

**Yukon Legislative Assembly
Whitehorse, Yukon
Monday, May 7, 2012 — 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 Speech and Hearing Awareness Month

Hon. Mr. Graham: I rise in the House today to pay tribute to professionals working in the fields of speech and language ideology, as well as those afflicted with various disabilities in the speech language and audiology area.

May is Speech and Hearing Awareness Month. It is a month dedicated to raising awareness of the importance of speech and hearing and the different communication disorders that people experience. Communication is vital to one's quality of life, whether you are a child with a hearing impairment, a senior with a speech problem after suffering a stroke, or an adult with a fluency disorder such as stuttering. Quality of life can be severely impaired if you cannot communicate effectively.

In the Yukon, we are fortunate to have access to professionals such as speech-language pathologists and audiologists, who can help diagnose and mitigate or resolve speech or hearing problems. We are also fortunate to have in the territory a number of people such as the young lady you see here, who can assist those with hearing difficulties with her signing.

Great strides have been made in the Yukon for detecting problems early. Every child born in the Yukon receives a neonatal hearing screening. Last year alone, Hearing Services conducted more than 350 neonatal screenings and 500 child hearing assessments. The Child Development Centre also provides the follow-along program, where infants and toddlers are screened for major milestone developments in speech and hearing.

These programs help ensure any problems are detected as soon as possible. This month we would like to acknowledge the work of the speech, language and hearing professionals as well as those people gathered here with us today, and remind Yukoners to take action if they suspect a speech or hearing problem with themselves or with a loved one.

If I can take this opportunity at the same time to introduce a number of people from the Northern Institute for the Deaf and Hard of Hearing, who have gathered here in the Legislature today, I hope all members will join with me in welcoming them.

Applause

In recognition of Hunger Awareness Week

Ms. Stick: I rise on behalf of the Official Opposition to pay tribute to Hunger Awareness Week. May 7 to 11, 2012 is Hunger Awareness Week across Canada. The mission of Hunger Awareness Week is to tell the story of food banks and the people helped by them. In Whitehorse our local food bank relies on donations and volunteers to meet its mandate of providing food to individuals and families who would otherwise go without.

A recent city-wide food drive by local churches filled the shelves. But this food will likely only last two to two and a half months. In 2011, close to 900,000 people were assisted each month by a food bank across Canada. This is essentially unchanged from 2010, but is 26 percent above levels experienced before the 2008-09 recession.

In Yukon, there has been a steady increase of new clients to the point today where there are more than 500 clients, or 1,300 individuals, receiving a three-day food supply once each month. This includes families with children, individuals, seniors, people on social assistance or with fixed incomes, and the working poor.

There is hunger in the Yukon because too many Yukoners do not have enough income to pay for rent, bills, clothing for growing children, transportation, medication and food. Food is, unfortunately, one of the most flexible household expenses, and it is often nutrition that suffers when money is tight. Poor nutrition leads to poor learning for children and increased health problems for all.

Hunger in Canada is a significant issue and it is a growing problem in Whitehorse. Increasingly, it is becoming a significant issue in our communities as well. That is why it's so critical to dedicate a week to talk about it and to work together to make a change. Hunger Awareness Week, May 7 to 11, is a week for communities and individuals across Canada and across the Yukon to take action in reducing hunger. Go on-line to Hunger Awareness Week to find out more. Volunteer your time, donate some food or make regular donations to our Yukon food bank. Thank you, Mr. Speaker.

In recognition of National Elizabeth Fry Week

Ms. White: It is with great pleasure that I rise on behalf of the Legislative Assembly to pay tribute to National Elizabeth Fry Week. National Elizabeth Fry Week is always a week before Mother's Day — this year, being on May 7. The majority of women who are criminalized and imprisoned are mothers. Most of them were the sole supporters of their families at the time they were incarcerated. When mothers are sentenced to prison, their children are sentenced to separation. We try to draw attention to this reality by ending Elizabeth Fry Week on Mother's Day each year.

Elizabeth Gurney was born on May 21, 1780 in Norfolk, England, to a Quaker family. At the age of 18, young Elizabeth was deeply moved by the preaching of William Savery, an American Quaker. Motivated by his words, she took an interest in the poor, the sick and prisoners.

Prompted by a family friend, Elizabeth, now married to Joseph Fry, visited Newgate Prison. London's Newgate Prison was notorious for its cruelty to inmates. The conditions she saw

there horrified her. The women's section was overcrowded with women and children, some who had not yet received a trial. Elizabeth Fry was far ahead of her time for insight, persistence, organizational ability and her willingness to see a divine light in every person, resulting in striking reforms taking place in the manner in which women and children were treated in English prisons.

Elizabeth Fry introduced reforms by encouraging women to care for themselves and their children. She convinced authorities to set up schools inside the prisons so the women and their children could be provided with basic education. She provided materials so that the women could knit and do needlework and then she found a market for their goods. She insisted that women prisoners be kept in separate quarters from male prisoners and that they be supervised by other females. She said, and I quote: "Punishment is not for revenge, but to lessen crime and reform the criminal." The essence of Elizabeth Fry's religiously inspired thinking about prisoners, both male and female, was that they were fellow human beings. Their treatment, therefore, should be based on the principles of justice and humanity.

The first Canadian Elizabeth Fry Society was established in Vancouver in 1939. The Canadian Association of Elizabeth Fry Societies was originally conceived in 1969 and was incorporated as a voluntary non-profit organization in 1978. Today, there are 26 member societies across Canada. The Elizabeth Fry Society of Yukon was formed in 2005 to fill an identified gap in the services available to women who are incarcerated here, recently released from jail, or otherwise involved with the criminal justice system.

My introduction to the Elizabeth Fry Society was while working at Whitehorse Correctional Centre in the women's annex as a life skills coach. In the two years that I worked in corrections, I learned that the Elizabeth Fry Society does so much more than help navigate the system. Backpacks loaded with life essentials are given upon release to anyone who asks for them by the organization. Imagine leaving corrections after months of incarceration, having that magic bag jam-packed with helpful things—a Tim Hortons coffee card, a calling card, a bus pass, a wallet, matches, emergency phone numbers — and the list goes on. The backpacks are thoughtfully put together. They reflect the time of year that they're given away — a toque and mitts in winter and relevant summer things the rest of the year.

I was lucky to see the effects of the Elizabeth Fry Society first-hand. The women I worked with felt supported. They felt that someone cared for their well-being. For everyone in the society who works behind the scenes and wonders if all their hard work matters, let me assure them that it does. What the Elizabeth Fry Society offers is so much more than navigation through the system — it offers hope. So to the many volunteers, thank you for your hard work and dedication.

In recognition of International Music Day

Mr. Tredger: On behalf of this House, I rise to pay tribute to International Music Day. International Music Day was initiated in 1975 by violinist Yehudi Menuhin to encourage the strengthening of the bonds of peace and friendship be-

tween peoples through music, through the promotion of music among all sections of society, and the application of UNESCO ideals of peace and friendship between peoples and the evolution of their cultures and the exchange of this experience and of the mutual appreciation of their aesthetic values.

Plato, the Greek philosopher said, "Music is a moral law. It gives soul to the universe, wings to the mind, flight to the imagination, and charm and gaiety to life and to everything."

The Yukon has been particularly fortunate to have a vibrant music scene, one that is in full flight. Its vitality has brought pleasure and joy to everyone, residents and visitors alike. In many of our schools and communities, we have music, choirs, bands and individuals. I would like to give a big shout-out to all our music teachers, educators and students. Music concerts are getting ready and finalizing their lineup. With summer fast approaching, we have a surge in public and home concerts. These are wonderful opportunities to hear, enjoy and support our aspiring musicians.

Tonight, there is a special opportunity to attend the All City Band, "May Music Magic" concert at 7:00 p.m.

Speaker: Introduction of visitors.
Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Mr. Tredger: I rise to table the following document: *Chemicals Used in Hydraulic Fracturing*, United States House of Representatives Committee on Energy and Commerce, Minority Staff, April 2011.

Ms. White: I rise to table a document from the Federation of Canadian Municipalities entitled, *The Housing Market and Canada's Economic Recovery*, dated January 2012.

Speaker: Are there any reports of committees?
Are there any petitions for presentation?
Are there any bills to be introduced?
Are there any notices of motion?

NOTICES OF MOTION

Ms. Stick: I rise to give notice of the following motion:

THAT this House urges the Minister of Health and Social Services to take immediate steps to develop and implement Yukon government's *Social Inclusion and Poverty Reduction Strategy*.

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

THAT this House recognizes the public votes section of the *Municipal Act*, enabling Yukoners to participate in referenda on any matter, is ineffective;

THAT this House welcomes the announcement of review of the *Municipal Act*; and

THAT this House urges the Minister of Community Services to provide all Yukoners with the opportunity to participate in this important discussion of strengthening local democracy.

Ms. White: I rise to give notice of the following motion:

THAT this House urges the Members' Services Board of the Yukon Legislative Assembly to provide closed captioning for televised Legislative proceedings.

Speaker: Is there a statement by a minister?
This brings us to Question Period.

QUESTION PERIOD

Question re: Health care costs

Ms. Hanson: Mr. Speaker, the relationship between poverty and poor health is undeniable. We are ready to accept this fact when we talk about the Third World. We easily see that the poor in the slums of Africa or South America are obviously unhealthy. In Yukon, however, the fact of poor health due to poverty is well-hidden. The truth is the lower the socio-economic position, the worse the health of individuals of communities. The conditions in which people live and work directly affect the quality of their health.

Does this government recognize poverty as a critical factor in determining Yukoners' health?

Hon. Mr. Graham: We have a Yukon mental health system that recognizes all Yukoners as equal, and they're all able to approach the health system on an equal basis. We're trying, on a daily basis, to reduce the costs to the health system. At some point, if that includes dealing with other difficulties that we see contributing to increasing the health system, then we'll deal with them at that time.

Ms. Hanson: You know, one of the biggest spenders per capita on health care is Yukon, and Canada is as well. But as a former federal Minister of Health, Monique Bégin, said — and current senator — “We have one of the worst records in providing an effective social safety net.” Aboriginal people are particularly affected by poverty and inequality, with adverse health outcomes. Factors directly affecting the health of the poor, even with the free medicare system, are the quality of housing or the lack of any housing, income and income distribution, the incidents of violence against women and educational outcomes. All of these conditions are obvious in the Yukon and negatively affect health outcomes. How has the minister incorporated the social determinants of health in developing health policy and budgeting?

Hon. Mr. Graham: As part of our determination of what constitutes “social inclusion”, we will be proceeding with a social inclusion and poverty reduction strategy development here in the government. We have had some time off, but we are in the stage now of preparing to continue that strategy. We have had to refocus a little bit. I probably partially have been to blame for the delay in that strategy being looked at, but now we're ready to go. We are refocused and will be proceeding with the social inclusion and poverty reduction strategy in the very near future.

Ms. Hanson: Poor people and people living with poor health outcomes have not had any time off. Our Health budget expands annually with the cost of addictions, emergency care, diabetes, coronary heart conditions, accidents and mental

health problems. All have some relation that can be correlated to poverty. Studies have indicated that poor people are twice to three times more likely to develop type 2 diabetes, including its complications, such as heart disease, kidney failure and blindness. There is a very high rate of diabetes in the Yukon. It can be prevented and managed. What is this government doing to alleviate poverty and related negative health impacts?

Hon. Mr. Pasloski: One of the things that this government is working on, has done through the last two mandates, and continues to do at this time is continue to build a strong economy. With a strong economy, with increasing the diversification within our economy, strengthening and broadening the private sector economy in the Yukon will help us to generate more jobs. More jobs mean more people are paying taxes, and more people paying taxes allows the government to continue to deliver strong programs and services on behalf of all Yukoners.

Question re: Yukon Energy Corporation general rate application

Mr. Tredger: When it comes to energy, I think all in here recognize the importance of renewables, of conservation, of displacing diesel, and of reducing our greenhouse gas emissions.

I want to speak for a moment on the other side of the energy equation, and that is paying for it from our pocketbooks. Recently, Yukoners were told that Yukon Energy Corporation needs more money to address aging infrastructure and wants to raise the rate paid by 13 percent over two years. For Yukoners struggling to make ends meet, and struggling to pay the high costs for housing, gas and food, this is not welcome news.

Should the rate application go ahead, what will this government do to ensure the plug isn't pulled on Yukoners struggling to pay the bills?

Hon. Mr. Cathers: I'm pleased that the member has finally gotten around to asking a question about energy. The Yukon Energy Corporation's application — we understand that the corporation has indicated that they believe they need that revenue to be able to operate. They have applied to the Utilities Board for a rate increase.

I am concerned, and this government is concerned, about the increase in the cost of electricity. One of the key messages I have conveyed to the Yukon Energy Corporation, through its chair and CEO, is that like many Yukoners, this government is concerned by the increase in the cost of energy. Our focus, going forward, is that we, in working with them, want priority placed on having reliable electricity, cost-effective operation, and affordable electricity rates.

Mr. Tredger: We all need electricity, whether you are an industrial, retail or residential consumer. Our economy and our society would grind to a halt without it. We must recognize that for low-income Yukoners, paying the power bill can be difficult. If you miss payments and are disconnected, there is an additional \$90 reconnect fee. Now rates may rise by another 13 percent. Yukon Party governments have extended rate subsidization on a number of occasions, and it was the Yukon Party that extended rate subsidies to everyone, regardless of income.

What is this government's plan for rate subsidies, and will it be looking at measures that protect Yukoners who can least afford rate hikes?

Hon. Mr. Cathers: What I want to say in acknowledging the member's question is to emphasize the fact that I am concerned, and this government is concerned, about the potential increased cost of electrical rates. The Yukon Energy Corporation has indicated it needs the revenue to be able to operate. They have submitted that application to the Yukon Utilities Board, whose job it is to scrutinize that request.

I have met with the chair of Yukon Energy and the CEO and emphasized that the rising cost of electricity is a concern to us and that ensuring efficient, effective operation of Yukon Energy Corporation going forward must be a matter of the utmost priority. We believe the focus needs to be on reliable electricity, cost-effective operation, and affordable electricity rates.

So, again, in answer to the member's specific question, we do have the interim electrical rebate still in place to provide some assistance to people. But I would urge the member not to focus just on those of low income, but in fact recognize that for employers who are providing services and for people who are paying the bills, choosing whether to build a new fence, buy a new car or whatever the expenditure is, increased cost of energy has an effect on all consumers.

