

**Yukon Legislative Assembly
Whitehorse, Yukon
Tuesday, April 9, 2013 — 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 the Battle of Vimy Ridge

Hon. Mr. Pasloski: Today is the 96th anniversary of the Battle of Vimy Ridge, and I stand in the Legislature to pay tribute to that battle and to recognize its status as a pre-eminent and iconic event in the history of our country. Many historians consider the Canadian victory at Vimy Ridge as a defining moment for Canada. It has been said that Canada's soldiers left their homes young colonials and returned as Canadians. With this battle, our country emerged from Britain's shadow and felt capable of greatness.

At Vimy, the Canadian Corps captured more ground, more prisoners, and more guns than any previous British or French offensive in the two and a half years of the war. Beyond that, the capture of Vimy was more than just an important battlefield victory. For the first time, all four Canadian divisions, with soldiers from all regions of Canada, attacked together. The victory at Vimy Ridge also won for Canada its own signature, separate from Britain, on the Versailles peace treaty, which officially ended World War I. The price was heavy — 10,500 casualties, including almost 3,600 dead. This cost, however, paled in comparison to the 200,000 casualties suffered by the British and the French in previous failed attacks.

The architects of the victory at Vimy Ridge were Lieutenant-General Sir Julian Byng and Major-General Sir Arthur Currie. Byng and Currie revamped old habits and made changes in strategy that meant Canadians were able to inflict the first Allied victory of the war against the German lines. The Victoria Cross, which is the highest award for gallantry in the British Commonwealth, was won by four Canadian soldiers at Vimy. Sadly, only one of them survived the war.

Yukon also won an important place in history for its role in the war. The day after the war was declared in 1914, Canada's Minister of Militia and Defence, the Hon. Sam Hughes, announced that Canada would send 25,000 officers and men to fight for the empire, and a call went out to every militia unit across Canada to send volunteers. Many Yukoners answered that call, serving at Vimy Ridge and in other ways as well. Jack Hulland, the beloved teacher, superintendent of education and former member of this Legislature, fought at the Battle of Vimy Ridge.

Joe Boyle, known as the King of the Klondike, telegraphed Minister Hughes with an offer to raise a force of 54 men. The

Yukon contingent came complete with equipment, including four machine guns and a large husky dog mascot named Jack.

George Black, Commissioner of the Yukon Territory and later Member of Parliament for Yukon and Speaker of the Canadian House of Commons, mobilized the unit comprised of 226 officers, non-commissioned officers and men who served in France.

Sam Steele, the legendary lion of the Yukon, raised, organized and led the 2nd Canadian Overseas division in England. Major-General Steele made every effort to ensure that Canadians under his command would be as well-prepared as possible and he is credited with reducing the number of Canadian casualties because of this training.

Yukon, like Canada itself, contributed more to the war effort than anyone would expect, based on the size of their populations.

In recognition of Canada's war effort, France granted Canada perpetual use of 100 hectares of land on Vimy Ridge with the understanding that Canadians would use the land to establish a battlefield park and memorial.

The cenotaphs in Dawson City and Whitehorse list those soldiers from Yukon who fought in the Great War and gave their today for our tomorrow. We will not forget their sacrifices. Thank you, Mr. Speaker.

Mr. Silver: I rise today on behalf of the Liberal caucus and the Official Opposition to also tribute the 96th anniversary of the Battle of Vimy Ridge. Ninety-six years ago today, April 9, 1917, the assault on Vimy Ridge began. Four Canadian divisions fought together for the first time in history, but the battle to take Vimy Ridge cost Canada dearly. In four days, 3,600 Canadian soldiers died, and another 7,000 were wounded, but it was the Canadians who helped turn the tide of war when they won a major victory at Vimy Ridge and, at the conclusion, a new nation, Canada, had proven itself on the world stage.

The generations of veterans who fought in an era that was billed as the Great War, or "the war to end all wars", has come to an end with the passing in 2010 of Canada's last surviving veteran — the last link to the 650,000 Canadian men and women who served in the First World War. To underscore the sacrifices made by Canada, which suffered 60,000 fatalities during the First World War, France granted Canada 107 hectares of land at Vimy to build and maintain a memorial. Today, the Canadian National Vimy Memorial sits on a hill in northern France. The monument is inscribed with the names of 11,285 Canadian soldiers who are listed as missing and presumed dead in France.

That iconic site today is considered one of the most stirring of all First World War monuments, and certainly Canada's most important war memorial. It stands as a tribute to all who have served their country in battle and risked or given their lives in war.

It is important that we honour and remember the sacrifices and achievements of those brave young men and women so long ago.

In Canada, the new \$20 note is an important milestone for the new polymer series. The front of the new \$20 note features a portrait of Her Majesty Queen Elizabeth II, Canada's head of state, while the image on the back features Canada's national Vimy memorial. Each time we open our wallets, we will — or we should — be reminded of the significance of the Battle of Vimy in Canada's history — a pivotal moment for when our country came of age.

We owe a debt of gratitude to all who have served Canada in times of war, military conflict and peace and are serving Canada today. They face difficult situations bravely and bring honour to themselves, to their loved ones and to their country. They are ordinary Canadians who make extraordinary sacrifices.

As we mark this 96th anniversary of the Battle of Vimy Ridge and Canada's historic victory, let us pause and reflect and remember to give thanks. The freedoms that we enjoy today as Canadians are paid for in part by those brave souls in Vimy. May they all rest in peace, never to be forgotten.

In recognition of the Bridge Building Competition

Hon. Mr. Kent: I rise in the House today on behalf of all members to pay tribute to the Yukon's annual bridge building competition. I was fortunate to attend the 20th annual bridge building competition last Saturday at Porter Creek Secondary School where more than 215 students and members of the public worked on building 144 bridges, and then of course watched them as they were broken to test their strength.

There were a number of entries from Whitehorse but entries also came from the communities of Haines Junction, Dawson City and Carcross. I can't tell you how impressive it was to see the sophistication, craftsmanship and attention to detail that went into the bridges constructed by students and others. It was a spectacular display of skill and also a fine example of the experiential, hands-on learning that takes place in our schools.

To be part of the competition requires an introduction to engineering principles, model designing, building and testing. I can't think of a better way for students to learn the importance of engineering in our everyday lives, and I'm sure it may inspire some of them to go on to study engineering later in life.

So many people helped to make this event happen, including the volunteers on the working committee, the volunteer judges and all the engineers who share their expertise with classrooms, as well as the teachers who inspire their students to try their hand at building bridges.

The event is the direct result of a partnership between Science Adventures at the Yukon Research Centre and the Association of Professional Engineers of Yukon, working together to help students understand how engineering is important to all of our lives. It's another encouraging example of how we can make great things happen when we work together.

I'd also like to acknowledge the parents, who supported the students in the creation of the bridges, and who attended the competition to cheer them on. I can tell everyone in the House that the bleachers at Porter Creek Secondary School were full for the start, and I'm sure they continued to have a great attendance throughout the event.

While attending last Saturday's event, it was clear to me how much pride the students take in their work, and I'm sure they will carry that impact on in years to come. I'd like to congratulate all the competitors, organizers, sponsors, volunteers and teachers who help to make this event happen each year.

Now I'd like to announce the winners of this year's bridge building contest.

In the grade 4 to 5 category, Kage Smith, assisted by teacher Jane MacArthur from the Ghùch Tlâ School in Carcross; in the grade 6 to 7 category, Nikki Charlie and Savanna James, again with teacher Jane MacArthur from the Carcross school; in the grade 8 to 12 category, Cameron Cottrell-Tribes, with teacher Ben Craigen, from Porter Creek Secondary School; and in the All-Can category, or the Open category, Aaron, Nathaniel, Kevin and Suzanne Greenshields.

Here in the Legislature, we are very appreciative of all involved and are pleased that a number of students and representatives from the competition are joining us here in the gallery today. I'd like to invite them to stand as I call their names so that we may recognize them and welcome them to the Assembly here today: Heather Dundas, coordinator of Science Adventures at the Yukon Research Centre, Yukon College; Tim Green, who is a member of the bridge building organizing committee and an engineer in the Department of Highways and Public Works, I understand, for the Yukon government — he made a number of bridge building presentations in schools, including travelling to Old Crow, so we look forward to hopefully having some entries from Old Crow at next year's competition — and, of course, travelling through Whitehorse, and he was also involved as one of the testers on Saturday; and Suzanne Greenshields, who is here on behalf of the Greenshields family and Selkirk Street School.

We have a number of students and staff from Porter Creek Secondary School that I'd also like to introduce, starting with grade 11 students Justin Bateson and Aidan Bradley, grade 12 student Cameron Cottrell-Tribes; again, grade 11 students Kasey Fernandes and Wyatt Hoffman; grade 10 student Brayden Klassen; grade 11 students Wyatt Gale, Shea Hoffman and Brody Smith; Sam Wintemute from grade 10; Will Oulton from grade 12; and Emily Vullings from grade 12.

The staff who have joined us here today are teacher Ben Craigen; vice-principal Trevor Ratcliff and Brendan Kelly, principal of Porter Creek Secondary School. So, if all can join me in welcoming them.

Applause

Speaker: Introduction of visitors.

INTRODUCTION OF VISITORS

Hon. Mr. Nixon: I'd ask all members of this Assembly to join me in welcoming to the gallery a long-time Yukoner, a friend, and the chief executive officer of the Yukon Tourism Education Council, Darlene Doerksen, as well as several students and staff from the Multicultural Centre, which is a division of YTEC.

Applause

Hon. Mr. Cathers: I'd like to ask the House to join me in welcoming several of my constituents who have joined us in the gallery today: Al and Joan Norberg, three members of the Rudge family — Tom, Claire and Graham — as well as not a constituent, but a member of our farming community, Joanne Jackson Johnson.

Applause

Hon. Mr. Istchenko: I would like to introduce in the gallery today a young lady from Haines Junction who is going to school in Whitehorse here.

I know her parents — her mom and grandparents — miss her dearly during the week, Kelsey McPhee.

Applause

Speaker: Are there any returns or documents for tabling?

Are there any reports of committees?

Are there any petitions?

Are there any bills to be introduced?

Are there any notices of motion?

NOTICES OF MOTION

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

THAT this House urges the Government of Yukon to utilize some of the funding identified for human-wildlife conflict prevention in the 2013-14 budget, to support local NGOs in identifying innovative awareness and conflict prevention measures.

I also give notice of the following motion:

THAT this House urges the Yukon government to use the 2013-14 budget to enhance the ability of the Land Planning branch to address local area planning and zoning priorities by providing funding for an additional land planner.

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

THAT this House urges the Government of Yukon to resume planning with affected First Nations for the Agay Mene Territorial Park as soon as possible.

