resolve a large number of those problems. It is important, when we can, to utilize our existing facilities and address that area.

As far as the issue of a group home, I can inform the member opposite -- just to provide him with some more information here -- that, in fact, we will be looking at further facilities in this area. But, as I alluded to in Question Period, we are just taking a look at what is being done in this area. A plan had been developed before and, in fact, when we took a look at it and the current and projected needs in this area, we felt we could do better. That was the reason for it.

In balancing the challenges and pressure caused by delaying the project, versus the benefit of improving it, the determi-

nation was made that it would be better to improve it and come up with the right solution rather than coming up with a solution that wasn't really going to address our problems or provide the appropriate supervision and support model. We went back to the drawing board for that reason.

I just have to point out to the member opposite again that this is balancing the challenges we face on this issue, because if government continually steps forward in areas and addresses problems but doesn't come up with the appropriate solution, that can sometimes create a worse problem, or at least not create a significant benefit.

In weighing those issues, we went back to the drawing board on the designs for new facilities for children in care. That will be coming forward in the not-too-distant future. It is subject right now to Management Board approval, but I can inform the member that we do have work underway in this area. We will be able to announce that as soon as we have that approved.

Mr. Cardiff: Well, it's amazing what progress we can make here in the budget debate as opposed to in Question Period.

The minister said that they are doing work with regard to -- and I'm hoping that it's with regard to -- a new receiving home facility. The receiving home is like a transition between children being taken into care -- basically into the custody of the government and the government taking responsibility for these high-risk youth -- and going to a foster home.

Now, the way I understand it is that these children are only supposed to be there for a limited time. Many of them have been there for an extended period of time. It's my understanding they're not supposed to be there for longer than about 90 days and that some of them have actually been there for as long as two years. This does not seem to live up to the policy in place, or the rules and guidelines in place for dealing with these high-risk youth -- not to mention the fact that there's a wide range of age groups being housed in that facility. That calls into question as to the appropriateness of mixing those age groups, putting younger and more sensitive youth with youth who are older and have far more trouble and severe behavioural problems.

The minister said they are doing work in this area. Maybe he can tell us exactly what type of facility the department is in the process of planning, and just how close -- he mentioned it was close to going to Management Board. What level of detail is there in the design of this facility? Where are we at today?

Hon. Mr. Cathers: I can't actually get into a lot of details right now for the Member for Mount Lorne because I can't get into pre-empting Cabinet consideration. We do still have a few options on how this works.

Just to simply summarize the issue for the member, as we look at facilities -- when you're looking at the issue of how we take children in and how they're placed -- we have the overall lead within the system so it's not simply a question of a home to fill one purpose. There are several options for what existing space can be used.

One of the issues this ties into is ongoing work on taking a look at the issue of how we manage this as we take the children in -- which, of course, relates to the *Children's Act* review.

To clarify it for the member opposite, some of the children in the receiving home will be awaiting placement with a foster home, some will be awaiting placement for Outside treatment, and the challenge with some of them who are there for longer periods of time is that for either foster care or Outside treatment we sometimes have problems placing certain children, especially with certain psychological problems. That's an issue we're taking a look at right now.

I would point out to the member, just so he understands, that this is a very challenging area to deal with and I don't want to minimize it. When you get into problems with children who have been abused or who have psychological problems for some other reason -- often it's the result of abuse and they may have complicating problems like fetal alcohol spectrum disorder -- the problem the program managers and psychologists face is each child is very different in there, and while the program may be well set up to deal with the problem in a particular year, the children move out of the system into another area and you have a new type of problem and a new mix of children and suddenly things are not working well. Things have to be re-jigged and modified. That can then pass and things will go fine in the next year. That's one of the reasons why members see fluctuations in areas such as violence and other things.

It's a constant challenge for the people who work in this area: the good program today may not meet the needs of tomorrow and things may change back over time or change to something else entirely. So, it's an area of constant adaptation and attempting to get out ahead of challenges in this area. It's very difficult for staff in this area, and of course, for the managers and for the policy level that supports this area.

In saying that, I want to stress to the member that we do have a few options underway right now. Once we have Cabinet approval, we will be making some announcements in the area of facilities, but the issue of programming and what we do in there is something that -- while there's a review right now -- is probably going to have to be under constant review as we try to adapt to the problems of tomorrow. There are a lot of linkages to other areas such as substance abuse. I hope that has answered his question.

Mr. Cardiff: We look forward to the government's announcement on what it is they intend to do. The minister mentioned that they sometimes have a hard time placing youth with psychological problems, whether it's in foster care or whether it's in Outside treatment services. I would say to the minister that it's not appropriate to house those youth at the receiving home indefinitely until they're able to make a placement. There needs to be another arrangement made or another facility or some other way of dealing with them, because it disrupts the other children and youth at that receiving home. The receiving home should be more of a welcoming place for children who are in transition, who would be moving on to being placed in a foster home. I think part of the problem with the receiving home is that it's not necessarily being used appropriately and some of the youth there are very disruptive, not just to the staff, but to the other youth.

Maybe the minister could identify what figure is there in the budget, how much money has been spent to date, and where

is that money in the budget for the planning that has gone on, or is this the \$50,000 that was in last year's budget? Is that what's being used for planning this facility, for the capital expenses that the minister is talking about?

Hon. Mr. Cathers: Yes, I believe the line that he's referring to -- I don't have it right in front of me, but the number sounds correct. The \$50,000 he is referring to was, I believe, money that we did some work with last year, and I believe the remainder of that has been revoted in this year. I'd have to check the right line item on that, but that's my recollection -- that it is the planning money referred to.

Mr. Cardiff: Now, I thank the minister for that, and I look forward to hearing from him about going through the facility with him at some point in the future. I will attempt to mesh my schedule as best I can with his so that we can go look at that facility.

I'd like to move to address some questions about alcohol and drug services. The minister made mention of the therapeutic court. I'm just wondering how alcohol and drug services intends to cope with clientele coming from the therapeutic court. Do they anticipate needing more resources, more counsellors? Does the department have any idea of what the anticipated numbers of clients coming from the therapeutic court will be? As well, will there be any special treatment services for clients coming through the therapeutic court who have fetal alcohol syndrome disorder?

Hon. Mr. Cathers: Under that area, we have one new position under alcohol and drug services directly related to the community court, and that is enhanced. Other areas where we've increased alcohol and drug services -- we have another intake worker in place. The total that we've increased it there -- for new positions and merit increases and reclassifications for addictions counsellor -- is \$244,000. So we have created one position specifically to assist with the community court as well as another position to expand the overall services within alcohol and drug services.

As has been mentioned, I think, to the member, because it's dependent on how much judges make use of the program, it's hard to precisely determine what the needs are going to be in this area. There has been the creation of the positions in this area to address the services related to it. If there is a need for further services in here, or further spending either in Health and Social Services or in Justice, once we become aware of that -- which would, of course, be due to increased usage within a fiscal year -- then that would have to be dealt with separately as a Management Board item and it would be picked up in either a supplementary budget or in the next year's budget. But right now, we've allocated the positions to address what we believe the needs will be, and if there is a further need, then that decision will have to be brought forward to Management Board for additional funding.

Mr. Cardiff: I thank the minister for his answers. The one question I didn't hear an answer to is this: is there going to be any counselling or special treatment services for clients who have fetal alcohol spectrum disorder?

Hon. Mr. Cathers: In that area, we already provide some services related to clients who have fetal alcohol spec-

trum disorder, which make up a significant portion of our clientele in that area, and a lot of the people who are experiencing problems with substance abuse today. One of the problems that may be causing that is the fact that they were afflicted by their parents' substance abuse.

As far as whether there's anything new specific to that, I don't believe so. I would have to check into that for the member, but I would point out, in areas such as working with the Fetal Alcohol Syndrome Society Yukon and at the earlier end of things, focused on children through the Child Development Centre for early identification, et cetera, we have stepped forward beyond what was in place before. I don't think there's anything new in this fiscal year related to that, but I could stand to be corrected on that. I would have to check into that, and I will get back to the member opposite if there's a change in that.

Mr. Cardiff: There has been a bit more emphasis on diagnosis of FASD. I'm uncertain as to whether or not those diagnoses are for adults or children, or a combination. Has the department seen an increase through the diagnoses they have been doing on fetal alcohol spectrum disorder or effects?

Through doing those diagnoses and getting more specifics, is that affecting the policy of the Department of Health and Social Services in how they deal with that problem now and into the future?

Hon. Mr. Cathers: I don't believe I have in front of me the numbers related to children diagnosed with fetal alcohol spectrum disorder. I would have to look into that.