Mr. Tredger: Yukon Energy is forecasting a shortage of electrical supply. It has spent a lot of money searching for new sources and it wants to raise rates. Meanwhile, it has signed more power purchase agreements with mining companies, including the yet-to-be-up-and-running Victoria Gold. Yukon Energy says they have an obligation to serve any industrial consumer who connects to the grid, though some dispute this interpretation. The public sees the proposed 13-percent rate increase, and they can't help think that they are directly subsidizing mining power needs.

What is this government doing to ensure that the public, the folks who struggle to pay their power bills, are not subsidizing industrial demand for electricity?

Hon. Mr. Cathers: I thank the member for that question.

What I would point out, in fact, is that, first of all, I do not believe that a power purchase agreement has yet been signed with Victoria Gold, though there has been discussion. Secondly, I would note the fact that there has been investment by mining companies — like by Capstone, formally Sherwood, who, if the memory serves, put \$7 million in investment to extend the line between Carmacks and Pelly Crossing — so there has been investment in infrastructure. One of the steps that we have taken is through an order in council that repealed the previous structure under which the rate for industrial customers would go up based on the consumer price index and, in fact, put a floor in place so that the Yukon Utilities Board may not lower the industrial rate, but they can set it higher if they choose to do so. They are required to set it as high as any increase provided to other customer classes, if they choose to approve the rate application.

Again, as I've noted, we are concerned about the increased cost of electricity. In emphasizing to the chair of Yukon Energy

and the CEO, our perspective and our priorities, we want reliable electricity, cost-effective operation and affordable electricity rates. We look forward to working with the corporation in the future, focusing on those priorities in the interest of ensuring that rates remain affordable for all consumers, all sectors of the economy, and all those who need that service.

Question re: Midwifery regulations

Mr. Silver: Midwifery practices are neither funded nor regulated in the Yukon. This means that women have to pay the \$3,000 cost out of their pocket, even though the hospital birth wouldn't cost them anything. It would also mean that Yukon midwives don't have hospital privileges.

Yukoners for Funded Midwifery have been involved in this issue for some time. The government told this group to expect an update after public consultations were completed in 2010.

Last they heard, the government was drafting some documents in response, but that was over a year ago. Could the Minister of Health and Social Services provide an update on the regulatory issue and the funding status of midwifery in the Yukon?

Hon. Mr. Graham: We are currently, as a new government, taking a look at the regulations with respect to midwifery in the Yukon. We have made no decision yet with respect either to the regulations or to the practice of paying midwives in the performance of their duties.

Mr. Silver: The government has approached regulation as a likely first step in responding to the call for publicly funded midwife-assisted births. Other jurisdictions have found that regulations that constrict women's choices too much have prompted midwives to deregister themselves, and, instead, work as unregulated birth attendants. More unassisted home births can result, and those are much more dangerous for mothers and for babies. Midwives tell us that there are already a few unassisted births taking place in the Yukon, and that limited access to midwives and the distance to Whitehorse hospitals are factors. What steps are being taken to ensure future regulations do not encourage midwives to opt out or for more women to choose unassisted home births?

Hon. Mr. Graham: In any regulation development that we do here on this side of the House, we include those that will be impacted by the regulation in the development.

We will do the same with the midwife group here in the territory, but there are a number of issues that have to be considered when looking at regulating the practice of midwifery in the Yukon — huge issues in many cases. We are taking the time necessary to look at all of those issues and with any luck we will be able to discuss those issues with the midwives in the territory in the very near future.

Mr. Silver: I appreciate the minister's concern in this particular regard. Midwives suggest that it would work to reimburse receipted midwives' expenses after the fact. Eligibility for reimbursement could be based on successful completion of the Canadian midwifery registration examination, a practice that has been done in other jurisdictions around Canada. That exam is put on by the Canadian Midwifery Regulators Consortium, which is a network of regulators from across the country.

For many women, traditional midwife practices have been shown to be a safe, comfortable alternative to hospital births or as an excellent addition during hospital births to other medical services.

When can Yukoners expect to have access to midwives without the expense being a limiting factor and when will they have a choice of using them at home or in the hospital?

Hon. Mr. Graham: Mr. Speaker, I think I answered that one last time. At the present time, I don't have a timeline that I can give to the member opposite. All I can tell the member opposite is that there are a number of huge issues that will impact on the development and bringing forward of these regulations — everything from scope of practice, which doesn't seem to be something that is universally accepted, to the payment of midwives. All of those issues — did I mention insurance as well? All those difficulties have to be addressed before we bring forward regulations for the midwifery practice in the territory.

Question re: Affordable housing

Mr. Silver: Mr. Speaker, Lot 262 has been this government's answer to the lack of affordable, private sector rental accommodations in Whitehorse. The minister has been under fire since that deal fell apart last week. The government planned to sell the land to the highest bidder, but there were actually only two bids. One offered \$10,000 for the 10-acre lot; the other offered just \$100. In the end, both of these bids were disqualified and we are no closer to getting new rental units into the market.

We are in the middle of a housing crisis. Does the minister think it's time to focus on getting lots into the hands of people prepared to build, instead of trying to make money off of lot sales?

Hon. Mr. Cathers: What I would say again in answering the member's question — and I must say, I enjoyed some of his more — let's say — "literary terminology" in his comment. But I point out to the member that we acknowledge, in taking this approach and moving forward, that in trying an innovative approach, one has to assess how well that works or any issues that occur in that attempt. Despite the strong private sector interest that we did see during the development of this approach last fall/early winter, in fact, as the member noted correctly, we did only receive two bids. Neither of them met the minimum bid requirements. We're currently in the process of assessing the situation, including contacting those who had indicated an interest last fall to determine why they didn't submit a bid. There are a number of factors that have changed that include an increase in the number of housing units that are currently available and the number that are under development. That may be a factor. Issues around the city zoning crisis may be a factor. Of course, we have to consider whether there were issues within the tender specifications that could have affected that. So we will do that assessment and then determine what the next steps will be with Lot 262.

Mr. Silver: I agree with the minister. There is a lot of interest in the private sector, and maybe it's time for a new tack. Last December, lots in Grizzly Valley were put out on the

market between \$124,000 and \$200,000. At these prices, it's no wonder so many failed to sell.

More recently, the government tried and failed to sell a Whitehorse Copper lot at \$200,000, up from the \$101,000 they charged a few years before.

The Mayor of Dawson City has called out the government by stating that it is trying to sell lots there for 10 times their value. Trying to make money on residential lots isn't good for Yukoners. Trying to make money on Lot 262 is not good, either. The public needs land. Why is the government bent on profiteering from this commodity in the face of a housing crisis?

Hon. Mr. Cathers: First of all, I would correct the member — in fact, the lot he was referring to in Whitehorse Copper actually did sell for the price the member said it would not sell for. It did not go out when it was first put out through the process, but it sold, I believe, on April 12.

What I would again say to the member is that the pricing of lots — pricing policies is one of the things, as I have noted, this government is taking a number of steps related to land, including reviewing what goes into pricing, how we get there, input costs, et cetera. Selling lots based, in part, on market value is an approach that has been taken for a number of years. The reason has been that, in part, there have been concerns in the past from others about devaluing the price of existing lots that are out there by selling for significantly less than market value.

As I indicated to the member, we are considering a number of matters related to land, including what goes into the pricing structure.

Again, with Lot 262, there was strong private sector interest last fall. We are doing the work now to assess why that did not result in eligible bids at this point in time, including contacting those who submitted interest back in the fall to determine why they did not submit a bid. There are a number of factors that have occurred, including a very significant increase in the number of residential units that are on the market and in development this year, particularly when compared to last year at this time. That could be a factor in why bids were not submitted.

Mr. Silver: The Yukon rent survey for this past March identified that only 13 units were available for rent in Whitehorse and a vacancy rate of just 1.3 percent. That pushed rents to the highest on record, rising 6.5 percent in just the last 12 months. The government has spent a lot of time and energy championing the Lot 262 solution to the rental crisis crunch. By my count, Yukoners have heard this line at least a dozen times in the past few months. Lot 262 was supposed to produce at least 30 affordable rental units by the end of 2013, a year and a half from now.

Now that the project is dead in the water, how long does the minister expect it will take before new rental units will be available?

Hon. Mr. Cathers: What I would remind the member, and he would see if reviewing previous *Hansards*, is that in fact Lot 262 was an innovative approach we identified as one part of our solution to land availability and housing. Other

parts include the almost \$35 million that the Minister of Community Services has in her budget this year for the development of new lots, and the 40-percent increase in social housing that has occurred in Yukon Housing Corporation in the past terms of the Yukon Party government — more increase in social housing than any previous government.

With the Lot 262 situation, we did have very strong interest from the private sector last fall when we did the expression-of-interest stage. We developed this stage based on what we had heard at that time. We did not receive any eligible bidders. The two who submitted bids were not eligible and both wanted an ongoing subsidy for the creation of rental unit, which did not meet the tender criteria. We are reviewing that situation to determine why those who indicated interest last fall/early winter did not submit a bid.

As I mentioned to the member, there has been a very significant increase in the number of housing units that are available and under development — it is over 300 at this time that are currently available or under development this year, so that could be a factor. We will be reviewing that and determining what the next steps are with Lot 262.

Question re: Social inclusion policy

Ms. Stick: This government created the office of social inclusion and poverty reduction, which was to guide the development, implementation and ongoing management of a social inclusion and poverty strategy across government. In December 2010, a report was produced called *Dimensions of Social Inclusion and Exclusion in Yukon 2010*. This report outlines social indicators in the Yukon, which would be the basis of a strategy. But let's be clear: it's not the strategy.

The 2010 Health Council of Canada report stated this government was committing to releasing the strategy in March 2011. That was over a year ago.

Can the minister tell us when the Yukon social inclusion and poverty reduction strategy will be released so we can begin to address root causes of poverty and social exclusion in Yukon?

Hon. Mr. Graham: Obviously, this is a project we've been working on for a number of years — this government and the previous government. When I first took on this portfolio, I became aware of this plan. At the time, I thought that I had to learn more about what our social inclusion and poverty reduction plan or strategy was. It has taken some time for me to absorb all of that information in addition to some of the other things that crop up on a daily basis.

It wasn't until I felt comfortable with the direction in which that policy was headed that I felt it was time to bring it forward to my colleagues. I now feel comfortable with that policy. We've done a little bit of tweaking and we'll be proceeding in perhaps a little different direction than some of the basic points were in the past and I will now be bringing it forward to my Cabinet colleagues. We have every intention of proceeding with this policy as quickly as we can.

Ms. Stick: Let's look at poverty in the Yukon. The benefits of the economic boom have left the poor behind. Food bank numbers are growing; homelessness numbers are increasing. Rents keep going up; availability down. Electrical rates

will soon go up. Unemployment in rural Yukon is at unacceptable levels. Families on social assistance are made to pay back cost overruns for heating fuel and the child tax benefit supplement is clawed back. Ignoring the poor simply costs more money with Health, Justice and Education footing the bill in the long run.

Can the minister tell us how his department has responded to the information collected in its cost of poverty report?

Hon. Mr. Graham: Mr. Speaker, I guess the principal thing that we're trying to do or that we're focused on is getting the policy right. Over the past number of years, there have been a number of policies directed to the working poor or poor people or people with other difficulties in the territory. Most of them, as the member can see from the numbers presented by my friend opposite, haven't been as effective as we would like to see. We're going to carefully consider this. We're going to consult not only with the departments, but with the 29 non-governmental organizations that have been included so far in the strategy. We're going to consult with all of these folks and we're going to try and get it right this time.

Ms. Stick: It has not been effective because nothing has been implemented. We have reports, we have studies and we have consultation. I'm pleased to hear the minister will go back to the community organizations to look at that. But again, we need action, not more reports. The mining boom has not benefited all Yukoners. The benefits of this strong economy are not being shared. Without a poverty strategy, the gap between rich and poor in the Yukon only increases. Mr. Speaker, we need commitment from this government to immediately start taking the next step by releasing a strategy that we can all work with.

Hon. Mr. Pasloski: Again, I would like to remind the members opposite that a big component of what we are doing — and our focus is in ensuring that we continue to see a strong private sector economy build, grow and develop in this territory, from which we create more diversified jobs and more Yukoners working. Perhaps we can increase our population. We have seen some of the highest rates of growth in population in the whole country between the 2006 and 2011 census. As we continue to build a strong economy, we continue to see more people working in that Yukon economy and paying taxes, which allows this government the flexibility to meet the needs and the opportunities that exist for this government in support of all Yukoners as we move ahead.

Question re: Affordable housing

Ms. White: Yukon's housing crisis continues to grow. The Yukon Party government is sitting on the remaining \$13 million of federal money that was earmarked for affordable housing in 2006. Accessible and affordable rental options are critical in meeting the requirements and needs of our population.

The default for those unable to rent is homelessness. Will the minister tell Yukoners why his government continues to sit on this money while the crisis unfolds?

Hon. Mr. Kent: Again, we have seen substantial investments by previous Yukon Party governments all along the housing continuum, from the social and staff housing that is

under the responsibility of the Yukon Housing Corporation to transitional housing to lot development and, of course, in trying to encourage the development of the private rental market.

A number of investments have already been made. A number of investments are in this budget that we are currently debating on the floor of this Legislature, and there are plans going forward. There were plans identified in our platform last year that we'll continue to spend the dollars identified in the northern housing strategy trust and invest in housing options for all Yukoners.

Ms. White: We have heard what this government claims to have done to address this situation, including increases to social housing stock. But, I want to hear what they will do to address the current housing crisis and the lack of available rental properties.

The Yukon Party government's record speaks for itself. They have been in government for a decade now, but all we have from them is their own homemade housing crisis instead of solutions, residential lots that are priced beyond average Yukoners' financial means, a dangerously low vacancy rate combined with escalating rents; the failed initiative of Lot 262, and the threat of conversions of rental properties to condominiums. These all lead to an increasing risk of homelessness.

Mr. Speaker, this government has mismanaged the housing needs of the territory for a decade now. Will the minister bring forward a comprehensive housing strategy?

Hon. Mr. Cathers: As we've debated in the House before, we do have a housing strategy. I know the members don't like it because, instead of being in a book with an orange cover that says, "NDP Housing Strategy," it's in a document called "Moving Forward Together," the Yukon Party platform.

What I would point out is that there have been very significant increases in the amount of land that's available. As my colleague, the minister responsible for Yukon Housing has noted, the Yukon Party has seen an increase of 40 percent in the amount of social housing — far more of an increase than under any previous government. We have significantly increased the number of lots available. My colleague, the Minister of Community Services, has close to \$35 million in this year's budget for further land development. As I pointed out in response to a previous question, right now there has been a very significant increase in the number of residential units that are currently listed or under development this year. In excess of 300 units are under development or in the works for this year. So the private sector is responding. There will be more lots available, and we will be looking for more opportunities around encouraging and stimulating opportunities for more rental units.