Speaker: Is there a statement by a minister?

This then brings us to Question Period.

QUESTION PERIOD

Question re: Genetically modified products and seeds

Mr. Tredger: Over five years have passed since the Yukon government agreed to support dialogue on the important issue of the use of genetically modified seed and organisms in the Yukon, yet now they say that this lack of dialogue and consensus forces them to inaction. Where is the leadership of this government on GMOs? Of specific concern to scientists is the introduction of manufactured genetic traits into species through recombinant DNA technology. Today here in the Yukon and

across Canada, farmers and consumers are rallying against the commercial release of genetically modified alfalfa in Canada. The time for the minister to show leadership is now.

Will the minister temporarily, for a specified time, prohibit the importation and/or planting of genetically modified alfalfa in the Yukon?

Hon. Mr. Cathers: In rising, first of all I must point out to the Member for Mayo-Tatchun and again refer him and anyone who hasn't actually read or heard the petition response I gave last week to Petition No. 10 regarding genetically modified organisms to actually read it, because notably, with due respect to our friends in the media gallery, two of our media outlets characterized the response quite inaccurately, so I would encourage people to actually read what we said at that point.

As I stated last week, the last time this topic was an issue of significant debate in the Yukon's farming community that debate was quite heated and resulted in the farming community being very divided on the issue. As I committed to last week, we believe the appropriate action at this time is for government to facilitate dialogue involving groups representing Yukon farmers. Agriculture branch of the Department of Energy, Mines and Resources will take the lead in facilitating those discussions. I understand and very much appreciate the concern that citizens and members of the farming community have with regard to this topic, as well as their sense of timeliness because of the anticipated possible approval by the federal government of genetically modified alfalfa for growth in Canada.

Mr. Tredger: The minister's inaction is an implicit endorsement of the genetically engineered crops. We know that alfalfa already threatens to become an invasive species and genetically modified herbicide-resistant alfalfa will only increase that threat. The minister can't blame the federal government for his own lack of leadership and his own procrastination. The greatest potential negative impact of genetically modified alfalfa would be for our small local producers, the heart and mainstay of Yukon food security, especially those who sell to the organic market.

This is particularly harmful at a time when we are trying to increase local production and develop a local Yukon brand — local, pure and fresh.

Will this government protect Yukon's growing agricultural industry and grant food producers some choice over their future by temporarily banning the introduction of genetically modified —

Speaker: Order please. The member's time has elapsed.

Hon. Mr. Cathers: I'm not going to respond to the Member for Mayo-Tatchun's rhetoric on this. I would point out and remind the member that the last time this topic was an issue of significant debate in Yukon's farming community, the debate was very heated and resulted in the farming community being very divided on the issue, with that issue spilling over into local media.

As I indicated last week, not only did I table a response to the petition, I met with the chair of Growers of Organic Food Yukon and other members of the board, heard their concerns,

invited them to be involved further and also extended the offer that I'm happy to sit down with them at any time to discuss their concerns.

The commitment I made on behalf of government last week was for the Agriculture branch to be actively involved in facilitating discussions between groups representing Yukon farmers, as well as the broader farming community, to discuss this issue again, and stated our hope that the Yukon's farming community will be able to come to a broadly shared consensus on whether current regulations are sufficient or whether additional measures pertaining to GMO crops are needed to ensure that the health of Yukon farms and the environment are protected — so again, that is contrary to what the member asserted and contrary to the inaccurate reports of some of our media friends.

Mr. Tredger: The minister's continued inaction, again, is an implicit endorsement of genetically engineered crops. Around the world, there are markets representing millions of people who demand labelling of genetically modified foods and where genetically engineered seeds are not permitted. Many of Yukon's consumers share those same concerns.

Right now, Yukon consumers know that all food grown in the Yukon, whether certified organic or not, is free of genetically modified technologies they would prefer to avoid. Will the minister show leadership, not only for the producers of Yukon's food, but for its consumers? Will the minister temporarily, for a specified time, prohibit the planting of genetically modified alfalfa in Yukon so that Yukon's agricultural industry and its customers can have informed dialogue and a real chance to build consensus?

Hon. Mr. Cathers: Mr. Speaker, again, the Member for Mayo-Tatchun's rhetoric really does not help this debate, and it certainly is contrary to what the government committed to and clearly what the member does not support — of attempting to get people who have strong views on this together and, as much as possible, get on to the same page on this issue. We understand that there are very strong feelings on this issue and real concerns from some within the farming community as well as consumers about the impact the potential growth of genetically modified alfalfa and other crops in the Yukon could have — that's why the government committed last week to facilitate a discussion involving these groups in the broader farming community to discuss this issue again.

At the meeting that I had last week with representatives of the Growers of Organic Food Yukon, they put forward the suggestion that perhaps we could put in place a temporary restriction around genetically modified alfalfa while this broader discussion was ongoing. That suggestion was made to me last week. The government will give it consideration, but really, a good dialogue unfortunately often does not happen on the floor of this House. As I said to the Growers of Organic Food Yukon last week and extend again to all members of Yukon's farming community, we're certainly prepared to talk about this issue. We want to try to get a broadly shared consensus within the farming community on this issue and very much and sincerely appreciate their concerns —

Speaker: Order please. The member's time has elapsed.

Question re: Vacated library space

Ms. Hanson: Mr. Speaker, the old library on Second Avenue was designed as a community centre for the Yukon government administration building, the same building that houses this Legislative Assembly. It has been empty for nearly two years, since the library collection was moved to the new facility in Shipyards Park. The plan was to convert the old library into office space for the Executive Council, and I believe some funds were allocated for renovations; however, I was pleased to hear in a briefing that the government is not rushing to turn this unique space into yet another cubical warehouse.

For two years, I have talked to many constituents of Whitehorse Centre, and I have heard their innovative suggestions about what to do with this accessible, street-level space, so my question is this: Will the government confirm that the use of the old library is back on the table and maybe commit to a discussion with Yukoners about the best use of this space before making a decision?

Hon. Mr. Istchenko: That is exactly what we are doing, Mr. Speaker. We are looking, through our space management committee within the government, at non-profit organizations and all organizations in the Yukon, to see what this space would be best utilized for.

Ms. Hanson: What an encouraging response from the Minister of Highways and Public Works, because the other day his colleague, the Minister of Health and Social Services, also spoke about being reasonable and the importance of location and space when it comes to where seniors live.

Along with what the minister is proposing here, I'm hoping that I'm going to be echoing what he's proposing, that we look at potential uses thoughtfully for the old library space, because from my constituents' point of view this is one of the few accessible street-level locations. It's the kind of property that could anchor a lot of what we need in downtown Whitehorse. It's a space that provides an opportunity for public services that require face-to-face. I have seniors telling me that they cannot get up to the fourth floor for medical travel requests, so perhaps it's not just non-profit organizations that we should be looking at, but the relocation of government services.

Is that the kind of engagement that he's talking about? Is it including the non-profit sector as well as those socially inclusive services of the Government of Yukon?

Hon. Mr. Istchenko: That's pretty much it. We passed among my fellow colleagues and different departments to look at space needs and look at public accessibility, which is a good spot there for the residents of the Yukon, not just Whitehorse, and tourists abroad, so we're looking at all the different avenues and seeing what we can come up with.

Question re: YHC and YEC witnesses before Committee of the Whole

Mr. Silver: I have a question for the Premier. In February of this year, I called on the Premier to confirm that officials from both the Yukon Hospital Corporation and the Yukon

Energy Corporation would appear as witnesses in this Chamber during the upcoming spring session.

It has been two full years since representatives of either corporation have sat in the Legislative Assembly. The government has been very reluctant to have either corporation appear to answer questions and the public deserves better. I wanted a commitment well in advance of the sitting that both corporations would appear this spring. My request has never been answered. We are almost one-third of the way through the spring session and I still have not received an answer.

Will officials from both corporations appear this spring?

Hon. Mr. Cathers: I respond of course as House Leader to the Liberal Party House Leader. He's well aware that we've discussed this matter at House Leaders a number of times and that his request is certainly being taken into consideration.

Mr. Silver: That's why I have the need to bring it up here in the Assembly today. The Hospital Corporation last appeared on February 15, 2011, and since that time there have been significant developments. The centrepiece of the budget, for example, is a \$27-million bailout of the corporation. A number of years ago the Yukon Party government moved the construction of two new hospitals out of the Department of Health and Social Services to avoid scrutiny of the Legislature and has resisted calls to have the corporation appear as well. As questions mount about the new facilities, it is an ideal time for some accountability to the public.

What day will officials from the Yukon Hospital Corporation appear during this spring sitting?

Hon. Mr. Cathers: First of all I have to correct the member's understanding. The member's characterization of the \$27 million in this year's budget is inaccurate and quite unfortunate. In fact, what government has done is taken the opportunity to take a previously existing loan and pay down that loan, which will save \$12 million in interest payments over the life of that loan. That is good financial management; that is reducing our borrowing cost over the long term. It's unfortunate the member doesn't support that request.

I would remind the members, particularly the interim Liberal leader, that we're on the tenth day of the sitting; we will be discussing throughout the course of this sitting what departments will be called when and when corporations will appear. I have indicated to the member opposite that we appreciate his request and will let him know in due course when the corporations will be appearing.

Mr. Silver: I'll move on here — how about in regard to the Yukon Energy Corporation, which last appeared February 7, 2011? The list of concerns is long here as well. There are questions about the future of current rate subsidies, power outages, new industrial customers — that's a big one — and the biggest one: How will the future power needs be met?

It has been two years since officials last appeared, and hopefully we'll get some answers to these questions when they appear this spring. I made this request daily last fall, and the government refused to allow either corporation to appear then and gave the same line at that time: in due course. What day?

What specific day will officials from the Yukon Energy Corporation appear in this House this spring?

Hon. Mr. Cathers: Again, there are 22 sitting days remaining within this sitting, and, in fact, the member's characterizations of what we said last fall are quite inaccurate. I encourage him to refer to that, because we had indicated that we weren't bringing them in at that point last fall.

So again, with regard to the member's question about Yukon Development Corporation and Yukon Energy Corporation — first of all, to correct the member, typically representatives of both corporations appear here in the Assembly when they do. We will be advising the member in due course of when the corporations will be appearing. As I have indicated to the member before at House Leaders — and in this case, in particular with Yukon Development and Yukon Energy Corporation — we will likely be bringing them before the Assembly this sitting, but that's something we need to discuss with the boards of those corporations before simply responding in Question Period to a request from the member.

As the member knows very well, we discuss these matters at House Leaders on an ongoing basis and we'll be letting him know in due course.

