

**Yukon Legislative Assembly
Whitehorse, Yukon
Tuesday, May 4, 2010 — 1:00 p.m.**

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

Prayers

DAILY ROUTINE

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

Tributes.

TRIBUTES

In recognition of National Youth Week

Hon. Mr. Fentie: On behalf of the Yukon government, I rise today in recognition of National Youth Week taking place May 1 to 7 this year. National Youth Week is a time to honour youth for their involvement, their achievements and the positive contributions they make to our society today and into the future.

This annual event celebrates youth and their active participation in their communities. Whether it is recreation, drama, sport, dance, civic engagement, art, volunteerism, or leadership, every day young people are involved in meaningful activities helping to build a stronger and healthier Yukon. To celebrate National Youth Week, the Yukon government's Youth Directorate in partnership with Bringing Youth Toward Equality and various other youth-serving organizations will be hosting three lunchtime barbecues at l'École Émilie Tremblay on May 4, Individual Learning Centre on May 6, and F.H. Collins Secondary School on May 7. BYTE and other youth-serving organizations will also be delivering lunchtime games at Vanier Catholic School on May 3 and Porter Creek Secondary School on May 5.

During National Youth Week and throughout the year, we need to ensure youth voices are heard and ensure that communities value the involvement of youth in all aspects of social activity, recreation and positive events in our communities. We will have a role to play in encouraging youth to take advantage of all opportunities at hand and to contribute to the future of our territory and our nation. I encourage you to be aware of the challenges facing young people and continue focusing on issues that are important to youth and their future success.

Let's honour their talents, their ideas, and above all, their abilities, with the goal of inspiring proactive youth involvement in our communities and our territory year-round.

Let us also acknowledge the good work done by the organizations and volunteers in Yukon that provide important services and support to our young people.

Youth are symbols of the present and the future. Let's acknowledge and celebrate their contributions for it is youth who are helping shape our world for today and for tomorrow and, in doing so, our communities, our social fabric, our well-being will be stronger and we will all benefit from it.

On behalf of National Youth Week, I ask all honourable members to join me in recognizing the outstanding contributions that young people are making throughout our territory. Thank you.

Mr. Elias: I rise today on behalf of the Official Opposition and the NDP caucus to pay tribute to National Youth Week, and in particular, our Yukon youth. Youth Week is an international celebration of youth held annually during the first week of May. It is a week of fun, interaction and celebration intended to build a strong connection between young people and their communities and to profile issues, interests, accomplishments and diversity of our youth.

National Youth Week brings together dynamic, socially concerned, young individuals and youth-led organizations for an inspiring week of events. Our job is to help our youth by giving them the tools they need to develop and grow. They need access to recreational activities, positive role models, training and job opportunities, good health and a quality education to help them develop their skills.

Our youth are an important asset, and we sometimes forget to recognize their valuable contributions to our communities, whether it's volunteering, civic engagement, leadership, recreation, drama, sport, dance or art, or standing up for what they believe in. Young people are involved in meaningful activities every day in their communities.

Youth Week offers us the opportunity to honour the talents, ideas and abilities of our young people and make a commitment to ensuring that their voices are heard. We salute all of the volunteers and organizations that offer our youth the opportunity to bring positive change into their lives and the world around us.

Young people truly are our future, and how we support them now goes a long way toward empowering them to achieve their true potential. National Youth Week is a time to honour youth involvement and their contributions to healthy Yukon communities.

Mr. Speaker, when I see our Yukon youth speak at international climate change conferences in Poznan, Poland and Copenhagen, Denmark, for instance, with a passion and conviction to send the Yukon message, when I see our youth addressing the elected leadership of this country and our territory on various issues, of business, industry, the environment, excellence in sport, culture and the arts, with the tact and diplomacy and ability to face the challenges head-on, I know that our Yukon future is in good hands.

To the youth of our territory, your voices matter. We need your energy; we need your leadership to build a better Yukon. And always remember that you don't need to be elected to be a leader or to make a difference in this territory.

In recognition of North American Occupational Safety and Health Week

Hon. Mr. Hart: I rise on behalf of all members today in the House to recognize North American Occupational Safety and Health Week, or NAOSH Week, May 2 to 8. This is truly a continent-wide event with participation by Canada, the United States and Mexico.

This year's theme during NAOSH Week is "Working Safe". This is a time when all of us — employers, workers, the public and everyone participating in occupational health and safety — should focus on reinforcing and strengthening our commitment to improve attitudes toward safety and to encourage a safety-minded culture in Yukon workplaces.

The importance of accomplishing these goals was emphasized during the recent Day of Mourning ceremony on April 28, when we recognized and paid tribute to four Yukon workers who died on the job in 2009 and another who died last week on April 25 when a section of mine tunnel collapsed.

It was a sad reminder of the incredible toll that preventable injuries and deaths is taking on our families, our friends, our fellow workers, our community and our economy. Safety cannot be taken for granted. It must be on top of our mind every day in doing our jobs as safely as possible and that we look out for each other so that at the end of the day we all return to our homes and our families in good health.

I also think it is appropriate at this time to recognize those Yukon businesses that are going the extra step to improve safety in their workplaces. There are now more than 50 employers in the Yukon that have received the certified certificate of recognition, or COR, its equivalency or small employer certificate of recognition, SECOR.

These certifications are achieved by companies that have developed and maintained a company-wide safety program, developed a return-to-work program for injured workers, introduced standardized training, and who have their safety programs monitored through annual audits.

This government is proud to show its support for these positive actions to improve workplace safety by requiring employees to have either COR or SECOR certification when bidding on large government construction contracts.

Let us all join these employers and do our part to make sure Yukoners make their home safe every day. Thank you, Mr. Speaker.

In recognition of Emergency Preparedness Week

Hon. Mr. Lang: I rise today to recognize Emergency Preparedness Week and call on my colleagues here in the Legislature and Yukoners everywhere to become more engaged in emergency preparedness. Now is the time to become better prepared to face a range of possible emergencies.

Emergency preparedness is a shared responsibility and I want to acknowledge the efforts of Yukon's emergency responders for their commitment to public safety. Our protective service teams include Emergency Medical Services, Wildland Fire Management, Emergency Measures Organization, Search and Rescue, fire marshal's office and volunteer firefighters. I wish to thank those individuals for working hard to safeguard our communities.

The Yukon government is prepared for emergency events through coordination under our emergency plans, including the Yukon government emergency coordination plan. Our Emergency Measures Organization will lead us in coordinating people and resources to manage risks and emergency events.

While governments at all levels are working hard to keep citizens safe, individuals also have an important role. I encour-

age everyone to ask this question: is my family prepared to cope on our own for 72 hours? In particular, I want to draw attention to three simple steps that will better prepare you and your families: (1) know the risks specific to our communities; (2) make a plan to help you and your families know what to do when an emergency occurs; and (3) get an emergency kit.

The Yukon government is currently communicating information on wildland fire and flood activity to show risk levels to Yukon citizens on a weekly basis. Being that it is spring in Yukon, we need to be aware of the risks of flooding and wildland fire. Yukon Wildland Fire Management officials are reminding the public that burning permits are now mandatory when conducting any open burning in the territory, with the exception of campfires. The reminder comes as officials prepare for what they expect to be an early start to the 2010 fire season.

Community Services' website has checklists of what goes into a basic kit, how to write an emergency plan and details on hazards across the Yukon. During this Emergency Preparedness Week, we have a Facebook page for citizens to interact with the Yukon government.

In closing, Mr. Speaker, emergency preparedness is a shared responsibility and experience has shown that individual preparedness goes a long way toward communities becoming able to cope better, both during and after a major disaster. I ask members of this Legislative Assembly and encourage every Yukoner to remember emergencies can happen anytime, anywhere and please be prepared. Thank you, Mr. Speaker.

Mr. Mitchell: It is a pleasure to rise today on behalf of the Liberal Party and NDP caucus to pay tribute to Emergency Preparedness Week. Emergency Preparedness Week is a Canada-wide initiative to raise awareness about individual and family preparedness. Each year, thousands of Canadian families face emergency situations that could change their lives forever. People must plan so they aren't caught off guard, learn the importance of how to prepare for emergencies by having an emergency kit, make an emergency plan and identify risks in their area. An emergency situation can happen anywhere and any time. We all need to be prepared to deal with these events at the personal, community, First Nation, territorial and federal government levels. Ultimately, emergency preparedness starts at home and everyone has a role to play in being prepared. We should all have a basic emergency kit ready at all times.

We may have some of these items already, such as a flashlight, battery- or crank-operated radio, non-perishable food, water and blankets. Keep these items organized, easy to find and easy to carry in case you need to evacuate your home.

In the Yukon, we rely on our Emergency Measures Organization, as they are responsible for coordinating the territory's preparedness for, response to, and recovery from major emergencies and disasters. We also rely on the many volunteer organizations that offer their services to help in an emergency, including our volunteer firefighters, Search and Rescue, CASARA and ham radio operators.

They work in conjunction with our first responders, emergency services, law enforcement and charities, and they help

national and international organizations like the Red Cross. We would like to acknowledge and pay tribute to the many Yukoners who offer their time and their service to help their fellow Yukoners in a time of emergency or need.

Thank you to the staff of EMO for your part for keeping Yukoners informed and aware of possible situations that can put us at risk. Remember: always be prepared; don't wait until an emergency happens.

In recognition of the Canadian Naval Centennial

Mr. Inverarity: "I must down to the seas again, to the lonely sea and the sky,

"And all I ask is a tall ship and a star to steer her by,

"And the wheel's kick and the wind's song and the white sail's shaking,

"And a gray mist on the sea's face, and a gray dawn breaking."

John Masefield said those words, and it is with pride today that I rise on behalf of this Assembly to pay tribute to the Canadian Naval Centennial. Canada is a vast country with a long coastline — the longest coastline of any nation in the world. As a member of the British Empire, Canada's early defence at sea was left almost entirely to the powerful Royal Navy. The dream of Canada's navy becoming a reality became a reality when Prime Minister Sir Wilfred Laurier's government introduced the *Naval Service Bill* on January 12, 1910.

On May 4 that year, it received royal assent and established the Canadian navy. The Canadian navy received its first warships that year when the *HMCS Rainbow* and *Niobe* were acquired from Britain. King George V granted the use of the word "royal" in the navy's name the following year.

It was a modest beginning but would prove to be a force that had an important role to play in the future of Canada. Today we not only celebrate the navy's success, but we also remember its history. The Canadian navy provides a vital service protecting our coastline and participating in international missions.

During the Second World War, our Canadian navy played an important part by assuming the responsibility for protecting the northwest Atlantic.

We have also played significant roles in the Korean War by providing military support and through humanitarian aid. Canada's navy helped NATO allies track Soviet submarines and long-range aircraft during the Cold War. The Canadian navy has been deployed during conflicts in the Persian Gulf, the former Yugoslavia and east Timor serving on peacekeeping missions and in the Arctic and the Caribbean.

When Canada has been called upon to meet a need, they were there.

As Yukoners, we are proud to be affiliated with the *HMCS Whitehorse*. It is the second warship to proudly carry that name. This ship was commissioned on April 17, 1998 in Esquimalt and now serves proudly as part of Canada's fleet. The *HMCS Whitehorse*'s crew is proud of their namesake, and they are great ambassadors for our city and our territory.

On a personal note, I'd like to extend my appreciation to Captain Topshee and the crew of the *HMCS Algonquin*, on

which my son also serves. They leave for points abroad in June for an extended trip. I wish them fair winds and blue skies.

Over the past 100 years of navy service, more than 600 warships have left our ports with the proud prefix "*HMCS*" designating Canadian ships. We thank all who have served and are serving for their commitment and dedication to patriotism and service.

I wish to finish this tribute with a quote from Jules Verne: "The sea is everything. It covers seven tenths of the terrestrial globe. Its breath is pure and healthy. It is an immense desert, where man is never lonely, for he feels life stirring on all sides. May God bless and protect our ships and those that sail them."

Speaker: Any further tributes?
Introduction of visitors.

TABLING RETURNS AND DOCUMENTS

Speaker: Under tabling returns and documents, the Chair has for tabling the annual report of the Ombudsman and the Information and Privacy Commissioner for 2009.

Are there any further returns or documents for tabling?

Are there any petitions?

Any bills to be introduced?

Any notices of motion?

NOTICES OF MOTION

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

THAT this House urges the Yukon government to increase its maintenance and repairs of the section of the north Alaska Highway between Beaver Creek and Destruction Bay being severely degraded by melting permafrost and that endangers the travelling public.

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

THAT this House urges the Yukon government to improve and modernize our public utility system by providing appropriate funding and technical support to help the community of Beaver Creek supplement its electrical energy needs by developing a microhydro, geothermal, wind, biofuel or solar project to reduce its dependence on burning costly and dirty diesel fuel.

I give notice of the following motion:

THAT this House urges the Yukon government to improve and modernize our public utility system by providing appropriate funding and technical support to help the community of Destruction Bay supplement its electrical energy needs by developing a microhydro, geothermal, wind, biofuel or solar project to reduce its dependence on burning costly and dirty diesel fuel.

I give notice of the following motion:

THAT this House urges the Yukon government to improve and modernize our public utility system by providing appropriate funding and technical support to help the community of Burwash Landing supplement its electrical energy needs by developing a microhydro, geothermal, wind, biofuel or solar

project to reduce its dependence on burning costly and dirty diesel fuel.

I give notice of the following motion:

THAT this House urges the Yukon government to improve and modernize our public utility system by providing appropriate funding and technical support to help the community of Old Crow supplement its electrical energy needs by developing a microhydro, geothermal, wind, biofuel or solar project to reduce its dependence on burning costly and dirty diesel fuel.

I give notice of the following motion:

THAT this House urges the Yukon government to improve and modernize our public utility system by providing appropriate funding and technical support to help the community of Watson Lake supplement its electrical energy needs by developing a microhydro, geothermal, wind, biofuel or solar project to reduce its dependence on burning costly and dirty diesel fuel.

Speaker: Are there any further notices of motion?
Is there a statement by a minister?
This then brings us to Question Period.