Ms. White: We are not moving forward together. We are leaving many Yukoners behind. An election platform is not a strategy, especially when Lot 262, a cornerstone of that platform, has failed.

The Federation of Canadian Municipalities proposes three initiatives to tackle immediate and longer term housing needs: One, to preserve and stop the serious erosion of existing rental stock by demolition and conversion to condominiums by using tax credits; two, stimulating investment through direct lending for the construction of a new affordable rental unit; three, to

improve the quality of rental stock and reduce high energy costs through tax credits. All these initiatives require government leadership and action. This is not just cheerleading, but bringing forward viable options that both encourage and assist private sector development.

The government has completely mismanaged this file. Will the minister now commit his government to following and building on these three initiatives?

Hon. Mr. Cathers: If the member for the NDP likes to characterize what this government has done as "mismanaging the file", I shudder to think of how she would characterize the NDP's record in government, or the Liberal's record in government. This government has created more available stock for social housing than any previous government — an increase of some 40 percent. We have created new lots and new development. There has been, as the members will note — if the Member for Copperbelt-South would stop heckling — that there have been very significant increases in the Yukon population. The private sector and lot development did not quite meet that pace, but there has been a very significant increase, when compared to last year, in the number of available units and those under development, as I mentioned. There are in excess of 300 residential units either under development right now and listed, or are planned for this year. In fact, I believe the current number of listings for the Whitehorse area on the real estate system is, I believe, 227 units compared to roughly 38 last year, so there has been a very significant upswing in the number of available units. We will be taking further steps to encourage the availability of more rental units in the coming days, and that's why we took an innovative approach.

Speaker: Time for Question Period has now elapsed. We will proceed with the Orders of the Day.

ORDERS OF THE DAY

INTRODUCTION OF VISITORS

Mr. Tredger: I'd like to introduce a constituent of mine, Ms. Karen Gage from Carmacks, and thank her for coming.

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

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

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair (Ms. McLeod): Order. Committee of the Whole will now come to order. The matter before the Committee today is Bill No. 6, Vote 15, Department of Health and Social Services. Do members wish to take a brief recess?

All Hon. Members: Agreed.

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

Recess

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

Bill No. 6: First Appropriation Act, 2012-13 — continued

Chair: The matter before the Committee is Bill No. 6, *First Appropriation Act, 2012-13*. Today we're going to begin debate on Vote 15, Department of Health and Social Services.

Department of Health and Social Services

Hon. Mr. Graham: Thank you very much for the opportunity to speak to Committee of the Whole today about the Department of Health and Social Services' budget for the 2012-13 fiscal year. Total expenditures for the department in this year's budget are estimated to be \$286,777,000, of which about \$280,000 is O&M. This represents a six-percent increase in operation and maintenance funds from last year and approximately 11 percent of the budget, or \$30.6 million, will be funded through cost recoveries, with the majority of those cost recoveries coming from the Government of Canada.

I'd like to take the opportunity to highlight for you some of the major programs, services, and initiatives that we are funding this year in each of the department's four divisions.

The first division in your budget book is Corporate Services division, which provides leadership and support to the other departments through planning, policy development and financial administration. Funding for the 2012-13 fiscal year is \$8.789 million. Corporate Services is coordinating a number of key initiatives within the department.

We're continuing to make progress on addressing the recommendations in the 2010 Auditor General's report, which I'm sure will form a number of questions in the upcoming debate. As part of this work, we will soon release our first departmental human resource plan for the period 2011 through 2016. This plan identifies human resource priorities for the department, its employees, and the workplace, and will focus on improvements in human resource management, addressing issues that are important to employees and safe and healthy workplaces. We look forward to speaking further on the status of the implementation of other recommendations at the next sitting of the Public Accounts Committee, if not later in this debate.

Health and Social Services continues to actively work on planning and design for Yukon's electronic health records system. Through the support of the Canada Health Infoway, Health and Social Services has partnered with the Yukon Hospital Corporation to look at ways to improve the quality of health care services available to Yukoners through the use of new techniques to manage health information.

As a priority, we're focusing on the drug information system to the support dispensing and tracking of prescription drugs more effectively and to give us an expanded lab information system.

Over the coming year, the detailed planning and design will be completed to support the implementation of these two systems and components over a phased period. In the 2012-13 fiscal year, the Canada Health Infoway systems budget will be approximately \$4.2 million.

The department funds a number of non-governmental organizations across all four divisions. NGOs, or non-governmental organizations, are key partners in providing services to Yukoners. The department will provide over \$11 million this year in funding to about 50 NGOs to support service delivery and programming across the territory. This year's budget increased funding to NGOs by \$543,000 to help these organizations keep pace with the cost of living and to provide valuable services to Yukoners. We recognize that many NGOs are facing financial pressures and this additional funding will ensure that these costs are not absorbed by them and do not compromise core programs and services.

Work on the fetal alcohol spectrum disorder project is also making significant progress. This is one of three demonstration projects underway across the country and is fully funded by the Public Health Agency of Canada. As part of this project, the department is conducting a gap analysis of FASD related programs and services in Yukon. We are providing local adult diagnostic capacity and implementing a collaborative case-management approach to improve the effectiveness of services to these individuals. This will provide us with a better understanding of the needs of individuals with FASD and will improve service delivery across the territory. One of the key features of this program is the range of partners who are involved — national organizations such as the Canada Centre on Substance Abuse; other Yukon government departments, such as Justice and Education; NGO leaders, such as the Fetal Alcohol Syndrome Society of Yukon; and First Nations Health and Social Services directors.

The approach taken by this project has been very successful, and is viewed as a model for other jurisdictions across Canada. This year the project will see an increase of \$72,000, with all costs to be recovered from the federal government. As no doubt members have heard, the OFI — Options for Independence — has elected a new board of directors and has received a clean bill of health from the Department of Community Services, so we are looking forward to continuing our conversations with them with respect to additional housing for people afflicted with FASD.

The Social Services division provides services or ensures that community supports and services are available for vulnerable children, youth and adults. The objectives of Social Services are to ensure the safety and protection of individuals at risk, to support individual self-sufficiency to the greatest extent possible, and to promote personal development and inclusion with the community. Funding for the 2012-13 fiscal year is \$78.67 million. Of this, approximately \$41.85 million will go to Family and Children's Services; \$31.55 million will go to Adult Services, and \$5.27 million will go to regional services.

One of the first concerns I heard after becoming a minister was about the lack of an advisory group for children with disabilities. We have a great source of wisdom and advice from

parents and caregivers. I have directed the department to bring forward some options for the creation of such an advisory group that will provide advice to us with respect to children with disabilities.

Many Yukoners face challenges keeping pace with the cost of living. In addition to the funding increases for NGOs that I've already mentioned, the department is providing \$384,000 in adjustments to address increased cost of living and inflationary pressures for various Social Services programs that provide financial support to some of our most vulnerable citizens. These include the following: \$44,000 for foster care families; \$283,000 for social assistance recipients; \$36,000 for seniors accessing the pioneer utility grant; and \$21,000 for seniors through the Yukon seniors income supplement.

The Yukon addictions services system standards and evaluation project in the Alcohol and Drug Services division is now in its third and final year. This initiative will create evidence-based, best-practice standards and protocols for addictions services in Yukon, with the goal to improve service delivery across a range of ADS programs. The project will receive an additional \$144,000 in this year's budget, with all costs to be recovered from Health Canada.

The 2012-13 budget will provide \$60,000 to begin phase 1 of capital planning for the replacement of the Sarah Steele Building. Facility deficiencies at the Sarah Steele Building are affecting the volume and quality of services provided and limiting our ability to effectively respond to client needs. This funding will be used to conduct a functional programming assessment that will allow us to determine the alcohol and drug services that will best meet the needs of Yukoners and then design a facility that will accommodate those programs.

The department is continuing to support adults who have disabilities with employment training by funding the work of Challenge Community Vocational Alternatives. In the past two years, the number of individuals in Challenge's employment training program has increased by approximately 25 percent, which speaks to the success of their work. This year, the budget is also providing \$65,000 to Challenge to support the Bridges program. Unfortunately, Challenge lost the competition to have the Bridges program at the restaurant in the park, but Bridges Café will be offered at a new location just down the street from the park. It's an experimental employment training program, as you are aware, for adults with cognitive disabilities. It provides participants with vocational learning opportunities, increasing job market participation and social inclusion.

The Health Services division provides and coordinates the delivery of health services in the Yukon. Funding for the 2012-13 fiscal year is budgeted at \$155,920,000, with about 31 percent of this, or \$49.02 million, going to the Yukon Hospital Corporation. The department is pleased to confirm that this year we have secured a two-year extension to the territorial health system sustainability initiative funding until 2014. THSSI is fully funded by the Government of Canada and recognizes the unique challenges of delivering health services in the north.

In 2012-13, the department will receive \$7.933 million in funding through THSSI, subject to federal budget approvals.

This funding is provided to three budget areas: \$2 million is provided for the tri-territorial operations secretariat, which manages and coordinates the fund across all three territories and supports pan-territorial projects; \$1.6 million is budgeted for the medical travel fund, which supports Yukoners' access to health care by contributing to the costs of providing and managing medical travel; and \$4.333 million is for the territorial health access fund, which supports a variety of health care innovation and transformational services and programs in the territory.

We are continuing to work with our territorial government partners in Nunavut and Northwest Territories to leverage additional funding from the federal government in order to continue to meet the challenges of delivering health care in the north. Insured health services are the medicare, physician and hospital services that are universally available to all Yukon residents. Due to population growth and a range of other factors, insured health services has experienced service delivery pressures across all program areas. This year, they will receive \$4.048 million in additional funding to address increases in the volume of hospital claims, as well as higher claims costs that are passed on to the department for health services received in other jurisdictions. The department is continuing to analyze and forecast cost growth in this area, while ensuring that these insured health services continue to be available to Yukoners when they need them.

The department is also increasing funding for a range of community health programs. In January of this year, we announced the new funding of \$264,000 for a project in Yukon that will increase awareness and improve education regarding the human papilloma virus, or HPV, and its links to cervical cancer. This project is being carried out by the Arctic Institute of Community Based Research in collaboration with the Yukon government's Department of Health and Social Services and is funded by the Public Health Agency of Canada.

We are committed to improving the health and well-being of individuals struggling with mental health challenges. This year the department will provide \$176,000 in ongoing funding to the mental health early psychosis intervention program. The program provides early intervention to young people with a psychotic disorder through treatment support, assistance with role recovery and access to educational and vocational opportunities. In previous years this program was funded through THAF, the federal government, but due to the effectiveness and clear need for this programming, the department is now providing ongoing funding.

The department is also providing \$177,000 in ongoing funding in the 2012-13 budget for the mental health complex care program. This program provides individuals with serious mental health challenges with intensive supports to reduce and resolve crises in the community. This leads to reduced reliance on more acute care systems; assists individuals with maintaining housing; and increases social employment and social connection through opportunities. Similar to the early psychosis intervention program, this program previously received time-limited funding through THAF, but will now receive ongoing funding due to the increased need for this kind

funding due to the increased need for this kind of mental health service and support.

This year, the department will also provide \$201,000 in increased funding to the children's dental health program. This will support the program's itinerant dentist and provide ongoing funding to the preschool dental program. Promoting good oral hygiene at a young age will lower rates of decay, improving overall health among children in the Yukon. In addition to service expansions in this program, we are providing \$75,000 for dental equipment.

Improving access to services in the communities is an important focus of the department. Due to recent population increases in the area surrounding Mayo, the number of client visits at the local health centre more than doubled from 2008-09 to 2009-10. The 2012-13 budget is therefore providing an increase in ongoing funding of \$122,000 for the Mayo health centre to provide a third nurse at the clinic. In addition to the service and program expansions in community health just outlined, we are investing \$83,000 for repairs and renovation work at health centres in Mayo and Teslin and \$120,000 to purchase medical equipment for health centres in other communities across the territory.

The Smokers' Helpline smoking cessation program continues to move forward and is now in the second year of a four-year program. The helpline provides free, confidential telephone-based smoking cessation services to smokers who are interested in quitting. The program will receive \$105,000 for 2012-13 with all expenses recoverable from Health Canada.

The department is providing Yukon Hospital Corporation with an increase of \$2.6 million in funding for the 2012-13 fiscal year to meet the medical and hospital care needs of Yukoners. Approximately \$779,000 of this funding will provide additional staffing to increase capacity at the Whitehorse General Hospital by six beds.

The continuing care program provides and coordinates health and social services and programs that assist people to live fully as valued members of their communities. Key program areas include community day program, home care, palliative care, residential care and respite care. Funding for the 2012-13 fiscal year is \$35.7 million.

The 2012-13 budget includes \$110,000 to fund a new continuing care feasibility study. This will include a needs analysis for a new facility in Whitehorse, as well as an overall assessment and functional analysis of existing facilities. The feasibility study will provide valuable information to assist the department in evaluating the long-term care needs in the territory. In addition to overall facility programming, we are providing \$653,000 in this year's budget for replacement planning of McDonald Lodge in Dawson City. The department is on track for phase 2 of the Thomson Centre expansion. This year, we are providing \$1.629 million in ongoing funding to open 10 additional beds at the Thomson Centre, increasing the total number of beds at the centre to 29. This increase will reduce the waitlist for long-term care beds and address cost and service pressures on hospital and other care services.

Last year the home care program experienced a 21-percent increase in caseloads in Whitehorse. To address this, the de-

partment is increasing funding by \$457,000 to provide six additional staff positions in the program. I'll continue later.

Ms. Stick: I thank the minister for the information he shared with us today. I also thank the officials for being here and I'd like to thank the staff of the department for the briefings that were provided to us earlier.

I worked in Social Services myself for many years and I appreciate the work that the front-line staff members do. They're often working in stressful situations to support families and individuals who are often in crisis and needing supports. It can also be rewarding to see people make good choices and receive the supports they require to be able to function in our communities and give back.

I'm glad to get to this debate. I have been going through the documents given to us. I think this is one of the most important departments in the government, because it touches every single one of us at some point and most often many times in our lives — whether it is in regard to our children, to caring for aging parents, or health care crises of our own.