Question re: Wind power generation

Ms. White: Under this minister's watch, Yukon Energy Corporation has poured millions of dollars pursuing projects that go nowhere and the projects that show promise, well, they get suppressed. Thanks only to an access-to-information request, Yukoners now know that a wind assessment feasibility study completed for Yukon Energy showed, quote: "There would appear to be every justification to seriously pursue a wind-generation project." The suppressed wind study states that a wind-energy project, quote: "would be economic, even with diesel fuel costing 75 cents per litre." The minister's department website shows that motor fuel diesel currently costs \$1.50 per litre.

Why is this government suppressing information about the potential for wind power to complement Yukon's hydroelectric power and displace reliance on diesel and other fossil fuels?

Hon. Mr. Cathers: The member may be quite crafty in her rhetoric, but is not accurate in the statement she has made. I would point out that money that the member is referring to spent by the Yukon Energy Corporation on projects was actually spent prior to my time as minister responsible for Yukon Development Corporation and Yukon Energy Corporation. I'm sure that the members of the board will appreciate the criticism provided by the NDP for their work, but those investments and those decisions to research projects were in fact prior to my time. I've made it very clear to the boards of both the Yukon Development Corporation and Yukon Energy Corporation that the government wants them to be focused and financially prudent in determining what sources of new potential energy supplies they can pursue, including focusing on those that are more likely to be successful in development, when they are spending significant amounts of money.

I know the member only likes wind. I know the member stated that she would be willing to pay extra money on her

power bill for wind, but the question is whether low-income Yukoners feel the same way. I would suspect the answer is no.

Ms. White: It's hard in this House to figure out what the government will and will not take responsibility for — if they like it, it's theirs; if not, it was before their time. This government needs to get serious about renewable energy. The minister responsible needs to stop spreading his misinformation about the true potential for wind energy as part of Yukon's renewable and local energy future.

Some Hon. Member: (Inaudible)

Point of order

Speaker: Government House Leader, on a point of order.

Hon. Mr. Cathers: Mr. Speaker, for a member to accuse another member of spreading misinformation, which the Member for Takhini-Kopper King specifically directed at me, is I believe contrary to the Standing Orders and past rulings, and I'd ask you to have her retract it.

Speaker: Opposition House Leader, on the point of order.

Ms. Stick: On the point of order, to allow me to even respond to this point of order, could the member opposite please clarify what Standing Order has allegedly been breached by the Member for Takhini-Kopper King?

Some Hon. Member: (Inaudible)

Speaker: I believe the Government House Leader is referring to — 19(g) "...unavowed motives..."

Ms. Stick: Thank you, Mr. Speaker. On the point of order, I heard my colleague provide her opinion on the actions of the government and the consequences thereof and I believe that this is a dispute between members and not a valid point of order.

Speaker's ruling

Speaker: We've gone through these over the past, and quite often they're the same thing over and over and over. I've cautioned members on the choice of words they use and also cautioned them not to personalize and direct their comments directly at a particular member. In this case, I believe there is a point of order as the comment was directed to the minister and not the government at large. Please just retract your statement and finish your question please.

Ms. White: How much time have I got?

Speaker: We'll let you do your question.

Ms. White: I retract the term "misinformation".

This government needs to get serious about renewable energy. The minister responsible needs to stop spreading his inaccurate information about the true potential for wind energy as part of Yukon's renewable and local energy. Contrary to what the Minister of Energy, Mines and Resources said yesterday, there does not need to be a megawatt of backup for every megawatt of wind power installed. The suppressed wind study is now released, but is still heavily redacted and we can only assume it is this government's fear of knowledge. So, once again, given lessons learned by our neighbours regarding icing on blades, given the great complementary fit for the peak sup-

plies of hydro and wind energy, will the Minister of Energy commit to supporting the Kluane First Nation's wind turbine project?

Hon. Mr. Cathers: First of all, I'd remind the member that it was this government that extended the *Access to Information and Protection of Privacy Act* to cover Yukon Energy. Previously, it was not something to which the member could even make an access to information request. I have not seen, in fact, the specific documents that the member is referring to, so I don't know what information she's referring to in this case, as far as that she claims was omitted, but I would point out for the costs of wind energy, one needs to look no further than other Canadian jurisdictions to see what it costs. We don't need to study everything to death here and to duplicate work done in other jurisdictions to determine the cost of wind energy. One need only look to the top of Haeckel Hill and see the windmills frozen in time on a regular basis to realize wind energy is not a reliable, cost-effective source of energy that can be done without a backup source of energy.

So the member has indicated she's willing to pay more for renewable energy. The question: Are low-income Yukoners willing to add more to their power bills to fit the member's ideological bent in this case?

I would again quote Lady Thatcher, in memory of her passing this week: "Pennies don't fall from heaven. They have to be earned here on earth." So the question is, does the member want ratepayers to pay the additional costs or taxpayers to pay the additional costs?

Ms. White: I wonder if the minister has ever looked south to southern Alberta, where they have the largest wind farm in North America. I think they would challenge that statement.

Under this minister's watch, there have been substantial government subsidies for projects — several million for Carmacks-Stewart transmission — for the line, part 1; \$40 million in subsidies for Carmacks-Stewart, part 2; \$5 million in subsidies for Aishihik's third turbine; and about \$80 million in subsidies for Mayo B project. We still don't have enough information yet on the price per kilowatt taxpayers will have paid for Mayo B.

Under the present Minister of Energy stewardship, Yukoners are seeing their power rates go up and up, and yet our energy future is not at all secure for either citizens or industry. This government does not even acknowledge, let alone measure, the intergenerational impacts of our dependence on fossil fuels.

How will this government, under this minister's direction, increase Yukon's renewable energy supply by 20 percent by 2020?

Hon. Mr. Cathers: All I can say to that rhetoric is "wow". I point out to the member that in fact I took over as minister responsible for Yukon Development Corporation and Yukon Energy Corporation for the first time in November 2011. The investments she's referring to in projects were prior to my time. I point out to the member that in fact both stages of the Carmacks-Stewart transmission line had investment from others. There was a subsidy put in, or a capital contribution, by

Capstone toward extending that line and significant revenue coming from that company over their agreements.

So the member has this nice, imaginary world in her mind where wind will fuel everything. Well perhaps if there were a turbine in the NDP benches it might.

Mr. Speaker, we have looked around at other jurisdictions. We understand what the costs have been; we understand the lack of reliability; we remain committed to developing renewal energy sources, but when it comes to putting significant investments into these sources, we have to be conscious of the impact on rates. The costs under my watch that the member referred to that she stated boldly in this House were in fact prior to my time as minister responsible for the Yukon Development Corporation and the Yukon Energy Corporation. I have asked the boards to focus their investments on areas that are likely to be successful and be very mindful of minimizing financial risk to ratepayers and taxpayers —

Speaker: Order please. The member's time has elapsed.

Question re: Ross River suspension bridge

Mr. Barr: The Ross River suspension bridge was built in 1943 during World War II as part of the Canol pipeline system when threats to marine supply lines led the Allies to undertake massive construction projects inland. It is a part of our heritage. It is a major attraction for the community of Ross River. It provides a means to cross the Pelly River in the times when the ferry can't run and the ice isn't set. This morning my colleague spoke to a community elder who said the whole community uses the bridge, which is especially important for access to hunting grounds.

It is falling apart. Warning signs block access to the bridge and people are told not to cross. Why has the Minister of Tourism and Culture allowed this gem of Yukon's heritage to fall into a state of disrepair and neglect?

Hon. Ms. Taylor: I want to thank the member opposite for raising this question. We, the Government of Yukon, recognize the importance of the 71-year-old bridge, which was — as he put it — originally intended as a pipeline crossing. It's a popular pedestrian bridge and provides year-round access for hunting and for fishing opportunities, and we certainly appreciate the value of this particular bridge.

Community Services is looking at options for repairs or replacement of the bridge structure and have undertaken the assessment services of an engineering firm as well. In the meantime, we have put up a caution sign, and a chain has been installed just to ensure that individuals are aware of the issues with respect to the current state of the bridge.

Question re: F.H. Collins Secondary School reconstruction

Ms. Moorcroft: The public has heard a lot from the Minister of Education and the Premier on F.H. Collins, but the minister responsible for contracting major government projects has yet to provide much explanation in this Legislative Assembly about the numerous bumps in the road to replacing F.H. Collins.

Let's take a step back. The government's estimators concluded bids on the main construction job should be in the \$38-million range, a figure significantly lower than the bids of three contractors — contractors who would have experienced estimators on staff to help them prepare their bids.

Does the minister have any idea why three contractors would see the same blueprints and arrive at a figure significantly higher for their bids than the government's estimates?

Hon. Mr. Kent: It's certainly not our role or responsibility to speak on behalf of contractors when they're putting together their bids. What we did face was a project that came in 21 percent over two independent estimates that were received. \$10 million is something that can go a long way when we're talking expenditures. Looking at my other portfolio, the Yukon Housing Corporation, that would build 34 seniors housing units in downtown Whitehorse. So there are a number of projects where we could spend that money. We've decided to go in a different direction, and we're taking into account being fiscally prudent with taxpayers' dollars, again looking to deliver a school that will meet the long-term programming needs of the F.H. Collins school community.

Ms. Moorcroft: After throwing out the design work and millions of dollars, the Minister of Education said we're going to look at a design concept that has already been successfully and economically constructed in other jurisdictions. He went on by saying that Alberta is building four schools for \$100 million, and that's just one of the jurisdictions we're looking at.

The government seems to have selected something but so far there are no new tenders for design or construction work. I want the minister responsible for public works to very clearly outline the process that is being followed in terms of the new design and the new construction project.

Can he explain how he intends to ensure the millions to be spent replacing F.H. Collins will follow competitive processes and maximize local benefits?

Hon. Mr. Kent: Just to correct the member opposite: we have not chosen a design. We're looking at models that she referenced in her question that have been built successfully and economically in other jurisdictions. Alberta is one such jurisdiction that we're looking at. We're also actively soliciting feedback at this time from the school council, as well as staff and administration at the school. That work is ongoing right now, very much in partnership with the Department of Education with the Department of Highways and Public Works on this project, and we look forward to delivering a school that meets the programming needs of the school community and also recognizes the opportunities that exist for local contractors when we're building these types of large projects here in the territory.

Ms. Moorcroft: Well, the minister's answers don't have much reassurance that a competitive process will be followed. The replacement of F.H. Collins can be characterized by delays, bungling and confusion. After scrapping the last batch of plans, the government made the quick announcement that they're looking at Alberta's campus-style school. There are concerns that the government's new direction on F.H. Collins

could be going down the road to a sole-sourced design/build contract to an Outside company. Will the Minister of Highways and Public Works confirm or deny that the government is going down this road and that it plans to sole source a school design and a builder from outside the territory?