QUESTION PERIOD

Question re: RCMP holding cell policy

Mr. Mitchell: Yesterday the Minister of Justice received a letter from the Grand Chief of Council of Yukon First Nations regarding the recent death of Raymond Silverfox. The content of the letter largely speaks for itself so I won't go into a lot of detail here. My colleague, the MLA for Mayo-Tatchun, described the letter this way: CYFN wants "to see action taken; they want to see change now." "There's the anger that's been expressed in the letter, and it's understandable. People want answers, and they want improvements."

When does the minister intend to respond to this letter and what does she intend to say?

Hon. Ms. Horne: I can tell you what we're doing right now. We are working with the RCMP to go out through Yukon communities to do a review on policing to address the issues that are brought out in this letter from the Grand Chief and this will be done — or rather, it has already started. Our first meeting was last Friday to go over how the communities will be consulted.

Mr. Mitchell: One of the issues raised in the letter from the Grand Chief is the minister's recently announced policing review. The letter questions whether or not there is even a need for the proposed policing review. It says that words are no longer enough. The relationship between the RCMP and the leadership at CYFN is obviously at a low point. The government can play a role in trying to bridge the gap. The Grand Chief is asking the RCMP and the government to work with us to ensure oversight and accountability. How does the minister plan to respond to this request to take action now?

Hon. Ms. Horne: We must not lose the relevance of our working together, the teamwork between the RCMP and the government. We are working cooperatively to go out to all

Yukoners and listen to their concerns about policing in Yukon. The questions that are being brought up by the Grand Chief are exactly why we are going out to Yukoners.

The chiefs will all be consulted in this review. We will talk to every Yukoner; every Yukoner who wants to come forward to speak to the committee will be heard.

Mr. Mitchell: Mr. Speaker, the letter from the Grand Chief was pretty straightforward. CYFN has little faith in the minister's recently announced policing review. There is more needed and expected from this minister and from this government. The Grand Chief is looking for a response and we're not getting one from this government. CYFN has expressed its displeasure with the policing review; it is looking for action now.

How does the minister intend to accommodate the request from CYFN for changes now, not six months from now or possibly even later?

Hon. Ms. Horne: I'd like to remind this House that we passed a motion in this House with unanimous approval that we go out to Yukoners for a policing review to listen to their concerns about policing in the Yukon, and that is exactly what is being done and these issues will be addressed.

Question re: Carcross Visitor Reception Centre

Mr. Fairclough: Mr. Speaker, the Department of Tourism and Culture has performed a number of stop-gap measures to clean up the mould and asbestos in the Carcross Visitor Information Centre. In 1990, asbestos was identified in the crawl space and was supposed to be removed. The problem should have been fixed some 20 years ago but it wasn't. More asbestos was found as recently as a month ago.

The minister said yesterday that Yukon government employees will be housed in a separate building. The minister also said the facility will be open tomorrow as planned. Is the Minister of Tourism actually planning to open this facility to the public now that she is aware that there is yet another asbestos problem?

Hon. Ms. Taylor: We take matters pertaining to the health and safety of Yukon government employees to be of utmost importance. We take these concerns very seriously. As such, as I articulated, or at least I attempted to try to articulate to the member opposite, the Department of Tourism and Culture has been working expeditiously alongside representatives from Highways and Public Works, Property Management division, as well as the Public Service Commission Staff Development branch on this very issue.

In fact, we have secured an environmental consultant to assess the facility. In the meantime, we have also secured a trailer as a temporary facility, which was delivered to the community of Carcross today. We will conduct additional work, including steps into the facility, out of the facility, and electrical will be completed by May 5.

It is the intent of the Government of Yukon to have this facility open by May 6, which is what was originally intended.

Mr. Fairclough: Mr. Speaker, asbestos is not the only concern with the Carcross Visitor Information Centre. Mould has been a significant concern since the flooding of 2007, and I have for filing the laboratory analysis report from September

2009, done by the Yukon government. The report shows that the Carcross Visitor Information Centre has extremely high levels of mould. The people who work in that building have been reporting unusual illnesses since the flooding of 2007. These unusual illnesses are known to be associated with the exposure to mould. Has the Minister of Tourism responded to the health concerns reported by the workers in the Carcross Visitor Information Centre and, if so, how?

Hon. Ms. Taylor: Mr. Speaker, I will reiterate that our first priority is the health of the government staff and that of our visiting public. To this degree, we continue to work on this very issue with the respective departments, including the Public Service Commission, as well as Highways and Public Works. We have obtained the services of an independent environmental consultant who not only has national, but international, accreditation in this regard.

We have secured a temporary facility. That was in fact delivered to the community today.

Mr. Speaker, we have engaged again, as I mentioned before, an independent assessment of the visitor centre in Carcross to look at a visual assessment of all the accessible areas of the building — the physical assessment of the wood structural members; a collection of the complete set of air samples; a collection of surface bulk samples of suspected mould; a visual assessment sampling for the presence of asbestos-containing materials.

Mr. Speaker, we are in fact taking this matter very seriously and we will continue to work with Staff Relations on this very matter.

Mr. Fairclough: Well, the minister and the government have known about this all along and still the workers are exposed to this over the years.

Now the asbestos problem was supposed to have been removed from this information centre some 20 years ago and guess what? It's still there, and so is the mould. A piece of plastic under the floor doesn't fix the problem. It makes it worse. The government has known about this all along and workers have been put at risk because they were not protected against the hazards of mould and asbestos.

Mr. Speaker, the workers in that building have developed tumors and asthma. Their health concerns are consistent with the exposure to asbestos and mould, and this is a very serious problem. This is not about a building; it's about people — people who have been exposed to toxins in the workplace and may have become sick as a result of that.

Will the Minister of Tourism immediately address the health concerns of these employees? They are still sick.

Hon. Ms. Taylor: That is exactly what this government is doing. We are taking these matters very seriously, and I will reiterate for the member opposite that the first priority is the health of the Government of Yukon workers: the visitor centre staff for the community of Carcross.

We have obtained the services of an independent contractor to do an independent environmental assessment of the building. We are looking at mould samplings; we are looking at other areas, such as the presence of asbestos-containing materi-

als. We are doing a complete assessment and analysis of this building.

We will continue to work with the Department of Tourism and Culture and the Department of Highways and Public Works. We will continue to ensure that the visitor information centre staff in Carcross are fully apprised of what is happening through updates on a daily basis.

Once the assessment is fully complete, the department will meet with all the staff and the contractor to review the results.

Question re: Policing review

Mr. Hardy: Mr. Speaker, we have all read the highly critical letter from the Council of Yukon First Nations about the role of the RCMP in the custody deaths of Raymond Silverfox and others. In the letter the chiefs describe a relationship of “distrust and fear” between First Nations and the RCMP. They also do not believe anything substantial will happen to the Justice minister's policing review, calling such measures “superficial.”

I would like to state from the letter, where it says: “We certainly do not need another inquiry or study. In particular, we question whether there is a need for the proposed policing review in the Yukon? Words are no longer enough. Apologies are not enough.” These strong and impassioned statements cannot be ignored, Mr. Speaker. The question: what steps will the Minister of Justice plan to take in regard to this letter, other than just saying that there is going to be a policing review because they obviously don't believe in it.

Hon. Ms. Horne: As I said, we must not lose the importance of the review we're holding in the Yukon. What we hold most dear in our hearts as Yukoners and Canadians is trust in our police force, and we must maintain that force. Therefore, we are going out to do a review of Yukoners. It is timely because our contract is renewed in 2012 and we can listen to Yukoners, we can listen to the chiefs of the First Nations in the Yukon and bring their concerns forward to make sure those are responded to.

We must not lose the importance of this. We have the full cooperation of the RCMP. We have already had a public apology of the commanding officer. “We have failed you. We have failed ourselves.” What more can be said to make — that statement was so sincere. Has that ever been heard before in Canada from a commanding officer of the RCMP? This is a precedent-setting step that we are taking in the Yukon in partnership with the RCMP.

Mr. Hardy: Mr. Speaker, this is a very difficult subject for the minister and every member in here, but we do need to ask the questions and we do need to hear from the minister.

The president of the Yukon Medical Association says the RCMP are sending more severely intoxicated people to the hospital emergency ward. The staff at the emergency ward is not prepared to handle this influx. We have already seen that tossing people from the jail cells to the hospital and back again is not a solution and has ended up in death. It seems that no agency wants to take on the problem of dealing with “chronic inebriates”, as the government calls these people.

Now we have seen another death of an intoxicated man. This time it happened in a detox unit at Alcohol and Drug Ser-

vices. He had been at the hospital and in the custody of the RCMP.

Caring for patients who need medical detox is a new role for the detox unit at ADS. Staff members there are not trained, nor do they have the facilities, to deal with these clients. Will the Minister of Health and Social Services tell us what the protocol is for deciding to move a patient from a hospital emergency ward to detox?

Hon. Mr. Hart: I thank the member opposite for the question. Yesterday here in the House this particular subject was dealt with in fairly long detail regarding situations of individuals who are inebriated and require our assistance or support, either through the RCMP, the Hospital Corporation or through detox. As the member indicated, this individual was in the care of the RCMP for awhile. He requested to go to the hospital and that request was accommodated. The individual was taken to hospital. He was reviewed by the physicians there in the hospital and was cleared or discharged, and that individual came to our detox centre early in the morning, was met by our staff at the detox centre for the next few hours.

Unfortunately for us, that individual passed away. We are in the process of dealing with the protocol of that review. That is well-underway and we anticipate that will be coming out in the very short future with regard to that individual.

Mr. Hardy: Now, the task force does not have a clear mandate, from what I understand, nor does it have a time frame, which is a very serious omission in regard to an extremely serious issue. We don't want to see any more deaths. We have to be moving forward, so we should have a time frame in the mandate with the task force.

My other concern is about the letter that just came from CYFN. Why should the CYFN or anyone else believe that change will happen based on the experience year after year, death after death, while this problem is again being studied over and over? We've had many studies already. There have been studies and evaluations of the situation by experts in the past. Why the delay? I mean, that's what people are asking.

Yukoners want to see concrete action before there's another tragedy, another death, so my question is, are there any immediate changes planned to deal with chronic inebriates until the task force can report its findings and recommendations?

Hon. Mr. Hart: Yesterday I went into a large amount of detail on this task force. We are in the process. We are in the early stages. We are looking at trying to basically get in touch with all our partnerships and the stakeholders involved so we can cover a wide cross-section of those involved in the Yukon with the intent of coming forth here to the House. I did indicate yesterday that would be as soon as possible. Once we could get that group put together, we would then come together to determine where we're going to go out, how we're going to obtain this information and what we're going to do with it when we get back with that process and determine how, when and what type of solution we can come up with to deal with all those individuals who are inebriated on our streets in the public.

We need to do this. As I mentioned yesterday, it's our responsibility to go out there and change the public attitude toward those who are inebriated on our streets. We need to en-

sure that we support these individuals and take care of them through the system, otherwise we will have to do it through other means.

Question re: Lake Laberge road improvements

Mr. Cathers: I would like to follow up with the Minister of Highways and Public Works on questions I asked earlier this sitting. I would like to begin by asking him to clarify a response he gave to my questions about planned improvements to the Hot Springs Road and the need for work on Takhini River Road. At one point, he indicated the two projects will now be part of the same block of engineering. That was not the case in the past, as the two projects were miles away from each other and very different in their engineering requirements. I suspect the minister simply misspoke as merging the two projects would not seem to make much sense. Will he please clarify today: are Takhini River Road and the Hot Springs Road still being dealt with as separate projects or have they indeed been merged into one?

Hon. Mr. Lang: There is ongoing work on engineering on both sections but there will be some money invested in the river road. There are some resources being put to upgrade some of that this summer but there is some engineering going on to look at the whole road as ongoing projects in oncoming years.

Mr. Cathers: I would like to thank the minister for his update, in fact, to the question I had asked earlier about money on Takhini River Road and I am pleased to hear that money will be spent this year.

I didn't quite get the response to my question from the minister whether the engineering contracts, the engineering work being done on the Hot Springs Road has now been expanded to encompass Takhini River Road since the functional plan for the Hot Springs Road actually only dealt with the Hot Springs Road itself. I would appreciate it if he would clarify that.

I would also ask him to clarify what exactly needs to be done for engineering work on the Hot Springs Road, whether that work will be done in-house or through a contract before phase 1 of the project can begin. If indeed the engineering work needs to be done through a contract, would he please tell me and my constituents when he expects that work to be put out to tender and when the department —

Speaker: Minister responsible, please.

Hon. Mr. Lang: Mr. Speaker, the engineering for the Hot Springs Road will be done in-house. That is almost completed. There is only a small amount of it that has to be finalized. As far as the Takhini River Road is concerned, it would be in-house too. As we understand, whether it is the Hot Springs Road or the Takhini River Road, both need investment to bring them up to a proper standard, and we are prepared to do that over the next couple of years.

Mr. Cathers: I thank the minister for that response.

As the minister will know if he has driven down the Hot Springs Road recently, there is good reason why my constituents are concerned with the state of the road. The surface has significantly deteriorated, particularly this year. Its surface is beyond its expected lifespan and, though my constituents are

very happy with the planned improvements — the widening of the road for cyclist lanes, the proposed creation of trails — the indication that work is not likely to begin until next year is of great concern because that surface has gone downhill very badly this year.

So I would ask the minister what work people can expect this year and if he would commit to having Highways and Public Works take a look at the road now and make appropriate repairs this summer to ensure that the appropriate steps are taken to prevent a serious accident from occurring from this deteriorating situation of the road.

Hon. Mr. Lang: Highways is just waiting for the season to start and we will be putting in some investments to make sure the road is up to an acceptable standard. So there will be some investment on the ground on the Hot Springs Road.

Question re: Workers' advocate

Mr. Mitchell: Mr. Speaker, let's return to one of the Justice minister's favourite topics and that is her involvement with the hiring and firing of the workers' advocate. Taxpayers are on the hook for \$165,000 because this government fired him without cause.

Yesterday the Justice minister tried to downplay her role in this unjust firing. She said, "I have nothing to do with the hiring and firing of employees." That is incorrect. Let me quote from the *Workers' Compensation Act*, section 109: "The Minister of Justice shall appoint a workers' advocate ..." It is the minister's responsibility to hire the workers' advocate and hers alone.

Now we know the minister doesn't want to admit her role in this, but she cannot avoid her responsibilities under the law. Is the minister not aware of her responsibilities and will she correct the record from yesterday?