I have gone through the budget and what I would like to do for the Social Services part of it is to go through the department unit by unit. I looked at all the stats that were provided and would like to delve a little deeper to get some further information. I have already asked the minister ahead of time for a breakdown of staffing by units. I will not be asking this as we go through it but I would like to receive confirmation from him that we will get those numbers. It is in relation to staffing — that is one of my concerns — and that is the number of auxiliary on-call and casuals who are employed by the department. I understand that there is a reason and a need at times for this, but I am concerned more about the work stability, protection of workers' rights, benefits and the amount of overtime some people are expected to work.

With that, of course, comes workplace safety and care that an individual can make for themselves. Too many individuals are being required to work overtime and often without the appropriate breaks. When they're caring for our seniors or in hospitals, that's a real concern and it's a safety concern not just for themselves, but for the public. The other part of that is that too many individuals have been working in those positions for years. I know of many of them. I don't think that is an appropriate use of our employees and I'd like to be able to support them.

Moving on, I'm going to start off with Family Services. On page 12-10 and 12-11, there are statistics there before us. In looking at Family Services and the numbers, what I'm doing is I'm comparing the 2011-12 estimates to the 2012-13 estimates and on the first one it is the opposite on the two pages that face each other. The first one we see the number of families requiring support in Whitehorse going down and regional numbers going up, but when we look at child protection services, it's quite the opposite — Whitehorse numbers going up and regional going down. I would just like to have, if I could, an explanation of those numbers.

I think our hope would be that numbers would go down, but could I get an explanation for that, please?

Hon. Mr. Graham: Part of the reason it's going down in the urban area is because of the new *Child Care Act*, where we have conferences now scheduled for each time a child comes into care of the Yukon government. These conferences include not only family, but also the First Nation social director and a number of other interested folks in the community. By doing this, we hope to be able to get a clearer understanding and a better way of dealing with these children in care. Consequently, the number of children who have actually come into care is reducing. The numbers that are being taken into care and alternates are included — in many cases, extended families are now taking on the responsibility. As well, other alternatives, shall we say, are being found for them.

Does that answer the question?

Ms. Stick: Moving on, being the critic for Social Services, I am surprised by the number of people who have come in and talked to me. I've had a couple of families come speak to me about adoption services. I'm very interested in this area, because I've heard concerns about the staffing levels and unfilled vacancies. The result of that is that some families have had to repeat their home studies, have been asked to go in for security checks again, and they feel like they're having to tell their story more than once because there is no continuity with workers.

So I would like to know a bit about the staffing situation and what is happening there. Then, I'm interested in the pending numbers and the approved numbers, which don't really seem to have changed. Out of that, I'd like to find out from the minister the number of successful adoptions over the last year and how many of those are foreign adoptions or adoptions from elsewhere.

Hon. Mr. Graham: We'll have to return with some of those numbers because we simply don't have them available here. But what I can tell you about the Family and Children's Services' adoption services branch is that we were, unfortunately, slow because of some difficulties filling some staff positions. We made a commitment a couple of weeks ago to deal with the backlog in the next three months. We've hired an additional person, now working in the department, as I understand, and most of the backlogs should be cleared up. Some of the difficulties that people have had, as the member opposite suggested, are waiting and having to do a new criminal record check or a new home check.

Hopefully those problems will not exist once we get the backlog cleared up, because we have a commitment to make sure these adoption services are being provided on a timely basis.

Ms. Stick: I thank the member opposite for that answer.

I was just wondering also if the minister could confirm for me, please, that, in fact, it is through this department that foreign adoptions are still taking place?

Hon. Mr. Graham: We work through the federal government with foreign adoptions, so there are some delays in that process. I was incorrect: there are actually two new positions being created temporarily within the department in Child Placement Services for adoption services, to clear up the back-

log. But we did make a commitment a couple of weeks ago that within three months that backlog should be cleared up.

Ms. Stick: With these new workers who are being brought in on a temporary basis to clear up the backlog, I wonder if the minister is looking further down the road and whether, in fact, there should be a more permanent staff there so that we don't get into the same situation of a backlog of families waiting to receive service and adopt children into their families.

Hon. Mr. Graham: As I said before, there was unfortunately some difficulty filling one position in the department. Had that position been filled, we think that things would have proceeded in a normal manner and this backlog would not have been created. Once we get the backlog controlled and permanent staff in place, we believe that, on an ongoing basis, it shouldn't be a problem. If it becomes a problem again somewhere down the road, we'll have to reassess the situation at that time and in light of priorities within the department. We always have to take that into consideration. After looking at priorities within the department we'll determine at that time if additional resources are needed.

Ms. Stick: Moving on to children in care — and actually before I do that, if I could just get a confirmation from the minister that I will get staffing numbers broken down by the units and by auxiliary and permanent, please.

Hon. Mr. Graham: I made an attempt to get some of those numbers as the member opposite had requested and I have a number of these stats but they're rolled up at the department level. As you can appreciate, because we have 1,238 employees at this time — and at any time during the year in Health and Social Services there could be as much as a six-percent vacancy rate — that makes it difficult to tell you at any one time. There are also 921.6 total FTEs in the department, so those 1,238 employees are spread over 921.6 FTEs. We have some difficulty on any one day taking a snapshot and saying this is how many people are in each individual unit.

When I get the whole breakdown — I guess, we will just take a snapshot on one day, and it could change the very next day. But that's what we'll try and do.

Ms. Stick: I thank the minister for that. That's what I was looking for — a snapshot of the different units, FTEs, auxiliary, on-call, casual and permanent. I appreciate that.

Looking at children in care and the numbers — I'm hoping that I can get this information through these discussions. To start with, I am interested about children in permanent care who have disabilities, including FASD, and what those numbers might be.

Hon. Mr. Graham: We're talking only about children with FASD who have been diagnosed? Sorry, Madam Chair, maybe I misunderstood the question. If we could get the member opposite to —

Ms. Stick: I was looking at children with disabilities, including children with FASD, not just strictly FASD.

Hon. Mr. Graham: I'll have to get back to the member with the total for children with disabilities. I have some numbers of children diagnosed with FASD even though the number has never been officially tracked. There was an attempt

to make FASD a reportable condition by physicians. However, it really never was embraced and the registry was very seldom used. Consequently, it has actually disappeared as far as a registration goes. The challenge, I guess, in determining FASD prevalence in the general population is recognized across Canada as a major undertaking and there has been no real agreement on methodology or approach to this as a reporting mechanism.

In Yukon, we have a much increased diagnostic capability. We're able to diagnose children with FASD with the creation of the preschool and school-age diagnostic teams. These are just referrals to the teams. In preschool teams since 2004, there were 49 referrals with 41 assessments completed, and that included five reassessments. School-age children in the same time frame — or, no these are since 2007 — we have done 36 referrals; 20 assessments were completed. Each team has the capacity to complete approximately 10 assessments per year and a local adult diagnostic team is currently being developed as part of the federally funded FASD initiative. Adults are currently diagnosed by bringing in an outside team when needed. Actual numbers fluctuate, so we try to do an annual actual file count. That is about the only way we can track these individuals. As for the other disabilities, I'll bring that information back as soon as it is compiled.

Ms. Stick: I'm curious to hear about agreements this department has with First Nations with regard to the care of their children, and their families' and citizens' involvement.

I was wondering if the minister could please tell us how many of those agreements might be with First Nations.

Hon. Mr. Graham: It was one of the things that I forgot to say about children and care. One of the reasons that it has also gone down is because we have an agreement with the Liard First Nation right now to do counselling and provision-of-care referrals, but we also have agreements with the Ross River Dena Council and Vuntut Gwitchin First Nation. We also have an agreement with the federal government to do the region child benefit for the Yukon region. We are also working on an agreement currently with Kwanlin Dun. That is all that we can think about at the present time. We do have those agreements in place but whenever we talk about child welfare in any of the First Nation areas, we deal with the social services staff in that First Nation. That's part of the requirement under the *Children's Act* and it is something that we take very seriously.

Ms. Stick: With regard to children with disabilities, regardless of whether it is FASD or any other disability, when we're talking about children in care there seems to be not a continuity of service for a lot of individuals when they're moving from Family and Children's Services and into Adult Services. We've heard of individuals coming out of the school system and not being able to access a full-time day program.

I would like to hear from the minister how they view the transitional planning is going for this group. They do have the ability to keep a person in care and work with them until the age of 24, but it seems that most are leaving Family and Children's Services and moving right into Adult Services without that real transition. It's just an abrupt change from one to the

other. If I could have an explanation about that, that would be appreciated.

Hon. Mr. Graham: There are an endless number of things that we can do for everyone in the spectrum from infant through to seniors. What we're trying to do is determine with limited resources where we can best allocate the money, where it will best meet the needs of the individual. We have in the past few years instituted enhanced program funding for those starting at 16. So, between the ages of 16 and 18 or 20, we have enhanced funding, understanding that these people are in transition from Family and Children's Services to Adult Services. We've also identified that there are seven children currently in care who will transition to Adult Services within the next year.

We are also looking at a full spectrum of services and family supports for children with disabilities. We know that approximately 70 children currently being provided services will probably require the same services or additional services when they become adults. Those in residential care — we have identified approximately 27 there who will likely need advanced care when they exit the care from Children's Services because they have disabilities that are not going to go away as they advance in age through youth and become adults. So there are 27 there.

Under supports and services, we know there are approximately 43 adults who will require some kind of social assistance support throughout their lives, whether that's support in employment opportunities, respite care, or whatever form that care takes. We have identified 43 additional residents who will require some assistance in this area.

I should go back to the residential care — the 27 people I was talking about there who we expect to go on based on their disability as a child. We also recognize that the capability of caregivers and parents to provide care as the child ages becomes somewhat diminished. As the member opposite probably knows, we have been dealing recently with parents who have provided ongoing care for their severely disabled daughter. It has come to the stage where she has reached the age where it's very difficult for them because she has reached a size where the continuing caregiver, who is the mother, cannot continue providing that care unless she gets some additional support, just because, physically, she is unable to do so.

That is part of the reason that we as a government went ahead with the tax credit that we will be introducing, which will allow those people to use the benefit from the tax credit to enhance their homes. We also made the commitment to enhance the capital funding available to provide changes to homes that will allow caregivers or parents to maintain or continue providing that level of care, because we recognize that parents or close family are the ones best suited to provide that continuing level of care to children, not only with physical disabilities, but those with mental disabilities as well.

Ms. Stick: I'm going to come back to this part about children and adults with disabilities when we get further into Adult Services.

I have a couple of other concerns around children in care and that is the teens that are living in group homes or receiving some kind of support. It could be in foster care and that's when

they're old enough to leave Family and Children's Services. Studies after studies show that these are the most likely to find themselves homeless. When a youth is 19 and having to leave a group home, they don't necessarily have the family in the community who is going to provide their guidance, their support, or just even someone to have them over for Sunday dinner.

Having two young adults in my family, I know it's their most vulnerable time. They're trying to make decisions about their lives. They easily make the wrong decisions and need the support and for someone to be there.

For some of these kids in care, they have come out of this system and I am aware of a 20-year-old living at a substandard hotel in our community. It is not where, as a parent, we would put our child. It is not the kind of support we would provide them. They need more. Luckily, some of them who have been in foster care do have families that stay involved with them and provide support, family and guidance to them. But there is a whole lot of youth in group homes who are not getting that, and are leaving the system and pretty much fending for themselves. They may have to move on to social services and may have to get social assistance, but they do not have that transition and support that they need. Looking at that Calgary report on youth and homelessness, it talked quite extensively about this, and what kind of support really helps them not be homeless, but instead kind of sets them on the right foot to support themselves.

I would like to hear from the minister how this is being addressed since youth homelessness seems to be a concern not just here in Whitehorse, but also in the communities?

Hon. Mr. Graham: In the last year, we've had 11 youth — and we're talking about young people between the ages of 19 and 23 — who have made that transition from either group homes or whatever facility they happen to be housed in, to independence. We have negotiated arrangements with those 11 to provide additional supports in that transition period. Over a four-year period, we're able to provide, through a contract with the individual, additional supports during that difficult transition phase. Consequently, I'd love to know who this 20-year-old is, because they would be eligible to participate in this program. Group homes and social workers are also able to provide ongoing transitional support. More importantly, however, if we have that agreement in place, we're able to deal more effectively with the individuals. It's really important to us to have these individuals come forward so we know who they are. Not all of these individuals are in the government system, either in group homes or in care with other caregivers, so it's very important — especially if they come from a broken home or they're leaving home during their high school years or something like that.

It's very important that they get in touch with Health and Social Services or with Family and Children's Services to make us aware of their needs and we will be happy to help out. Like I say, this program is in place. We had 11 such contracts in the last year and as more children or youth during this transition phase come forward, we'll have more of these agreements in place.

Ms. Stick: I'm wondering if I could get from the minister, please, the number of children staying in the receiving home. A fair amount of capital monies went into that project a number of years ago to build a new facility and I would like to hear the number of children who have been at the receiving home and the average length of stay for those children.

Hon. Mr. Graham: We'll try and get that information as quickly as we can. Which group home are we talking about? Does the member opposite want a number for St. Elias, Aspen, or all of them together?

Ms. Stick: I was specifically asking about the receiving home that was rebuilt a number of years ago where it was more of an emergency stay.

Hon. Mr. Graham: We will get that information to this Legislature — the Committee — as quickly as possible.

I was going to go back to one of the other issues — or, actually continue my Committee speech or spiel while we're waiting for it, but I won't. I'll get to palliative care and that kind of stuff. I'm sure the member opposite will have some questions on palliative care and that was basically what my last couple of paragraphs were about, anyway.

If members opposite have any other questions, I'd be happy to take them now. She looks like she may have one or two over there, all right. I'll answer what we can, and we'll get back to her with the information on others.

Ms. Stick: I will move on, then, and let the staff find those numbers for me. I'll take them in writing later on, if the minister wishes.

Moving on to fostering services under Family and Children's Services — it indicates that we have 85 approved homes in Whitehorse. What I was curious about is this: Do they all have children in them, and do some have more than one?

Hon. Mr. Graham: The very quick answer would be yes and yes. Yes, they all have children in them, and some have more than one child in each foster home.

Ms. Stick: Then, I guess the next logical question would be to ask the number of children who are currently in foster care.

Hon. Mr. Graham: As you can well appreciate, it's a fluctuating number. So, at any one time, the numbers can vary quite widely from day to day. We'll make an effort to get the exact number for any specific day and get that number back to the member opposite as quickly as we can.

Ms. Stick: Moving on but staying in this same area, I have heard from a number of individuals who are grandparents who are raising grandchildren, and in some cases, actually raising their great-grandchildren. They are needing support.