As far as that goes, some of the diagnoses occur through our work with the Child Development Centre. They do work in that area, as does the Fetal Alcohol Syndrome Society of Yukon.

Certainly there's a problem out there. As far as whether the problem is growing or shrinking is hard to identify, because part of the problem is that, as the member knows, in some of the areas that we're dealing with -- funding to NGOs, such as the two I mentioned -- to address the issue of fetal alcohol spectrum disorder -- we didn't have data before. In the absence of long-term data, it's hard to determine how much the numbers reflect an increase versus how much they reflect quantifying a problem that wasn't quantified before. Another issue that relates to it is in dealing with how many people they have coming into them -- so there's awareness of the programs, there's the capacity within those NGOs to actually do the diagnosis and there are a number of issues. Because we're still in the first several years of a program, it's a little hard to identify how much the numbers really reflect new problems and problems that simply were not quantified in previous years.

I'll check to see if we have any information that may be of interest to the member on this, but the answer in this area, I have to say in all frankness -- I think from any government, at least in western Canada -- is that, to some extent, we don't know. The partnership that I've referred to before in the House -- the Canada Western FASD Partnership, the three territories and the western provinces -- is a linkage that we're advised is somewhat unique in the world.

It's rare to see jurisdictions collaborating in this area. We are collaborating on sharing the research like diagnosis success.

Every jurisdiction is doing different projects from the others. We were the first one to deal with the area of meconium testing which, of course, is testing a baby's first stool after it is born. It provides information that makes it clearer whether there were substance abuse issues and it provides very useful information. That, of course, is available just on a statistical basis for reasons of personal confidentiality. It is the first time it has been done anywhere within Canada.

There are other areas as well. In some of the work that we are doing with the Child Development Centre, for example, and FASSY, there are elements of both programs that are unique to the territory. There are also areas we could spend some length going through, where every jurisdiction is doing something a little differently and sharing the results of that. We are all taking a look at what is being done in the other jurisdictions within the partnership to see how we can adapt, enhance, and modify our programs to address those needs.

As I said, to be perfectly frank with the member, the problem in this area is, as we do the assessments and diagnoses, it is hard to identify whether it's evidence of a new or increasing problem or simply a diagnosis that wasn't done before because people were not aware of the services and had not come in the door.

I will check into what we have in that area for numbers and see what we can provide the member opposite. I would urge him not to read too much into it because it's really hard to determine how much of this is related to new problems that may have occurred within the last year, for example, and how much is simply assessments that were never done previously because the service was never available.

Mr. Cardiff: The minister brought up the fact that the territory was one of the first jurisdictions to do the meconium testing. Do we have results of that now, and are they available? I understand that they obviously would be available only as statistics and we can't get into individual cases for reasons of confidentiality. I am also wondering: what did that piece of research cost and is it ongoing?

Hon. Mr. Cathers: I can answer part of that question for the member opposite. I'm not aware of what the cost of that program was. It was done as a pilot project. I have not seen the results of it yet. We are expecting them shortly. At that point, we should be able to make statistical data available. But it was done as a pilot project concept to see the level of data we got from there and see what it provides us with. So once we see that and review it, then consideration will be given to whether or not we should indeed continue that program. There is a good chance that we might indeed continue it, but until we've seen the results of that pilot project, no determination is going to be made on that next stage there.

As I said to the member, I have not seen the results yet of the test. I don't believe the department has received them yet and, if they have, then I am sure I will be seeing them in very short order. But I don't believe the department has received it, either. Again, once that is available, my understanding is that there is no reason we can't make those statistics available to members. I will have to double-check the privacy issues around that, but I don't believe there is any reason we can't make that

available. In that case, we'd have no problem providing that to the member.

Mr. Cardiff: I thank the minister and will be watching for that information from the minister. Still on the issue of fetal alcohol spectrum disorder and with regard to adults, what does the government do and what kind of support does it provide for adults affected by fetal alcohol spectrum disorder, as far as adult residential support? Is there anything that the government provides? What level of funding would that be?

Hon. Mr. Cathers: I apologize for the delay in responding to the member. Through two areas, we assist with residential support for adults with FASD. One is through the department and contracts on an as-needed basis, which is also supposed to be focused primarily on interim support. I'm having difficulty identifying that number for the member opposite. I'm not sure we have that.

One area I can identify to him is through Options for Independence Society, one of the NGOs I referred to. We work with them to fund a residential program for adults with FASD, and that amount of funding this year is \$226,000, which is an increase of \$46,000 from last fiscal year. That's the residential component of that.

There are some linkages to things such as the work that Fetal Alcohol Syndrome Society Yukon does in their support for adults with FASD. Some of them may be living in their own homes but are supported, to some extent, by workers through FASSY in their ability to do so.

Another area this has a linkage to is the *Decision Making, Support and Protection to Adults Act*. There are three bills under different components of it. Through there, there is support for people who have different levels of mental challenges, from full guardianship to simply providing someone with the option of designating an individual who can go in with them to do things like banking transactions and have some access to their files. That's another area where some of these people may not show up in program spending. They may be supported through family members or others who work with them in this type of area, or through a friend who assists them on a paid or volunteer basis.

I hope that has given the member a bit more information here. There are a number of linkages, as I say, to various areas of the department, as well as to people who volunteer their time and assist, both through NGOs and directly on a person-to-person basis.

Mr. Cardiff: Well, the minister mentioned one figure, which was a \$226,000 contribution to Options for Independence. But I honestly believe that a lot more needs to be done in this area. There needs to be a bigger commitment from the government in this area and I would remind the minister that, to the best of my recollection, there was a unanimous motion in this House supporting enhanced programs for adults with fetal alcohol spectrum disorder. So we would like to see the government respond to that motion that was passed unanimously here in the Legislature, and see more services and support for adults who have fetal alcohol spectrum disorder, and their families.

We were talking a little bit earlier about alcohol and drug services as well. I'm just wondering how the treatment program at alcohol and drug services branch is evaluated and how its success is measured. I guess I could roll a few more questions into that. The 28-day program seems to be -- not to put it lightly, I guess, but -- well subscribed. The problem with the 28-day program is that, for starters, it's only 28 days, and then afterward there's no support, or very little support, but that it's not flexible for people who need treatment.

We've had this discussion before but, just for the sake of going over it again -- if somebody walked into alcohol and drug services branch at 9:00 this morning and said, "I need help", they are liable to get told, "Well, the 28-day program starts six weeks from now" -- or three weeks from now -- "so come back then."

Quite frankly, that doesn't work for somebody who is addicted to alcohol or drugs. When they are asking for help, they need to be given that help.

How are those programs evaluated and how is the success measured? More importantly, do we have any statistics on recidivism? How many of these people come back, and how often do they come back for treatment at alcohol and drug services branch?

Hon. Mr. Cathers: I can answer part of that question for the member opposite. I would have to check into exactly what we do as far as the review of programming and evaluation.

I think I can clear up a few areas for the member opposite. The 28-day program is the in-patient care. There is outpatient care, as well, provided through alcohol and drug services. What the officials and professionals tell me is that, depending on the individual, different program models work better. In fact, there is not necessarily anything that proves in-patient care is necessarily better treatment; it is simply more appropriate for certain individuals but for others it may not be as appropriate. Some would not agree to that.

As far as the in-patient care, we've expanded from six 28-day programs last year to nine in this fiscal year. We've stepped forward to increase that service.

As far as the recidivism rate goes, I can tell the member and emphasize to him that the challenge in addressing it is that it's typical that someone with an addiction does not successfully get treated in any treatment program on the first go-around. An area that may be more familiar to the member and others is smoking, for example. Most people who smoke have tried quitting, but while some do successfully quit the first time, it takes many, many times for others. That's an area where, typically, the people who are smoking are those who don't have the same challenges as someone who has an alcohol or other substance-abuse problem and is often dealing with other issues, such as intoxication or being high. People who have an addiction to tobacco don't necessarily have any of those other problems.

The point I'm making is that it makes it even harder for the decision-making process and for self-control if someone is intoxicated, either with alcohol or drugs. The typical behaviour in any type of addiction is that, usually, the first treatment, no

matter what type it is, is usually unsuccessful. It tends to require the person to go through a couple of failed attempts, or more, before they actually succeed. That's typical of addictions in general.

The challenge this poses in identifying something with alcohol treatment is, when that's known to be an issue, that it creates a challenge for identifying when a program is working versus one that doesn't work. A successful program would not normally be expected to work the first time. It makes it increasingly difficult, particularly as you have people who re-attempt to tackle their addiction. It may be a shorter or longer gap between when they have their first attempt at quitting and the second, and it puts so many variables into it that it becomes somewhat difficult to assess.