Hon. Ms. Horne: There are no political boundaries with the Liberals. As I did state previously, as Minister of Justice, I do not involve myself in individual staffing matters in the department. It is not appropriate for me to comment on any employee in the department.

As an employee of the Yukon government — I would ask the member opposite, the Leader of the Liberal Party, to please listen to this. As an employee of the Yukon government, the position of the workers' advocate is staffed through the regular hiring processes — the regular hiring processes. As with some other positions in the Yukon public service, an order-in-council — that is, an order-in-council, or OIC, is issued so that the person hired as the workers' advocate has the authority to carry out his or her responsibilities. This is not — I repeat, not — a ministerial appointment.

Mr. Mitchell: Well, Mr. Speaker, the minister is directly responsible because it is written right into the act, section 109. The government accused the former workers' advocate of double-dipping. The government was wrong. The adjudicator didn't buy it and Yukoners are now on the hook for a \$165,000 settlement. Whenever this government doesn't want to take responsibility for its actions, it hides behind officials. It uses them as human shields and avoids taking responsibility.

The workers' advocate was fired by letter in October of 2007. The letter accused the employee of being dishonest and

untrustworthy. An adjudicator recently ruled against the government. She said the government couldn't prove its case. Will the minister or the Premier now apologize for accusing the former workers' advocate of being dishonest and untrustworthy?

Speaker's statement

Speaker: Before the honourable member answers, the Chair has trouble with the member referring to the bureaucracy as "human shields". We're starting to, on both sides of the House, bring people into this debate who aren't prepared to defend themselves.

It's perfectly acceptable for the honourable member, the Leader of the Official Opposition, to question ministers on their responsibility, but, honourable members, let's try to leave other people who aren't in this House out of the situation, please.

Hon. Ms. Taylor: As the minister responsible for the Public Service Commission, I just wanted to reiterate information for the members opposite, because it appears that they're not as familiar as one would hope they would be. In fact, the government does support the collective bargaining process, part of which is to uphold the grievance procedure and, where applicable, the adjudication process. Mr. Speaker, the government accepts the decisions of labour adjudicators who are appointed under legislation to arbitrate grievances and where the adjudicator orders compensation, the government is obliged to pay the compensation. Again, just to clarify matters and the role and responsibility of the Government of Yukon when it comes to adhering to our obligations of the collective bargaining process, I hope the member opposite is very clear on that.

Question re: Workers' advocate

Mr. Mitchell: The Minister of Justice and the minister responsible for the Public Service Commission are learning from the Premier. When the Premier was caught trying to sell off Yukon Energy assets, he refused to take responsibility for his actions. He hid behind officials. When the Premier didn't follow the rules and lost \$36 million in ABCP investments, he blamed officials as well. The Minister of Justice and the minister responsible for the Public Service Commission are now doing the same thing in saying, "It's the officials."

The government should stop using the officials as an excuse; they should take responsibility for their actions. The government has fired the workers' advocate and is refusing to be accountable to the public. It's refusing to acknowledge that decision is costing taxpayers \$165,000. It's refusing to say where the money is coming from and, worst of all, it's refusing to apologize to the individuals in question.

Which department is paying for this unjust firing?

Hon. Ms. Taylor: Mr. Speaker, let me just put a few things on the floor of the Legislature to be very crystal clear for the member opposite: (a) the government supports the collective bargaining process, part of which is to uphold the grievance procedure; (b) the government accepts the decisions of labour adjudicators who are appointed under the legislation to arbitrate grievances, and where adjudicators order compensation, the government is obliged to pay that compensation; (c) as

the Minister of Justice has already articulated numerous times, it is we as ministers of the Government of Yukon who do not get engaged when it comes to personnel matters. Again, the position of workers' advocate is staffed through the regular hiring process — that is, through the Public Service Commission and through the respective Department of Justice, in this particular point.

As with some other positions in the public service such as the workers' advocate, an order-in-council is issued — certainly not unlike when it comes to directors of corrections, investigations and standards, the SCAN director and probation officers, to name but a few.

To be very clear, we are adhering to the collective bargaining process. We have not fired or hired an individual, as the member opposite would point out that ministers have done.

Speaker: Thank you.

Mr. Mitchell: We know the minister understands that what happened to an employee was wrong. Instead of taking directions from the Premier, she should do the right thing and start answering these questions. She could start by explaining where the \$165,000 is coming from to pay for this unjust firing.

This Yukon Party government fired this person, took away his livelihood, damaged his reputation and put him through two and a half years of hell. The workers' advocate did good work and helped many people from 1997 to 2006. He received a glowing job review just months before he was fired. In 2006 he managed the Yukon Liberal Party campaign and shortly afterward, he lost his job. The public can see the connection. There is a message here for public servants, "Don't stick your neck out or you could find yourself out of work." Will the minister, or the Premier, who is ready to jump up, apologize for how this employee was treated by this government?

Hon. Mr. Fentie: Well, Mr. Speaker, here we go again. The Liberal position is that firings of public servants take place because they might have served for some political party. Let me remind the leader of the Liberal caucus that it is the Liberal caucus itself that takes issue with public servants who exercise their freedom of speech. We all heard about that, Mr. Speaker. Now let's recap. The member opposite has said that the government was selling Yukon Energy Corporation assets; the member's own evidence as tabled by the Liberal caucus demonstrates clearly the sale was not happening. The member opposite has said the issue of asset-backed paper was a big issue, and the Auditor General said so. Here is what the Auditor General said: the Government of Yukon had been, in past practices, making these investments for decades, and she pointed out that it had no negative impact on the Yukon government's cash position.

Mr. Speaker, the member is asking about the cost of a collective bargaining process and due process.

Well, that is a cost that all governments are obligated to pay. What Yukoners might want to know is what is the cost to the taxpayer for the kind of research that the Liberal caucus does to produce this kind of information and bring it to the floor of the Assembly. I think that's a cost we should actually look into.

Mr. Mitchell: Well, here's some research for the Minister of Finance and the Premier. The asset-backed commercial paper in which the government invested was not one of the three types of investment permitted by Yukon's *Financial Administration Act*. That's pretty straightforward. Nobody trusts this government, least of all public servants. They saw what happened to the former workers' advocate. They saw him lose his job after managing the Liberal campaign. They saw him be accused by this government of being dishonest and untrustworthy. They saw him have to fight for two and a half years to clear his name. They saw him win a \$165,000 judgement against this government. They see this government refusing to acknowledge what really happened. They see this government refuse to tell Yukoners where the money is coming from. They see the minister refuse to acknowledge that she does in fact directly appoint the workers' advocate. They see this government blame officials for things that happen, and they see this government refuse to apologize for what they put this worker through.

Will the minister or the Premier tell Yukoners who gave the orders to fire the workers' advocate?

Hon. Mr. Fentie: Well, it could be one of those corner offices, Mr. Speaker, but let's be realistic. What the member is suggesting is absolutely inappropriate. The member is suggesting that the government or any government would fire a public servant because they might have involved themselves with a political party or a political process.

Does the member not know he's standing here in the House in the Yukon, a territory of Canada? Does he not know what the democratic freedoms are for Canadian citizens? Does he not understand the *Canadian Charter of Rights and Freedoms*? Does the member opposite not realize that all the suggestions he has put on the floor of this House are suggestions and information that have continually been proven to be incorrect? Does the member not recognize what the government has actually done?

The government has actually built an economy. The government has actually increased private sector growth and investment. The government has actually increased the population instead of driving it out of the territory. The government has increased its own-source revenues. The government is improving health care and has improved health care. The government is improving and enhancing our education system. The government is improving and enhancing its relationship nationally and internationally. That's what Yukoners recognize. That's why this is the first government to be re-elected to office in 17 years.

Speaker: The time for Question Period has now elapsed.

Notice of government private members' business

Hon. Ms. Taylor: Pursuant to Standing Order 14.2(7), I would like to identify the items standing in the name of the government private member to be called on Wednesday, May 5, 2010. They are Motion No. 1061, standing in the name of the Member for Klondike, and Motion No. 1058, standing in the name of the Member for Klondike.

Speaker: We'll now proceed to Orders of the Day.

ORDERS OF THE DAY

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

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair (Mr. Nordick): Order please. Committee of the Whole will now come to order. The matter before the Committee is Bill No. 20, *First Appropriation Act, 2010-11*. We are in general debate in Health and Social Services. Do members wish a brief recess?

All Hon. Members: Agreed.

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

Recess

Chair: Order please. Committee of the Whole will now come to order.

Bill No. 20 — *First Appropriation Act, 2010-11* — continued

Chair: The matter before the Committee is Bill No. 20, *First Appropriation Act, 2010-11*. We will now continue with general debate on Vote 15, Department of Health and Social Services. Mr. Hart, you have a little over two minutes left.

Department of Health and Social Services — *continued*

Hon. Mr. Hart: Yesterday I was having a discussion with regard to inebriates and how we deal with them here in Yukon. This is a subject we're hoping the new task force will take on. We anticipate getting this underway very shortly. We hope to have that information ready so that we can get out to the public and move forward on attempting to come up with a solution that will address the situation here in Yukon.

Mr. Cardiff: The minister is quite right in what he was saying yesterday about the need to address this concern about individuals with chronic drug and alcohol addictions and how we can best serve their needs. Yesterday the minister talked about it being a change and I'm quoting from the end of the day, yesterday: "...that is a change of attitude for those individuals — those professionals. This gets back to our societal issue and societal change — we have to change that. We in this Legislature have to change that. We in Health and Social Services have to change that. We in Justice have to change that. That is our responsibility. We are leaders in the community."

I know there's something going on in the Legislature here regarding songs. There is a song that comes to mind when I read that, and that is — and it's something we all need to think about — if we want to change the world, we have to take a

look at ourselves first and make that change. We all have to do that in here.

The minister said that — we are leaders in the community. It is up to us to bring forth issues that will assist those individuals in trying to alleviate their addiction.

The minister has brought this motion to the floor of the Legislature. We haven't had the opportunity to debate it. It's a motion that I look forward to debating. I was under the impression it was a priority and we would probably be debating it in the near future — today or tomorrow — but it appears we're not. I guess my concern is that this is another review of policy and program options.

I don't disagree that we need to look at this, but the thing is that we've looked at this over and over and over again. There are studies. There have been consultants hired. There has been the *Yukon Substance Abuse Action Plan*. There was the recent social inclusion summit. There are bits of information and guidance on how to move forward and there has been for years. This is not unlike the review that was done of our education system. If you look at the review of the education system that was done, many of the same issues that have been talked about for 10 years, for 20 years, for 30 years, for 40 years about our education system were still coming out during that review. A lot of the solutions that are being proposed now are the same solutions that were being proposed 10, 15, 20 years ago. Yes, times change, but my fear is that this ends up being another review. What we need to do is ensure something comes out of it.

I don't want to get into debating the motion here today, but the motion is just a first step. I would encourage the minister to think about maybe even amending it or bringing forward amendments because, as my colleague said today, there are no timelines. There needs to be a sense of urgency attached to this issue. I believe there could be or there should be — it says "representatives" — so this is a multidisciplinary task force of front-line agencies comprised of representatives from Health and Social Services, Justice, Hospital Corporation, Emergency Medical Services, Royal Canadian Mounted Police, Salvation Army, First Nation governments and social agencies involved with individuals with severe alcohol problems.

We think we should include nurses because I believe that it would be nurses who would be on the front line in dealing with this issue in a lot of cases in a medical detox facility. That's my understanding. That's where we believe we should go or it is believed to be one of the options the minister should be looking at so that, as I said yesterday, these people with their problems receive the appropriate care in a supportive environment.

My question for the minister: will he look at ensuring that nurses are included in this review of the policy and the program options? I believe that is one group of people who don't seem to be included in this motion. Will he commit to putting some timelines on the review of the policy and program options? I think it should be a requirement to look at the work that has been done previously so that we're not reinventing the wheel. Can he commit to ensuring that the work done in the previous 10 years on this issue — there have been reviews and studies — will be reviewed so that the usefulness and the problems and

solutions that have been identified can be there? I think it will be of assistance to the people who are doing this current policy review.

Hon. Mr. Hart: I thank the member opposite for his thoughts and his concerns with regard to this very important issue. When I was discussing change — you know, our staff listens to us; they hear what we say here in the House; and our staff believe they have the right attitude in dealing with these people.

But the change that I referred to yesterday is with the people who don't have any direct involvement with these individuals. That is where the major change has got to take place. That's where the education and process and some direction have to be given so that we can inform all of these individuals of just exactly what the situation is out there in the Yukon — not only in Whitehorse, but also throughout the Yukon. It is the attitude of those individuals that we have to change — individuals who don't want to see the problem, choose not to see the problem and don't think there's a problem. I believe the recent situation has brought the situation to light on top of the coroner's review of the Silverfox situation. These are all items that have brought everything to the forefront.

It's an ideal time for us to get out there and discuss the situation with the general public. I also think it's very important that we garner the support of those stakeholders — all of those stakeholders who are currently involved in providing services to these individuals right now, and who also provide assistance to these individuals. So we look forward to their input and to getting a solution.

The member opposite talked about medical detox, though he did quickly say it was one option. As I indicated yesterday, I don't want to predetermine for this group what the option will be. I want this to be identified by the task group. I want their solution to be something that's based on ideas and input from Yukoners — all those items that are indicated. I can assure the member opposite that, yes, we will endeavour to ensure that nurses' information is involved in that process and we will do that.

I can also assure the member opposite that we will be bringing forth this motion into debate in the House, but I need a little time to get my people together because we are sitting in the House defending our budget right now. We need a little time to get together so that we can put forward our motion and get it out there. I will, however, state to the member opposite that I will be fairly succinct and brief in my motion so that I can allow everyone in the House to speak on this subject because I'm pretty sure that everyone in this House is going to want to speak or put their comments on the record on this very important issue.

Like I said yesterday, it's our responsibility, as leaders in the community, to take the lead in this process and to assist these individuals through their sickness. It's a very important issue and, again, I must apologize to the member opposite — I'm in defending my budget. We will, however, as soon as we're out of the budget, get into dealing with this motion. Once I'm ready, we will be calling this motion as soon as possible, and I will be keeping the issue short and succinct. I hope to

provide some comments to the member opposite with regard to the review of the material and some guidelines for the task force.