Hon. Mr. Pasloski: I've certainly heard enough on this topic and the allegations that are being thrown across the floor. Certainly, this government will go to tender on this project as we do, and we expect to get competitive bids and we expect to move forward. We're talking about \$10 million, and as the Minister of Education has already articulated, there are many ways we can spend that additional \$10 million. That's \$10 million overbudget and we haven't even started this project.

One of the examples of spending that money is perhaps on the bridge that the Minister of Community Services was just talking about. There are so many other places where we can spend that money. Not only is that a prudent approach, but it also creates opportunities for us to do things like the Minister of Education has spoken about with the French community, to see perhaps whether there's an opportunity for us to partner with them and create a high school for the French community as well.

I think that that again speaks to this government's approach to ensuring that for every taxpayer dollar that we spend we're doing so in the most beneficial way to get the most impact for every dollar that we spend.

This government will continue to move in that track so we get the maximum benefit of all dollars invested to ensure that we can have further training and job opportunities for Yukoners and the best benefit for all Yukoners.

Speaker: The time for Question Period has now elapsed.

Notice of opposition private members' business

Ms. Stick: Mr. Speaker, pursuant to Standing Order 14.2(3), I would like to identify the items standing in the name of the Official Opposition to be called on Wednesday, April 10, 2013: Motion No. 369, standing in the name of the Member for Takhini-Kopper King, and Motion No. 399, standing in the name of the Member for Whitehorse Centre.

Mr. Silver: Pursuant to Standing Order 14.2(3), I would like to identify the item standing in the name of the Third Party to be called on Wednesday, April 10, 2013: Motion No. 389, standing in the name of the Member for Klondike.

Mr. Elias: I will not be identifying any items standing in my name for debate during opposition private members' business on Wednesday, April 10, 2013.

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

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

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair (Ms. McLeod): Committee of the Whole will now come to order. The matter before the Committee is Vote 15, Department of Health and Social Services, in Bill No. 10, *First Appropriation Act, 2013-14*.

Do members wish to take 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.

Bill No. 10: *First Appropriation Act, 2013-14* — continued

Chair: The matter before the Committee is Vote 15, Department of Health and Social Services, in Bill No. 10, *First Appropriation Act, 2013-14*.

Department of Health and Social Services — continued

Hon. Mr. Graham: Thank you, Madam Chair, and once more I'd like to welcome back my two officials — the Deputy Minister Paddy Meade and Director of Finance Birgitte Hunter.

I'd like to start off today by addressing a couple of the issues raised yesterday and specifically the issues in home care for which I provided less than total answers. I'll expand a little bit on children and youth in care or custody and transition planning, and social assistance rates. The first issue was home care.

The home care program, as I probably said yesterday, is territory-wide and has a very wide range of services. It's one of the most comprehensive service bundles found in Canada and all services are at no cost to our clients. It was pointed out to us by the accreditation committee that it was one of the most comprehensive bundles of any home care service in the country. Over the past couple of years, the number of clients and demand for services, as I previously stated, has steadily increased and we find that home care is a very cost effective, integral part of the bigger health care system. The department is committed to meet the needs of the Yukon public and Yukon seniors, especially in the most cost-effective way possible.

Funding increased demands in home care will support the efficient use of resources within the system. This will assist in delaying admissions to facility-based long-term care and it will also help to reduce the cost of acute care services in our hospitals. The home care program will continue to look at new and cost-effective delivery models that support the needs of clients and patients within the health care system. An example of this and an innovation is the home care for homeless initiative, which is a partnership program with the Salvation Army and Kwanlin Dun First Nation.

Home care is a philosophy of least amount of services, as I said yesterday, to support safety and health. These services include therapies, nursing, social work and home support. Therapy services include support mobility and function within the home, including assessment and modifications to home environment, mobility aids, education and others. Nursing services include wound care, medication assistance and management, monitoring of medical conditions, and administering numerous treatments and client education. Social work supports the needs of the individual and family, providing emotional and social services, assistance with future planning and finances. Home support services include personal care, which is dressing, bathing, grooming, and respite and homemaking, which includes basic sanitation and safety. First Nation citizens are provided homemaking from their First Nation program.

Client statistics — and this one maybe I wasn't quite accurate yesterday — from October 2012: the number of clients in Whitehorse was 294 and the number of clients in other communities was 220. Clients by service grouping: those in acute or rehab were 229; end of life or palliative care, 28; long-term maintenance, supportive, 257. To give you an idea again of the increased client needs in 2009-10 — 339; in 2010-11 — 413; and 2011-12 — 530. This year we have increased the home care budget by \$429,000 to address the needs and meet the increase in client numbers and care acuity.

This includes funding for an additional 4.5 FTEs, so almost the total increase in the department's FTEs are in home care. The positions: one administrative assistant; 1.5 registered nurses; 0.5 social worker; 0.5 therapist and one home support worker. All community home care programs are monitored annually and home care does not wait-list clients for care.

Home care has added the following positions in Yukon communities over the past few years: community liaison coordination has gone from 1.5 to 2.0, and these positions provide local coordination in the community, supervision of the community home support workers and community collaboration aimed at increasing capacity. Home support positions were added to Mayo, Carmacks and Carcross in 2011. Again, these are auxiliary hours as the need fluctuates greatly. The communities are monitored constantly and, as the need in communities increases and becomes stable, they are turned into part-time or full-time positions. Recruitment of home support workers in Pelly Crossing and Old Crow is currently underway with funding that was provided in the 2012-13 budget.

Under children and youth in care or custody, under the *Child and Family Services Act* 2010 there are two types of care or custody for children in need of protective intervention. Temporary care or custody is a voluntary care agreement signed with the parent or guardian, time-limited with the goal to return the child to the parents, or under a court order, which again is time-limited with a goal to return the child to parental care and where it has been determined that a court order is required: an agreement has not been able to be reached with a parent to enter into a voluntary care agreement. Continuing care and custody: again, a court order is required for long-term care of the director and it has been determined by the court that the parent is not able to provide care and safety of the child.

Ages of the children in care — we talked about this yesterday. Under the *Child and Family Services Act* up to the 19th birthday, they can be under the care of the director; the previous children's act was up to the 18th, so it added one year. Under the old one, it was 18; with the agreement of the youth, up to 19.

Under transitional support services for youth, which was the new provision under the *Child and Family Services Act*, youth who have been in care may enter into a voluntary written agreement for support services. Eligible youth are those who have been in continuing custody of the director, and it includes youth from ages 19 up to their 24th birthday. Youth are not in care of the director past the 19th birthday, so they must enter into a voluntary agreement or they're not eligible for support services. Supports are provided and may include things like educational, life skill or housing supports, and those are the types of things that are provided through the transitional support services for youth.

I would also like to take this opportunity to correct the statistics on page 13-12 of the main estimates book. The estimates for Whitehorse continuing care were originally set based on the actual in 2011-12 of 129, but when the department corrected the actual for 2011-12 to 108, they neglected to correct the corresponding forecast and estimate downward, so that's just a correction on that page. They'll be revised in the next supplement — instead of 125 and 130, they should be 105. So the 108 was adjusted, but not the other two.

Then we went on to social assistance. There was some discussion about when rates were last increased. The rates were increased in 2008 by 25 percent under the new regulation. The regulation also provided for an annual increase linked to CPI. Since 2008, we have been keeping up with inflation with the following increases: in 2009 — 1.8 percent; in 2010 — 0; in 2011 — 2.5 percent; and 2012 — 2.7 percent. Shelter supplements, in addition to the basic shelter allowance, are available on a case-by-case basis, contingent on need. The Yukon supplementary allowance is a separate benefit for social assistance clients who are excluded from the work force based on age or infirmity, and that is a monthly rate that was doubled in 2008, from 100 per month to 200 per month, and has since been indexed as well.

I have some notes on Alcohol and Drug Services that we can probably go over when we reach that point.

That's all I have at this time, Madam Chair.

Ms. Stick: I thank the minister for his update on some of those questions we talked about yesterday. I too wanted to go back to a few things just to be sure I am clear.

The minister did address home care, but looking at what we talked about yesterday, I just wanted this to be clear. He said there was an \$18.60 or \$21 per day that is charged to a person, and I just want to be clear that this is not to people in home care, but in fact this is for individuals in continuing care facilities.

Hon. Mr. Graham: That's correct, and I'm sorry if I gave any other impression, because that's the way it is.

Ms. Stick: I just think it was mixing up the words “continuing care”, “home care”, et cetera — that is where we got mixed up.

The minister also spoke yesterday about how he has established advisory groups for parents of children with disabilities and he mentioned the group of parents that he was working with through Autism Yukon. I want to clarify if there were any other advisory groups for families with children with disabilities besides the one identified through Autism Yukon.

Hon. Mr. Graham: At the present time, it is an informal internal advisory group. We’re just working at the present time on establishing a more formal working group that would include representatives not only from Autism Yukon and other groups who have children with disabilities, but we’re trying to make it a more inclusive group and establish it formally. That’s right.

Ms. Stick: We left off yesterday talking about youth in care and youth in continuous care, and I have some more questions because I think for awhile there we were talking apples and oranges.

To be clear, the minister today spoke about continuous care for individuals that can be extended to the age of 24 on a voluntary agreement. I just wanted to clarify: Is this only for young adults who have disabilities, or does it include any youth who reaches the age of 19 and is in continuous care?

Hon. Mr. Graham: It’s not only children with disabilities; it includes any youth who have been in continuing custody of the director up until age 19. If they’re in the care of the director at age 19, they’re eligible for transitional support services.

Ms. Stick: When I was asking the questions yesterday, I was particularly interested in youth and young adults who did not have any infirmity or disability, as the minister mentioned. I understand the part that they can agree to a voluntary agreement with the department.

What I’m not clear on and what I’d like to hear more information on is if the youth agrees and signs a voluntary agreement, is it Family and Children’s Services that continue to provide those supports, or is it the Adult Services system? What is the range of programs? If an individual has turned 19 and has been living in a group home for an extended period of time, I suspect they would not be able to stay in that group home, but is there a program that would help them find an apartment, learn the independent skills of paying rent or buying their groceries and making their own meals? The reason I ask about this is because I’m certainly aware that for many youth there is not family involvement and support and they really don’t have anyone.

Usually by the age of 19, many of these youth or young adults would have graduated from high school. Is there a program or a role to play in terms of helping these youth access post-secondary school or places to live? Are they able to go on to college or university? If they’re not involved in any program or don’t have that family support, I imagine it will be much more difficult for them.