I am wondering if the minister can tell us if they are looking at all at what supports grandparents might be able to receive from the department. Most are trying very hard to maintain a relationship with their children, and do not always want to have to go through a court system that would become adversarial, so they are not always looking for permanent custody of these grandchildren, but at the same time are continuing to raise them. There are issues of training and financial support. Some of these grandparents do not work any more because of age, or finding they have to pick up a part-time job to be able to

continue to care for their grandchildren. Things have changed since they were parents of young children. Some are looking for training and support, especially if they have grandchildren who are staying with them who are in their teens and there are concerns around drugs and alcohol.

They are also looking for respite. Being seniors, they don't have the same energy levels as a young parent might have, but they're often caring for young children.

I'm just wondering if the minister could talk about that and supports when grandparents — who are an increasing number in our communities — are the primary caregivers of their grandchildren and, as I mentioned, sometimes even their great-grandchildren.

Hon. Mr. Graham: I can go on about this one for quite some time. The *Child and Family Services Act* permits the director to enter into an agreement with extended family to support the care of a child who is in an out-of-home placement. There is any number of services available, including financial support. When a child is in need of out-of-home placement due to child protection concerns, the first choice is with extended family, rather than have the child come into custody of the director and be placed into a foster home or residential care.

That's always our first choice. The financial support that we do provide is meant to cover simply basic care expenses. It includes but is not limited to food, personal care items, clothing, household costs, transportation, recreation, et cetera. One-time emergency or initial funding is available to support the initial set-up of the placement. Extended family care agreements can only be signed up to a maximum of two cumulative years that the child is in this out-of-home placement. So in other words, we don't go beyond two years. With this arrangement the child is not taken into care or custody of the director and the parents retain custody even though the child may not be residing with them. The goal of these kinds of arrangements obviously is to reunite the child with the natural parents as quickly as possible. If that proves to be unsuccessful or impossible, then we must take a look at other options for long-term placement.

Under the Yukon Family and Children's Services program, there is currently no funding available for extended families to provide services — financial or other services — beyond the two years without the child being in care — which means in foster care in the control of the director, unless they're in adoptive placement, at which time they're eligible for subsidies, as well. We're looking currently at additional funding options for extended family care, but again, it comes down to resources. It means we have to take a look at where possibly other things might be reduced in order to provide the funding this year for extended family care.

The extended family care program, as it currently exists, addresses the concerns identified by the grandparents who were in the consultative process pertaining to counselling, respite and financial considerations. We realize that it's not perfect. That's why we're looking at it. But at this point, there have been no changes to the system.

They can also access support for parenting or parenting programs and they're eligible for programs like disability sup-

ports or those kinds of things, as well. I guess the question that really is important to the member opposite is that there are no provisions right now in policy for funding beyond the two years because the child then has to be moved into another program in order to be eligible.

Ms. Stick: Thank you for that information. As I mentioned earlier, I think we're seeing more and more grandparents raising their grandchildren. What's important for the grandparents I've been talking to is maintaining that relationship with their children regardless of the circumstances and wanting to keep that line of communication open. When there is a two-year limit and then the child needs to be taken into care, it changes that dynamic and it can become controversial. I know of a case where the parent decided, well, if that's what's going to happen, then I'm going to take my child and go somewhere else or do something — either leave the territory or just deny the grandparents access. That kind of goes along with grandparents' rights to access their grandchildren. There is quite an organization in the territory that tries to inform grandparents about their rights.

One of the things that they are looking for, and that actually happens right now, is there is a grandparents' support line that one person mans and pays for on their own. What I am trying to get at is just there is not a real clear regulation around this and there is not a lot of public information out there. I received from the minister pamphlets that are available through Family and Children's Services, but this whole area of grandparents' rights is becoming a bigger one, and there is not a lot of information out there. I have also heard of families where they have had to spend a lot of their own money on legal fees, where they decided they are going to become the legal guardian or take permanent custody of those grandchildren. I am just wondering if there could be more public education, more access for grandparents to know where to even start when faced with raising their grandchildren?

Hon. Mr. Graham: Maybe I'm confused about what the member opposite is asking exactly, on behalf of which parents, because it would appear to me like the question from the member opposite deals with those grandparents who are looking after grandchildren who have not yet come to the attention, or have not become involved with, Family and Children's Services program — if those are the folks she is talking about.

We're talking about — we feel, at least — a fairly limited number of people who are not yet involved with the Family and Children's Services program, and maybe we would be encouraging them to get in touch with Family and Children's Services to see what kind of supports we can offer them, even though the children and the parents haven't become involved with the department yet.

The department looks at things like encouraging the family of the child — the parents of the child — to contribute their child tax benefit to the extended family — to the grandparents, in this case.

If they come to the attention of the department, we are able to provide a monthly flat rate per child based on the childcare subsidy program. There are a number of programs that come into play once the children and the grandparents come into,

shall we say, the sphere of influence or the attention of the Family and Children's Services bureau. Maybe I've misunderstood up to now what we were talking about.

Ms. Stick: I think I was talking more about families not involved with Family and Children's Services. But I am also looking for ways to get the information out to them that services are available and there might be some options, because it just doesn't seem to be out there. I am always amazed at how many grandparents I run into who are raising their grandchildren and, I guess, are concerned about going into Family and Children's Services and suddenly seeing the grandchild in care. I would just like to see more public education, more information available. I know there is a grandparents support group outside of Family and Children's Services that tries to do that, but I think it's also important for this government to look at that.

Hon. Mr. Graham: You know, this is something that we can look at — expanding the information we provide on an ongoing basis to citizens all around the territory. I guess it's difficult to be here, though, and say we'll provide them with supports if they just come in to talk to us, because unless some kind of action is being taken by Family and Children's Services — if it's the choice of the grandparents to look after their grandchildren, it becomes very difficult to fund them.

But we'll take a look at advertising our programs more fully. I know we cooperate with all of the First Nations health authorities and all the nursing stations around the territory, and we will provide more information here in the city as well.

Ms. Stick: I think we have a resource here in grandparents who are providing some really good support and care of their grandchildren. If we can be supportive of them to continue doing that, I think it in fact lessens some of the services that people might require, in terms of case planning and permanent care and all of those types of services.

If we can just support those individuals to carry on with what they're doing that they've chosen to do, I think that would be good.

I'd like to move on to some of the childcare services, looking at the stats and regulations. I've seen again the pamphlets that have been made available by the minister from this department on daycare services, but there really wasn't much that parents could pick up and look at. We've talked about regulations and our concerns about the lack of them. I've heard from different parents who don't understand how the eligibility determination is made when people apply for the childcare subsidies. They don't understand the rules. I've heard of individuals having to pay full-time to maintain a place in a childcare centre, even though they're only using it part-time.

So there seems to be some concerns and issues around childcare services and a lack of regulations. We even see that childcare subsidies are going down in the estimates for 2011-12. I am wondering why with more and more children and more and more daycares these numbers are going down?

Hon. Mr. Graham: The childcare subsidy has a reduction this year of \$103,000. The parent subsidy was decreased in 2011-12, as well, and the funds transferred to the Child Development Centre. The transfer was done based on

historical data, verifying that the regular childcare subsidy was under-utilized for the amount of funds voted and the supported childcare budget has historically been overbudget each fiscal year. The adjustment better represents the actual utilization and the needs of these two programs.

Over the past four years, an additional \$4 million has been committed to address wages, training, subsidies and operational expenses of childcare programs. I know from my time at the college alone of the tremendous work that these people do in the early childhood development program.

I know our government will continue to work with the childcare community to ensure not only the availability of quality childcare services for Yukon children and families, but the affordability, as well.

I guess we can just say fewer and fewer subsidies are being applied for by parents and that's the primary reason why the money has been reallocated. It hasn't been lost. It's still being used within the childhood subsidy program; it has just been reallocated. Hopefully, Madam Chair, that has answered the question.

Ms. Stick: I would just go back again — I feel there is a lack of public awareness and education on some of these programs where people just are not always aware of what their options are. One of the concerns I've spoken to a few people about — some who do have daycare or approved family home spaces — is about the number of daycares showing up in commercial space where we're not seeing an outdoor yard to play in or a park close enough where the children can actually get outside and play.

More and more you hear children playing outside and you tend to look because it's becoming a rarity rather than the norm. Even in this neighbourhood — I understand that parents work and having close access for daycare to your workplace is great, but what we are missing for a lot of these places is the playground, the yard to play in and access to the wilderness. We do live in a wilderness city, but we don't seem to see those kids being able to get out and actually play in the fresh air. I wonder if the minister can tell us what rules there might be around that.

Hon. Mr. Graham: It seems to me, just from my time with the city, that there were specific rules with respect to how many square feet in each family day home or childcare facility. There were not only requirements for the actual space in the building itself, but there were requirements for a play space outside of the home.

So we'll get that information as quickly as we can.

I just wanted to give the member a little bit more background, perhaps, as to how this transfer of funding has impacted. In 2008, there was an overall increase of approximately 70 percent to the wages component of the direct operating grant. So that in itself increased the direct operating grant to day homes or daycare facilities somewhat. In 2010-11, the average wages were increased substantially, as well, for people working in these daycare facilities. So that in part will account for the transfer of the money, as well, as funds were lapsed in the parental subsidy area. It went into these other programs that we're very happy to fund, to tell you the truth.

Salaries — the year's average wages in 2010-11 for a level 1 person were \$17.19; a level 1A, \$20.57; a level 2, \$18.90; and a level 2A, \$17.99. That was in 2010-11. So we are making progress from the days when these daycare workers were underpaid or paid only minimum wage. We're happy to see that. I

If the family daycare, or day home, or the daycare service, does not have space attached for a playground, it is required that children must have access to a park and fresh air each and every day that they are at the family day home or daycare facility, so there is a requirement under the act.

Ms. Stick: I thank the minister for that answer. I was wondering if he could tell us or expand a bit on inspection of registered daycare centres, family day homes and school-age programs, and how we are ensuring that those regulations are being met.

Hon. Mr. Graham: In anticipation of this question, yes, inspections are completed annually as part of the licensing requirement. For newly licensed programs, inspections are completed more regularly. For example, in some they are inspected as often as monthly for the first four months of operation of a new family day home or daycare facility. Depending on the program and areas of concerns, inspections would be completed as needed throughout the year on a bi-monthly or quarterly basis in areas where there are concerns with respect to a particular daycare.

If there were concerns raised by a parent or a community member, there would be follow-up as required. I know this happens on an ongoing basis, because only recently — I think it was just before Christmas — unfortunately, we had to close a daycare centre because of some concerns that were brought through these inspections.

So the inspections are being done, but we try not to make the inspections punitive. What we're trying to do with the inspections is point out areas of concern or areas where there are difficulties and work with the day home operator or the daycare operator or the non-profit society — whoever is running the operation — point out where we believe that deficiencies exist and how those deficiencies can be corrected. The only time we would close any operation down is only as an extreme resort. Our intention is to keep as many facilities open, as many daycare spaces available, as we possibly can. But we want to make sure they're good quality and they meet the requirements of the people for whom they provide the service.

Ms. Stick: My last question in this area — when we were looking at the stats, I noted that school-aged spaces included full-time kindergarten when looking at the numbers and I'm wondering why those numbers are kept here and if they are duplicated in Education. That would have been on page 12-16.

Hon. Mr. Graham: I have no idea how to answer that question, so I'm going to have to wait. All I can say is, while I'm reading the same information that you have — that school-aged spaces include full-time kindergarten — and I don't know why. Sorry.

Ms. Stick: I'm going to move on to the healthy families program and I just really only have one question: Is this healthy families program available in the communities and in the regions and is it available in all of them?

Hon. Mr. Graham: I don't believe the healthy families program is available in every community in the territory. The public health nurses in communities are the ones who run it, and I'm not 100-percent certain — maybe we'll wait until we get an answer so I don't put my foot in my mouth. Madam Chair, if that's okay, maybe we can continue on.

Ms. Stick: We want to move on to the Family and Children's Services' early childhood prevention services and family supports for children with disabilities. This is certainly a part of the department that has grown in recent years, and I am wondering if this grew because there are so many different things provided, including workers, respite, in-home childcare, homemaking, and whether these same or identical services are also available to families that are fostering children with disabilities. Is this strictly for families that are related, or does this also include foster children?

Hon. Mr. Graham: No, as I understand it, these services are available not only to families — "natural," shall we say — where children are being cared for by their parents, but they are available to foster parents as well.

So it's all part of the same program, and the funding would be included in this number.

Ms. Stick: Just to be clear: Are children in this number of total families served? Does this include foster care families?

Hon. Mr. Graham: Yes. As I understand it, it does include foster families. As for the healthy families program, it is not yet in all communities. It's not yet in many of the communities, as a matter of fact. However, we're working with our public health nurses to bring that program to various communities, because we recognize the benefits of the program and the support that is so critically needed for infants.

Ms. Stick: Moving on to youth justice — there wasn't a whole lot of information on this one, so I have a couple of questions. The first question: Under youth justice, how many youth do we see at the young offenders facility, and how many youth under that program would we find in group homes?

Hon. Mr. Graham: At the present time, there are only three offenders in the young offenders facility. That number may change on an ongoing basis. We do not have the number right now about how many of these people are in the group homes but, because the number of people being given custody orders is decreasing on an ongoing basis, the number has decreased for a quite a long period. I remember some years ago that I was involved in the open custody program, and in those days, because of the huge number of custody orders that were put in place, we were busy almost all the time. That is not the case any more.

Ms. Stick: I was just wondering if the minister is anticipating any change in those numbers with the new federal crime bill — that we'll see changes to the young offender legislation?

Hon. Mr. Graham: The number of children that we're talking about here is extremely small because we're only talking about offenders involved in serious crime, so that's a very small number. We may see a slight increase because at some point we may be dealing with young people who have

been convicted of serious crimes. But even in that case, we find that the number of custody orders is diminishing. Alternative sentencing and alternatives to incarceration, as probably all of us are aware, is something that is increasing on a daily basis almost. As long as that trend continues, I think we'll see fewer and fewer people in the young offenders facility.

Ms. Stick: I'm going to move on to Social Services and Alcohol and Drug Services. We heard from the minister about money being set aside for planning for a new Sarah Steele Building. I have a couple of questions about that planning, one being who is going to be involved and consulted on this? Are we talking about the same location as the current one?

Hon. Mr. Graham: We are currently discussing options for the placement of the Sarah Steele Building. Our preferred option would be to see it stay in the same general vicinity. However, those discussions have not yet reached any kind of conclusion.

We'll be working with NGOs dealing with alcoholism in the community and we're going to try and do, first of all, a concept document to determine exactly what people see should be in the building. So we would like to know what services we should be providing, what things we should be doing in that building that are different, perhaps, from what we're doing now.