There is comparative data that, to some extent, is available. Again, as I said, I'd have to check into exactly how we evaluate what's delivered, but I hope I've given the member some information. Understand, too, the challenge that we have in this area and the problem that it creates for both the political level of government and for program managers in evaluating whether or not a program is successful and whether or not it is a better as good program or successful model -- because it may take a period of several years to develop the longer term data and see if it's helping people break away from their addictions over time.

That is one of the big reasons why the problem of substance abuse is not a new one. Although steps are taken to address that -- and, of course, this government has stepped forward to provide further assistance in this area and further treatment and programming -- it's not something for which anyone has ever found a perfect solution. Realistically, there probably never will be a perfect solution to this area. We can only endeavour to improve and reduce the number of people who are affected in this area, particularly how that carries forward to the next generation.

Mr. Cardiff: I'm wondering what alcohol and drug services branch is doing to assist people who have multiple addictions -- who may have an alcohol addiction but may also be addicted to other drugs, whether they're prescription or black market. What kind of assistance and treatment is being offered through the department for people with those afflictions?

Hon. Mr. Cathers: I apologize again for the delay in responding to the member. I know we have money in here somewhere, specific to dual-diagnosed clients. I'm trying to recall exactly where that's located. It might have been under one of the funds that we have set up. I don't have that at my fingertips here; there is some funding specific to that, but what I can tell the member opposite for certain in numbers is that we have money for improved mental health supports at the community level, identified under the territorial health access fund. Other supports related to that are early psychosis intervention and supports for persons with serious mental health problems, as well as the money that we have related to that -- not specifically, but somewhat linked. We do have money in there for the general healthy living health promotion areas of that.

Just to give the member some examples: some of the money there for mental supports at community levels, \$129,000; other associated supports, \$206,000; another \$84,000 for supports for persons with serious mental health problems. These are a few of the areas we have linked. I'm flipping through here; I apologize; it is somewhat difficult. I'm trying to be accommodating to the member in answering the question without delaying it until line-by-line debate.

I know it's sometimes hard for the members opposite to determine exactly which line in our budget to which the service may be related. I'm trying to be accommodating in that, but of course that also poses a problem for me that we're flipping through the book, looking for a needle in a \$200 million operation and maintenance department. That number has not come directly to my fingertips. I know we have had money specifically for dual-diagnosed clients. I'm sure we'll find it and can get back to the member at some point on that.

Yes, it has been identified as an issue and, in addition, we have increased the funding for alcohol and drug services, for community supports and for mental health.

The youth clinician based out of Whitehorse and the rural mental health clinician based out of Dawson City, as well as the money that is in there for early psychosis intervention, which is a new program to increase awareness, diagnosis, management, treatment, and support for young people with early psychosis -- and this will include referrals, assessment and treatment plans for young people with a potential psychotic disorder, increased services for clients, families and caregivers, increased capacity of clinical staff to be up to date with knowledge, policy development and clinical intervention to increase capacity with clients and families to engage in mutual intervention and support for each other. That is \$116,000.

Mr. Cardiff: That's part of the problem we have with the budget, too. We don't receive enough detail up front to find where this information is. We would appreciate receiving that information so we could go through it in more detail to find the answers to some of the questions we are asking in advance of asking them.

One of the needs identified is the need for more addictions workers and counsellors both here in Whitehorse and in the communities. It's a very high-stress occupation. I am just wondering whether or not there is any training for employees or volunteers in the community. The minister mentioned that NGOs provide services both in Whitehorse and in the communities. Is there an evaluation of that training?

I would like to roll something else into the question. Something that we proposed in questions last fall, I believe -- I think there was even a motion -- is whether or not there were any plans for the department to spearhead -- or ask Yukon College to deliver -- a two-year certificate in addictions counselling.

This was something that came up. It's something that has been raised with the minister previously in Question Period, I believe. There is a demonstrated need for addictions counsellors here in the territory, just like there's a demonstrated need for dental therapists or more nurses. But it would make sense, given the need in this area, that we could be training our very own addictions counsellors here in the Yukon to meet that de-

mand. There is one other option, and that other option is that the government could reserve spaces for this training at the Inuvik campus of Aurora College, because there is a program being offered there, I understand.

I know that Yukon College is an arm's-length institution, but it responds to community needs, and it responds to government initiatives. That's why we have things like the renewable resource management program. That's why we have things like the bachelor of social work program at the college. That's why we have the Yukon native teacher education program at Yukon College. I'm not saying that this needs to be an ongoing program for the next 25 years. Maybe it does. It would need to be evaluated as to whether or not it's meeting the needs, if it were implemented, but I believe it would be a good investment in dealing with some of the problems that we have in society around addictions treatment and counselling, and it would go a long way in providing the much-needed follow-up and after-care that's required in this area for those who have addictions to succeed in breaking that cycle.

If the minister could answer those questions, I'd be happy.

Hon. Mr. Cathers: I actually did not catch the first part of the member's question. I apologize for that. I was looking at numbers and identifying further in answer to his previous question regarding \$49,000 in capital funding for mental health and alcohol and drug services purpose-built space, programming, functional space analysis and space design activities, to examine options for combined mental health and alcohol and drug units. This is anticipated to be, probably, a two-year project to identify the needs and how we can make our operations in this area more seamless between the two units, as well as to identify available options for adequate space and provide for the appropriate construction or renovation in this area. I hope I've answered the member's previous question more fully.

Addictions counselling is an area that, if it were to be provided through the college, it would require the college to agree. We're currently in discussions regarding a number of areas, looking at the needs and discussing with the Department of Education and Yukon College how we can enhance our training programs for personnel in the territory, for those we need within areas we identified in the health human resources strategy.

I apologize for being somewhat vague in the answer, but I have to point out to the member opposite that one of the things we've done in this area under the health human resources strategy is create a position to identify, plan and do the work for health human resources. There has never been a fully coordinated approach to training, recruiting, et cetera, people across the health spectrum. I'm not saying there has been no work, but there has not been the level required to adapt to the problems we face as the world changes with the baby-boomer demographic aging and a lot of people retiring -- areas where, in the past, it was not difficult to run an ad to recruit either in-territory or out-of-territory.

We recognize that there may be challenges in the future, and in fact we're seeing the leading edge of that now in certain areas. That's one of the key reasons we're taking a look under the health human resources strategy at how we need to do busi-

ness differently to ensure that we have the people available to take on these positions, and that includes, of course, areas such as alcohol and substance abuse treatment -- that where it's being expanded and the needs are changing in that area, we need to identify those needs and adapt to those needs.

Work is ongoing, and I have to reiterate that this whole area of health human resources is a key priority and we have placed a significant amount of focus on it with one dedicated position and a significant amount of work in other positions within the department that support, assist, et cetera, in dealing with these areas -- working with health professions, working with Yukon College, with the Department of Education, with others we have to work with in various components of this area. The reason why I'm somewhat vague with the member at this point is that there is a lot of work to be done here. This is one of the areas being looked at, but at this point I can't be more specific to the member because that work is still underway.

Mr. Cardiff: Well, obviously, we're going to have a lot of questions for this minister in the fall and in the next budgetary sitting, because he's saying there's a lot of work to be done. I don't disagree, but that's about all we're hearing today -- that there's a lot of work to be done, and it is yet to be done and we need the minister to ensure that that work does in fact get done.

One of the recommendations or priorities of the substance abuse action plan was expanded outreach services and a community harm-reduction fund. I am just wondering if the minister could tell me if these are in place now. The minister mentioned earlier that there was a new position and a new intake worker in alcohol and drug services, and I'm not sure whether that's related to this or not. They advertised for an outreach worker a few months ago. Are there expanded outreach services, and is the community harm reduction fund in place?

Hon. Mr. Cathers: The answers to the member's questions are yes and no, respectively. The issue of outreach has been addressed already to some extent. I am not saying that more won't be done, but we have increased, as the member noted, services within alcohol and drug services. As well, we just recently approved, through Management Board, \$161,000 of a contribution to the Yukon Family Services Association to assist them with outreach -- some of that for new services, some for ongoing programming in areas where the federal government stepped out. As I say, it's a mixture of old and new services in that area. That was, I believe, \$161,000 that was just recently approved to further expand the outreach portions under the substance abuse action plan.

There is also the Outreach van, which provides for a different segment of that client base, for lack of a better term, addressing those issues for certain people who are reluctant to come into mainline offices.