I will look at trying to put some timelines in there with the condition that we may have to adjust it depending upon what the task force comes up with. They may need additional time. This is a very complex situation and I want to make sure that the group is going to be comfortable with their solution that they intend to go forth with so we can all move forward and implement a change that will assist these individuals who are constantly inebriated and also provide a venue in which we can support these individuals and still keep the safety of the public in mind when we're doing so.

I look forward to the debate on the motion. I will state, however, that once we are finished with the Health and Social Services budget, we will commence on that motion. I will be bringing it forth to the House as soon as possible thereafter.

Mr. Cardiff: I thank the minister for his commitment to do that and I look forward to making a contribution to that discussion when he does that.

The other thing that I will put the minister on notice now about with regard to the motion is — I mentioned the social inclusion summit. Part of the plan is to talk to the people who are experiencing poverty, homelessness and social exclusion, basically. That's the idea of the summit — to ask them how, as government and service agencies, we can best address the problem. It's good that we're including front-line agencies and the people who work on the front lines. I would encourage this task force to go and talk to the people who are receiving the services and ask them what they need. What is it that's going to help them? What is a safe environment to them? How can government and service providers best meet their needs to assist them in living a more fulfilling life and assist them with their addictions and the problems they face?

That would be one other suggestion with regard to this motion — that we ensure the task force actually talks to the people who are going to be on the receiving end of the services that will be proposed and who will be affected by the changes in the policy.

I'd like to ask the minister about mental health services. Recently I believe the opening of some more secure facilities at the hospital was announced.

I'd like to ask the minister if there are sufficient numbers of mental health nurses and professionals employed to open those rooms now, what the plans are for addressing mental health issues here in Whitehorse and what mental health facilities and services are planned for the new hospitals in Watson Lake and Dawson City?

Hon. Mr. Hart: With regard to this question, I did touch base with it when the Member for Copperbelt asked this question. As for the new hospital unit — the mental health facility in Whitehorse General Hospital — it consists of six beds. There are two closed-down facilities, two secure units and two ordinary hospital units within that facility.

These six units are closed off and secured from the rest of the ward to ensure these individuals cannot be harassing the other hospital patients.

The hospital has revamped its security system and officers now so that they can handle the secure situation throughout the hospital — not only just the unit but in the hospital itself.

We made a change, if the member will remember, with regard to psychiatric nurses here in Yukon last fall. We passed legislation. That legislation enabled the Yukon Hospital Corporation to hire sufficient staff to operate this facility 365 days a year, seven days a week. When we filled those positions, we put the magic doors on and we opened the facility. I was there and it was a very quiet process. We had three patients at the time. We run roughly two or three patients on a regular basis in that facility. Again, this facility is manned by professionals in that field and, in my discussions with the staff, they are very happy with this facility.

They were very happy, for example, that they had input into the design and makeup of the facility and also were very appreciative of the actual specific units. Now there was a substantial amount of work involved to ensure that each one of these rooms or facilities was adjusted or mitigated so that we could prevent individuals from hurting themselves or using anything in a room to — shall we say — do any sort of self-manipulation or damage. There was a lot of work involved by the Hospital Corporation to get these rooms ready, and it was completed. I was able to look at each sample of these rooms. In fact, I even had a discussion with one of the patients there also and talked to the local psychiatrist — again, very appreciative of the service and very appreciative of the facility. It also provides an area where counselling can be handled in a secure manner.

That facility and that service is something provided to the hospital to make the renovations to mitigate situations such that patients can be handled in a safe manner, not only for our staff but for the individuals who are there. We are very happy with the results of same. Again, these facilities do provide a good, secure facility for individuals with mental illnesses who are either directed by a physician and/or by the court. So we handle that and deal with these individuals through whatever means possible, in conjunction with the physician who is handling that process or the local psychiatrist.

Mr. Cardiff: Believe me, I'm really pleased to see the facility. This is something we've been discussing at great length here in the Legislature for a great length of time. I'm going to roll a couple more questions together on this topic and then we'll move on to another area.

This goes back to the discussion we were having yesterday as well about addictions treatment and a supportive environment — one where you're in your community, one where you have your family and friends around. So it can be addictions treatment, it can be continuing care, it can be mental health, and there are advantages. I think there are great advantages to having these facilities here as opposed to sending mental health patients Outside.

I know that the department and the minister are concerned about the cost of services. I'm wondering: are we still sending mental health patients Outside? If we're not, have we identified the cost savings of, basically, providing these services here in the territory?

The minister talked about two lockdown, two secure and two regular facilities and there has been discussion — and this is something that I'll probably be raising in Justice when we get there — on the issue of people who are involved in the justice system at the correctional facility and who have mental health issues.

Are they able to access the services of this secure facility as well? The other question I have for the minister is, is there any consideration being given to possibly using the mental health wards for a trial for a form of medical detox as well?

Hon. Mr. Hart: Again, I discussed this particular problem once before, but I will briefly go over it and indicate to the member opposite that we in Whitehorse do not have the forensic facility for mental health issues. We don't have the numbers. We don't have the professions and we don't have the numbers in order to keep the professions here.

We do send out mentally disabled people who cannot be managed here in the Yukon. It's very difficult. We had approximately 11 patients sent out in 2008-09 and we're looking at approximately 10 patients for this year being sent out.

We send these patients to facilities that have expertise and individuals in place so they can deal with these individuals. Again, they have the expertise; they have the handling they can provide for these individuals to ensure they can be treated and there is an ongoing process with these individuals. We do try wherever possible to ensure we can have a connection with family, where it can be arranged, to provide that support, as the member indicated, even if it is just being there as family.

We do go out. We are very cognizant of the fact that we have to ensure the staff we have is not in any danger when looking after these individuals. The risk and/or illness, depending on what it is, has to be assessed, and if we cannot provide that service then these individuals are sent Outside when we find a facility that can handle their particular illness and provide us with the services. Again, it's a very complicated issue. Every person is different, every patient is different, and it requires a substantial amount of dealings, not only with us but with the court, in dealing with the situation.

Now, with regard to a patient who isn't at WCC with a mental illness — yes, we do have the ability now to put these individuals into the hospital ward to assist that process and prevent the situation that the member opposite was referring to.

We also provide mental health services to patients outside of Whitehorse. Again, it's in very select communities but that service is being provided. It is also being coordinated through the Whitehorse office to ensure clients are being served appropriately.

Mr. Cardiff: The minister indicated the numbers of patients who are being sent Outside. I am just wondering if we know how much it costs for that number of patients on an annual basis to send them to other jurisdictions to receive the services and the care they need.

Hon. Mr. Hart: As the member will note, there is a change every year in the number that we do send out. Some patients do come back. In any event, as I did state, every patient is different and every patient requires a different amount

of services and thus every patient has a different value that is being attributed to that individual.

In some cases, we do have patients we are looking after for a long period of time. Those patients we do know — we have a rough costing — but for several of the other patients, depending upon where they progress with regard to where the services are being provided, we will determine just exactly what kind of value in dollars and cents are JV'd back to the Government of Yukon for that service. I did state that every one of these individuals is different and it's all based on the services provided, what the diagnosis is and what the risk is for that individual.

As I said, everyone is different, and again, depending upon the response of the individual to the treatment, the diagnosis, the risk factor — either a reduction or an increase. Any of those items will affect the cost to us, either up or down. So it's practically impossible to put an actual number each year on the process. It's something that we basically have to do an assessment on.

I guess I lied, Mr. Chair. We could probably estimate somewhere between 350 and 450 a year.

Mr. Cardiff: That's all I was looking for. I wasn't looking for a precise figure. I was just curious, on an annual basis, what is the range of providing those services to the patients who require them?

I am going to move on. I recognize that some of these questions have been asked previously by the Member for Copperbelt; however, I didn't necessarily hear the answers at the time those questions were asked.

I know almost a year ago there was an announcement about working together with other jurisdictions on doing bulk buys for the cost of pharmaceuticals here in the territory. I'm just wondering if the minister can tell us whether or not there are negotiations for a new chronic drug subsidy contract now taking place with the pharmacists here in the territory, when the contract may be in place, and whether or not there is a policy, when it is paying for drugs, to have doctors use generic drugs in their prescriptions as a first choice.

Hon. Mr. Hart: Our ADM is working with the other jurisdictions — the other four provinces and three territories — with regard to this situation and trying to address all of the issues with regard to pharmaceuticals. It is also a follow-up to the lead provided by the western premiers conference that was held in Dawson City. This was one of the issues.

Again, we are working with the four major provinces below. I believe Saskatchewan is the lead on this process. However, we are working with those individuals and trying to come up with some sort of form where we could provide pharmaceuticals to the region and also break down the value with this.

We were also trying, in all jurisdictions across Canada — through the ministers responsible for health and wellness throughout Canada — probably for about the last six years, to get a pharmaceutical agreement with the federal government. I can advise the member opposite that one of my first duties as the Minister of Health and Social Services was to attend a conference in Quebec City where this exact issue was brought up with the federal government. I must advise the member opposite that my colleague — the minister in British Columbia —

was tasked with presenting the process on pharmaceuticals to the federal government on behalf of the jurisdictions across Canada, and I guess we didn't get very far.

It had been on the agenda for about five to six years previous to that so, in essence, one of the reasons western premiers decided to go this way was to see if we could use a smaller aspect and deal with it from our regions and see if we could look at providing services for our region in the interim, pending a complete deal from Canada; however, we haven't been successful with that in the past.

We have been working with the other jurisdictions. I would have to say it has been positive so far with our colleagues in dealing with the item, and I look forward to progress on this in the coming months. Once we're in a position to deal with our other colleagues, we will present that process and make a proposition and look at dealing with our local pharmacists with regard to the distribution of drugs within Yukon.

Mr. Cardiff: I appreciate the minister's efforts and the complexity of the issue. I also appreciate the minister's frustration with the federal government and their lack of movement on it as well.

Is there a timeline? This was identified in the *Yukon Health Care Review* as one of the major cost drivers of our health care system. If we can deal with that issue, it frees up funds to deal with issues like mental health, like addictions treatment, like continuing care, like more money for home care — some of the other things that Yukoners have said that they want.

Do we have any idea of what kind of time frame we're looking at as to when Yukoners might see some benefits as far as where our health care system will see some relief from the high cost of drugs? Is there a time frame? How long is it going to take? Two months? Three months? Six months? A year? Two years? Six years?

Hon. Mr. Hart: I thank the member opposite for responding to my concerns with regard to this very important issue, but like many things in the Yukon, and like the member opposite just indicated, the size of our territory is also our biggest detriment in this particular aspect and that is one of the major reasons why we are trying to work with the other jurisdictions in order to piggyback on to their facility so that we can achieve something from this process in order to provide more economical pharmacies for all Yukoners.

Now with regard to movement on this issue, we are working with the other jurisdictions. We anticipate the working group will be in a position to provide us some sort of draft report later this fall so that we can move forward further up the line, but right now that is where we're at. As I said, in the Yukon, we can't push this issue any further, because right now the four major provinces are basically the big players in this division. We are a very small player; we have very small numbers, so it's difficult for us to really get out there. A major advantage for us is to piggyback on to the system with the other jurisdictions and take advantage of that process.

Regardless, we still have to distribute the pharmaceuticals through our local pharmacists — that still has to be done. It's something that we'll work with. We have been working very

hard on this situation. The member opposite indicated it was in the health review. Yes, it was. That was also one of the reasons why our Premier supported this move with regard to moving with the other jurisdictions, and we have done so.

As I indicated, we're hoping to have something from the working group by late this fall, and from there, we can sit down and determine which —

I might be in a position to provide the member opposite with further guidelines on when and if things will be coming to the Yukon but right now I've been advised that it will be late fall before the working group will come up with a draft report on the subject, and we look forward to that report.

Mr. Cardiff: Just quickly, still on the same issue, I understand what is trying to be achieved by working with the four provinces. And I understand that they're the big players and are the ones that have to be the lead on this, and that we don't have a lot of pull when it comes to trying to move this issue along more. I'm just wondering: how is this linked to a local contract with pharmacists here to distribute pharmaceutical drugs in the territory? Or is that contract negotiated separately? Do we currently have a contract in place, and how long is it for?

Hon. Mr. Hart: I think one of the most important aspects here is that we have to deal collaboratively with our other jurisdictions on this situation. We have to work collaboratively with our local situation — again, to ensure that services will be provided. I know the member opposite has probably been aware of the situation in Ontario. We have seen there where pharmacists are actually shutting down — closing down providing services.

Here in the Yukon we have a very small number of pharmacists. Again, we're back to the number situation. When it comes to distribution, the pharmacies do that process. Now, we can look at this deal. Again, as I stated, we are working with our other jurisdictions. We hope to have a draft report by this fall. When we are in possession of that, we will be able to make a determination on just which way we can go to ensure that Yukoners can get the best value for their pharmaceuticals, either through dealing with a local pharmacy or deals that we can derive by our association with the other larger jurisdictions.

Yukon can benefit from expenses from other jurisdictions if, at some point, Yukon is able to enter into negotiations with a drug manufacturer for a specific price on a specific drug. Given that these negotiations can be complicated, the more information and experience you can draw upon, the better chance we have in trying to get a deal — again, more the aspect of trying to work with our other jurisdictions because they have the expertise in this area. They have the resources available in this area that they can dedicate to this particular process in order to derive deals direct from the manufacturers, so that these items can be passed on to the conglomerate of the western provinces and ourselves.

Mr. Cardiff: I'm still not clear, unfortunately, about whether or not there is a contract or some sort of an agreement in place with local pharmacies to distribute the chronic drug prescriptions. That's what I'm asking about.

There's a chronic drug subsidy program, as I understand, and the pharmacies distribute that. Do we have an agreement with them currently? At one time there was an agreement, and apparently it has lapsed. I'm just wondering if we have a new agreement in place.

Hon. Mr. Hart: We have an agreement that we've been working from for the last many years. I'd like to stress that I think it's important that the government work collaboratively with our local pharmacies to ensure we maintain these services so we can provide these services to all Yukoners. That is the main reason we're looking at this process. It's important that we deal with our counterparts from Outside so they can achieve savings directly from the manufacturer that we can pass on to our local pharmacies to allow them to distribute the service.

It's important that we have the local pharmacies in place. We are working from a contract that was handled some years ago but it is a working contract and we have been utilizing that facility for many years.