There are things like the 28-day detox program that is set for specific days. What we would like to see is some kind of provision where we provide support to people between the time when they actually go through — it may be a medical detoxification that they go through — some bridging mechanism between when they do their detox program to when they can actually enrol in one of the 28-day programs as well.

So, let's see — what can I say? What we're also looking at is a number of training programs in conjunction with the Northern Institute of Social Justice. I probably already mentioned that a number of times during Question Period. Those training programs will be increased. But as a result of that, we also will be working with the Northern Institute of Social Justice to determine if they have any recommendations. We must remember that, because of the medical detox, we will have to have medical equipment, supplies — everything involved not only in the current one, but we have to have a plan in place for the new one as well. We'll also, because of the medical detox, have additional staff.

We have to take those things into consideration, but mostly we'll consult with the community, with users, to determine where we should be going with this facility.

Ms. Stick: The 28-day program — we see a number there of 63 in the 2011-12 estimate and I'd like to know, please, if the minister could tell us how often this program is offered and is this only including the programs at the Sarah Steele Building?

Hon. Mr. Graham: The program is offered every other month, but what you must remember is that some of them are for men and others are for women, so it is not offered every other month for men or every month for women. We do offer nine programs a year — it doesn't add up very well, does it? —

for men and women, but there is obviously a larger male population who utilize the system. Again, that is one of things that I was talking about. Often between the time a person goes through the detoxification process — there's a time lag between there and when they can get into one of the 28-day programs.

We're looking at what we can do to bridge those programs so they don't go through the detoxification — simply wander out of the Sarah Steele Building and go back to the same habits, the same conditions, the same locations that got them into the problem in the first place. That's one of the real critical things that we'll be looking at, not only for the new Sarah Steele Building, but in advance of, because we see it happening even now and we'd like to see that gap plugged. One of the things that we hope to do with the planning for Sarah Steele Building is look at where we have gaps in the current system because over the years we've identified a few, probably, and we know there are others. How can we best work with these folks and how can we plug the gaps that we seem to have that they fall into that lead them back to the same ways that they just got out of.

Ms. Stick: It's interesting how that has evolved over the years. At one time, there was intake every month and it was a mix and now we've gone to every other month with men and women alternating.

When they're looking at the planning, are they going to be looking at youth intakes as a possibility? And the other one would be family intakes — when it is not just the individual going through the program, but it also involves family.

Hon. Mr. Graham: I guess, to me, this will all be part of the needs process or the assessment we do — whether we are going to explore everything from involuntary detention of acutely intoxicated persons — and we are also even working with the Yukon Liquor Corporation to analyze whether there is a need to introduce new legislation at this time, to determine the potential implications of removing sections 91 and 92 of the *Liquor Act*. I know we have had this discussion in here, and we have had it a number of times within our own caucus, because section 91 of the *Liquor Act*, as you are probably aware, is a provision that allows a peace officer to involuntarily detain a person who is intoxicated in a public place.

That provision is dated and does not adequately describe the circumstances around detaining a person, so the RCMP infrequently use section 92. I guess the short form is that we're looking at those provisions with the Yukon Liquor Corporation to identify where we can make changes that will benefit these individuals.

Ms. Stick: I was glad to hear the minister talking about the continuing of support for some individuals. I'm wondering if he could tell us a bit about follow-up and after-care. We see the number of people who have gone through in-patient treatment programs. I'm wondering if there is any follow-up. How many of those have successfully maintained their sobriety? What is the program after they leave if they're returning to their community?

Hon. Mr. Graham: Madam Chair, it will be part of the process. As the member opposite knows, we're also looking

at services that can be provided in conjunction with First Nations. But we're also looking at best practices elsewhere and evaluating those various programs, because there seems to be a myriad of programs out there.

We know from our own past experience that the number of people that we would say have kicked the alcohol habit as a result of detoxification and the 28-day system and whatever other supports we can provide is quite low. There is no doubt about it at all. We would like to see that number go up substantially, because we know that seven to 10 percent of the people who go through the program won't return immediately to alcohol, but that leaves a huge number that probably, whether it's in a month or two months or a year down the road, will offend once again. So we'd like to see those numbers increase. There is no doubt about it.

Ms. Stick: I was curious about the outreach prevention community visits program and was wondering whether this is one-on-one training? Is this follow-up from people coming out of the 28-day program? When it says 98, are those individuals they're talking about there?

Hon. Mr. Graham: Yes, after-care for our own program, the 28-day program, is also provided through NNADAP workers. As the department says, it is really difficult to quantify how many will re-offend or how many kick the habit completely. Any way we look at it, we would like to see an increase.

For the outreach home care clinic, Health and Social Services recently partnered with Kwanlin Dun First Nation and the Salvation Army to offer a weekly home care, outreach clinic at the Salvation Army chapel. The clinic runs from 9:00 a.m. to 12 noon each Wednesday serving those who are homeless or otherwise marginalized. Two registered nurses from the government's home care program and the Kwanlin Dun First Nation provide health care services to anyone not in a position to receive home care in their own home. The clinic helps to improve the health of this under-served population by offering wound care, foot care, immunizations, referral and health promotion, as well as illness prevention and harm reduction education.

Since the outreach home care clinic started eight months ago, there have been 356 visits to the clinic, and the average number of weekly visits has steadily increased.

Home Care recently conducted face-to-face interviews with amenable clients during clinics as part of its evaluation process. Clients were asked if the clinic was working for them, how they heard about it, if the location and time were convenient, what improvements could be made, difficulties getting to the clinic, how they were treated, et cetera. The response was overwhelmingly positive. Many talked about the ease of access of the clinic and not having to make an appointment or go to the emergency room.

We're very happy with it. The concept of the clinic was guided by the home care vision and values which flowed from a strategic planning session as long ago as April 2008, when the home care for the homeless committee identified that the homeless population in Whitehorse needed more equitable and accessible home care services.

I hope that answers the question.

Ms. Stick: It answers a question about four pages from now. What I was looking at was Alcohol and Drug Services outreach prevention and what I asked about was whether this included after-care and individuals — I just wanted a bit of a description on there. Not the outreach home care program.

Hon. Mr. Graham: Sorry, Madam Chair, I got carried away with that one. Outreach is provided in either visits to the communities — it could be at the school or First Nation or any others that folks request, but after-care or outreach is definitely in the communities and is available.

Chair: Before the member carries on, would the other members like a brief recess?

All Hon. Members: Agreed.

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

Recess

Chair: Order. Committee of the Whole will now come to order; continuing debate, Ms. Stick.

Point of order

Ms. Stick: On a point of order, Madam Chair, I would just point out that we do not have quorum at this point in time.

Chair's ruling

Chair: I believe that has been rectified, Ms. Stick.

Ms. Stick: Thank you, Madam Chair.

Where am I? I had one more question — no, I have two more questions in Alcohol and Drug Services. The first one is about treatment outside the Yukon. I'm curious whether that is still a practice with Alcohol and Drug Services — where people are sent to different treatment centres in Alberta or B.C. or other provinces rather than to treatment services here?

Hon. Mr. Graham: There is no program at the present time for folks to move from either our detox centre or any of our other programs to an outside facility, but under the employee assistance program, there is a provision for employees to go outside of the territory for assistance in that regard.

Ms. Stick: The last question had to do with some transfer payments. On page 12-54, \$150,000 was identified for land-based treatment camp and that's all it says. I'd just like a little information on that, please.

Hon. Mr. Graham: The \$150,000 was identified for land-based treatment. At this time, we have not identified an NGO that will be utilizing that money but, as members opposite are aware, the Premier is working with various First Nations in the territory to come up with a land-based program that will be available to Yukon residents that will be supported by all First Nations. The Premier is working on that but we do have at least this amount of money in the program to fund the land-based treatment program in the next year.

Ms. Stick: I thank the minister for that answer. I'd like to move on to Adult Services. The first unit we come across is financial services. Considering the numbers — a monthly average load of 747 — I have lots of questions.

There's just not a lot of information on this, so I will start. We see that this is the number of monthly caseloads. I am wondering if this is just counting heads of households or if it includes spouses, dependants or children?

Hon. Mr. Graham: Perhaps we would make better use of our time if we could get the member opposite to tell us which page she is on and which stats —

Some Hon. Member: (Inaudible)

Chair: Page 12-23, Mr. Graham.

Hon. Mr. Graham: Thank you. Madam Chair, those are the total cases.

Ms. Stick: If these are the total cases — and I know that the numbers are available through the computer program — could the minister please tell us the number of people this actually covers, rather than just cases? So that would include families and children?

Hon. Mr. Graham: We will have to get back with those numbers. We simply do not have them available right here.

Ms. Stick: One of the issues that has come to my attention from different individuals, particularly in Whitehorse, is the differences in services available to individuals, whether they are under Yukon government's Health and Social Services and those who must go through AANDC for their funding. Though the amounts might be equitable, there are certainly a number of different programming options and people are feeling like they are not getting equitable service, though they have the same requirements or needs. I wonder if the minister could address this because I know that certainly some people from communities might receive services through the financial services of Health and Social Services.

Hon. Mr. Graham: I'll just go back one first. Approximately 1,000 to 1,170 individuals per month are serviced. That answers the question asked last time.

Madam Chair, if we're talking about actual services provided, comparing Whitehorse to the communities, the services are comparable. If we're talking about services provided by Yukon government as compared to the services provided by the federal government — AANDC — then there is no doubt that there are differences in services provided. However, the services provided by Yukon government are the same throughout the territory. I realize that won't answer the question about the difference between AANDC and YTG, but at least it provides that assurance, anyway.

Ms. Stick: It was the second part of the answer that the minister gave me that I was interested in, and that was the fact that there are not equitable services between AANDC and people in Whitehorse receiving services through Health and Social Services. Certainly, there are some individuals who receive financial assistance due to circumstances through Health and Social Services — who are First Nation or have their status — and we get that money back from the federal government. I wonder if there is any talk or discussion or planning at all that might see the Yukon government take this Social Services program on, so that all people have the same access to equitable service?

However, if the federal government is willing to up their rates to the same as ours, of course, the agreement that we currently have in place with the feds would apply and we'd continue doing what we're doing right now. Self-governing First Nations we must remember also have their own jurisdictional areas that we're trying to deal with too. Also, some of the benefits that are accrued under the federal program — and perhaps I can ask the Leader of the Official Opposition for some assistance in this area — I understand are administered by Health Canada, not AANDC, and so that makes the whole process even more complicated for us.

Like I said, currently there are negotiations underway with Canada to try and resolve some of these issues because we realize they are a difficulty in some areas, but we're not only going to have to get AANDC and Health Canada together but some of the self-governing First Nations as well because they're all involved in this process. We're all involved in this process together.

Ms. Stick: Under financial services, I'm wondering if the minister can give us a description of programs that are being offered besides just — sorry, Madam Chair, I am still on page 12-23. I am wondering if the minister could describe programs that are available to clients accessing this service in terms of getting them back to work or job training or education.

Hon. Mr. Graham: Yes, we do offer a program called "access to employment", which is an attempt to get these folks back to work. I guess I will just leave it at that. I was going to express some personal opinions, but it is probably better not to.

Ms. Stick: When I worked in Social Services at one time, a person had to wait a number of months before they were eligible to apply for any programming such as the access to employment program that the minister just mentioned. I am wondering if those regulations are still in place or are we doing front-end loading with these individuals where, rather than keeping them on for a couple of months and then providing training, we are providing training support up front immediately to get them off the caseload and into the community and working.

Hon. Mr. Graham: The first step taken in any of these cases is an assessment phase. So, prior to putting a person in any of the programs that we currently have available, such as the access to employment program, their needs have to be assessed so that we're not putting a person into an employment program when they have disabilities that would make a program inappropriate for them at that time. The first phase is the assessment phase, and then we can go ahead and determine which programs would be most advantageous to them.

Ms. Stick: I wasn't specifically speaking of adults with disabilities or anything, but just new people coming into the system who may have been unemployed for two months, needing social assistance, having difficulty finding work and really just needing someone to sit down with them and spending some time and helping them with employment or to get some training that might be appropriate for them.

Hon. Mr. Graham: I might be misunderstanding the question again. If the member opposite was talking about the

three-month waiting period that used to be in place, it was eliminated some years ago — in 2008-09. I can't remember the rest of the question now. I had an answer, I know, but I can't remember the question. Sorry, Madam Chair.

Ms. Stick: It is great to actually hear that that three-month wait is over because it was frustrating for individuals who really just wanted to get out of there. People don't come into social assistance looking to remain on it for a long period of time, but usually they are just trying to get themselves over a hump and on to work.

Can the minister explain to me any education funding that people might be able to receive if they were to go to school full-time, but not be eligible for Canada loans or any of the Yukon funding through Education?

Hon. Mr. Graham: The first part of the question I'll answer first. That is a unique and usual circumstance. Under Schedule A, social assistance, the rates are the same between AANDC and YG. It's only under section B that the rates vary. Now, the federal government is currently negotiating with all jurisdictions — not only Yukon, but jurisdictions across Canada — to try to reduce some of the inequities. At the present time, they exist. They simply do. YG doesn't feel it's our responsibility to take on that additional burden at this time. That's just a philosophical thing. We are not prepared to take on that additional responsibility at this time.

Ms. Stick: Are they able to collect any of the Yukon funding through education? Are they able to collect social assistance and attend school?

Hon. Mr. Graham: I am not going to consult with my department on this, because I know from my time at the college that some people are able to collect social assistance while they go to school; however, that is something that they have to discuss with their case worker. Each person who comes into social assistance has a case worker with whom they will work on an ongoing basis and will enable them to access employment programs, educational programs, and even things such as daycare or whatever supports that person may need. They work with their case worker to get that in place.

From the questions from the member, I have to tell you that our philosophical bent on our side of the floor is that the quicker people get off social assistance, and we get them out to work, where they are actually working and paying taxes, is better. Anything we can do to change the social assistance program to enable that goal to occur is good to us. I should tell you that we are actually looking at the social assistance program with a view to changing it, but because of the way that social assistance is involved with the federal government, we have restrictions under which we operate.

But we are taking a look at it. It's an ongoing process. We'll consult, not only with our own staff and the people involved on the front lines, but we'll also work with a number of NGOs in the city and territory who deal with these folks.

Ms. Stick: I think you would find on this side of the House that we would agree and that we do not want people staying on social assistance longer than necessary and that everyone is deserving of a good-paying job in the community.