The funding that we've just provided now to YFSA is to assist with, in part, helping those who are identified through the van in receiving long-term services and connecting with them, rather than simply seeing them a few times a week on the streets, attempting to sit them down, give them the counselling

supports they need and connect them to the services both within NGOs and government for the assistance they need.

As far as a community harm reduction fund, that is an area where the work is underway. I know it's fair to say and I hope the member appreciates and understands it as well that we've stepped forward significantly in areas identified under the substance abuse action plan. It is still a work in progress. There are some areas, such as community harm reduction funding, where work is underway but they have yet to be completed. I would have to point out that, aside from what was identified in the substance abuse action plan, there needs to be further steps down the road as we identify and evaluate the needs within the community, how programs are working and how we can step forward to further enhance the programming within our system to ensure it works, evaluate it and, where it could be working better, take steps to improve that programming.

Mr. Cardiff: When we're on the substance abuse action plan, there was also announced, I believe, a pilot project for telehealth addictions counselling. I believe it was in Watson Lake and I'm wondering if there has been any evaluation done of that project. We'd like to know how that project went, especially when it comes to things like after-care.

One of the things we've been saying is that people need the ability to have some assistance after they've gone through a treatment program so that they don't fall back into that trap, that cycle of addiction, whether or not there are any plans, if an evaluation has been done and the outcome was good, whether or not there are any plans to expand this service to other rural communities and which ones that might be.

Hon. Mr. Cathers: The results that we've seen so far through the pilot program in this area have been good. In fact, telehealth as a whole, as a program, as a basic concept, as a change in approach has tremendous potential to cost effectively deliver many types of services in regional areas where it would sometimes not even be possible to have the staff in place to provide that service. Telehealth can provide a service that otherwise would not be available. So in answer to the member, in what we have done so far, the results have been good. We are looking at this area. I can't make the member any commitment right now as to whether there will be an expansion on addictions counselling through telehealth, but it's under consideration. I'm being a bit cautious in what I'm committing to here, but the whole issue of treatment, of course, has been identified as a major priority in our platform. There will be more work ongoing in terms of treatment that will include issues such as land-based treatment facilities. There is a direct link between a service being provided in a community to treatment services through personnel on the ground, and expanding telehealth into that community at the same time obviously would make one or the other not work too well, when you're dealing with small communities. The two issues are directly linked and the decisions around them will be for Cabinet to make. Expanding telehealth programming is something for which we have money in the budget. We don't have more beyond what was there before for specifically dealing with expanding the addictions counselling programming through there, but the increased resources we have there will give us the ability to do that, should

we choose to do that. It is a very likely possibility. In some areas, it will probably be part of a solution to increasing the services for addictions counselling.

Mr. Cardiff: The minister can answer this one with a yes or no. There has been an evaluation of the project. He seemed to think that things were going fairly well. What are they basing that on? That's my question. What are the statistics or results on which they are basing the success of this?

What tangible difference is being made in Watson Lake -- if that's the community where the pilot project was taking place -- and what tangible, positive results can they cite to back that up?

The minister mentioned other things about not duplicating service. I think when it comes to addictions counselling and treatment -- and with the telehealth project, there is a benefit to it and there is an application to it. I don't know everything there is to know about it, obviously. The minister said if they are increasing resources on the ground in communities, they wouldn't necessarily want to be expanding the telehealth project there. I think there's a lot to be said for face-to-face contact when it comes to addictions counselling -- having that personal interaction across the table. The telehealth project does present some interesting options for providing things like after-care, for people to stay in touch, to have somebody they can call.

What is it they're basing the success on? What tangible results on the ground, in the community, can they cite that would point to the success and benefits of this program?

Hon. Mr. Cathers: I don't actually recall the specifics to answer the member's question. I hope the member will appreciate that I deal with many pounds of paper on a weekly basis. I can't recall the numbers on this. It has been some time since I looked at the specific stats on this one. I do know it was considered to be successful, from what we've seen so far, but it's in the early stages. It is under consideration for expansion and, if so, to where and how.

Just to talk about expanding the overall network in our system, we have an increase in this budget under the money for territorial health access funding for telehealth. We have \$110,000 in place for O&M for telehealth, with one FTE and support costs related to that. It's another example of how we're stepping forward in this area.

Other areas of the same type of approach -- we've also identified \$90,000 for planning for a nurse information line. This is not directly linked to telehealth or the addictions counselling, but I'm trying to demonstrate to the member things that may be of interest to him on how, in making use of technology, we can expand some of the supports that are available to people in rural areas.

It is quite expensive to provide supports in communities, and issues of recruitment and retention become a challenge. In areas where we deal with a handful of employees, we end up with a problem when there's a turnover and the difficulty of recruitment. Sometimes it means gaps in service. Having a broader base of service and people within it we can share and access through remote means reduces the likelihood that there's a gap in service when someone leaves, retires or moves on. It

enables us to be more flexible and to better adapt to those challenges of the gap of one job not being filled.

When you have one position in a community, you can't hire three people to do one person's job just because one of them may retire, nor can you even hire two people. What that leaves is a gap when you have staff turnover.

This is one area that gives us some practical means for preventing those service gaps when that occurs. I do have to point out with telehealth that there is a significant cost to expanding it. It will take some years to fully implement the system we would like to see, but it creates tremendous potential where we provide that service. Although I recognize the member's perspective that sometimes it is more desirable to have a flesh-and-blood person there -- and that is often the case -- in areas where we have trouble keeping someone there all the time and we have those issues, or expect to in an area we are expanding services to, it creates a practical solution to address that. Having someone available through videoconference, of course, is better than having no one at all.

Mr. Cardiff: I thank the minister for that answer. Can the minister tell me what is being done by the department to counter prescription drug overuse?

Hon. Mr. Cathers: The answer to the member's question is a bit of a complex one. We have issues under the general provisions of the substance abuse action plan enhanced treatment where we deal with drugs as a whole, but that isn't specific to prescription drug use.

Another area is how we work with the pharmacists on putting crystal meth precursors -- certain cold medications -- behind the counter rather than available at the front so there is some ability to track how much someone is buying.

One of the areas that is probably the most effective for dealing with things involving prescription medication -- which, of course, the cold medications being referred to are mostly not -- is that prescription use has a lot to do with the issue of people going to more than one doctor or accessing areas and claiming that they've had their medication stolen or other things that can occur. One of the problems with having a paper-based system, which is a bit of a relic of a previous era, is that it makes it hard to track all of these things.

The key solution in this area is the implementation of an electronic health record, which we have projects in under the Canada Health Infoway program. This is money that the federal government has put up and we have been fairly successful in applying through -- I believe we've had four projects to date, which is more than either of the other territories and more than a few of the smaller provinces that have been funded. That's the number of programs we had funded under Health Infoway.

One project under this -- what we're working toward in the electronic health record, a key component of this and one of the next steps in this area -- is an integrated system for prescription drug management. There is a big price tag attached to it. I think it's either next or second to next on the plan for electronic health record -- I'd have to check on that. I believe it's the second item on our electronic health record implementation, because we do have to do some work with physician clinics to

integrate systems there as this all relates to the whole area of electronic prescribing.

This has benefits in terms of reducing -- I believe it's called -- the defect rate or the error rate from prescriptions being read wrong, which is actually a cause nationally -- and of course in other areas, such as the United States -- of people ending up with serious health complications from a pharmacist misreading a doctor's handwriting.

That's one area of benefit through having electronic prescribing. Of course, the whole electronic health system and integration gives us the ability to track somebody being issued a prescription through more than one doctor. There's a big cost to this.

The other thing that I should make the member aware of is the computerization across Canada. We're working closely with a number of other jurisdictions on this, the goal being that when we end up with the electronic health record -- which, nationally, is going to cost billions to implement -- we don't end up with computer systems that are unique to each jurisdiction and don't interrelate. As the member knows, many Canadians move from one jurisdiction to another. If their electronic health records are not transferable, or come at great cost to transfer, it creates a problem when they move. Of course, the Yukon is so dependent on Alberta and British Columbia for services that, if our systems are not compatible with theirs once both systems are up and running electronically and if those systems can't share information, we end up with a big problem. The other thing complicating all of it is -- it's not a matter of using things such as e-mail and other programs that have issues around confidentiality and security. I'm sure the member is aware of issues that have come up such as certain banks having customer information being hacked into, stolen, et cetera. This is not something that you want to get into with health information, because nothing is more personal or more confidential than somebody's health information.