We know, through study and research, that many of the young adults who are now homeless in other jurisdictions, if

we look at their background and history, often come from the childcare system. They’ve been in foster care, and they’ve been in group homes and when they “age out” at 19 or 18 or whatever that age is, they’ve been virtually left on their own. These are the youth that we would see couch surfing, homeless, in shelters, and I’m just wondering — you know, the previous questions — but also is there a way that Family and Children’s Services is tracking any of these individuals to see what happens with them and where they have gone? Just the magic age of 19 doesn’t necessarily make every 19-year-old mature and responsible and able to care for themselves. You know, most families continue to provide support to their kids and, for these individuals, often that support doesn’t exist. So if I could hear some more about how that transitional or voluntary agreement helps and what they are able to offer.

Hon. Mr. Graham: Madam Chair, this one is a difficult question because not all 19-year-olds, when they transition from Family and Children’s Services or care of the director, wish to sign a voluntary agreement, which would make them eligible for care under the transitional support services. The department goes and makes great effort to track clients as they make this transition. At the current time, there are seven young people identified who will transfer to Adult Services or reach the age of 19 in the next little while. Planning is ongoing for these seven young people. The planning takes place between Education, Family and Children’s Services and Adult Services. We include the others because we want to make sure that not only do we continue things like life skills planning and housing support, but we include education simply for that reason — for the reason that we want to see their education continue because that’s one of the ways they’ll get out of the process in which they are currently embroiled.

We continue planning. It’s not something that starts when they hit the age of 19. It’s something that goes before that. We’ve also identified youth up to 2018, so we’ve identified all of the youth currently in family and youth services up to 2018 who will transition by that time, and we’re continuing to plan for the transition of all of those people up to and including 2018. It’s a long-term plan; it’s not something that happens overnight. We attempt to include as many departments in the planning as we can to make it that much better for the young people as they transition from youth to young adults.

Ms. Stick: I hope we’re including First Nation governments and services in those consultations because I know that some of those youth also have membership in First Nations and there might be resources there.

There’s a line regarding fostering services and it speaks of approved homes. Now, I’m assuming that those are foster care homes, family homes, but what I’m interested in is where we’re at in terms of group homes now for youth 19 and under.

What I’d like to know is how many group homes and how many children are in those group homes, and also whether there are separate group homes for youth with disabilities who might be housed in residential services.

Hon. Mr. Graham: I don’t have the exact numbers here in front of me at this time but I think one of the homes that the member opposite was concerned about was one of the ones

that was in downtown Whitehorse. There is no doubt that it's in a transitional stage. It has unfortunately been in a transitional stage for some number of years. We did put it out awhile ago for an expression of interest to see if we would have a non-governmental organization that would be interested in operating the group home for government. Unfortunately, we found that expression of interest didn't really work out. So I'll obtain the numbers for the member opposite as soon as I can for group homes and I'll get back to her.

Ms. Stick: To clarify, I was looking at numbers for youth group homes, 19 and under, and what I wanted was the number of group homes and the number of youth in them. Also, are there group homes for youth with disabilities and what were those numbers? I will ask other group home questions later.

Some Hon. Member: (Inaudible)

Ms. Stick: You're jumping the gun — sorry, Madam Chair.

Moving on, in the last number of years we saw a new receiving home built to replace one that had lots of problems, and again I'm looking for statistics — the number of children who come into the receiving home and what the average length of stay is for the children there.

Hon. Mr. Graham: We will obtain the numbers for youth in group homes around the territory. We don't keep statistics, such as average length of stay for those individuals, so that information won't be available, but the rest will.

Ms. Stick: I won't ask the minister to repeat the question. I can only listen with one ear.

Moving on, we come into the Early Childhood and Prevention Services. One of the numbers I noted is decreasing is under the healthy families program. Last year, it was estimated at 153. We're down to 125. This was under the family supports for children with disabilities. Are we actually seeing a decrease in those numbers, and is part of that children moving on to the adult system?

Hon. Mr. Graham: Actually the 2012 estimate was perhaps a little over exuberant. As you see, the actual in 2011 was 98 and the 2012 most recent forecast is only 112, so the 153 was perhaps a little overly — well, I wouldn't say optimistic, but it was probably inflated a certain amount. The 112 is a more accurate forecast of what we anticipate for last year, and based on that, the 125 is probably a fairly accurate increase because the numbers are increasing. As I've said probably before in answers to questions during Question Period, we're attempting to identify those children with disabilities at a younger and younger age. That's part of the process that we're working on with the Department of Education so that we can be better prepared, not only in the Health department to support these children, but we're better prepared when they enter the education system at age five or six.

Ms. Stick: There was an increase of 200,000 that the minister spoke to. He mentioned this would be for equipment or services for families, for their children with disabilities. I'm curious as to whether there's a clear policy or regulation around what families can apply for. For some families, it might just be a bit of respite or a piece of equipment. Others have much lar-

ger costs that they're facing due to the disability of their child. I would like to hear from the minister if there is a policy that parents can look at and know what they are eligible for.

Hon. Mr. Graham: This is a tough one. We have internal policies — there is no doubt — but the support system for families with children with disabilities is more case-specific. So if a family comes in and they have a child who is severely disabled and they require additional support services, the family supports for children has the ability to provide additional supports to those families.

Are there hard and fast policies that say you can only get X number of dollars for a certain service? No, there aren't, but we have internal guidelines, shall we say, and it's done on a case-management system within the department.

Ms. Stick: I'm curious. Is the minister finding that this amount of money is appropriate or is this an item that might require more funding with the number of families and the needs out there?

Hon. Mr. Graham: I guess the answer is yes. It probably requires more money. That's why we put in an additional \$200,000, but it also requires more efficient use of the dollars that are currently budgeted not only within Health and Social Services, but within the Yukon Housing Corporation. Yukon Housing Corporation has a fund that allows them to provide assistance to families with children with disabilities to have things like ramps or provide lifts or things like that that are internal construction related. What we are attempting to do is combine that with our support system here so that families only have to go to one agency in order to get the kind of assistance they need. Right now they have to go to one agency for work to be done in their home and that's a whole different process than when they come to the family supports department that is there to help them with the daily operations.

Yes, we could use more money, but mostly what we need is to make the system more efficient and make better use of the money that we already have.

Ms. Stick: I thank the minister for that answer. I believe that families need support and it needs to be something so that they are not constantly struggling to find the right place to go to or the right people to be talking to when they're trying to support their family, trying to support their children and find that they are having to go from department to department. I think that's a great idea and hope that that continues to be worked on.

I was just curious that the Dawson Shelter Society comes under Family and Children's Services. It showed up under Family and Children's Services and I'm just curious as to why that is.

Hon. Mr. Graham: Yes, the Dawson shelter is under our department. As I probably stated already, it's the second half of the duplex that this money is for.

It's simply to provide the shelter for women with children. It's to support and coordinate community resources and, because of the fact that it includes not only families, but children and youth, it comes under Family Services. I don't know what else I can answer.

Ms. Stick: I was just curious because Kaushee's is something that does not come under this.

Some Hon. Member: (Inaudible)

Ms. Stick: It does? I have a nod, and I have a shake.

The minister spoke about additional funding going to the Salvation Army for a rebuild. The \$100,000 — he spoke about programming and planning for, I'm assuming, a new shelter. I have lots of questions on this, but to keep it fairly brief, what type of shelter are we looking at? An emergency shelter? Are we looking at more permanent housing for the hard-to-house?

Where are we, in terms of this planning, at this point?

Hon. Mr. Graham: This is one that we've just started the planning on. The \$100,000 is to assist with the functional plan and the basic outline of services. We've agreed on some of the things that we would like to see included in the new building, and it will replace several of the current fixtures that Salvation Army currently uses in the city. It will include a shelter. The Salvation Army would like to see the shelter somewhat enlarged and improved so that it isn't completely a dormitory-style shelter. It will also include short-term transitional housing, and there has been a certain amount of discussion over the fact that some of the housing that will be included in this facility can be a little bit longer term. Transitional housing — it could be anywhere up to a year in length. That housing would also include, though, specific programming.

So, if people are in transitional housing, it will include supports for any addictions or mental health difficulties. It will include some employment training, perhaps, or assistance to find work. So it's not only going to be transitional housing, but it will be transitional housing with an added component as well.

So those are some of the things we're planning at the present time. Once the functional plan is completed, we will have a much better idea of what exactly will go in the new building.

Ms. Stick: When we talk about enlarging and improving the facilities they have now, are we talking about the same location that the Salvation Army currently is at — at the corner of 4th and Black — or is this somewhere else?

Hon. Mr. Graham: One of the additional stipulations with the contribution agreement that we have with Salvation Army is that we, the department and Yukon Housing Corporation, will attempt to locate another more suitable site for this new facility in the downtown core. We don't see the current shelter as — well, it just simply doesn't have the area necessary to complete the new structure that they envision.

Ms. Stick: My other question on this particular topic of the Salvation Army rebuild is this: Has the government consulted with any other groups that have been involved in looking at housing and trying to look at different options? I'm thinking, in particular, of the Yukon Anti-Poverty Coalition and some of those groups that have been trying to bring forward different models and different ways of providing supported housing to the hard-to-house individuals with addictions or alcohol problems.

Hon. Mr. Graham: Not on this specific project — we're not engaged. We're engaged through the Yukon Housing Corporation, with any number of different organizations in

attempting to partner, you know, not only — well, with the Legion, shall we say, and with other groups trying to partner to provide other forms of housing. But on this specific instance, we have decided to go with the Salvation Army mostly because of their past record.

The fact is that they have a number of these types of facilities in other cities across Canada that have proven to be very successful and that they have been a successful partner here in the City of Whitehorse, not only for Health and Social Services, but also for the Whitehorse Correctional Centre. Their track record is pretty darn good. When the Premier and I and department officials spoke with the Salvation Army a little while ago, they were wonderful in the fact that they have some concepts and some ideas that we think are appropriate here in the territory. We are really looking forward to partnering with them and to providing whatever assistance we can, but also to taking advantage of their expertise.

Ms. Stick: Under Health and Social Services we see \$900,000 for the Sarah Steele Building replacement and planning. I would like an update please from the minister; if he could speak to that — is this architectural planning or are we still at the program and building planning stage?

Hon. Mr. Graham: We have developed in the last few months a concept document that provided a functional plan and some options about what could possibly be in a new Sarah Steele Building. It included everything from medical rehab to an expanded and changed 28-day program — as we call it now; we're changing that part of the programming — but we also looked at a family and children's wing to be included in the Sarah Steele Building, whether it's for addictions, mental health or a combination of both — we're not 100-percent sure at this time. That's what this \$900,000 will provide. It will be working to create a new or revised concept document and updated functional and facilities plan and program description in order to clarify exactly what the facility needs are. What the original planning concept document said was these are the things we think would be the ultimate; now we have to pare it down to an area that we know we can afford, that is reasonable in size and isn't going to include a huge increase in the O&M costs.

Those are the considerations that we're looking at, at the present time. This will also give us an updated design that we will be able to bring forward.