Mr. Cardiff: I am going to leave this area. I would like to ask the minister about something that we've talked about before here in the Legislature, and I will try to be brief and succinct with my comments about the idea of chronic care versus acute care. I want to go to a broader definition. It has been defined as "collaborative care". It could be defined as "complete care". I am just wondering whether or not the department has researched the benefits of a collaborative care clinic and if they have considered the possibility of a pilot project that would actually establish a collaborative care clinic or facility possibly in one of the communities — Watson Lake or Dawson City — so that they could do it as a pilot project, evaluate it and look at the benefits to the community.

I'm just wondering whether or not there have been any discussions with Yukon Medical Association in this regard, as well as with the establishment of a collaborative care clinic and how they would work in that environment.

Hon. Mr. Hart: Continuing Care planning to improve collaborative care has been underway since June 2009 and the first phase of planning concluded at the end of March 2010. The conclusion of this first phase of planning provided us with recommendations by the planning group to be considered within a department and by the minister, in order to make decisions on next steps. The planning group includes a physician, nurse, physiotherapist, occupational therapist, pharmacist, social worker, dietician, in addition to some government representation. The planning process is being facilitated by consultants with expertise in facilitation, primary health care and service delivery.

Improvements in collaboration can occur in a number of ways and the planning process is exploring those options here in the Yukon. Currently, the collaborative care activities are underway, as the member opposite discussed, in the chronic disease management program. A nurse, physiotherapist, the pharmacist and others, as needed, provide services to patients in the physician's office in order to improve, for example, quality diabetes care.

That process is underway and a planning process is underway. We are looking at ways we can provide these services in order to get this out there. Once this group has completed its phase, we'll be able to assess that process and see how we can deliver that service. As the member indicated, we might be able to take it out to a smaller area and handle services in that area but, right now, we'll wait for the completion of that phase and see what comes back to us.

Mr. Cardiff: Well, like some of the other things I brought up earlier today, what I'd be interested in now is what are the timelines for this planning process or "phase", I believe is the term the minister used. I'm just wondering what the timelines are and when we might see a pilot project.

Hon. Mr. Hart: Obviously, it depends on the participation of the professionals involved and what issues are brought up and how long it takes to review these issues, how long it takes to mitigate these issues in some cases. When these professionals put this stuff before the committee, they will review this, and once we know what we're dealing with, we might be able to be in a better position to provide the member opposite with specific guidelines, but right now, as I stated, we're in phase 2 of this process. They are looking at services that are going to be provided and how this collaborative care can be kicked out.

We're looking at diabetes, as I mentioned, as one of the issues. We're looking at disease management. We're also looking at other things that can be funded through our THSSI program. These issues are being looked at. We're trying to look at resources for this particular facility, and we're awaiting the results of the consultant's report. We awaiting the results from those involved to ensure that when we do go out there we can provide the services and that Yukoners in rural areas will benefit from the same.

Mr. Cardiff: I believe it was mentioned in the Budget Address that there would be money in the budget to be put toward the land-based treatment options. I am just wondering if the minister can provide details as to how many land-based treatment centres are proposed, what funds are attached to that, where does he expect them to be established and what plans there are for after-care services, and what coordination there'll be with the department and Alcohol and Drug Services with regard to the land-based treatment centres.

Hon. Mr. Hart: With regard to a land-based treatment centre, we have been working with a couple of First Nations, but right now we are working with the Kwanlin Dun on their facility. We are working cooperatively with them to create a land-based treatment centre. It is expected that we'll have this pilot project out this summer. As an example of our cooperation, the department has been working with Kwanlin Dun and we have provided a staff member to coordinate the position on land-based healing in conjunction with their process, and we have received now a capital funding request from the Kwanlin Dun, so we're looking at that currently.

We'll be doing an analysis of that to ensure — we're looking at being able to extend that facility past this summer — funding that will provide that and in addition to the funding that will be provided by the Kwanlin Dun for their process. So

it's not just us; it'll be the Kwanlin Dun that is providing funding for this service.

Now I believe that the concept for the first round of applicants for this facility will be females and I understand that they already have a full lineup. So we're looking forward to that.

Teslin has not made a request at the moment, but it's important that these initiatives are driven by First Nations. As we indicated, we're looking at this Kwanlin Dun facility as being a template that we can move around the Yukon and we can take advantage of this type of facility and deal with providing this service in areas where they're smaller — in handling the services that will be provided in small areas if numbers are such that we can move this facility and take advantage of this, depending upon what has been determined to be the best amount of time in order to deal with the situation.

This is kind of a new venue for us to look at. We are working with the Kwanlin Dun First Nation on this project. We are putting out — we expect the project to take place early this summer and we are hopeful that it will succeed and that, in addition to our funding that is being provided, Kwanlin Dun is going to assist that process. So we look forward to that and we look forward to the results of the same.

Mr. Cardiff: I know that this is something that we've been talking about for a long time as well. It is good to see that something is happening. Can the minister tell us a little — I understand they are working with the Kwanlin Dun First Nation and I believe that is a good thing. I think that when we talk about land-based treatment centres, a lot of times it is about making a connection back to the land and back to the place where you grew up or where your heritage and your culture come from.

I think we all can agree that we all have some connection. It's hard to live in the Yukon and not have some connection to the land. There's something healing about going out in the wilderness. I guess you have to go there to understand it. I'm not quite sure how to describe it, but it provides me with a feeling of peace and comfort when I can get away from the big city, away from the hectic crowds.

This is a good idea. What I'd like the minister to do is, if there are any details about what the intention is — is this like a package where Kwanlin Dun First Nation is providing all the infrastructure and the services, or is the government involved in providing some of the services related to the land-based treatment centre?

What is the government's involvement on a human resource basis, I guess, with the project and do we know what the costs are? The minister indicated Kwanlin Dun has some of their own funding attached to this, so I'm assuming that if they come with a project, they're leading the project. What is the government's financial commitment to this project?

I have to say at this point, as well, that I'm pleased to hear they are looking at trying to provide services similar to this in other communities on either a continuing basis or rotating basis. I think that's a good thing. If the minister could provide that information it would be much appreciated.

Hon. Mr. Hart: I indicated this previously but I will again repeat it because I think it's important. The First Nation

is taking the lead on this process, as he stated. This is also funding that was provided under the northern accord with regard to this issue. We've had several meetings with the Kwanlin Dun First Nation and our staff and officials to look at this program. We have provided an individual to Kwanlin Dun. We seconded that individual to assist in the process and to get there.

Our share is being provided in the form of money with regard to a person. We are currently looking at a contribution agreement but that has yet to be finalized. Therefore, I really can't provide the member opposite with a specific on that. Rest assured, though, that it is not enormous. It is relative to the project itself.

This project is not unrelated to the public inebriation issue. We want the continuation of services to work. We believe this will be one of the tools that will be utilized. The member opposite talked about it being difficult to task. It is difficult to task with regard to dealing with the same situation of a sweat lodge. It is kind of an interesting situation. You're in a building that is heated up. You fast before you go in there and when it is all over. It is amazing how one feels when you get through that process. There will be a connection to the land. Our officials have seen the programming that has come in there with regard to the facility. We are looking forward to it. We believe it is something that has to be looked at. It is something that we need to go through the process with, see what it is like and see if we can make changes if necessary to improve that facility or enhance those services. I still believe that it will just be one more tool that we can look forward to using in dealing with the inebriation issue that we're dealing with on a great scale currently.

Mr. Cardiff: I thank the minister. It is gratifying to finally see something like this be achieved. I know many in this Legislative Assembly have asked this question — it's not just me. I know others in this Legislative Assembly have asked questions of previous Health ministers and this Health minister on many occasions related to land-based treatment. It is extremely gratifying that something is happening. I think this is one of the tools that will help the minister's task force. It's not just the minister's task force; it's our task force; it's Yukoners' task force.

On that subject, Yukoners have another task force. They have a Yukon health care review oversight committee. As a member of that committee, we met in February. The minister was looking for feedback on the wellness strategy.

So there are a couple of questions that come out of this. As New Democrats, we always appreciate the opportunity to provide input to these processes and to share our ideas. We appreciate the opportunity to do that. What we'd like to know now is what the minister and department intend to do with the input that we provided. In the terms of reference, one of the things that the oversight committee is supposed to do is to provide advice to the minister on the recommendations in the health care review final report. I am just wondering when we're going to have an opportunity to meet again and discuss that.

Hon. Mr. Hart: I think what I'll do is just avoid saying this so we don't have to — I'll respond to the question, okay? Yes, we did meet in February. I thank the member oppo-

site for the information he did send me. We will be utilizing that information in the process of our strategy for wellness in our go-forward issue.

I'm sure the member opposite will see items that are basically in the new wellness strategy as it is unfolded. We anticipate that, once we come out with the social inclusion, once we come out with a brief outline and guideline for our wellness strategy, we will bring that to the oversight committee to get their direct input on that process and to get their feedback on those issues and we hope very much that we can do that.

We anticipate we will get that, but that does not negate the fact that we still have to do our public process. We still have to involve those individuals out there, especially under social inclusion. We have to keep the anti-poverty group involved. In fact, they are very much involved. They are taking an active role in doing our household survey for homeless people in addition to the one that's being handled through our Statistics Bureau. We are very much keeping them involved in the process. We have to keep that thing moving because we have to demonstrate specifically to those individuals that we're moving forward. It is important that we do that.

As I indicated, we are hopeful that, once we've completed all the data completion, we will be in a position to provide a draft report later in the fall with regard to social inclusion. We will have another symposium in the fall to deal with the results of our data and to garner input from the stakeholders to ensure that we can determine a priority list of those issues that have been brought forth to basically commence implementing some of that issue in the spring of 2011.

Now with regard to wellness, we're in the process of selecting staff to lead this process. We will be incorporating that as soon as possible. We will formulate the outline of the strategy. We will put a workplan in place and we will bring that to the wellness committee.

Unfortunately, depending upon our timelines, that may be when it's warm outside, but I don't have a lot of choice. It may be something there. I will contact the members of the committee to see if I can find that day. I will try to make the meeting as brief as possible so that we can provide an overview and seek some immediate comments and/or some written comments from that process after that day.

But in essence I anticipate, as I said, that it will be fairly warm by the time we have something that we can put in front of the oversight committee as far as a wellness strategy, but I plan to do that so that they can provide some input and some further input. As I indicated, I am pretty sure the member opposite will see his input put into the strategy. He will be able to see where his input has been placed. I look forward to that also.

It's just one of the many, many issues that I'm being faced with as Minister of Health and Social Services. I am trying to balance — I'm not a very good, whatever you call it, juggler. Instead of three or four balls, now it's looking like I have about five or six, so the member opposite will have to bear with me. I may just have to squeeze some of these things in.

But the big thing is that we are in the process of doing it. We will get to these issues. They're all important. They all need to be done in some frame or another. Anyways — for the

member opposite, we will endeavour to ensure that he's kept abreast of the situation and that he definitely has time to put input into the wellness strategy, as well as our social inclusion, when it does become available.

Mr. Cardiff: I thank the minister for his response. I certainly can recognize that the minister has a lot on his plate, so to speak. It's not always easy when you don't have all the utensils to eat a meal.

It is definitely recognized how much work the minister has in front of him. With regard to the Health Care Review Oversight Committee, I look forward to our next meeting and seeing our input to the wellness strategy. What I am hoping is that the wellness strategy is ahead of the draft report for social inclusion, which he indicated was in the fall. Hopefully, we will be dealing with that sooner. He indicated that it will be warm and, as I indicated earlier, I actually know that the mosquitoes are out. I just didn't realize they were in the Legislative Assembly.

I would like to ask the minister about the Health Care Review Oversight Committee. In the mandate it says that the committee shall advise the Minister of Health and the Minister of Finance on priority areas for action arising out of the health review reports to move Yukon toward a sustainable health care system. In the scope it says specifically that the committee shall provide advice about which areas of action identified in those reports — those being the *Yukon Health Care Review Final Report* and the "Taking The Pulse" report — or arising out of the reports to give priority attention to and, within those areas, what practical actions are most likely to be both appropriate and effective for Yukon as part of creating a sustainable health care system.

I'm just wondering if we're actually going to have an opportunity to discuss some of the recommendations and the priorities. When does the minister see that happening?

Hon. Mr. Hart: I thank the member opposite for his question with regard to the oversight committee but, as he said, we have a fairly full plate. I don't see this committee meeting any time soon with the House sitting; however, I think it's something that we'll look at with those members on the committee. It's something that I have to discuss when we can sit down and go over this issue. We will discuss an agenda and get a time when we can get all the players together. As the member well knows, that's usually the biggest hassle when we get these committees together, to try to get everybody in on a date when everybody is available.

Currently, we'll look at that particular situation. I will endeavour to look at finding a date when we can meet, look at an agenda item to follow up on the member opposite's questions, see if we can look at trying to deal with some of his concerns, and get in touch with him and other members of the committee on that process.

Mr. Cardiff: I thank the minister. I look forward to meeting again with the committee. The minister touched on the social inclusion and poverty reduction policies and the process that is in place. I'm just wondering if the minister can tell us — he indicated earlier that there's going to be a draft report in the fall — if there are any reports now that are available as part of

this process and whether or not there are any written policy objectives within the department for social inclusion?

Hon. Mr. Hart: As I indicated, we're looking at having a draft report available in the fall. That draft report will be an accumulation of the data that we're in the process of collecting. We may have a report based on the symposium that just passed. We're in the process of doing that work right now. That may be something that would be available on the website at a later date in the process. As far as a report goes, as I said, we're working on a post-mortem of the symposium that just passed, the one in the fall.

We're looking at a draft report. That information is based on the stats that we're collecting currently and over the summer and into the fall. It is information that is going to be compiled. A draft report will be the basis for our fall symposium. The major point there will be where we sit together with the groups, reconvene, provide some input, provide an analysis of the reports that we received and how we received them, and then we will be asking those individuals at that symposium to provide us with some priorities of the issues that need to go ahead first — on how and when we can implement those situations to go forward in the new year.

So, as I stated, I believe that this symposium will be late in the fall. Once we are finished with that, we will come out with some priorities they feel the government should move forth on implementing toward social inclusion, and we will look at commencing those groups in the spring of 2011. So that is our intent for social inclusion.