Nationally every jurisdiction is dealing with this area, and every jurisdiction is investing in it. For our programs, under the next stages of Infoway, we have \$1.5 million in this year's budget, which is made up of a territorial contribution and a federal contribution through Canada Health Infoway. We are investing in this area, but it's going to take years to get the whole system up and running from coast to coast. I just want to emphasize for the member that one problem we face is that it's difficult for any jurisdiction to move quicker than the pack on this. If we implement a system before Alberta and B.C. have decided to do something compatible, we risk creating a multi-million-dollar problem a couple years down the road because of moving a little too quickly. We might, in fact, end up with a worse system of information sharing once everyone has moved away from paper-based records.

I also want to underline how critical this overall system is nationally, not only in the sharing of information, but also statistical data. One of the challenges with things such as wait times, as we discussed briefly on the floor of the Assembly before, is that jurisdictions often have a great deal of difficulty even knowing what is going on within their system. There are multi-million dollars' worth of expensive diagnostic equipment

and other machinery. For example, when Ontario began their wait-time reduction project, they found that about half of the 1,400 surgeons they focused on in some 50 hospitals didn't even know how to turn on a computer.

The problem you get into is -- especially in cases where people were trained in a time not so focused on our computers and electronic systems -- that the health system, in many ways, came up with a more expensive diagnostic technology -- I'm speaking on a national basis -- but has not actually electronically caught up in many ways to the business world and the rest of government. There are a lot of issues involving the electronic health record and the drug management program -- being a component of the electronic health record. These areas have tremendous benefit in managing our systems, understanding our systems, sharing information, but it has to be done confidentially.

One thing, just to give the member another example of the complications we face in moving forward with this, is that, as we do that, we'll probably require new legislation here to deal with protecting that information. Recognizing that we need to be able to share it, we have to deal with how it's shared and when excerpts may be shared for statistical purposes that give us tremendous benefit and information to assess our overall problems, but not compromise the overall personal data. So essentially, the managers looking at this would see statistical information but not see some of the other things. Right now there are issues related to confidentiality there.

So I don't want to go on about this too much. I think this is getting a little beyond the specific element of the member's question. I'm trying to provide him more information. I'll sit down. If he has further questions in this specific area, I'm happy to provide him with more information.

Chair: Order please. Committee of the Whole will recess for 15 minutes.

Recess

Chair: Order please. Committee of the Whole will come to order. The matter before the Committee is Bill No. 6, *First Appropriation Act, 2007-08*, Department of Health and Social Services.

Mr. Cardiff: I thank the minister for his answer about information and statistics, as it related to many things, including what the department is doing around the overuse of prescription drugs.

I'd like to ask the minister a few more questions, one about the dental program in the schools. This has been an ongoing concern for us for a number of years. In the program in the academic year 2005-06, there were apparently close to 2,500 children enrolled in the program. I read a motion into the record earlier this afternoon urging the government to step up the recruitment and retention and do something to address the problem in that area.

There is a lot of concern that the government will basically deep-six this program. Over the years, there has been a problem with recruiting and retaining people to work in this program, and part of that problem is the fact that dental therapists work-

ing for the Yukon government are the lowest paid in the country. The problem is there's only one institution that graduates dental therapists. The minister has used that as an excuse.

There used to be about eight positions for dental therapists to service the 2,500 Yukon children. When we raised this last fall, I think four or five were dealing with the program delivery.

This is pretty important, because the dental therapists are doing work not just in Whitehorse, but also in communities. It is hard for the students and their families. If these services aren't available in the schools, it means that the children have to be taken out of school; the parents have to take time off work and travel to Whitehorse for their children to even have a check-up. Dental therapists do work like fluoride applications, dental cleanings, fillings and crowns. They do a variety of work. They are highly trained. They need to be recognized for the work that they do and the benefit they provide in community schools for these children. It would be a hardship if those services are not available.

It is my understanding that the minister labelled the situation last year -- according to the newspaper that quoted the minister -- as "little more than an uncommon operational bump". I think that it is a little more than an operational bump at this point, because we no longer have five dental therapists where there should be eight. We now apparently only have two dental therapists where there should be eight.

We need to do something about this over the summer. School is getting out here in the next week and we can't do anything about what has transpired over this past school year, but we can do something now to address the problem going into the fall.

What is the minister prepared to do? As I said, one of the factors in this, in recruiting and retaining dental therapists -- and I've heard this first-hand from dental therapists who have left the territory. This was given as the reason basically: "I'm out of here. I can go to the Maritimes or the Prairies and, you know, work in my occupation, my chosen field, and make more money." It's not that they're not committed to the program; it's that they're having a hard time making a living.

What is the minister prepared to do on this front? Just targeting bursaries to encourage people to get trained isn't going to help unless, once they receive their training and they come back here to work, they're recognized for the level of training that they've received and they're compensated fairly for it.

Hon. Mr. Cathers: I'm pleased to inform the member opposite that there will not be a problem with the program very shortly. The department has just hired three new dental therapists, which will fully staff the program.

This is an excellent example and one they should be commended for. They took an innovative approach to this issue in directly marketing to students at the school where they are trained and painted a full picture to them about what life in the Yukon is like, including some of the programs in place, such as childcare. I'm informed that's a key one for them.

They pointed out the overall comparative picture of what they would face here versus other recruitment markets, where they would be targeted. So, while some of the others can look

fairly attractive when you look at a strict wage issue, when they're actually informed about some of the high level of services, cost of living, et cetera, in the territory, we compare very well indeed.

Of course, compared to some of the remote communities in the other territories, we have a much more attractive environment for people to live in when they're coming up from southern Canada and are maybe used to more amenities, cultural activities and services, for example.

So by laying out the full picture of what life in the Yukon is like -- the high level of services in other areas and painting a full picture -- they were successful in recruiting three new dental therapists, which will make the program fully staffed.

I commend them for that innovation -- for stepping outside the box and going directly to address the problem, which has indeed been done.

Mr. Cardiff: I thank the minister for that answer. As far as the recruitment goes, that is positive news. I just hope that the retention issues don't come up again.

The other thing I would question is the minister's math on this one. It's my understanding that there are currently two dental therapists employed with the government. Three more would bring us to five. Previously there were eight positions dedicated to this area. Can the minister enlighten me as to what happened to the other three positions?

Hon. Mr. Cathers: I think the confusion is arising because a few of the positions there are not vacant but are for people who are on temporary leave that will be ending very shortly. Otherwise we will have a need to recruit to fill those. What happened is that we had a bit of a perfect storm, for lack of a better term, in terms of vacancies and people taking leave, which is a benefit they have under the collective bargaining agreement and, as well, it is necessary for job satisfaction, in some cases. We would rather have somebody on leave than gone. I think there may have been parental leave involved in one of the leave situations. As far as the exact nature of the leave, I don't have that information, nor can we get too specific on that.

Those leave situations are ending. There are currently five employed. Three have been hired and should be up and on the job sometime over the summer. I don't have the exact dates at my fingertips, but we should have the problem resolved. By later this year, the program should be fully staffed and operational.

Mr. Cardiff: I am pleased about this. I have not only heard concerns from dental therapists; I have also heard concerns from parents about this program. I will be pleased to inform those who have been in touch with me that there is good news on the horizon.

There has been another issue around dental services in rural Yukon about dentists travelling to communities. It was a problem that the previous government had as well. The government had an arrangement with dentists in, I believe, Hay River, so that they would travel to Yukon communities. That arrangement wasn't renewed. What is being done with regard to dental services in rural Yukon to ensure that there are dentists still travelling there? It appeared to be a problem, because local

dentists here were too busy or there wasn't enough compensation or it wasn't lucrative enough for them to travel to small communities. I am wondering if private dentists are financially supported in any way to practise in rural communities. If so, how are they supported? What is the government doing to address this problem in rural Yukon?

Hon. Mr. Cathers: Just to give the member the full picture on this, the department doesn't have a mandate to provide services to adults. However, because access to dental services is important to overall health, we provide funding to dentists to provide services in rural Yukon to offset costs associated with travel, accommodation and meals.

The reason the arrangement with the clinic in Hay River came to pass was because we were not able to get dentists in the Yukon willing to provide the services there -- I believe with the exception of Watson Lake. There's one community a dentist still provides service to directly from Whitehorse. We've had challenges in getting local dentists willing to provide that service. The arrangement with the dental clinic in Hay River was a good arrangement to provide that service; however, because of capacity issues, they were not willing to continue.

Right now, the department is working with Health Canada to find a solution to the problem and come up with an arrangement. Many of the clientele in this area -- it's related to non-insured health benefits.

We're hopeful we'll have a solution to this soon and address part of the problem. Just to give the member a reference, one of the issues is a challenge in terms of capacity within Whitehorse. People have experienced challenges here in getting appointments.