Ms. Stick: Under ADS, we heard that there was a \$740,000 increase for medically supported detox at the present Sarah Steele Building. I would like to know what this is actually going to be covering for that program.

Hon. Mr. Graham: This is the program that we talked about for a long time. It's medically supported detox and training — you'll recall that there was a training component here that was a partnership with Yukon College, Corrections, Health and Social Services; I believe these were the three major partners — that supported development and training of employees in this area as well. It will also support transition to the medically supported detox. It will implement a new staffing model with additional front-line registered nurses and LPNs to ensure safe and effective care for clients in withdrawal.

It will include the purchase of new equipment that will be required at the current Sarah Steele Building. It will also include supplies and pharmaceuticals — the drugs that will be necessary to implement the new protocols. It will include the implementation of those new pharmaceutical protocols as well, for when and how medications can be administered by nursing staff, and it will also provide us with the parameters under which it will determine when clients have to be transferred to the Whitehorse General Hospital. It will also increase physician hours at the Sarah Steele Building.

The development of the First Nations cultural awareness training was also in that additional money. This cultural awareness training is in collaboration with Council of Yukon First Nations, Yukon College, First Nation initiatives, RCMP, Department of Justice, Northern Institute of Social Justice and Health and Social Services. Pilots are completed and that training will be delivered to all staff.

Ms. Stick: In the last budget there was a lot of discussion about land-based treatment under Alcohol and Drug Services and I'm wondering if the minister can give us an update on that and what's happening in terms of the numbers, the First Nations involved and where those are standing at this point.

Hon. Mr. Graham: We're making great progress on this file. The department has met with CYFN as well as a number of different First Nations around the territory. First of all, through the Yukon Forum, we have established a working group of First Nations and Yukon government representatives whose initial task was to prepare options for a single Yukon land-based healing centre. When this working group has reached some conclusions or at least made some recommendations, the work will be brought back to the Yukon Forum for further discussion.

At this time, during the transition period, Health and Social Services will continue to support the Kwanlin Dun First Nation and the Jackson Lake land-based healing program at a cost of about \$150,000 a year, which is our contribution to the Kwanlin Dun Jackson Lake land-based healing program.

Ms. Stick: Outreach and prevention ADS community visits: If we look at the estimates from last year and the forecast of what might be and what the estimate is for 2013-14, we see we didn't reach what the estimate was last year. Are communities getting enough required outreach visits from ADS staff?

Hon. Mr. Graham: It doesn't matter what program we talk about in ADS, it can always use more money. Unfortunately, there's not a bottomless well out there. What we're doing is meeting with community organizations. We constantly meet with various social departments from First Nations.

What we're attempting to do is look at new and innovative ways to deal with the addictions problems and treatment services in communities. So I guess what we're trying to do is make better use of the people we have out there, but also to coordinate the various services offered throughout the territory to address some of the issues in these communities in a more appropriate way than we have to date. Now that we've passed legislation allowing us to utilize NPs in communities, we see them as part of the solution.

What we also have to look at and talk about is after-care in the communities, because we find that many of these people come in from communities, take the 28-day program or whatever — they reach a point where they want to sober up or get off their addiction, whatever it may be, and there's no after-care program in place for them that allows them the supports necessary to continue it. So that's one of the things that we're really going to focus on in the next year — the after-care — and make sure that it's available to everyone.

I heard an interesting story from a nurse who works in the referred care clinic — well, I didn't hear it from the nurse herself; I heard it from the community.

It was a First Nations person who said, "We have a fella in our community that is managing very well, thanks to one of your nurses." I said, "Oh, tell me the story." He said this nurse in Whitehorse phones this fellow almost every day to make sure he is doing okay and, you know, to assist him in any way he can possibly help. When I checked, I found that the nurse was only being paid for 12 hours a week to work in this referred care clinic, and he was doing this on his own. That's the kind of stuff that gives you a great deal of joy, but we want to make sure that that service is available to everyone and we don't have to depend on the goodwill of volunteers to do it.

Ms. Stick: Just one last quick question right now on Alcohol and Drug Services. I'm wondering if the minister could just let us know if they are, in fact, tracking that recidivism in the 28-day program.

You never want to discourage a person from trying again if they've been unsuccessful, but are we tracking that and are we looking at different options for some individuals such as programs — perhaps Outside or a different kind of program?

Hon. Mr. Graham: Again, this is one of those difficult ones to answer because it's too easy to focus on statistics where we say, "Yes, we have huge recidivism" and therefore the program isn't working. As I've been told, people can decide to beat their addiction at some point in time and it either lasts or it doesn't. As I said before, I think it's the after-care that is so important and that will help to increase the number of people who are successful the first time they go through the program. Sometimes it isn't successful; we know that. But each time they seem to get a little closer to kicking the habit altogether. No, unfortunately, we don't carry those statistics, but we continue providing it and like I said, we're looking at innovative ways to work on the after-care system. I do have a couple of answers, though, to the group homes, which include two children's receiving homes, two homes for youth with disabilities — two children's receiving homes — and right now there are 17 youth in long-term group homes and there are seven youth in two receiving homes, one male and one female. Those are the numbers that we have at the present time.

Ms. Stick: I'm looking at the Adult Services unit now and in particular — and the minister won't be surprised by this — services to persons with disabilities. The minister and his staff have been very helpful in providing information to me and often to families or individuals who are looking for supports. We see that there is a caseload of 275 individuals under the services to persons with disabilities. One of my first questions

would be this: Can the minister tell me how many are receiving social assistance out of that number?

Hon. Mr. Graham: That's one way of looking at it: they are all receiving social assistance, but they're not necessarily on social assistance payments. We'll get those numbers and get back to you.

Ms. Stick: It wasn't a trick question. I wanted the number of those receiving financial assistance through social assistance, because when I look at the number of individuals receiving the Yukon supplementary allowance, it's a very small number in comparison to the total caseload.

One of the issues I've always had with this department is that persons with disabilities so often are receiving social assistance and, for that reason alone, are living below the poverty line. Yes, there is the Yukon supplementary allowance that increases the amount of money they receive by \$250 — and I would just check if, in fact, that amount has gone up. My understanding was that it is still only \$250 and it has not increased the same as social assistance rates have. I believe it's still \$250, but I stand to be corrected.

I have wondered if it's not time to look at a different way of providing funding to adults with disabilities than the basic social assistance and the supplementary allowance. For many of them who might live independently with a supported independent living worker, it's not enough. They still struggle to make ends meet and may be unable to work. It's really forcing them into a state of poverty. We see in other provinces such as Alberta or B.C. there is a guaranteed income amount for adults with disabilities. It lets them save some money, plan a little holiday, be able to have a few of the extras in life and not be so restricted. I am wondering if the department is considering that at all.

Hon. Mr. Graham: Madam Chair, when we look at adults with disabilities, we look at them as only social assistance recipients and Yukon supplementary allowance recipients, but you have to remember there are other avenues of income for those folks as well. The Canada Pension Plan is a perfect example where they are eligible for assistance under the Canada Pension Plan. If they're First Nations, they're eligible for assistance under their First Nation. In many cases, what we find is that social assistance is a top-up to other sources of income. I know these things from the people I've worked with on an individual basis. There are other sources of income. It's one of the reasons that we've changed our policy in the last year, to make sure that people who are permanently disabled or have conditions that are not going to improve don't have to come in with medical reports every month or six months as they did before. Now these people don't come in as often.

There is also a federal savings program for families that wish to establish a fund for disabled children. That's now available through the federal government and it's an opportunity for families to contribute to something similar to an RSP that will provide assistance to their adult children at a later date.

There are a number of different options available, but these folks also all have case workers and we hope that if the case worker or social worker sees a real financial hardship or an

opportunity to assist these people, that they bring that forward. We're not attempting to keep people at the poverty level in this area. We try to assist people with disabilities in any way we can to make sure they have a much better opportunity to live a full and enjoyable life. I don't know what else I can say. We can get some more information from the Adult Services unit and provide it to you to give you other options as well.

Ms. Stick: I thank the minister for his response. Sometimes I think he and I are often talking about different groups. Individuals can receive the CPP disability if they've contributed to that and have worked in the past. There are a lot of individuals who are not eligible and cannot receive that.

It was also interesting to hear — yes, individuals can also apply for funding from their First Nation or through Aboriginal Affairs, but I will note that it is not comparable and that many individuals I personally know who receive that funding receive less and do not get the same consideration as this department provides to these individuals. It is a problem. I have personal experience with that with individuals I know.

With the increase in funding to this unit of \$364,000 — it was mentioned that this would hopefully be for more residential services and for day programs. What I don't see is an increase in the numbers when we're looking at the stats. The projection of clients in day programs stays the same as last year, but the minister knows through letters from me and I know through contacts with families and individuals that there are still people waiting to be able to access a day program. What I don't see is an increase in those numbers. I do see an increase for supported independent living and an increase for Challenge, but there is not growth in the day programming where individuals are still living at home with their parents and/or are coming out of the education system.

I wonder if the minister could comment on that.

Hon. Mr. Graham: This was what part of the \$364,000 increase was for. It's to increase both day and residential programming for adults. Clients are a combination of those transitioning from Family and Children's Services, the Yukon Review Board, and those living with parents or caregivers requiring a range of day programming supports. We're in the process now of negotiating additional day spaces with a number of providers. Hopefully they will come forward in the next little while as we successfully negotiate costs for additional day spaces with a number of programs.

Ms. Stick: Then I will assume that those numbers hopefully will be larger next year with more individuals receiving that service.

In the statistics here, we have employment training and supported independent living clients. What I was interested in was the number of group homes for adults with disabilities and the number of group homes and the number of individuals residing in those.

Hon. Mr. Graham: Mr. Deputy Chair, we will provide those statistics for you as quickly as we can.

Ms. Stick: Thank you to the minister for that.

Earlier the minister brought up one of the adult group homes and spoke to that. The other statistic I would be interested in is the number of group homes that are being run or

contracted out to NGOs — or for-profit, for that matter — versus the number that are government run.

Hon. Mr. Graham: Yes, we will provide those numbers as well.

Ms. Stick: I have had a few individuals call me from the communities looking for more support for their family members who have disabilities, particularly looking for respite and some kind of daytime respite, understanding that there are not the numbers to provide a day program.

I'm wondering if the minister could tell us how those services might be provided in the communities.

Hon. Mr. Graham: It's difficult to answer questions like this without being specific, because each case is specific to the individual. So if we're providing funding to a family as a family day home, then part of that funding would also include funding for respite and it would be up to the day home operators themselves — or the day home caregivers — to arrange that respite. That's why I say it's very difficult to answer these questions without knowing the specifics.