I'm wondering if the minister can tell us, when looking at social assistance, whether they'll be thinking about the individuals who have disabilities, who we know are not going to necessarily get better. They may not be able to be gainfully employed full-time, but are still required to come in and apply for social assistance, sometimes on a monthly basis. They may be involved in day programming or minimal employment, but they are certainly active in the community. But because of their situation, for many of them, they're forced to be in poverty.

They're only allowed to save so much money. They are not able to save for normal things that anybody else would save for like vacations or that type of thing. I wonder if there is any kind of guaranteed income that the government is considering. Certainty there are models to look at in B.C., in Alberta — the Alberta AISH program — where a person applies once a year and it reviews what's going on for that person and then they just receive a regular cheque which is above the regular social assistance, which not many of us could really live on.

Hon. Mr. Graham: When I spoke about changes in the SA program, one of the reasons I said that is because a person very close to me who was involved in a motor vehicle accident sometime ago suffered extensive physical injury, as well as loss of some mental capabilities. I know from personal experience how difficult it is for that young lady to function within the current framework — even the current framework of insurance companies that supposedly provide compensation because of the fact she was in a motor vehicle accident through no fault of her own.

So we're not only dealing with insurance companies, but we're dealing with social assistance and the system we currently have in place. I guess the simple answer to the member opposite's question is yes, we're looking at changes. We don't see any reason why a doctor should be required to give a monthly assessment of people who have permanent and ongoing disabilities, be they physical or mental. We currently do have the ability to waive monthly assessments. We're going to work out some kind of a program where we don't actually have to waive them if it's a permanent disability that forces a person to depend on government or insurance companies or pensions for income. So we're taking a look at it. We realize it's not going to be perfect, because it's an imperfect system that we currently live with. But it's not going to cost the Government of Yukon any more money to make the system more amenable to those people. So that's what we're trying to do, because already there's a certain loss of dignity in the fact that you have to go every month and request social assistance to live on. We don't need to compound it. These are changes we are looking at.

Ms. Stick: I would agree with the minister that there has to be a better way for many of the individuals currently on social assistance to access those services.

I think I'll move on to the Adult Services unit's services to persons with disabilities because I know — again, this is one area I have had a lot of people coming in and talking to me about. Just looking at that first number of the caseload — on page 12-24 — of 270, if half of those individuals were going in on a monthly basis and receiving social assistance, just by put-

ting them on a yearly income program would greatly reduce the caseloads of people working with the social assistance recipients. I think that would be very beneficial because the caseloads are huge. It would give some dignity to these individuals as well.

Where I am seeing my biggest concerns — what I am hearing from people — is about planning in this area of services to persons with disabilities.

You spoke earlier, in Family and Children's Services, of the numbers coming up through foster care and through families caring for children with disabilities. We know there is a big number coming up; they are not going anywhere and they will probably — not in every case, but in many cases — always be involved with Adult Services or services to persons with disabilities. It is just the way it is.

What I do not see, and what I am hearing from individuals, is that there is not that continuum of service from children to adult. We have youth or young adults coming out of the education system, where they can be until they are 24, and they are attending a full-day education program. They come out, and they are being offered a half-day, day program, or no day programming, or money offered to families for respite, or a combination of those. What seems to be lacking is the client-centred plan for what is best for that individual. So maybe it really is a full-day program they need and what parents are being offered is, "Well, we will let you have a half day, and then you can just get respite for the parent." That might be great for the parent to have respite, but that is not what this individual needs. They need a full-day program that challenges them and teaches them new skills. But instead, parents are saying, "Well, you know, you can get someone to come in and care for them." The amount of money they're being offered — certainly, they could get someone to come in to the home and babysit them, but it's not challenging them; it's not client-centred; it's not giving that individual what they need.

I'd like to hear from the minister how better planning can happen between Family and Children's Services and services to persons with disabilities, because to me, it's the same department. There should be a smooth transition and there should be a looking long down the road regarding the 70 individuals you spoke of earlier who are coming up through the system and will require services.

Hon. Mr. Graham: I guess the services to persons with disabilities unit takes an individual case management approach to care and planning for any of these individuals, and they do it with their caregivers — with the families.

You talk about some of these people being in school. The Department of Education is included in these case management studies if the people are coming from the school. They also include in this individual case-management session Family and Children's Services. So Family and Children's Services are included in case management transitional planning. The planning is client-centred. I guess that's the point we want to make. It's client-centred. We try to get all the people together, including the caregivers and whoever else has been involved with the folks. The services provided are developed to support the individual needs of these people, and they're assessed for services.

Part of the case management is the assessment for services required at the time of intake. I guess at the time of intake, a decision is not always made, but it can be made about whether they will go to employment training, whether they'll be in a supportive living situation, and whether or not they might just need daycare as required. So all of those things are considered.

There is a constant growth in demand in this area. As I've told you, we're looking right now at a wait-list for residential placements. We have about 30 people in residential placements. We're looking at three wait-listed already. For day programming, we have 23 people right now in day programming and we have a wait-list again of about three. We're looking at expanding the services, but all of these things cost a great deal of money, as the member opposite well knows from her past in this area.

We're working toward resolving the issues, but there is a demand for services. Children transitioning again from Family and Children's Services and new placements by the Yukon Review Board have also had a huge impact on our budget and our placements and individuals simply coming forward because they feel they require more care than families can now provide once they transition from child services to adult services. You have to also realize when I talk about the transition that youth can come back to request additional care any time until they reach that age of 24.

So, up until 23 years of age, those youth can come back to Family and Children's Services to request additional care up until the age of 24. I hope that answers the question appropriately.

Ms. Stick: It partly answers my question. The minister has partly answered it, but I just know of too many cases where individuals are not receiving the support they require. I know of a single parent who had to quit a government job because her adult child required day programming and she was denied that. She was told that his needs were too great. She is now on social assistance along with her son, and she has the day program. She gets occasional respite, but she's not able to go to work and therefore has ended up on social assistance and is taking up money another way. That's not appropriate, and her son is not receiving the client-centred support he should have.

I know there is a wait-list and I know we have two day programs right now that are offered to adults — well, two day programs and then other programs, such as Challenge, that offer vocational training and support. I guess what I'm asking is how long do these people have to wait for service that — I know it is money. I realize that, but I don't think that's a good enough reason to not provide service, especially in this one case where it's a single parent and an adult child — and she has left her job. That just is wrong in so many ways.

I'd like to know how we are going to expand these programs. What other options do these individuals have — on a wait-list for how long? How many more are coming up behind them who are going to sit on that wait-list too? We need more programming, and we need to expand them.

Hon. Mr. Graham: I guess I didn't see much of a question there other than what are we doing. Are we going to expand the programs?

As I indicated to the member opposite over the last little while, we are aware of how many people are coming up and will be requiring these services, and we will make every effort to accommodate them.

The difficulty is, as I have said before, they are extremely expensive programs. It is difficult in some cases to find groups or individuals who will provide the services as needed. I guess it basically gets down to how much money we are going to spend on some of these things. We realize, without a doubt, that these individuals need care. We will continue to offer as many services as we possibly can within our budget. We will continue to take the individual case management approach, as I said, and we will continue to focus on individual care.

I can't comment on the case that you brought up because I do not feel that we should be doing that here, but I would be interested in finding out a little bit more later, just to see how our programs would fit with this individual. Or if they don't, we will find out what the gaps are and attempt to plug those gaps, or at least find some kind of bridging program that we could offer.

Ms. Stick: It's about planning and it is about money and it is about needs and I would like to suggest to the minister that we have a lot of organizations in Whitehorse and some in the communities that look at those issues, whether it is Yukon Association of Community Living, People First, OFI, FASSY, Challenge. I think it's time to get those groups together and come up with a really good look at what our needs are going to be over the next 10 years. We know what's coming. How are we going to plan for that?

The other piece of it is that I've known some of these individuals now 30 years and, like me, they're getting older and are going to require more services just like we will at a certain age. I'd like to hear from the minister whether there is any planning in terms of when a person is no longer able to stay home with their parents or when a group home no longer meets a person's needs. Is there a look at continuing care and where these individuals might fit into those areas?

Hon. Mr. Graham: Well, I guess, in some area and some manner, I will repeat what I have said to some extent. What I'm saying is that we are planning — we do know how many of these individuals, as I've stated — if you want me to run through them again, I will. But you know that we have the numbers of people who are coming into these various programs. We are trying to identify new caregiver homes and we are trying to identify new opportunities for day programming for these individuals. But, more broadly, the department is undertaking an integrated planning process that will identify the needs and the gaps. As I said before, we are trying to identify the gaps associated with the changing demographics because it is not only these folks — it is also the aging population. We are trying to identify the changing demographics, and we are trying to identify the future growth.

We know approximately how many people who are currently Yukon residents will be coming into care, but we have no idea how many new cases will be presented over the next little while. We are attempting to plan for that and be prepared for it. There is no doubt, and let me be perfectly honest — there

will always be some gaps or some people left. We hope that we'll keep that to the very bare minimum.

We are working with NGOs. We're also, as I said before, planning a couple of major strategies, and we'll continue to do that. But we'll continue with the transition planning with youth to continuing care. So that's a major part of what we're doing — work with the NGOs, transitioning the youth to adult status. That will capture a great deal of what we're doing. But the NGOs are so important to this department and to the operation of this department that we work with them now and will continue to work with them in the future.

Ms. Stick: Moving past the planning, then, but still staying in the services, I'm wondering if the minister can give us a bit of information about — and he briefly touched on it earlier — individuals with fetal alcohol syndrome. I didn't write it down, but what I was looking for was how many of those adult diagnoses are occurring during the year, and are we looking at training people here or hiring people here to do the training, rather than bringing in a person from Outside?

Hon. Mr. Graham: I'll just find my notes here because I did mention previously that one of the things we're trying to do is develop the expertise here in the territory, so that we will be able to do these assessments here. I talked about school-age and preschool — 49 referrals since 2004. Preschool, 41 assessments completed; 36 referrals; 20 completed for school-age children.

The Public Health Agency has funded our department in the amount of \$240,000 until October of this year for the FASD project to address local adult diagnostic capacity and to implement an integrated case management approach and develop a framework of services. We have since extended the time frame for the project until March 2014 and an amended workplan is being developed to secure additional funding in the amount of \$267,000.

So it will mean approximately a \$500,000 project. It is not only to understand the prevalence of FASD in the territory and the range of service needs. It is also necessary to develop local capacity, and that is what we are trying to do with this for FASD diagnosis and functional assessments for adults.

FASSY, the Fetal Alcohol Syndrome Society of Yukon, will receive a total of \$42,000 in this year, and it will go up to a total of almost \$72,000 to develop a demonstration project, and continue involvement in the Canada Northwest FASD project. We are taking a leadership role on FASD in Canada. We hope that by the time this is done — it is a joint initiative that the Department of Justice is involved with as well. Both departments are working in collaboration on this project to also determine the prevalence of FASD in the corrections system to develop the diagnostic capability of assessing those adults in the corrections system.

Probably as you know from your work as a social worker, and I know from my work as a release home for young offenders some years ago, the vast majority of people in that system were people who were affected by FASD. Often I felt when they stayed at my home that they didn't understand the reason — they had no comprehension of why they were in custody,

which was youth custody at that time, and they would continue to live their lives as they felt it necessary.

I also found that the vast majority of those young fellas and girls were not in the youth justice system because of committing crimes. It was a crime or something that had happened way down the line and the rest of their sheet was always because they hadn't followed the terms of their probation order over and over and over again — that's all it was.

They hadn't committed any additional crimes. They were still serving time from something that happened five years ago, but they had, once again, just failed to live up to parts of their probation orders.

I did give the member maybe a little bit of incorrect information. Okay. With funding from the Public Health Agency of Canada, Health and Social Services is working to develop the local diagnostic capacity, as I said, but we are currently paying FASSY the \$71,700 just for assessments. So that's currently what we're doing. We're working with the Department of Justice to develop this capacity in-house.

So I hope that answers most of your questions. I rambled on for a bit there.

Ms. Stick: I'm wondering if the minister could please tell us how many individuals are outside of the territory residing in group homes or in care situations and do they come under these services-to-persons-with-disabilities numbers?

Hon. Mr. Graham: That's another one of those numbers that fluctuates greatly month to month, but we'll get back to the member. We'll pick a date and give those numbers as of that date.

Ms. Stick: We know of approved home care services, day programs, supported independent living, group homes — all of these programs that are available in Whitehorse. I'm wondering if the minister could speak to us about what might be available in the communities since not every adult with a disability lives here, but there are many throughout our communities.

Hon. Mr. Graham: There is no doubt in my mind or in the mind of the department that communities are currently under-served when it comes to dealing with persons with FASD. There is a distinct lack of options. We don't have a full range of facilities such as residential or employment — I won't say "sheltered" — for persons with FASD.

We don't even have day programming or supports for adults with FASD in some communities. It's something that we continue to look at. Because of the fact that there are virtually no economies of scale in the communities, we would have to almost build a separate support network for each community and that is such a horrendously expensive system. You hate to put people's lives in terms of how much it would cost to create this network of support services in the communities, but that's basically what it gets down to.

We do have, in some of the communities, some individual support agreements for some of these people. We also have a First Nation that is providing care for individuals, but as far as other communities, that's about as far as it goes.

Ms. Stick: It's interesting that the minister spoke about how difficult it is to put a price tag on what a person

would require to receive the services they need, but that's in fact what some jurisdictions do; they tie the money to the individual or let them pick and choose their service and how they build their support system around individuals, rather than us only giving them the options that are available.

It seems in some places it works. It works well — where that money is tied to them.

I am going to move on. I thank the minister for his information on that unit. As I mentioned earlier, I am concerned. I think a lot more planning needs to happen because that is number one. It is the thing that I am hearing in my office from individuals and from families — their concerns about the services available.

I also cover Continuing Care, so I have a few more questions — actually, what I would like to do is talk about the transfers under Social Services programs on page 12-53. I do not have a question on every line, but I do have many I would like to ask. Starting on page 12-53, one of the ones I see is the kids recreation fund at \$200,000.

That has not changed over a number of years and I know that there is a proposed child tax credit that was debated in this House, but for lots of parents who don't have that type of income, it's not going to be accessible to them. I wonder if there is a reason why there isn't an increase in that funding when we've seen growth in the demand for it.

Hon. Mr. Graham: We're only one of a number of funders for that program. The kids recreation program is funded by a number of different programs as well as some private industry and other NGOs. Sometimes I've even seen competitions or something where half the prize money goes to the kids recreation fund or something to that effect, so we're only one of a number of funders. This is simply the amount we've budgeted to go forward — no reason other than that.

Ms. Stick: Further down that list we see professional development fund of \$25,000 and I'm just curious what that is and who is it for?