Again, we are looking at carrying forth. We have a lot of support from the stakeholders already in the process, in accumulating the information. I, for one, look forward to that draft report and that symposium. I am hoping to be here for that one, for sure, so that we can get totally immersed in this process and start moving toward a solution for poverty here in the Yukon and also for including all those individuals in our Yukon society.

Mr. Cardiff: I thank the minister for that answer. That answered a number of questions I had in this regard. I know it wasn't that long ago — less than a month ago — that it was Social Work week. There was a report related to the workload of social workers — the caseload, I guess.

It was a media report, but it was through a young person who had done a practicum with the Yukon government in the adult services unit, who indicated that a lot of social workers were carrying a caseload of 80 clients, and the best practice, according to the article, is 35. So I'm just wondering: is the 80-client caseload consistent across the board with all social workers? We've actually talked with people who are in receipt of services, who feel that there are people in the department working hard, and they've got full plates too, just like the minister and me, and we've got lots of balls in the air as well.

These are the people who are working on the front line, who need the ability — they are face to face with people who need services. When there are these heavy caseloads, many times the social workers and the people who are working in the department on the front lines, it can burn out, which means that you end up with a high turnover. Maybe the minister can tell us

what the turnover rate is in relation to this. It also leads to absences and replacement people coming in. What it leads to for the recipients who are dealing with these workers is inconsistency — inconsistency in what you get told, what you're able to do and what you're funded for.

These people are struggling. The people in the department, I believe, under these caseloads are struggling to provide a service that is much needed. So can the minister tell us if in fact this is the case? Because that's what we're hearing from some of the clients, that they're frustrated by the inconsistency at times. What we're hearing is that the workload is extremely high. Do we have a full complement of adult service workers — social workers practising at the front lines of adult services? If not, what are we doing to recruit and retain more? I think the retention issue is definitely related to the workload issue.

Hon. Mr. Hart: Social workers, not only in the Yukon, not only in Canada, but basically in North America, have a very high stress process. In many jurisdictions, they have high workloads.

I would like to state that we have been working with our social workers. There's a very high turnover in this profession. The longevity in this field is very short compared to many other professions. Their caseloads vary, depending upon the complexity and history of the clients.

The member opposite talked about numbers. I don't have them right at the tip of my fingers, but I can tell him that we are aware just exactly what it is. We went through a reorganization of our social workers and we got them some additional support.

We had additional items in there to help ease some of the pressures of the workload. Again, as I stated, it's a very, very stress-filled profession and recruitment is difficult. As the member opposite can imagine, recruitment to the north even has a harder process. Recruitment to small rural areas has its own challenges. We are aware of those challenges. We're aware that it's difficult to manage these things but we're also aware that it's important that we try to provide those services, especially in our smaller communities. We are looking at trying to provide services in these communities. Since 2008, we have increased our social work staff by eight, so we have addressed some of that situation.

We have gone out and provided bonuses to help in our recruitment and that has worked in some cases. We are continually in the recruitment process because we have short-term and long-term positions that have to be filled. It's something that we have discussed with our social workers. We deliver a wide range of services through our community. In some cases, we have a social worker who can handle two small communities — maybe three, depending upon their size. They'll work out of one area and go to each one of the small communities. In a lot of cases, it comes down to the availability of housing and office space and these small places. It's very difficult to have a confidential situation in a small community if you don't have a place in which to actually do it. Complicating the issue of the social worker is finding the appropriate space in which to provide the service and get the service that is needed.

On top of that, in many of these cases the social workers are by themselves, so the safety of the social worker is even

more of an issue for us as a government. If we are dealing with a situation that is there, it is very, very difficult to deal with a situation individually when they are in a very small community. Again, this is just one other aspect that is important for us to deal with. We understand that situation. We are aware of it. Can we guarantee safety all the time? I am afraid to say that is not something we can always do. We do our best and in some situations we have to make an adjustment to allow for that, but it is something that we are doing.

I look forward to further questions from the member opposite. We are working very hard on this situation and, as I said, we have increased the number of workers in the area. We may find, through the task force, that we may have to look at different areas, for example, but I think we are handling the situation the best we can. I know our workers are working very hard and we're working the best we can with the individuals we have to provide the services, especially in rural areas.

I look forward to continuing with the services we have in these facilities and in our rural areas. Again, I'm wishing we didn't have to have social workers but, in many cases, we just have to have them. People, especially children, have to be protected.

Mr. Cardiff: I appreciate what the minister is saying. It is high stress, high workload, high turnover and short longevity. I believe those were the words that the minister used at the beginning of his remarks. That's the purpose of the question — the fact that they've hired eight more social workers. I recognize the safety issues in small communities that social workers deal with. That's the reason to recruit more, so that there is safety and so that there is backup. This is an area, as the minister just said, where people have to be protected, especially children. So if we're in a high turnover profession, that's high stress and high workload, I think what you need to do is look at what's causing the high turnover. We have the bachelor of social work program at the college, which graduates social workers on an annual basis. Maybe it's not enough to keep up with the demand.

But we should be encouraging it. I think there's a lot of benefit to having local graduates who have an understanding of the community that they live in and be social workers. I know there are confidentiality issues and I hear what the minister is saying. But if the issues are high-stress, and it is a stressful job, I understand that. If it's high workload and that's what's causing the high turnover, then it makes sense to me that if we want these people to have the opportunity to make contributions and stay in their jobs longer, then it makes sense to reduce the stress as much as possible.

One of the ways of doing that is by providing more support to those workers, which is directly related to workload. It is about recruiting more and making more of a commitment. That is why it is about setting priorities and that is one of the things that the oversight committee is tasked with doing — talking about the priorities. It would make sense to me that if we've got employees working in the Department of Health and Social Services delivering social services to the communities and to social assistance recipients, it is an area that we should focus on.

It should be something that we focus on when it comes to social inclusion and anti-poverty, and it should be something that we focus on when it comes to how we treat our employees, in that we provide them with all the necessary tools.

So I guess my point is — and I'd like to hear the minister's response to this — what are we doing to ensure that graduates from the bachelor of social work program at Yukon College are given an opportunity to stay here in the Yukon and work for the Department of Health and Social Services and provide those services, thereby reducing the workload and the stress for others in the department. Is that an option for reducing the high turnover?

Hon. Mr. Hart: I'm not quite sure if the member heard me, recruitment in this profession is very difficult, not only in Yukon, not only in Canada, but in North America. It's a very difficult situation when it comes to recruitment, and we're looking at doing that there.

We are actively looking at taking those who have successfully passed the social work program here at the local college, not that we've taken them all. I think I do have some stat information for the member opposite with regard to social services.

We currently have approximately 203 cases, which equates to approximately 40 cases per worker. Now, the average, as the member opposite indicates, is around 35 cases per worker. So, I don't think we're too far off the span in that particular side. Now, with regard to the social assistance program and the unit responsible for that — the delivery casework is approximately 618 and we're looking at approximately 78 cases per workload, as the member opposite says. Now, in the fall of 2009, the deputy minister instructed the social assistance task team to create key cost drivers that will support accurate forecasts.

The social assistance team's work was completed in November 2009. The result of the findings increased expenditures for the social assistance budget, and we increased that budget by \$2.2 million.

The report made several recommendations that were carried out as part of the implementation of that plan. That was something that was done to provide a great amount of assistance to our social workers in the SA department and alleviate some of the pressure with regard to providing for them to carry on.

We are working very closely with these individuals. We have restructured and reorganized this department to assist and provide them with additional work. But I stress the fact that it's difficult to recruit for this type of profession. We are constantly on recruitment, as I indicated before. We are looking to provide those services, because we always need somebody in the short term to handle situations and thereby look to provide services to all Yukoners.

So we are there. Again, our people are providing the service for Yukoners here, and we have made a substantial investment in social assistance to assist our social workers. We believe that has been a very important element in providing these individuals with an easing up of work. That doesn't eliminate it; it just provides some easing up of the work.

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

Recess

Chair: Order please. Committee of the Whole will now come to order. The matter before the Committee is Bill No. 20, *First Appropriation Act, 2010-11*. We will now continue with general debate in Health and Social Services.

Mr. Cardiff: I have a few more questions for the minister and then we'll proceed with line-by-line debate, I suspect. I would like to ask the minister a couple of questions, still in the social services area, and then I have one that I'd like to go back to. I received some new information and would like to revisit the pharmaceuticals issue.

I would like to ask him some questions about the implementation of the *Child and Family Services Act*. I would just like to know if the regulations have been written for the act, whether or not they are available, and whether or not there are any associated human resource issues for the department with the implementation of it. Will more people be hired through the implementation of the act? I will ask some other questions when the minister answers that.

Hon. Mr. Hart: The *Child and Family Services Act* was deemed in place and proclaimed on April 30. We had a presentation in the foyer of the Legislative Assembly building here.

I did a brief speech on behalf of many of the child supporting groups out there and along with the child advocate that was here. We did a very good process. Again, it was proclaimed on April 30. The new act provides unparalleled opportunity to work together on behalf of all children and families in the Yukon. It's based on what we heard from First Nations families and other stakeholders. We can focus on the need to protect and support our children. We believe the new legislation will strengthen and combine efforts across all of our communities to protect children and enhance the well-being of children in our society.

With the addition of the child advocate being proclaimed as of April 1, that office is now fully up and operational. I understand it is located just across the street here in the — I believe it's in the legislative building. Anyway, Mr. Nieman has been working his way through networking with all of the First Nations and the appropriate government departments in dealing with children.

He is now looking at going out and meeting with others involved and he looks forward to moving on that.

We have our legislation ready to go here as of April 30, including regulations, dealing with the *Child and Family Services Act*. We have additional resources that are provided in the form of people. I believe six FTEs are additional to the process to assist in the resources to implement the new *Child and Family Services Act* — to get moving and commence this process on this very important legislation that was deemed to protect all Yukon children. It was very well-received on Friday afternoon.

I was surprised at the large number of people who attended the assembly. I might add that the cupcakes were quite good,

since I actually requested them — but they were quite good. It was excellent to see the diverse crowd and hear the comments made about everyone looking forward to moving ahead under this act and seeing just how we can work together collaboratively to enhance and support our children where and when needed.

Mr. Cardiff: I thank the minister for the answer to that question. Can the minister tell us how he sees the new *Child and Family Services Act* responding to the needs of grandparents and extended families who are caring for children? I know the minister has received a research report from the Grandparents' Rights Association of Yukon and the recommendations they had. I'd like to hear the minister's response to that report and recommendations as well, if possible.

Hon. Mr. Hart: I know which report the member opposite is referring to. I will try to do is indicate that the new *Child and Family Services Act* provides for extended family, which includes grandparents. There is a substantial number of rights provided under the new *Child and Family Services Act* that will enable grandparents to take advantage of some of the services that can be provided to them as extended family under the new act.

Now, quite a bit of information has been made available for individuals. I know, for example, that we've had some individuals requesting information with regard to rights under the grandparents act. There are services for grandparents when they are determined to be the extended family. One of the key components of the new *Child and Family Services Act* is to look at keeping the family together — as close together as possible. Obviously, grandparents do form part of that process. This is one of the key elements under the new *Child and Family Services Act* and we believe that obviously grandparents do have the ability to provide that service and keep it within the family.

Mr. Cardiff: One of the other issues is respite. This is for grandparents or anywhere there are children in care or in foster homes. I am just wondering whether or not the department has looked at this issue with regard to providing respite for those who are providing foster care, whether they are extended family or not and whether or not there is a change in policy on how that is provided. This is very similar in some instances to the discussion we were having before the break. In some instances, it is about providing care to a child or an adult with special needs. It basically boils down to the workload and burnout and the need for respite.

Can the minister please address what the department's policy is on providing respite to caregivers?

Hon. Mr. Hart: On that kind of a specific issue, I don't have that kind of information right in front of me. However, I am aware that if the grandparent does qualify as extended family and does qualify under the new *Child and Family Services Act*, they would qualify for respite care. But I could get back to the member opposite and provide him with a letter just to confirm that issue.

Mr. Cardiff: I'd appreciate that. I'd like to move on — I've got one more area and then the pharmacare issue and then I'll be done. Recently in the Legislature we raised our

concerns regarding the closure of the daycare in Watson Lake, and there have been issues in Dawson City as well, I believe.

Part of it is about the way that childcare is funded. One of the solutions was to average the attendance numbers for daycares located in towns with seasonal employment. In the summertime, there are all kinds of kids in need of these services. So there's lots of money in the summertime, and that's when the revenues are the highest; whereas, if the grants were based on average numbers for a year, it would provide more stable, long-term funding.

I understand the need, and I understand the concerns around the need for having trained employees, but it's difficult in some communities to get trained childcare workers. We still need to maintain the same vigilance and the same security checks, but there's a policy of no wage subsidies for workers who aren't trained. This also leads to an issue in the fact that it's hard to recruit and retain workers if you can't afford to pay them. If those subsidies aren't available, or some form of wage subsidy, what we end up with are situations where child care facilities are closed and the minister has a hard time recruiting and retaining nurses for the medical facility, because the nurses can't get childcare. So I think it would be good for the minister to consider some creative solutions, especially in rural Yukon to address this issue. I presented a couple of ideas and I'm wondering whether he would give them consideration or tell me what other options he might consider.

Hon. Mr. Hart: I guess I'll start by saying our government recognizes the importance of quality childcare

We've made a huge commitment to childcare in the Yukon by providing funding over a five-year basis of \$5 million and we continue to do that. We also provide adjustments and funding as it relates to providing subsidies to also help offset the childcare expenditures. Our childcare expenditures are pretty much one of the higher proceeds in Canada when it comes to childcare. So for us to go out and make an adjustment for one daycare would require us to go out and look at doing a different model or doing a different business case. Currently childcare is on a fee-for-service basis, so it is a difficult task. The member opposite did come up with a suggestion of the possibility of evening out the process.

We have been working with the Watson Lake daycare board and that community to help re-establish that process. I understand that recently they had a meeting. They were successful in compiling a board for that thing to take place. We also provided assistance from the department to assist the community in putting forth the daycare and with how to deal with the financing and dealing with the grants that would be necessary for them to operate that facility.