The member may next think about floating the idea of simply increasing the compensation package, but that would create a problem. It wouldn't be an overall benefit to Yukoners if dentists currently not able to process enough patients to prevent there being a waiting list in Whitehorse are moved out into communities and have to spend time on the road. It would further increase the problem because some people do come in from the communities. The whole reason for providing services in the communities is to cover those who would find it a financial hardship to get that service in Whitehorse.

As long as we have capacity issues with the total number of dentists, simply moving them to rural Yukon would not improve the problem. Right now, we're working with Health Canada and I'm hopeful to have a solution to this shortly.

Mr. Cardiff: I thank the minister for that answer. I have another question. This relates to a piece of casework and something I've corresponded with the minister on over a number of months. I'm still not certain that we've achieved any progress on it, but the minister assured me that they would be working on it. So, I'd like an update on where we're at as far as the Department of Health and Social Services providing some assistance in the area of supervised third party exchanges, for custody exchanges, when there is a situation where there is shared custody or where there is an arrangement for visitation and an exchange of custody is going on -- where one parent feels threatened by the other.

The minister knows what I'm talking about and I would just like him to tell me now where we're at -- where the department is at -- on providing some supervision, some service to these clients. This was mentioned in a court case -- in a trial -- by a sitting judge, and he felt that it was astounding that this service was not offered here in the Yukon.

I feel that it's very important. It's important for the parents to feel safe in these instances. It is important for the children to feel safe and not threatened in these circumstances. Can the minister tell me what progress he has made on this?

Hon. Mr. Cathers: I have to inform the Member for Mount Lorne that I have not had an update on what the status of discussions with Justice have been since our last discussion. I know that this is a frustrating issue for the member. I know that it has been some time in the works.

As I previously mentioned to him, I want to emphasize that this had been reviewed previously by another government and the determination at that time was that it wasn't feasible. We have, of course, discussed and corresponded on why there was a delay in the initial response. In fact, the casework file was cancelled when the writ was dropped, because there are no procedures in place for the department when a government is re-elected. It had been so long since they had the same minister in place that, post-election, it was simply cancelled and not reactivated. We all recognize that it was an error. When the member brought it to my attention a month or two after the election -- I can't remember exactly how long afterward -- it was noted that it was a problem and the file was reactivated.

The information that came to me was based on the previous review. In fact, the suggestion was that I simply inform the Member for Mount Lorne as to why it wasn't feasible and we could not deal with the matter. In fairness to the member, my feeling was that it was a reasonable inquiry. Because it had been a few years since it had been looked at, it was worth looking at again to see if it was worth doing on a cost-feasible basis.

I made the request of the officials in Health and Social Services to work with Justice officials on this, which the member and I discussed earlier this session. Since that time, I have not had an update. I will have to undertake to the member to get one. We will look at that, and I will undertake to not be too much longer in a reply to the member on that. I realize this is undoubtedly causing some frustration to him, considering the history of the initial inquiry on this. Since we have two departments on this and issues related to facilities, staff, et cetera, unfortunately, these things don't happen quickly. I want to emphasize to the member that, while I have to stop short of giving a commitment that it will be addressed, what I have asked is for the two departments to look at a way to address this area in a feasible manner, rather than responding that it's too expensive to deal with.

I recognize the member's concern and the concern of those who engage in non-supervised custody exchanges and the desire for this type of service. We will look at it and I will issue a reminder request to my department and we will get back to the member as soon as we can. My hope is to get back with the right response and a solution rather than simply a nicely-prepared rejection letter. So, that's what we are doing right

now. If we can come up with a feasible solution to this, we will do so.

Mr. Cardiff: I thank the minister for that answer. I understand the minister's answer about there not being in place -- actually, I don't understand why the casework file would be closed by the department. It doesn't make sense to me. Just because the government changes, it doesn't mean the issue goes away. I don't understand that. I understand what he is saying but I don't understand why that would happen. It seems kind of ridiculous, actually, to me that something like that would happen. If it was a serious issue and the casework file was just dumped because there was an election, people's concerns would not be addressed. On top of that, the issue should be brought to the attention of the new minister in the new government.

All I can say is that I certainly hope the minister has put something in place to ensure that something like that never happens again.

I'd like to quickly go back for one minute to alcohol and drug services. There was one other question that I wanted to ask the minister, and that was about the issue of medical detox services. Is there a plan to provide medical detoxification services here in the territory? There has been a demonstrated need, I believe, not just for alcohol-addicted clients but for drug-addicted clients as well.

Hon. Mr. Cathers: In answer to the member opposite, that is one of the issues being looked at in the overall treatment plan currently under development and it will shortly be before Cabinet for decision on this, but I can't make the member any specific commitments. In fairness to the treatment issue, when we bring forward components for our responsibilities, recognizing that Justice also has some platform responsibilities under this, Cabinet will make its determinations. If Cabinet directs us to do further work or revision, we will of course do that.

So I really can't make the member any timing-specific commitments or project-specific commitments. It's being looked at. It's one of the considerations. But as to the overall treatment programming put in place, what we're committed to doing -- and that's why this takes some time. We want a committed, cohesive, integrated system, and not deal with one-off projects -- well, if I may be blunt, governments have often proceeded in that manner when dealing with a project that they can announce. It looks good in a news release but it doesn't take an overall systemic view.

We want to have a program, or system, that deals with the overall system issues and, to the greatest extent possible, creates a system that works well together. If there are financial limits or programming limits to how much can be developed in any fiscal year -- that it's designed as something that can be built upon, rather than something that doesn't work well for the programming. All I can say to the member at this time is that it's one of the issues under active consideration.

Mr. Cardiff: I have one more question in that area. Is the government giving any consideration to this? It sounds like there is a proposal coming before Cabinet to deal with things like alcohol and drug services and medical detox, in terms of

different treatment programs. Is there any consideration being given to land-based treatment options here in the territory?

Hon. Mr. Cathers: I am somewhat limited in how specific I can be with the member in talking about pending items that are before Cabinet. What I can identify to the member is that if he takes a look at some of the areas he has referred to under the substance abuse action plan, as well as our platform commitments when looking at treatment, including land-based treatment, those areas that fall under Health and Social Services are the ones that the department and I are responsible for bringing forward a plan to fulfill our commitment made to Yukoners in the 2006 election.

Beyond that, I can't really get into details for the member beyond noting that the issue he mentioned was one of the things under consideration. Land-based treatment was, of course, specifically referenced in the election platform. Beyond that, I can't really give the member any specifics. If he takes a look at those two areas -- the platform commitment and the substance abuse action plan -- they will give him a hint as to the basic direction this government will be heading, according to our commitment to Yukoners.

Mr. Cardiff: I thank the minister for that. We look forward to hopefully hearing some good news shortly on this decision by Cabinet. I hope that it will be good news.

I would like to ask the minister the perennial question. Social assistance rates have not increased for 16 years. The minister has indicated that there is an ongoing review. When can we expect the results of the minister's review of the social assistance rates?

Hon. Mr. Cathers: As I've indicated to the member, we have a comprehensive review underway. I am somewhat hesitant to pinpoint an exact timeline because, once the plan and the proposal are presented to Cabinet, Cabinet will make those determinations. As I hope the member appreciates, one of the things that ministers have to deal with is, in going through the process, if we lay out a plan pursuant to platform commitments, announcements, et cetera, and Cabinet directs us to do further work, it can extend the timelines beyond what we projected. So that part is not directly within my hands.

All I can tell the member is that it's a project actively underway within the department and once that work is before me, I will be bringing it forward to Cabinet at the earliest opportunity. I think the member should recognize, as I've mentioned before, that any emergency needs and short-term issues are being dealt with through the emergency funding provisions under social assistance that are at the director's discretion. That is not obviously the ideal way to deal with things, as members have mentioned. Keeping people from having to apply for funding in that area is a desirable outcome, if it's a known cost. That's one of the things being looked at in the review: the adequacy.

But most importantly, we're looking at assisting people in getting into the workforce, identifying what problems are preventing them from doing so, whether that be educational issues or financial impediments, and creating a structure that truly gives people a hand up, recognizing that most people have absolutely no desire to be on social assistance -- there are just

issues that prevent them from accessing the workforce. So that's the work that is being done.

If the member focuses on the big picture, he'll recognize that we're talking about a comprehensive review and a comprehensive program and I think the member will find, at the end, that the steps we will be taking in this area are very proactive and few jurisdictions have taken steps as proactive and as helpful to the underprivileged and those forced to rely on social assistance to give them a hand up and help them get into the workforce.