Generally, if the funding is being supplied by us for the day home, then we will also supply an additional amount of funding for respite.

In the last year, we've improved access to day and residential programming by increasing the transfer funding, and we hope to see the results of that very quickly because we are negotiating with a couple of providers at the present time. We've initiated a review of rate structures because, as the member opposite knows, rate structures are also dependent on the degree of disability and the degree of supervision and care required. We've also initiated a review of rate structures for both residential and respite services, and we're kind of loosely basing it on practices across the country because various jurisdictions do have separate fee schedules. So we're looking at that at the present time.

If we're talking about families with adult children with disabilities — even though we're not providing funding, shall we say, to the family to look after their adult children — we will provide funding for the respite for those children, so it's two separate things. Again, we're not funding the family to look after the adult child, but we will provide respite funding, if they so request.

Ms. Stick: We hear lots about fetal alcohol syndrome disorder, and I'm just curious if the department is trying to track those numbers now from birth to adults. I understand the need for assessment and a team-based assessment to make that diagnosis. Are we still tracking those numbers, or trying to, and continuing with assessing individuals to determine whether that is the diagnosis?

Hon. Mr. Graham: This one is an interesting question, because I've asked the same question myself. How many children or adults are there in the territory who have FASD? One of the things that I found is that there is no ready answer for that question because you can't force people to be diagnosed, in other words. We may suspect that a person is FASD, but unless the diagnosis actually takes place, they can't be labelled, shall we say, as such.

It's an interesting question because, as I probably told people before, at the present time we are currently running an FASD certificate program here in the territory, and we have people from all over. I had the opportunity just this morning to sit in on a case conference, and that was one of the exact questions — or the exact issues that came up. Not only is this person diagnosed with FASD or not, but at what level? You have high-functioning FASD, and then you have everything down to people, such as one we are both aware of, who requires 24-hour supervision as well. It's a really difficult question. We wish we had the answer because we think it's important to know, but we don't really have anything. We've combined with the Yukon Department of Justice, Justice Canada, Yukon College, the Northern Institute of Social Justice, as well as the Council of Yukon First Nations, to do a research methodology and funding proposal for research to determine rates of FASD, neurocognitive disorders, substance abuse and mental health issues within the Yukon's corrections population. So we'll have some of those numbers, but the five-step FASD action plan, which was originally set out, I think, back in 2002 — some of the areas are ongoing.

We've moved beyond the action plan. Part of the action plan included things like Options for Independence — the expansion to OFI and things like that. So we're continuing that collaboration, especially with Justice and Education, to develop a framework of FASD programs and services to analyze gaps and make recommendations for improvements.

One of the things I've learned while participating, even in the small amount that I have in the FASD certificate program, is what is absolutely essential is that we quit operating in silos and that we get more and more case management, because what we're finding is that these people touch on a number of different areas from Justice to Health and Social Services to Education to probation officers, and so they touch a number of areas within the Government of Yukon — and not only within the Government of Yukon, but if they are First Nation, we deal with their First Nation. So there's a huge number of areas involved, and it's absolutely essential that they get together and they have case management, so they're all on the same page and they're all headed in the same direction.

One of the things I found out this morning that was very interesting is that the case study involved in effect at least seven different organizations — seven — and in some cases the organizations had never talked with each other, let alone about this individual. So that's one of the things that we think is absolutely imperative. If we accomplish nothing else on the FASD file in the next little while, it will be to make sure that the cross-department consultation and case-management studies increase, and hopefully through that we'll be able to assist these individuals. We'll never cure the problem because, as you know, it's incurable, but we'll be able to at least provide supports and management necessary for these individuals to lead a much more productive life.

Ms. Stick: I'm pleased to hear the minister talking about case management where it's client and family centred and involves everyone. I know the minister knows I worked in the system back in the 1980s and 1990s. It's just like we've

come full circle. That was the case at one time, and then we seemed to move away from that and people became protective of their areas. In fact, until all people involved can build a team around that individual, we are wasting resources and people's time and we're not providing the best service we can for those individuals.

I'm happy to hear that and I believe that should always be the case for individuals if we want to make the best use, not just of our resources, but those of First Nations, families, and other organizations when we're competing for the same dollars or the attention of an individual. It doesn't help the client at all; in most cases, it just confuses them. I hope that's the case for all clients with disabilities, not just FASD when we're talking.

Under the seniors services and adult protection unit, I've kind of neglected this area since being the critic. It's one I have just recently tried to bring myself up-to-date on. I have a number of questions. This unit investigates and processes adult protection cases as per the *Decision Making, Support and Protection to Adults Act*. When these pieces of legislation were brought forward, they were meant to go hand in hand along with the *Public Guardian and Trustee Act* and other legislative pieces.

There was a lot of fanfare and there was a lot of public information around these programs. That seems to have faded away. We had decision-making documents that we suggested every person over the age of 17 should fill out that talk about what you want for yourself. We don't hear about that any more. We don't hear about the different programs under these. They seem to have really just kind of faded away.

In talking to people and asking them about it, a lot of people are just not aware of the different options. They think there is adult guardianship or there is nothing. For many individuals, whether they're in group homes, approved homes or supported independent living — when we're talking about adults, they do have rights in terms of information sharing and making decisions for themselves. One of the things I've been thinking about is the number of group homes we have for adults, and the department provides the support for those individuals, whether it's a non-profit or government-run group home.

I am wondering if we are keeping up with the decision-making legislation that we passed. Are we making sure that individuals understand that they have choices and are we protecting staff, making sure that when they are assisting an individual they are doing it according to that person's decision-making? I think it's an important piece because some individuals will require some assistance to make decisions. It's not that we have to make all the decisions, but if there is a whole process laid out, how that works. The other piece of that is that we have never gone back and looked at that legislation. We haven't reviewed it to see if it's working. Are we doing enough public education?

I would like to hear from the minister a bit about this. I think this is an area that we need to be looking at, whether it's for seniors or adults with disabilities or for ourselves, what are we doing in this area to ensure that this legislation is being used appropriately?

Hon. Mr. Graham: I could almost go on for a long time on this one. We're attempting, with the cooperation of organizations such as YPLEA and others, including seniors organizations, to make sure people, especially seniors and elders, are more aware of things like elder abuse and their rights. I belong to CARP, the Canadian Association for Retired Persons; you're much too young to join yourself, but it's an organization that also tries — pardon?

Some Hon. Member: (Inaudible)

Hon. Mr. Graham: That's right — to make older Canadians aware of some of the things they're facing as they become older. One of them is to make sure they have frank discussions with family members or close friends, younger friends, to determine what things they would like to see happen as they approach that time in their life where they may possibly become incapacitated for some reason. I know that was the intent of the *Decision Making, Support and Protection to Adults Act*, which was passed some time ago.

I know our caseloads — you've probably seen in the budget book — have increased substantially over the last few years as have our consultations, which are consultations determining adult protection, care and consent, guardianship and all of those other kinds of issues. So I think it's really important that we continue to advise and make sure that people or seniors approaching that stage in their life are aware of their responsibility to ensure that they have put things in place to make sure that their wishes are handled in their declining years.

I don't know if I've answered everything that you asked, but hopefully — also, as I've been reminded here, we're working with the Justice department now on guardianship issues and changes that need to be put in place around that whole issue of guardianship and its impacts.

I know it's one of the conversations that I've had with a member of my own family — make sure that things like a will are in place and their desires — should they be put on life support — so those things are very important to discuss. I know they're difficult, but they're important to discuss and those are some of the things that the seniors services and adult protection unit provides to individuals who don't have close family available to them.

Ms. Stick: I thank the minister for that. What I was looking for and heard a bit was whether there will be a review of these pieces of legislation to see if they are working and where the difficulties are. I would also suggest that this isn't just an issue for seniors but is an issue for all Yukoners.

Those advanced decision-making documents you could find in your doctor's office at one time. I just don't see those out there any more. Those are actually available for individuals 17 and up; it's not just seniors. It is a hard discussion to have with people, but I think after all the work and time and effort put into these pieces of legislation and into these documents and into the public education, it has faded away. I don't think we can just depend on seniors organizations to be the ones promoting those. Maybe it's something that should be in the high schools or other organizations, not just seniors.

It's important legislation. I know there have been difficulties around public guardianship and adult guardianship, and the

results have not always been great. I'm really hoping that we could see a review of this legislation. It has been, I think, eight years now at least since that legislation was passed. I'd like to know what the numbers are. Are people using it? Are people even aware of it, especially around the advanced decision-making documents? I really do believe that's something this department should be reviewing and then promoting.

Hon. Mr. Graham: That is something that was done in the past to perhaps a greater extent than it is now. When we began the palliative care program in the territory, there was a huge amount of information provided to a number of different organizations across the territory, as well as publicly. Perhaps we'll take a look at that and see if that's something we should be increasing: the public availability of information about seniors and seniors services and the adult protection unit.

We do have a lot of legislation, as you are aware, in this department, so I'm not going to make any promises that we will be looking at the act itself, but it's something that, over time, we have to do — there's no doubt about it — because, as we all know, the number of seniors is increasing steadily here, perhaps faster than many places in Canada. So it's something that we'll keep an eye on, and we'll take the member's suggestion back with us.

Ms. Stick: I thank the minister and his staff for that information. I do hope that we see more out there. I think it is critical legislation as we age, and I think we should be promoting that and educating more of our citizens on this.

I'm wondering, Madam Chair, if we could take a short break.

Chair: Would the members like to take a break?

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, resuming general debate on Bill No. 10, *First Appropriation Act, 2013-14*.

Ms. Stick: Madam Chair, I just want to thank the minister again and his staff for the amount of paper we've gone through today already. I appreciate that.

Moving on to Continuing Care, we see that there is planning for McDonald Lodge in terms of capital costs and some operational equipment for Copper Ridge, but not any other big plans.

One of my questions was regarding the Thomson Centre. We did see new beds opened at the Thomson Centre in the last year. I'm wondering if that facility or that space is now at capacity, or can we anticipate any new beds coming open for individuals there?

Hon. Mr. Graham: The Thomson Centre is not completely built out as a continuing care unit. There was some discussion, at some point, with the Hospital Corporation as well about whether or not we should include a palliative care facility as part of that build-out. We found, though, that the expense of converting that building to continuing care has almost reached

the stage where we're not sure it's a good idea, especially since the Hospital Corporation then has to relocate folks who are currently in the building.

We're looking at options, and one of the options includes building a complete, new continuing care unit somewhere within the city, because we know that Macaulay Lodge has almost reached the end of its useful life. We know that the Thomson Centre is, for all intents and purposes, as large as it's going to be in terms of a continuing care unit. We know from our own statistics regarding the number of people who are currently using home care, that in probably the next three to five years, they will require some form of continuing care themselves. So, with all of those things combined, we thought that we would go ahead with at least looking at a feasibility study on continuing care and see exactly where we are. I anticipate that, with the support of the rest of my caucus, we will probably go ahead with a Management Board submission, requesting permission to begin planning a new continuing care facility in Whitehorse.