Hon. Mr. Graham: This professional development fund is for individuals or NGOs who wish to have funding for specific professional development for their organization or for a person in their organization.

Ms. Stick: Further down under Family and Children's Services, we're looking at youth allowance of \$2,000. I'm just curious about who that's for.

Hon. Mr. Graham: We think it's from the achievement centre and this is an allowance for youth attending, but we'll make sure. We will confirm that.

Ms. Stick: Skookum Jim Friendship Centre — \$295,000. Can you explain what this money goes to and any programming?

Hon. Mr. Graham: There is no youth centre in there. It's all for the outreach programming and youth programming that is done at the Skookum Jim Friendship Centre. There are a number of programs. We recently had a tour down there, and some of the work they do with young people is amazing and well worth funding.

Ms. Stick: Turning the page, top of the list, Whitehorse Transit's Handy Bus — the minister across the way and I

know that this money goes to the City of Whitehorse for the operation of the Handy Bus. I've heard from a lot of individuals that the current usage is so great that some people are not being accommodated on the Handy Bus. Has there been any consideration or discussion with the city about increasing that amount of money?

Hon. Mr. Graham: As a municipal councillor, I cursed YTG on a number of occasions for the lack, or their inability to increase the funding of \$184,000, which has been there since I began as a city councillor some 12 years ago.

The problem has been discussed a number of times with City of Whitehorse staff. I recently had breakfast with the mayor, and that was one of the topics on the agenda. We are looking at alternatives to working with the city. I would like to see funding increased to the city, but there are a number of other alternatives that will allow the city to provide the same service they're providing at this time but being able to provide it to a wider number of clients. In other words, we don't want to see having them being locked into providing a service every day to the same group of clients to go from the same place to a single destination. We're working on that one, but my personal goal is to see that amount of money increased in coming budgets to the City of Whitehorse, because I think the Handy Bus is an invaluable service that we provide in conjunction with that provided by the city. I would like to see it continue.

Ms. Stick: Further down, we have "Employment Incentives". This has gone up from previous years and is now at \$390,000. I'm curious whether this is under Social Services' social assistance programs. Could we just have a bit of description of what that program is, please?

Hon. Mr. Graham: This funding is support for employers to take on employees — either social assistance recipients or persons with disabilities — whom we would like to see hired and placed in an employment capacity. So these are incentives or subsidies to employers who assist in taking these people on.

Ms. Stick: Just staying on that, is this a program, then, that's run through Social Services or through an NGO?

Hon. Mr. Graham: This one is run through the Adult Services unit in Social Services.

Ms. Stick: I'm just curious because everything else on this list would be NGOs, so I'm not sure why there is a transfer of money into Social Services from Social Services?

Hon. Mr. Graham: It's quite simple. It's because they are transfer payments, so the decision is made to fund a specific employer for a specific period of time for an employee's number and the money is provided then. Whether it's an NGO or a private business, the incentive is provided in the form of a transfer to that entity.

Ms. Stick: Same question — and I'm thinking it might be the same — about rehabilitation subsidies. It's not a huge amount; it's \$15,000, but I'm just wondering who is this for and where does that money go?

Hon. Mr. Graham: In addition to the previous answer I gave about employment subsidies, that number also includes the subsidy to Challenge to operate the services that

Challenge currently operates. As soon as I get an answer on the \$15,000, I'll get back to you.

Ms. Stick: It's curious, because further down, we do have Challenge Community Vocational Alternatives and there is already an amount of money there of \$597,000, so I'm not sure why that would be separated out from what is written down below and they just wouldn't have been included together. Maybe the minister can explain that.

Hon. Mr. Graham: One number is for the Challenge program itself. It's ongoing funding. The other, they can apply for funding for specific programs. So there is a certain amount of money that is determined each year that they receive for the ongoing Challenge program. Any new initiatives that they wish to have funded, they can come back to the department and receive money.

Ms. Stick: Line of Life Association of Yukon seems to have gone through a real up and down where the 2011-12 estimates are \$79,000, and yet this year it's budgeted at \$40,000. I wondered if the minister could please explain that to the House.

Hon. Mr. Graham: This year we're doing an adjustment because the numbers in the 2011-12 forecast and the estimate were incorrect. They actually should have been \$36,000. So it's going back to \$40,000, which is an increase over the \$36,000. So the \$79,000 numbers were incorrect numbers.

Ms. Stick: Salvation Army, \$288,000 — and I see on the next page there is also money there for the Salvation Army, and I assume that is the clinic that the minister told us about earlier. So what I am interested in is what is on page 12-54 — the \$288,000 — and what that money covers.

Hon. Mr. Graham: The \$288,000 on page 12-54 is for the core services. So that is the ongoing operation of the Salvation Army services they provide on our behalf. The \$158,000 found on page 12-55, we will get back to you on.

Ms. Stick: Catholic Social Services, Alberta — I am assuming that this is residential services outside, since I am familiar with the program. Can the minister tell us if that is correct and, if so, how many individuals does this cover?

Hon. Mr. Graham: These are for special clients, as you can well imagine, and it varies from time to time because of the extent of stay.

It also includes, at some point, review board customers. So with any luck, as we develop our own capacity to deal here with clients as a result of review board decisions, we will reduce the dependence on Outside organizations to provide that service.

Ms. Stick: Clients, not customers; they're not paying. We are, but they're not customers.

Anyway, I think that's pretty much my questions for the transfers on page 12-54. The minister is going to get back to me with regard to the other bit for the Salvation Army. I'm sure my colleague will have other questions under Health Services.

I would like to talk a little bit about Continuing Care. I think the minister brought it up earlier and I'd like to hear what the planning is around palliative care. It has been in previous budgets. At one time, there were to be beds designated for pal-

liative care at the Thomson Centre when it was initially opened.

It's different from a person just being in the hospital when they're ill and dying and it's different from an individual being able to die in their own home. It's another type of care in that continuum and I'd like to hear from the minister, please, what the plans are for palliative care in the Yukon.

Hon. Mr. Graham: I had written a few notes to myself, but palliative care, as you realize or as we all know, is end-of-life care for a person who is dying. Yukon currently has a palliative care resource team that assists Yukon service providers such as continuing care, acute care, home care and community nursing to provide palliative care in a variety of settings, be it at home, in the hospital or at one of the continuing care facilities. There is no dedicated hospice palliative care unit at this time in the Yukon. But the program provides not only end-of-life clinical support and consults, it provides information and advice to patients' primary care teams to be able to offer individuals and their families the best possible quality of life at the end of the road.

The program has received significant uptake and it also seems to have great community support. Many community groups have identified an ongoing need for the service. The service is, unfortunately, at the present time, funded through THSSI until the end of March 2014. The government has committed to ongoing funding for this palliative care resource team and to service planning for all Continuing Care programs, including palliative care, home care and residential care services.

Ms. Stick: I know for a fact how important this program is and as much as people would like to be able to provide that in their home, even with the support of home care or a team, sometimes it is not possible. At the same time, it is not always appropriate that a person be in the hospital, but they do need something that is supportive, not just to the individual, but to the family. We know of examples in other jurisdictions where this is a whole program. This is a whole floor of a hospital or a wing, where people are given the care and the attention and the family is given the care and attention they need.

So I do hope to see that this is going to move forward. It's important. It's important to Yukoners — not just in Whitehorse, but in the communities as well.

Talking about Copper Ridge — one of the areas I am concerned about is for the youth — the children who are currently residing at Copper Ridge. I'm wondering if the minister could please tell us — right now there are 14 residing there. Sorry — no, that's the average age. What I was looking for was the number of children in the extended care and what programming might be available to them, in terms of them being able to leave Copper Ridge and go to community programming — or do they just stay at Copper Ridge?

Hon. Mr. Graham: I do not have an answer for the number of children who are in Copper Ridge at the present time, but I can assure the member that these young people at Copper Ridge will attend school every day in the normal school programs each and every day, if they are capable of attending. If not, they would have the normal supports in place that any

other child with a disability may have. They can still take advantage of the programs that are available, so they are not necessarily restricted to Copper Ridge. They not only attend school, but it is interesting that they attend horseback riding and some other programs such as that, so they are not restricted to Copper Ridge.

Just to complete the answer on palliative care, we know that there is going to be an increased demand for this service as time goes on. We know that we would like to extend it to home care, but because of the resources that are required at the present time — I believe there's a resource nurse, a resource social worker, an education volunteer coordinator and a contracted physician advisory position. We would like to work with NGOs to see if some of these resources are available through an NGO and provide some assistance to an NGO to continue this service after the THSSI funding runs out.

Ms. Stick: I'm just about finished here. I just want to flip over to Mental Health Services. This is where a number of individuals who are referred to as clients of the Mental Health Review Board are supported or decisions are made with regard to them. I'm wondering if the minister could please tell us the number of individuals who are under the Mental Health Review Board and are in group homes in Yukon?

Hon. Mr. Graham: Again, this is one of those things where it's a fluctuating number. We have had as many as five or six in care at any one time or under sentence by the review board at any one time. I'm just trying to see if I have a more up-to-date number — but I don't. Sorry. We will get you a more up-to-date number, but it does fluctuate from time to time, as I said.

Ms. Stick: One of the questions I was looking for — I went through the *Mental Health Act*. At one time, for individuals who were not having a mental health episode and who might have been in hospital, but the hospital was no longer able to care for them because their needs were too great, the jail was designated as the alternative to the hospital. I wonder if that is still the situation now?

Hon. Mr. Graham: Sorry for the delay. The jail, or the corrections facility, is still designated as the institution of last resort. So if, in exceptional circumstances, such as in the case of a person with mental disabilities who has either committed a violent offence or is extremely dangerous, or the likelihood of committing a violent offence is there, then the facility may be used for that. But, in any event, as I said, it's the facility of last resort and, as quickly as possible, we like to remove them from the mental health board at the corrections facility. So it is still there. We use it as seldom as possible, and we keep them there as little as we possibly can.

There are currently only two children at Copper Ridge Place, and we have not only the services that I already mentioned — the school and the horseback riding and the normal programming — but we have enhanced programming over the summer months, when these children will not be able to go to school because school is out for the summer.

Ms. Stick: I'm just about done here. My last question would again be with Mental Health Services and whether we know that there are some individuals in the correctional ser-

vices who suffer from mental health difficulties. I am just wondering — hospital-based mental health services involve staff, but are there staff who go into the actual correctional centre also to work with individuals there who might have difficulties because of their mental health?

Hon. Mr. Graham: Yes, people from Mental Health Services will tend to patients at the Correctional Centre, but we also have an ongoing contract with a psychiatrist, who will attend to those folks too on an ongoing basis, as required — but we do have the contract for that.

Ms. Hanson: I thank my colleague from Riverdale South for her questions. I would also like to thank the minister for his answers and his officials, especially for allowing the Official Opposition to split the questions and the briefing periods between Social Services and Health. It was very helpful for us because of the way that we have chosen to divide our critic responsibilities. I also appreciate the responses that were provided by means of follow-up to the questions that were raised during those briefing sessions.

I realize that my time this afternoon will be brief and I just want to give that outline in terms of I'm hoping that we'll have an opportunity to come back to the Health Services area, because as the minister noted in his opening comments, it is an area of critical importance to all Yukoners. We all know, as Canadians, that our public health care system is probably one of our most cherished institutions. We know that the community depends on an equitable access to quality health care across the full spectrum of health needs over our whole lifetime, prenatal to death. To achieve that end, our focus and my focused intention in questioning with respect to health care services will be focusing on sustainability of the health care system. We believe — and it has been demonstrated since 2004 with the federal, provincial and territorial governments — in their commitments to looking at health care sustainability over the long term and the extension of that recently and that that's an obligation we have as legislators to ask the questions on how we focus on making the system sustainable for meeting Yukoners' needs now and into the future.

That's certainly what the *Health Act* sets out. It's certainly what the health care review in 2008 — *Taking the Pulse* — sort of response to that in 2009 and, indeed, the report of the Office of the Auditor General last year in 2011. So I will be raising questions about the kinds of care and how we plan for that care that addresses the full continuum. I will use the language of "continuum" a lot, because I think that's absolutely what we need to be focusing on. I will be asking the questions that focus on how the kinds of expenditures that are forecast in the budget and the areas that are forecast relate to the needs expressed by Yukoners, both by patients and care providers. We know from everything that we've talked about as Yukoners over the last four or five years with respect to health care, and as Canadians over the last 15 years or longer — and we're going back to Tommy Douglas, who said that the health care system, when he implemented it 50 years ago in Saskatchewan — or 60 years ago — that the easy part was putting in place the public insurance plan.

Now as much as it was controversial at times, the most difficult part is developing the appropriate health care delivery system and that's the challenge that we're facing as governments.

Madam Chair, the first question I was going to ask the minister has to do with a question I outlined with the Minister of Finance the other day just in terms of sustainability. A starting point is who we are in terms of the numbers that we're talking about. In some of the material that is provided by the department, the health insurance plan currently says that we're covering 36,985 people for the insurance plan, but the Bureau of Statistics says that we're 35,800 people. That's about a three-percent difference — 1,185 potential bodies. So the question is really with respect to the control measures that we have in place to ensure that Yukoners' tax dollars are actually paying — when we talk about our health care insurance plan and the long-term sustainability — for Yukon residents, people who actually live in the Yukon Territory. What is the verification we use to ensure that those are Yukon permanent residents and not others? That would be my first question for the minister.

Hon. Mr. Graham: Maybe I'll take the chance to just answer the first question briefly. As you pointed out, there are 36,895 individuals on the Yukon health care plan, but according to the Yukon Bureau of Statistics — as you pointed out — there are 35,800. What you have to understand, or what we have to understand, possibly, is that to calculate the population, the Yukon Bureau of Statistics starts with the number of Yukon health care recipients and then estimates the number of those no longer living in Yukon, despite being a health care recipient. The estimate is based on the relationship observed in past health care update surveys. It's important to remember that the Yukon reciprocal agreement states that individuals remain insured under Yukon health care for three months after moving to another jurisdiction, before they are insured in the new jurisdiction. So that's the quick answer. We can get into it again as we go on but, seeing the time, Madam Chair, I move that we report progress.

Chair: It has been moved by Mr. Graham that the Chair report progress.

Motion agreed to

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

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

Motion agreed to

Speaker resumes the Chair

Speaker: I now call the House to order.

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

Chair's report

Ms. McLeod: Mr. Speaker, Committee of the Whole has considered Bill No. 6, entitled *First Appropriation Act, 2012-13*, and directed me to report progress.

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

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

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

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

Motion agreed to

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

The House adjourned at 5:25 p.m.