The overall big picture and objective, I believe, will be a system that is second to none in Canada and that truly helps people. In the short term, while that fine work is being done, the emergency funding provisions do keep people from starving or being without winter coats or the furnace in their house, et cetera. In the long term, we will have a program that ensures that no one is having to, on an operational basis, dip into such provisions -- which, I would stress to the member, is not happening in many cases, but it is something we want to ensure does not happen.

Mr. Cardiff: It's pretty noncommittal. There are a whole bunch of non-commitments being made around a number of things here that are going to go before Cabinet. Maybe the minister can answer this question: is there any money in the budget for any of these items that we've been discussing this afternoon? Or are we going to wait and see that in next year's budget -- whether it's SA rates or for the substance abuse action plan? Is there money in the budget to bring what we've been discussing here this afternoon to fruition, or is this something that is going to be in next year's budget?

Hon. Mr. Cathers: The member and I have had long discussions. There is money in the budget for some of the things we discussed. Other things I noted would be coming forward at some point in time for Management Board consideration. There is not money in the budget for the things identified that there was no money in the budget for.

Just for his understanding of things, I have to point out to the member that he has to understand that the government processes are affected by the election cycle. My focus last year, as minister -- of course, I had a very short time before the election to take over and work on projects. We focused on a few things such as the health human resources strategy commencing and completing, but my focus -- and I think it's fair to say the focus of every other minister -- was on completing projects, getting the work done, and not leaving a bunch of work half-done, not knowing what the public's judgement would be in the election. Obviously, we were hopeful and were indeed returned to office.

Since we depend, as any government does, on the will of the people, our focus was on completing the work so we would get as much done as we possibly could. A new term in office begins a new phase of planning that, in some cases, focuses on commencing significant projects, such as the social assistance review, which may take some time to complete. That work begins with an initial phase of doing the planning work that must be done to ensure that government gets the priorities clear and can plan what has to be done to successfully proceed

through a five-year mandate. We need to ensure that the work is being done and proceeds over time, recognizing the problem, as some governments have done -- the federal government under Paul Martin being a classic example -- of setting too many priorities and having no plan for implementing them. Although they didn't have much time in office, it was patently clear to everyone how scattered they were and how they didn't even know themselves or articulate to Canadians what their priorities were.

In this phase -- and I recognize the member's frustration in wanting to know when it will be in the budget -- I would point out that these things take time to do good work. We have commenced a number of things and made a number of announcements. We look forward to making a bunch more as we launch into this new phase of the mandate. Of course, we are some months into it already and are doing a significant amount of work on some reviews.

A social assistance review is something that many governments have not undertaken. Those that have had sometimes taken far too limited a view of the problem, and I am sure the member would be critical of the outcomes of some of them. It is a very detailed and comprehensive review if proper work is being done to identify all the problems and links to such things as childcare, education and so on. That work is being done. I am very confident that it will take us toward an excellent outcome and that, in the end, it will be work well done and beneficial to Yukoners who are forced to rely on social assistance to help ensure they can adequately provide for their needs; it will enable them to re-enter the labour force or, in some cases, enter the labour force for the first time; and it should ensure that social assistance does not become a dead-end street for those people -- where they are funded, but can never leave, perpetually in the trap of being stuck on social assistance.

We want to help them escape that -- scale the welfare wall, as it is sometimes referred to, and move into employment that's beneficial to them and to their families and enables them to move toward prosperity and toward benefiting themselves, their family, their children, et cetera.

I hope that has explained a few things to the member opposite. I look forward to further questions.

Mr. Cardiff: I don't know whether I should thank the minister for that answer or not.

In the same vein, when it comes to social assistance rates, poverty is a major determinant of community health. People's income levels relate directly to their ability to keep themselves and their families healthy.

I'm just wondering if the department tracks statistics about the health of the Yukon's poor or underprivileged and how that affects government spending.

Hon. Mr. Cathers: I don't believe so. The problem with that that I want to articulate to the member opposite is that when we're dealing with such small numbers as the Yukon has, statistically you get into issues about the relevancy and accuracy of that data when you're trying to extrapolate data, particularly in areas of rural Yukon and even areas in Whitehorse. When you're trying to extrapolate conclusions of health data compared to poverty, for example, that becomes difficult to do.

The other issue I have to emphasize to the member is that this is just an example of how things like moving toward an electronic health record give us the ability to get better information. Some of these things within our system can be very cumbersome to try to undertake a full analysis of. For larger jurisdictions, it can become almost impossible sometimes. In many cases, we have far fewer numbers to go through and we may be able to come up with the data, but the problem we get into in an area such as the member referred to is that there's a question around the statistical relevance of that data, particularly when we know that in other areas there has been research determining that level of income and health are linked, that those living in situations of poverty have a disproportionate number of incidents of health problems, et cetera.

We don't really need to do a lot of research to tell us what we already know, particularly when that research would take away a lot of departmental time and money to analyze, collect and collate that data when we know the conclusion that would come up. We would do far better working as we have done in increasing funding to NGOs that support areas such as this increasing resources internally, within the departments, investing in areas such as some of the public health investment that we have identified in this budget under areas such as the territorial health access fund. To give the member an example, we currently have in the main budget for O&M in community health programming \$6.8 million, 42.7 FTEs, and that includes the activity management health promotion, dental health, environmental health, communicable disease program and mental health. Those areas are the main portions of that.

In addition to that, we have the money out of the territorial health access fund for new healthy living health promotion programming -- \$632,000 for a new program aimed at supporting healthier eating among Yukoners through a variety of activities, including educational sessions, workshops and materials for the public, health care providers and educators, a media/public education campaign and delivering FoodSafe programs, when this will also involve enhancing working partnerships with schools, restaurants, NGOs, increased support for school health initiatives in promoting community actions such as food co-ops.

Special efforts will be made in the rural communities to promote healthy eating among high-risk individuals through referrals, individual counselling and information sessions, and workshops, training tools and programs for health providers. Further health promotion campaigns -- I am flipping for the line here, and am not finding the part right in front of me.

As I mentioned previously to members, we also have increased funding specific to diabetes programming. Some is linked to the health promotion money but we have done work through initiatives such as the diabetes collaborative of health-care professionals in enhancing the work we are doing in preventing and addressing diabetes.

I hope I answered the member's question.

Mr. Cardiff: I would like to ask the minister a couple of questions about community nursing. Specifically, what is the plan in rural Yukon to provide nursing services at the nursing

stations? Is there any plan to increase the number of nursing staff?

Along with that, there has been a lot of talk about nurse practitioners and their ability to provide an increased level of services -- more service than a registered or practical nurse. I am wondering whether or not the government has looked at that. Are there any specific criteria or qualifications they are looking for, for nurse practitioners in the Yukon? Would there need to be regulations under the *Health Professions Act* for nurse practitioners? Is there a recruitment strategy for nurse practitioners?

Hon. Mr. Cathers: Community nursing has been an area of ongoing challenges in terms of maintaining full staffing. That is why one of the things we have been forced to rely on when maintaining staffing levels for the communities is using casual nurses, sometimes brought in from outside the territory to cover off areas where we are unable to recruit someone full-time. We have had some success in recruiting nurses for the communities. Our number of positions we are hiring is slightly lower than it was last year, but we are dealing with nine and a half vacant nursing positions in the communities.

The area the member has touched on is one that provides us some potential for enhancing our services in order to access a different base of health professionals. The regulations to allow nurse practitioners to practise the full scope of their profession are something that obviously provide an increased access to professionals and increased services to Yukoners as a result. Also, at this point in time, if a nurse practitioner registered in another jurisdiction -- for example, in Ontario -- and they come to the Yukon, because of the scope of practice that they are able to do in the territory, they are not able to maintain their full hours for recognition and registration in another province. That, of course, creates an obvious challenge for recruitment from this pool of people that we would like access to.

There is currently work underway on the regulations. There is also legislation involved related to this issue -- I believe I said regulations.

It's actively underway between the Department of Health and Social Services and the Department of Community Services. In fact, I would point out, in terms of timing -- I'm sure it will be the member's next question -- that we had a proposed approach that we would have been ready to proceed with a little quicker, but I heard feedback directly from the Yukon Registered Nurses Association and their executive that they had some concerns with our proposed approach. So they identified that and, based on that, we directed the departments to go back and do some more work in this area -- to look at other options to address those concerns and comments we heard from the Yukon Registered Nurses Association.

Once that is done, we look forward to moving forward in this area. It is an area of importance and an area that both government and the YRNA are very much eager to put into place here. As I said, one of the key components is based on the concerns that we heard from the YRNA that were acted upon.