Now, there was a suggestion given to the daycare. They took that suggestion, and with that suggestion they were able to make an adjustment and felt they were in a position to operate a daycare facility. They don't have a specific date yet, apparently, but the board is ready to go. They have a director now. They have somebody who is spearheading this event. In addition, we as the government are supporting these individuals and supporting the board by means of providing them with ideas and resources on how to get their daycare underway.

In regard to the Dawson City daycare, they had some discussions with me on their situation. Again, their situation was such that they were looking for an expansion and the City of Dawson wouldn't allow that expansion to take place to allow them to get larger numbers and make it a little bit more feasible. That didn't happen. They couldn't get the permit or licence from the city to expand their daycare so they could get larger numbers. Rather than put the process in there, that individual made a business decision to close. I understand that the situation has changed somewhat and she has looked at the possibility of reopening that facility. In any event, that was her decision. When she made it, we were contacted on that process and so we look forward to that in essence.

The big thing here is to ensure that all daycare facilities receive the same equal treatment, open and transparent on their numbers. Again, we try to assist all daycare facilities, regardless of who they are. When they have difficulties, we try to do our best to assist each and every one with their particular situation to get by.

In essence, the Yukon Child Care Board also has a responsibility. They have an appeal process that takes place, and we look forward to many decisions through that process, where operators are dealing with situations basically concerning the safety of the children in their care.

As I said, I'm very pleased with the situation in Watson Lake. We seem to be moving forward. We've made some adjustments and those officials in Watson Lake appear to be moving forward. They've had some conversations with our officials, and we seem to be in a positive mode to move forward and hope to have an operating facility in Watson Lake very soon.

Mr. Cardiff: I thank the minister for the answer and I thank him and the officials for being here today, answering the questions to the best of their ability.

I've got one more question. I want to go back to the minister's conversation that we were having about pharmacare and working with the other jurisdictions. My understanding is that the Yukon is presently the only jurisdiction in Canada without some form of electronic tracking for prescriptions. So I'm just wondering if the minister, in working with the other jurisdictions — whether or not there is any intention to invest in a PharmaNet program, such as in B.C. The idea would be — the benefits, the way that I understand them, are that it streamlines the billing process, which should be more efficient.

Probably one of the most important things is that it gives the pharmacists access to the patient profile, and they can actually provide patient feedback to the physicians on drug interactions. This is an area of concern, and it should be an area of concern, I believe, for the health care system, because negative drug interactions affect the health of the people who are receiving the treatment — a lot of times in a negative and sometimes in a fatal way. It can also reduce the error and it can also reduce abuse of the prescription system so that people aren't getting repeat prescriptions or having prescriptions refilled and selling them on the black market.

So if the minister can just give me a little bit of information on what the department's intentions are in this area and

whether or not they are looking at this or would consider looking at it. That's all the questions I have today. Thank you to the minister and the officials for their time today.

Hon. Mr. Hart: With regard to the member opposite's last question, we are looking into e-prescriptions in the Yukon with our physicians, in addition to Community Services, which is really taking the lead on this process. So work has commenced on this process. One of the issues that we're looking at is the system itself, because the doctors have one system and the pharmacies have a different system, the problem is going to be somewhat difficult to solve — so that their computers can talk to each other. Basically, that is our large hurdle to get over right now. We are working on that particular situation to try to resolve that particular process.

We are also in the process under e-health of converting our doctors to e-health and putting the hospital on e-health so that when an individual is brought into emergency, their status can be brought up on the screen, and the doctor in ER can see what that individual is allergic to, whatever he's done. That information is available when he needs it, in case of emergency.

That particular process is underway. That program was being initiated on our large program called Infoway which was done through a national program and again, that was a substantial amount of time and money involved in getting that process underway.

We are just now beginning to see some of the benefits of that system. Again, we had the situation of physicians having two different types of computer software programs with one not being able to talk to the other. A substantial amount of work had to be done with the physicians, making sure that they were up to date, and a substantial amount of information had to go in for the protection of the clients' information.

When I was in Calgary last fall, I was at a conference just exactly on this subject. Believe me, that was top line, important information. Anyway, that part is underway. We are looking at this process. We are looking at trying to alleviate this situation. It's not going to be solved tomorrow. Again, we have to get the systems looked at right now, getting a program that could circumvent that issue and provide a service that will alleviate the issue the member described.

I just have some issues with regard to respite care. One of the key issues is the child must be living or in the caregiver's home, so they must be with them.

Mr. Mitchell: I will be fairly brief but I just wanted to take the opportunity, first of all, to thank the officials for their assistance over the past several days, starting with last Thursday, in debate on the Department of Health and Social Services. It is the largest department by dollars, and I think by employees, in the Yukon government. As we've often said, it does touch the life of every Yukoner.

It's a tremendously important department. I think we've all been affected — in this Assembly and in our community — by the events of the last few weeks, starting with the inquest into the death that occurred in December 2008 and then again, of course, by the knowledge there's been another death of somebody who had suffered from alcohol abuse and had been dealing with those issues.

I do believe — you know, in this House, we debate and it gets very partisan at times. We have our views and we question the members opposite and sometimes we're very reluctant to ever acknowledge anything positive done for fear that we're going to read it in campaign literature. But I will depart from that and say that I know from listening to this minister that he, too, has been very touched by these events and by many others. He spoke quite passionately at the end of yesterday about our need to effect a change of attitude for those individuals and of our need for societal change. I do appreciate the remarks he made and his commitment to move forward with a new approach.

I don't know if the minister has had an opportunity to see today's newspapers because he has been in here all day, but yet again we're hearing from the head of the Yukon Medical Association.

"Right now we're in a desperate situation," Tadeballi, the Yukon Medical Association (YMA) president, said today of what emergency room doctors face each day and the lack of a facility to handle the city's chronic substance abusers. The president said, "...there are 30 individuals who each year visit Whitehorse General's emergency room more than 200 times and use ambulances like taxis. Sometimes these individuals are coming in not once, but two and three times a day. This is quite a problem, and these individuals need help." Tadeballi told the *Whitehorse Star*, "On average, one in four emergency room patients at Whitehorse General are severely intoxicated, which translates to between 15 and 20 such cases every day."

The YMA president has added his voice, welcoming the notice of motion that the minister brought forward yesterday. I guess as a member who came to this Assembly, I originally ran for office because I cared very much about these issues in particular — health issues — and hope that we can make a difference here. I urge the minister to spare no resources within the department to move forward on this, because we have to do better. I am not going to make the statements that you hear, "Let's do something before we have another tragedy," because it is quite possible if not likely that between now and when we are able to effect real change, there could be another tragedy.

We just have to persevere and move forward in good faith to make that change so there are not so many future tragedies. I do want to thank the minister for some of the statements he has made about this in recent days.

Hon. Mr. Hart: I thank the member opposite for his comments with regard to the motion and the issue of inebriates in the Yukon. I think, as I stated yesterday, it's important that we look at this situation in a different light — a different concept. Yesterday I indicated that regardless of what type of facility we have, how it's done — whether it's medicated or not — it does not guarantee we will not have another fatality from this particular type. I don't know how else I can stress that. It's very important that people understand that whatever solution we come up with through this task force does not guarantee we will not have another fatality. Hospitals have the best physicians in the world but they still have fatalities.

The issue here is that we need to look at what's needed and how we can assist them. Chronic inebriates are the most mar-

ginalized individuals in our society. I don't think we can get much lower than that in our process. We need to view the problem through the lens of social inclusion. We need to look through them also with compassion. That's a very important issue that we have to look at. As I stated yesterday, we have to look at it from a totally different concept than we have in the past 20 or 40 years when it comes to individuals on the street who are inebriated. That's something we must do and that's something we have to do.

As I stated previously, once we are finished in the House with the budget, my officials will get together and look at preparing for the motion. We will be bringing that motion to this House as soon as we're ready.

As I stated previously, I will make my comments on the motion reasonably brief and short so that every member of the House has the opportunity to speak on this subject and hopefully get support on this issue so we can move ahead.

I will also look forward to having the department look at shoring up our procedures and protocol on how we handle our individuals currently and, in the interim, while we look at trying to work with our task force, check other jurisdictions to see what they're doing, get that information, provide that information to the task force so they can utilize that information in coming up with a solution and providing us with some recommendations on which way we should go.

It's also very important for us to ensure that we get as much information from as many people as possible.

The member from the Third Party indicated that we've done a lot of work. Yes, there has been a lot of work done, but it was done on a broad basis. This is a very specific issue. We also discussed it today, and we believe that the land-based treatment centres will be just another tool for us to work with.

We think those will be other venues in which we can get going on this. I think what the member opposite just read from the newspaper basically utters the support for this task force to move forward. As I indicated, we will get this task force moving and determine what it's going to do. I hope to provide members opposite with a rough guideline on timelines and what we plan to do, because I want to be careful. I don't want to — I mean, I'm obviously going to have to be adjustable to a timeline extension, if needed. But the big thing is to ensure that we come up with something that we are all reasonably in agreement with and that will provide us, as a society, with a change of attitude. In other words, not only do the people in our detox centre know what we're dealing with, but so does the gentleman who is behind the meat counter, because for many people — for many people — they don't see this as a problem; they don't want to see it. They don't see it, so it's not a problem. We've had a couple of situations recently — in the last week — that brought it to the forefront. So it's in the forefront. No one can hide behind the desk any more. We have to address the issue, and it's time for us to do so.

So I think, as I stated — the member opposite just read from the paper. I'm very happy to hear that. I look forward to getting my information together, bringing the motion here to the floor and providing some additional details. As I stated, I will try to be brief in my submission for the proposal so that

everyone in the House gets an opportunity to speak on that subject. I look forward to the members' comments also.

Chair: Any further general debate? Seeing none, we'll proceed line by line on Vote 15, Department of Health and Social Services.

On Operation and Maintenance Expenditures

On Corporate Services

On Deputy Minister's Office

Deputy Minister's Office in the amount of \$1,844,000 agreed to

On Policy and Program Development

Policy and Program Development in the amount of \$617,000 agreed to

On Human Resources

Human Resources in the amount of \$1,817,000 agreed to

On Finance, Systems and Administration

Finance, Systems and Administration in the amount of \$2,545,000 agreed to

Corporate Services in the amount of \$6,823,000 agreed to

On Family and Children's Services

On Program Management

Program Management in the amount of \$5,957,000 agreed to

On Family Services

Mr. Mitchell: Could we have a breakdown please, Mr. Chair?

Hon. Mr. Hart: We're looking at a decrease of \$378,000 from the 2009-10 mains, basically for a decrease in personnel of \$378,000 for reallocation of positions within Family and Children's Services.

Family Services in the amount of \$3,711,000 agreed to

On Child Placement Services

Mr. Mitchell: A breakdown please, Mr. Chair.

Hon. Mr. Hart: We're looking at a one-percent increase of \$47,000 over the 2009-10 mains. This is basically again for a decrease in personnel costs of \$148,000 reallocated within the program, and an increase of \$195,000 for the foster care program to reflect the CPI indexing of two percent.

Child Placement Services in the amount of \$6,173,000 agreed to

On Early Childhood and Prevention Services

Mr. Mitchell: A breakdown of that line please, Mr. Chair.

Hon. Mr. Hart: We're looking at an increase of \$1.6 million over 2009-10. We're also looking at a further increase of \$2.45 million over 2009-10 from Family and Children's Services. We're also looking at a nine-percent increase, or \$828,000, and basically an increase of \$448,000 in personnel to reallocation of positions in Family and Children's Services. We're also looking at a transfer payment increase of \$380,000 in 2010-11, consisting of an increase of \$1 million for the childcare contributions, offset by a decrease of \$620,000 for the implementation of the *Child and Family Services Act*.

Early Childhood and Prevention Services in the amount of \$9,809,000 agreed to

On Youth Justice

Youth Justice in the amount of \$4,378,000 agreed to

On Children's Assessment and Treatment Services

Mr. Mitchell: If we could have a breakdown of that category, please.

Hon. Mr. Hart: We're looking at an increase of \$180,000 from the 2009-10 mains. It is basically a decrease of \$173,000 for personnel due to reallocation and a decrease of \$7,000 from 2009-10 for the children's receiving home due to a one-time increase in 2009-10.

Children's Assessment and Treatment Services in the amount of \$9,023,000 agreed to

Family and Children's Services in the amount of \$39,040,000 agreed to

On Social Services

On Program Management

Program Management in the amount of \$1,904,000 agreed to

On Alcohol and Drug Services

Mr. Mitchell: Yes, we definitely would like to have a breakdown of that, Mr. Chair.

Hon. Mr. Hart: We're looking at an increase of \$329,000 in the 2009-10 mains. We're looking at a decrease of \$30,000 due to reallocation within the department. An increase of \$359,000 in 2010-11 consisting of \$314,000 is required for contracts, communications, program materials and other operating expenses for the detox and treatment practices and standardization program.

We're looking at \$7,000 for the program materials, food and beverage for detox and treatment programs, and \$38,000 to continue the 24-hour substance abuse crisis line.

Mr. Mitchell: Is this the area where the minister would be looking for reallocations to address the task force and the issues that we've been talking about this afternoon or does it come elsewhere?

Hon. Mr. Hart: With regard to the task force, the funding will come from elsewhere and it will be spread out through our department.

Alcohol and Drug Services in the amount of \$4,344,000 agreed to

On Adult Services Unit

Mr. Mitchell: Just a breakdown to see where the change is from last year's forecast.

Hon. Mr. Hart: The 2009-10 forecast includes a \$6,000 increase in case management of the position of social assistance program.

We're looking at a 2009-10 one-time increase in contracts for the Yukon Review Board; a \$44,000 decrease for the adult services unit, and we're also looking at a \$94,000 increase for the Challenge contribution agreement; a \$200,000 one-time increase for FASSY, and that's for the Little Help from My Friends program — a \$337,000 increase for Teegatha'Oh Zheh for increased operating costs for 2009-10; and just a little over \$2 million for one-time increases for social assistance grants due to volume and increased rates.

Mr. Mitchell: I'm trying to think back to FASSY meetings I have attended. The Little Help from My Friends program, is that not a program where FASSY would be looking for future contributions for that or similar program work?

Hon. Mr. Hart: Yes, it is, but we revisit this program regularly.

Adult Services Unit in the amount of \$18,426,000 agreed to

*On Seniors' Services and Adult Protection Unit
Seniors' Services and Adult Protection Unit in the amount of \$2,716,000 agreed to*

**Social Services in the amount of \$27,390,000 agreed to
On Continuing Care**

*On Program Management
Program Management in the amount of \$1,488,000 agreed to*

On Extended/Complex Care

Mr. Mitchell: If we could get a breakdown, please, Mr. Chair.

Hon. Mr. Hart: For the member opposite, extended/complex care represents a six-percent increase of \$864,000. We're looking at personnel increases of \$300,000 and \$182,000 for three new full-time equivalent scheduling clerk positions to be provided for additional support for the home care program at Copper Ridge and Macaulay Lodge; and, an increase of \$118,000 due to reallocation of resources within the program area and management category increases. We're also looking at increases of \$564,000, which includes \$271,000 for pharmacy costs, \$175,000 for maintenance and building repairs and \$118,000 reallocated for immediate and continuing care other allotment to the extended care complex and facilities for Copper Ridge Place.

Mr. Mitchell: Just a question about these allotments or allocations, Mr. Chair.

Considering the aging demographic we've been talking about and the need to fund the opening up of the Thomson Centre, the additional pressure that we see based on the stats and the supporting yellow pages on the numbers for all the senior facilities, it would appear that this area might need even more funding than what we are voting today. I guess if the minister could just explain how we're going to do that much more with relatively very little more than what the forecast was for last year. I'm not comparing mains, but I'm comparing the 2009-10 forecast with these estimates. It's not much of an increase to accomplish more.

Hon. Mr. Hart: For the member opposite, if you remember, we have provided these full-time scheduling clerks in here to free up the nurses in Copper Ridge because they were expending a substantial amount of time just doing scheduling. This issue was brought forth by those individuals, the nurses, in Copper Ridge and Macaulay Lodge. We brought forth this issue of these clerks to help release that pressure and also enable the nurses to do what they're actually paid to do, which is to be nurses. So that is the big issue.

We have also extended our home care program by over half a million dollars, in addition to what is already there to enhance and provide services, especially in our rural areas, to keep the individuals in their homes for as long as possible — again, hopefully, keeping the pressure off our facilities in there.

Again, I also hope to have conversations with the medical profession on just exactly what they foresee in the upcoming

years as it relates to extended care, and I look forward to the conversations with them and their recommendations on coming up with solutions for same.

Chair: Is there any further debate?

Extended/Complex Care in the amount of \$16,041,000 agreed to

*On Intermediate and Community Care
Intermediate and Community Care in the amount of \$10,040,000 agreed to*

**Continuing Care in the amount of \$27,569,000 agreed to
On Health Services**

On Program Management

Mr. Mitchell: I was trying to read ahead while listening to see if I could find it in the briefing materials, but I just wanted to ask why this amount is so low compared to the preceding several years.

Hon. Mr. Hart: I've been advised by my financial expert that it's basically because of THAF funding. So the issue is that in 2009-10, we were expending the monies that remained in THAF. But now we're back to the remaining balance that's in THAF, once we get those monies concluded from Ottawa, hopefully sometime later this summer.

Mr. Mitchell: So I take it this is where the bulk of the additional funds will show up as being expended but, based on the amounts — I do have the Blues here but, rather than look it up, I think the minister indicated around \$7,800 a year for two years was the funding he noted last Thursday. That would still leave this quite a bit short of what was actually forecast for 2009-10. I know that some of that — there was funding carried forward to that point. That was one of the explanations we had last week.

But it would still be down close to \$4 million from even the estimates for 2009-10 and the better part of \$3 million from 2008-09 actuals, so is there other funding that is going to go into this area besides the THAF funding?

Hon. Mr. Hart: Program management for 2009-10 includes: \$246,000 for a one-time increase for aboriginal health transition fund; \$4.7-million increase to the territorial health access fund; \$822,000 increase for the territorial health access fund operational secretariat; \$29,000 increase to pan-territorial oral health program; and \$184,000 to the internal reallocations.

Program Management in the amount of \$499,000 agreed to

On Insured Health, Hearing Services and Vital Statistics

Mr. Mitchell: Seeing as how this is one-quarter of the minister's entire budget, I'm going to have to ask for a breakdown. If he would like to send over a cup of coffee or any of his favourite recordings, we would certainly accept that on this side.

Hon. Mr. Hart: Well, the song *Money* comes into play here many times — money, money, money. Okay, for the member opposite, we're looking at an increase of four percent or \$2.1 million for the 2010-11 mains. Mainly it's an increase of \$11,000 for personnel. We're also looking at an increase of \$2.3 million, which consists of \$1.9 million for physician claims. We're also looking at \$220,000 for the medevac con-

tract; \$250,000 for hearing services; and offset by \$100,000 for implementation of on-line drug claim program.

We're also looking at transfer payments decrease of \$216,210 due to a cash flow requirement from the Yukon Medical Association agreement.

Insured Health, Hearing Services and Vital Statistics in the amount of \$60,473,000 agreed to

On Community Health

Mr. Mitchell: Same thing, a breakdown please.

Hon. Mr. Hart: Another cup of coffee. A three-percent increase basically over the last one. It's \$316,000 and consists of an increase in personnel of \$218,000 due to management category increases, as well as reallocation of resources within the department. We also have a slew of items under that. We're looking at decreases of \$2,002 in 2010-11 and increases of Environmental Health Services for \$210,000; Yukon children's dental program, employee travel Yukon for \$10,000.

We're looking at \$85,000 from Health Canada for the tobacco quit line; looking at decreases in the Yukon communicable disease control contract, which is \$12,000. We're looking at a decrease in the breast cancer project of \$13,000; international education health projection projects of \$238,000; a reallocation of \$9,000 from Other allotment of Yukon College; a *Tracks* newsletter contribution agreement; reallocation of \$35,000 from Other allotment from Yukon Hospital Corporation laboratory services contribution, for a total decrease of \$2,000.

We're looking at transfer payments of an increase of \$100,000, which consists of \$50,000 for Many Rivers Counseling; \$6,000 received from Health Canada for the tobacco quit line; \$9,000 reallocated from Other allotment to Yukon College; and \$35,000 allotment from Other allotment to Yukon Hospital Corporation laboratory and contribution agreement.

Community Health in the amount of \$8,539,000 agreed to

On Community Nursing

Mr. Mitchell: One more time, a breakdown please, Mr. Chair.

Hon. Mr. Hart: There really isn't a large increase from the previous year. But we're looking at an increase of personnel of \$221,000. We're also looking at a decrease of \$177,000, which consists of \$25,000 for program materials, \$32,000 for telehealth maintenance costs. We're looking at a further decrease of \$204,000 for the Human Papillomavirus program and \$30,000 for the Staffing Solutions Inc. We're looking for just a little over \$2 million, which was restated to the Yukon Hospital Corporation budget for the Watson Lake hospital.

Community Nursing in the amount of \$13,224,000 agreed to

Health Services in the amount of \$82,735,000 agreed to

On Yukon Hospital Services

On Yukon Hospital Corporation

Mr. Mitchell: Well, as the Tourism minister likes to say, I would be remiss if I didn't ask for a breakdown of this category, so I will.

Hon. Mr. Hart: My memory is at a loss. Okay, the overall increase is \$4.966 million. We're looking at a transfer increase that includes \$5.7 million for operational funding,

\$132,000 for patient wait-time guarantee trust. We're looking at a \$579,000 decrease for the pension fund contribution to be in line with actual requirements for pension contribution; Yukon Hospital Corporation equipment restated from the capital O&M of \$300,000, basically to match the 2010-11 main estimates, which includes equipment, O&M and contributions.

Yukon Hospital Corporation in the amount of \$42,550,000 agreed to

Yukon Hospital Services in the amount of \$42,550,000 agreed to

On Regional Services

On Program Management

Program Management in the amount of \$2,441,000 agreed to

On Family and Children's Services

Family and Children's Services in the amount of \$996,000 agreed to

On Social Services

Social Services in the amount of \$1,200,000 agreed to

Regional Services in the amount of \$4,637,000 agreed to

On Revenues

Revenues cleared

Total Operation and Maintenance Expenditures in the amount of \$230,744,000 agreed to

On Capital Expenditures

On Corporate Services

On Information Technology — Related Equipment and Systems — Workstations and Hardware/Network Equipment

Information Technology — Related Equipment and Systems — Workstations and Hardware/Network Equipment in the amount of \$326,000 agreed to

On Information Technology — Related Equipment and Systems — Systems Development — Canada Health Infoway: Teleradiology

Mr. Mitchell: Just a breakdown and an explanation — is this a one-year or is it part of a multi-year implementation?

Hon. Mr. Hart: For the member opposite, this is the third year of a three-year project to acquire, install and implement the systems and infrastructure necessary to support the computed radiology, transmission and storage requirements for 13 identified nursing health facilities in conjunction with the Yukon Hospital Corporation, and to acquire and install a high-resolution, high-capacity computed radiology capability to support the Whitehorse General Hospital medical imaging department to address the existing gap in support for the Yukon's diagnostic imaging hub. Teleradiology will enhance patient quality of care through improved clinical diagnostic workflow and improve occupational health and safety through elimination of hazardous and chemical materials due to manual radial film and processing.

The project implementation was delayed in 2009-10 due to the H1N1 pandemic planning, but is scheduled to be completed this fiscal year.

I also might add that, Mr. Chair, it is very timely, because it has been practically impossible to buy the film for this system any more.

Information Technology — Related Equipment and Systems — Systems Development — Teleradiology in the amount of \$2,019,000 agreed to

On Information Technology — Related Equipment and Systems — Systems Development — Canada Health Infoway: Panorama (Public Health Information)

Information Technology — Related Equipment and Systems — Systems Development — Canada Health Infoway: Panorama (Public Health Information) in the amount of \$300,000 agreed to

On Information Technology — Related Equipment and Systems — Systems Development — Canada Health Infoway: iEHR (Electronic Health Records)

Information Technology — Related Equipment and Systems — Canada Health Infoway: iEHR (Electronic Health Records) in the amount of \$450,000 agreed to

On Information Technology — Related Equipment and Systems — Various Systems Development Projects

Information Technology — Related Equipment and Systems — Various Systems Development Projects in the amount of \$80,000 agreed to

On Prior Years' Projects

Prior Years' Projects in the amount of nil cleared

Corporate Services in the amount of \$3,175,000 agreed to

On Family and Children's Services

On Child Care Services Development

Child Care Services Development in the amount of \$50,000 agreed to

On Young Offender Facilities — Renovations

Young Offender Facilities — Renovations in the amount of \$61,000 agreed to

On Young Offender Facilities — Operational Equipment

Young Offender Facilities — Operational Equipment in the amount of \$13,000 agreed to

On Residential Services — Renovations

Residential Services — Renovations in the amount of \$43,000 agreed to

On Residential Services — Operational Equipment

Residential Services — Operational Equipment in the amount of \$10,000 agreed to

On Residential Services — Children's Receiving Home Replacement

Residential Services — Children's Receiving Home Replacement in the amount of \$122,000 agreed to

On Prior Years' Projects

Prior Years' Projects in the amount of nil cleared

Family and Children's Services in the amount of \$299,000 agreed to

On Social Services

On Social Services — Renovations

Social Services — Renovations in the amount of \$81,000 agreed to

On Adult Residential Services — Renovations

Adult Residential Services — Renovations in the amount of \$11,000 agreed to

On Prior Years' Projects

Prior Years' Projects in the amount of nil cleared

Social Services in the amount of \$92,000 agreed to
On Continuing Care

On Copper Ridge Place — Nurse Call System

Copper Ridge Place — Nurse Call System in the amount of \$432,000 agreed to

On Copper Ridge Place — Renovations

Copper Ridge Place — Renovations in the amount of \$87,000 agreed to

On Copper Ridge Place — Operational Equipment

Copper Ridge Place — Operational Equipment in the amount of \$141,000 agreed to

On Macaulay Lodge — Renovations

Macaulay Lodge — Renovations in the amount of \$87,000 agreed to

On Macaulay Lodge — Operational Equipment

Macaulay Lodge — Operational Equipment in the amount of \$21,000 agreed to

On McDonald Lodge — Renovations

McDonald Lodge — Renovations in the amount of \$27,000 agreed to

On Prior Years' Projects

Prior Years' Projects in the amount of nil cleared

Continuing Care in the amount of \$795,000 agreed to

On Health Services

On Chronic Disease Benefits — Equipment

Chronic Disease Benefits — Equipment in the amount of \$50,000 agreed to

On Extended Health Benefits — Equipment

Extended Health Benefits — Equipment in the amount of \$50,000 agreed to

On Community Health Programs — Operational Equipment

Community Health Programs — Operational Equipment in the amount of \$31,000 agreed to

On Community Nursing — Renovations

Community Nursing — Renovations in the amount of \$317,000 agreed to

On Community Nursing — Operational Equipment

Community Nursing — Operational Equipment in the amount of \$75,000 agreed to

On Community Nursing — Northern Strategy — Telehealth

Community Nursing — Northern Strategy — Telehealth in the amount of \$120,000 agreed to

On Prior Years' Projects

Prior Years' Projects in the amount of nil cleared

Health Services in the amount of \$643,000 agreed to

On Yukon Hospital Services

On Prior Years' Projects

Prior Years' Projects in the amount of nil cleared

Yukon Hospital Services in the amount of nil cleared

On Revenues

Revenues cleared

Total Capital Expenditures in the amount of \$5,004,000 agreed to

Department of Health and Social Services agreed to

Hon. Ms. Taylor: I move that we report progress.

Chair: It has been moved by Ms. Taylor that Committee of the Whole report progress.

Motion agreed to

Hon. Ms. Taylor: I move that the Speaker do now resume the Chair.

Chair: It has been moved by Ms. Taylor 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. 20, *First Appropriation Act, 2010-11*, and directed me to report progress.

Speaker: You've heard the report from the Chair of Committee of the Whole. Are you agreed?

Some Hon. Members: Agreed.

Speaker: I declare the report carried. The time being 5:30, this House now stands adjourned until 1:00 p.m. tomorrow.

The House adjourned at 5:30 p.m.

The following Sessional Papers were tabled May 4, 2010:

10-1-159

Ombudsman 2009 Annual Report (Speaker Staffen)

10-1-160

Information and Privacy Commissioner 2009 Annual Report (Speaker Staffen)