We want to put something in place. We'd like to have the support and buy-in of the professions that are most affected -- in this case being the YRNA dealing with the most significant

connection in this. So we respected their comments, acted upon them and, once that work is complete, I look forward to moving forward at the earliest date possible.

Mr. Cardiff: The Member for Vuntut Gwitchin would like to ask a question. I'm going to ask one more question and then give him an opportunity to ask his question because I think it's important that he has that opportunity.

One of the things we talked about earlier was the situation at the receiving home and violence taking place there. This would actually be a good question, I suppose, for the minister responsible for the Public Service Commission, but I'm going to ask this question directly to the Minister of Health and Social Services in relation to one group of people. I'm sure that all public servants, in many situations, could be subject to this, but I think that health professionals are more likely to encounter problems than other employees.

I'm just wondering what security measures are in place for nurses in communities. We have heard stories about what happens at Whitehorse General Hospital and outpatients, whether it is people who are intoxicated, with mental health issues, or on drugs, coming into OPD -- outpatient department. In communities, when a nurse opens the door or when a client comes to the community nursing station, what kind of security measures are there for those nurses? I would also like to know if there is any recorded -- the department must have this on record; I certainly hope they do -- incidence of violence or violent act in the workplace in community nursing stations. Does the minister or the department have any statistics on that? What security measures are in place and what is the government doing to address that issue?

Hon. Mr. Cathers: Just to give the member some perspective, first of all, one thing we've done -- and for which there is actually an increase in this budget -- is related to some of the positions within the communities that did not have full-time support for a full-time receptionist or administrative support. That has been increased to full-time in this budget, for those who were not already at that level of staffing. That provides at least another person in the office during the daytime for community nurses.

I don't want to minimize the member's question on this type of concern and this is a significant part of why we have put in place the risk management and quality assurance coordination within the department. It's an area we see warranting further attention, time and focus to ensure we have the proper safeguards, procedures, et cetera, in place to the greatest extent possible.

This is to protect the safety of frontline employees, such as community nurses -- they are a good example, as well as those who work with troubled youth. They are exposed to increased potential for risk of violence. It is a significant reason why we put this position in place last year. If memory serves, I believe the position was filled late last year. Funding was approved earlier and the position was filled late in 2006. The position has only been active for a few months. There will be ongoing work in this area, and the position has been created to give us the ability to address these areas. We feel that there is a need for further attention to this.

I don't want to minimize those concerns. There are reporting mechanisms in place. It would not be accurate to suggest that there is nothing in place or no steps, but we think that they are areas where there may be room for improvement. That is exactly why we have put this position in place to review that.

Mr. Elias: In the interest of time, I will roll a couple of questions into one.

First of all, I would like to thank the staff of the Department of Health and Social Services and the minister for working with the Vuntut Gwitchin First Nation and community members to address the need for a family and children's support services professional with counselling skills. It was identified as an issue. I did bring it up in the fall. It's good to see that come to fruition and my constituents thank the minister and his staff for doing that.

My question relates to health services provided in Old Crow. Many of my constituents feel that the services of dentists, dental therapists, optometrists and doctors are inadequate and not comparable to other Yukon jurisdictions. The visits of dentists and optometrists who provide services to Old Crow are few and far between. The question to the minister is: what can he do about this?

With regard to doctors' visits to Old Crow, many of my constituents feel that adequate health care, health care by doctors, could include more frequent visits. It's approximately six weeks between the time the doctors come to Old Crow, for two days at a time. Having a second opinion available was brought up several times lately to adequately diagnose illnesses, especially life-threatening illnesses like cancer. This year a few of my community members did lose their lives to cancer, including just a few days ago. I bring this to the minister's attention. Many of my constituents feel that second opinions and frequent access to doctors would have provided those community members with a fighting chance to survive.

The time between doctors' visits also puts the nurses in Old Crow in an awkward position in dealing with patients between doctors' visits. The medical services issues are many in Old Crow, the most isolated rural Yukon community. I'm always available to meet with the minister to go over what these health concerns are and possible solutions to them. The discussion of telehealth, for instance, is interesting.

Will the minister conduct a community assessment of the health services of dental therapists, optometrists and, mainly, the medical doctors that occur in Old Crow and respond to the health service issues facing my community of Old Crow and provide immediate solutions to the issue of the frequency of doctors' visits and different doctors coming to Old Crow so second opinions can be available very soon? My constituents feel those are very important issues.

Hon. Mr. Cathers: I'll undertake to look into the questions the member has raised. The issue of optometrists, I believe, would be covered under Indian and Northern Affairs Canada, under the non-insured health benefits program. Some of these other areas do have linkages through there.

As I've mentioned previously on the issue of dentists, there is not a direct responsibility, although we're doing what we can as far as providing adult services. We have discussed previ-

ously in debate some of the challenges we have in that, as well as the fact that we're working with Health Canada on trying to come up with a solution.

The issues there -- yes, as I say, I'll undertake to look into them for the member. There are some challenges associated with them.

On the issue of getting a second opinion with doctors, I'm not sure if the member is referring to specific types of procedures. One challenge that we have within our system -- one of the reasons that we've acted in areas such as the medical education bursary and the family physician incentive program for new graduates and the supports announced in April with the Yukon Medical Association for expanding office space for a new family physician, or renovating an existing building, as well as recruitment incentives for experienced physicians -- is that we're having a challenge in the territory -- well, actually, predominantly within Whitehorse -- and in some of the rural areas with people getting a family doctor at all.

Second opinion services are not always an option in certain areas. Right now a problem is overall capacity. It creates an issue. If the member is referring to certain types of conditions, there would be follow-up and opportunities for a second opinion. I think what the member is referring to in general terms is an area where we have challenges due to access to family physicians. We don't have any overnight solutions. That is why we have put in place the \$12.7-million health resources strategy and are addressing this.

If it is a specific procedure, there may be something we can do about it. As I committed earlier, I would be happy to review that area, look at that area and get back to the member. I would also request, either in this Assembly now or later in a letter or verbally, him to let me know if he has any specific details that may assist us in ensuring that we are looking into the right area and understand his request.

As we have demonstrated in the past with such things as the assistance recently provided to the Vuntut Gwitchin First Nation for a support worker position and the Vuntut Gwitchin youth active living project, we are certainly happy to work with the member to address the needs of his constituents. If they are reasonable questions or reasonable requests and something that is feasible within the government structure, we are happy to help in this area and work with the member opposite.

If he has constructive suggestions, I can't guarantee that it will always be a positive response, but we'll do the best we can to respond positively and constructively to a suggestion and see what we can do.

So, if the member has more details on those specific requests, as I indicated, if he would either now or later give us a little more information related to those, I'd be happy to look into that. Of course, that would assist us in ensuring that we're actually addressing the right question for the member and understanding what his request is.

Mr. Elias: I thank the minister for that answer. I guess the specifics about the second opinion is that the same two doctors have continuously come to Old Crow over the years -- every six weeks -- and they provide an opinion. My constituents don't have the luxury of maybe seeking out another doc-

tor's opinion -- you know, it's their health. That was the issue around that.

And yes, I will be sending a letter to the minister outlining some of these concerns. I realize it is a complicated issue between NIHB -- National Indian Health Board -- and dentists and optometrists. It's very complicated, but that's a challenge that I face for my constituents, and I will continuously work on those over the years and over this time here in the Legislature.

Again, I will be willing to work with the minister on these specific issues, and try to find some resolution to them over time. These are two that I thought could be addressed quickly.

Hon. Mr. Cathers: Mr. Chair, I think that the member has no more questions on that. With that, seeing the time, I move that you report progress.

Chair: It has been moved by Mr. Cathers that we report progress.

Motion agreed to

Hon. Mr. Cathers: I move that the Speaker do now resume the Chair.

Chair: It has been moved by Mr. Cathers that the Speaker do now resume the Chair.

Motion agreed to

Speaker resumes the Chair

Speaker: I will now call the House to order.

May the House have a report from the Chair of Committee of the Whole?

Chair's report

Mr. Nordick: Committee of the Whole has considered Bill No. 6, entitled *First Appropriation Act, 2007-08*, and directed me to report progress.

Speaker: You have heard the report of the Chair of Committee of the Whole. Are you agreed?

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

Hon. Mr. Cathers: I move that the House do now adjourn.

Speaker: It has been moved by the Government House Leader that the House do now adjourn.

Motion agreed to

Speaker: This House stands adjourned until 1:00 p.m. tomorrow.

The House adjourned at 5:28 p.m.