Ms. Stick: I guess one of the things that I would like is the numbers. So, currently there are 28 beds available at the Thomson Centre. I'm just wondering if the minister or his staff are aware of what the original number was when that facility was first opened, because there was also, it seems to me, plans then for palliative care, and I just don't remember if that actually ever came into existence or not.

Hon. Mr. Graham: I'm not sure what it was originally; the number 50 sticks in my mind somewhat but then I also thought that the number of beds available was 29. However, one has been converted just recently so there are actually only 28 beds available in the Thomson Centre. If we were to continue with the renovations and moving existing staff out of there, I believe the intent was to open another 10 beds, so we would have a total of 38 beds in there. Whether or not we converted the area at the end to palliative care or continuing care would be up for grabs at that point. I do not anticipate us going ahead with the additional 10 beds at this time although a decision hasn't been made.

Ms. Stick: My understanding then is that the space where possibly another 10 beds — if that was the direction the department was to take — is currently being occupied by staff and offices.

Hon. Mr. Graham: The Hospital Corporation currently occupies that space. I think part of the space is being used for administrative offices and visiting specialists. As you move further down, it's for an area where specialists work with people who are having joint replacements and things like that — or at least that's where I had to take my mom.

Ms. Stick: I thank the minister for that. It's good to hear that there is planning going on for continuing care. Along that line, it's pretty apparent from the statistics that all available beds are being used, whether it's at Macaulay Lodge, Thomson Centre or Copper Ridge Place. Can the minister tell us currently the number of beds that are being occupied in the hospital by individuals waiting to go into another continuing care facility?

Hon. Mr. Graham: We have had as many as seven recently, but it changes on almost a daily basis, so we've had as few as probably one or two as well. We're taking a look at this, especially with the addition of the two new facilities in Dawson and Watson Lake to see how many of the residents or how many of the patients in the acute care facility could in fact be placed in residences closer to their home communities. It's all part of that planning process that we're going through with the Hospital Corporation and two health facilities in those communities. We were talking about how many beds we need. Right now there are 31 people on the waiting list for care facilities in the territory. One of the things that we've been engaged in for the past little while is long-range comprehensive planning for continuing care services. That includes everything from residential care to home care and palliative care. We're looking at the whole range of services and where we're going in the next few years.

Ms. Stick: When considering new continuing care facilities, I'm wondering if the minister's department is considering something. There doesn't seem to be a middle step where a person leaves their home where they might have been receiving home care, and then goes into more of an apartment-style facility where they have their own suite and private area. They perhaps take meals with a group of people or prepare simple meals in their own space, and they also have medical or recreational staff on hand. I am wondering if that is one of the considerations — something between leaving home and supportive home care and going into a shared room in a continuing care facility or their own room in the facilities we currently have.

Hon. Mr. Graham: That was part of the plan that my friend, the minister responsible for the Yukon Housing Corporation, and I talked about earlier: the Abbeyfield project. It is still on the rails and it's still progressing. One of the things that the Abbeyfield proposal would do is give us exactly that intermediate step that we're looking for. Traditionally, I think that type of program has been filled by private industry. It was one of the things that I talked about almost a year ago when I stated at that time that we were looking for private industry to help us fill that need.

We think that if we had that intermediate step, the number of long-term care beds that would be urgently required would be reduced somewhat. We think that it's a much more appropriate facility or living space for people who don't really need the long-term care, but because they have nowhere else to go, that's where they wind up; in long-term care. So, for a number of reasons we support the Abbeyfield project. We support not only it being done by non-profit, but we would support any private businesses that tried to come into the territory and establish that kind of facility. We believe it's something that is essential here.

Ms. Stick: Around the McDonald Lodge, I just have two questions. One is, in planning this new facility, the number of beds or this department will be looking at whether it will continue to provide respite as well as the permanent care.

Hon. Mr. Graham: I'm sorry; was the member opposite talking about McDonald Lodge or Macaulay Lodge?

The plan for McDonald Lodge is that it will have up to 15 beds. Again, we're still in that stage where we're not quite 100 percent sure of exactly how many, but the intent at this time is to include 15 beds in McDonald Lodge in Dawson City.

Ms. Stick: When looking at Copper Ridge, one of the units in the statistics here is with regard to extended care. We have extended care for seniors and a number, and then we have "96". But then we have extended care adults of 20, and these would be permanent residents there. I'm wondering: Can the minister distinguish the difference between the seniors and adults? Is it merely an age? Yes, we'll start there, please.

Hon. Mr. Graham: What we're talking about is people who are not seniors but, because of either complex problems or disabilities, require extended home care.

It just so happens I have a relative at Thomson Centre, and so we visit there quite often. The mix is quite apparent there — there are a number of people who have not reached that age yet, but because of their complex difficulties and disabilities, they require long-term care, and they spend their time there.

Ms. Stick: To be clear, we were talking about Copper Ridge and the number 20. My question is just whether this is the most economical way to provide a service to adults who might be in this kind of a care facility for a long time and whether there are more community-based residences, with the appropriate supports and care needed, versus in a long-term care facility that really is an institution for those individuals.

Hon. Mr. Graham: Before any of these individuals are admitted to Copper Ridge or any of the long-term care facilities, a very careful case management study is undertaken, because if there is any possible way we can avoid putting them in the long-term care facility, that's what we will do. These people are usually very fragile individuals, who have complex care needs, usually including medications that require nurses to administer.

So that kind of case management is done before those individuals are admitted because it is a very expensive way of looking after individuals; there are no two ways about it. Unfortunately, they require that care.

Ms. Stick: I'm wondering if there is any type of wait-list or anticipated increase in numbers for the extended care for children at Copper Ridge Place.

Hon. Mr. Graham: Madam Chair, at this point there is no wait-list. These are things that are difficult to judge because we don't know from one month to the next if a child is going to need that kind of care. If the need became apparent, we would make sure there was a space available, or we would provide them with a space elsewhere until a space became available in one of our long-term care facilities.

Again, you hope and you don't anticipate that the need will be there in the near future, but we can handle it if it is.

Ms. Stick: This is a program question around Copper Ridge Place and the extended care for children. I'm wondering if those children are actually attending school or day programs outside of Copper Ridge Place.

Hon. Mr. Graham: If the children are in Copper Ridge they are very fragile cases and their parents are involved in every step of the care as well as the programming that is

available to the children. If educational services are required then we will work with the Education department, the parents and Copper Ridge Place staff to ensure that that service is available. We're talking about exceptional cases — very, very fragile kids — and in most cases that's probably not the highest priority.

Ms. Stick: I'd like to move on to Health Services and I'm just looking at the amounts for O&M and the increase. One of the things I've been looking at when going through this budget is some of the ways that the contracts are being issued to doctors to provide services in the communities. In looking at all the contracts over the last year, there are huge differences in numbers in the communities of the total amount of money being put into a community for a doctor's visit. I'm wondering how those contracts are given out and determined. How does a person determine that this doctor gets this much? I see another contract next to that one for half the cost. When I add up contracts and look at them, what communities are receiving in terms of doctor services and contracts seems to range from a very small number — I think there's one receiving about \$7,000 of doctor services — to some communities receiving over \$1 million of contract services for doctors.

In some of these communities, we have resident doctors. So I'm really struggling to try to understand how these contracts are issued.

Hon. Mr. Graham: I sign all the contracts, so I also see them as they come across my desk. I know I question many of them myself, and I've discovered over time that if it's a specialist, the contract is different. If it's a community where we simply don't have any doctors and no one really wants to go there, sometimes it's difficult to recruit people — especially for locums — when we're trying to replace or to ensure that we have a doctor in that community for the residents at all times.

So there are a number of issues that are at play here. We do have single doctor contracts for physicians and surgeons, and that's one that's negotiated with the YMA, so that is the basis on which all of the contracts are established.

But as I said, there are extenuating circumstances in many communities, especially when you are talking about specialists or difficult communities to bring doctors into.

Ms. Stick: In looking at the contracts I was also struck by services provided — or doctors could anticipate — including contracts to fly doctors to communities and back again. These are not isolated communities; they are ones that we can drive to. Many, or most, of the contracts are not for specialists, but are doctors that we would recognize as being family doctors here in Whitehorse. So they are not the specialists, but still, has the department negotiated a pay scale or contract scale that all family doctors or general practitioners are paid the same, because that's the piece that I don't see? I just see such huge varieties in the amounts of money.

Hon. Mr. Graham: We're talking about two different things.

Obviously, there is a master pay scale, and that's negotiated with the YMA, and each fee code is the same for every doctor. So if a doctor charges under a specific fee code, it's the same, no matter what your specialty is. The fee codes deter-

mine the amount of money that is paid on a fee-for-service basis. When we're talking about contract doctors, we're talking about doctors we pay to be physically present in a community. If that doctor has to drive to that community, then we pay them for the time that they drive to the community. Sometimes it's part of the contract. We will fly them to the community because it's actually less expensive to us in the long run than it is to pay mileage and their hourly rate while they're on the road proceeding to the community in question.

The other contributing factor there is — if we get them to the community that much quicker, they're able to see that many more clients. Having said that, one of the other things that we do is what we call “phantom billing”. A doctor will provide us — when they go to a community and they're being paid on a contract basis — with a phantom billing, so that we know how many patients they see and under which fee codes those patients would have been billed. So we have some concept of how much it would cost us if we had a physician there working on a fee-for-service basis.

So those things are all included. We look at all those things when we provide a contract to a doctor in a community.

Ms. Stick: Just to be clear, when there's a doctor on a contract to go to a community, they are not adding additional billing under the YMA contract to those amounts. But I'm hoping that every doctor who is on contract would be doing the phantom billing, so it's not a few or some, but all — so you know that they're being accountable for the money they're being paid.

Hon. Mr. Graham: I think it's important that we understand that if we're hiring the doctor for a locum practice and we're paying them on the contract basis, then there's no fee-for-service basis in addition. Sometimes, if we're just providing a contract to locate a physician in a specific area, then they operate on a fee-for-service basis, but that's very, very seldom.

In fact, I don't think I've seen one since I've been the minister. What we're talking about is if they're in the locum situation, the fee that they receive from the department is the fee that they receive for seeing patients and then the phantom billing we use for statistical purposes and also to keep track of roughly how much it would have cost us had a resident doctor been in that community for that time period.

Ms. Stick: I did get the first part. The other piece of the question was does every doctor on contract as a locum to a community provide that phantom billing information?

Hon. Mr. Graham: It's part of the contract, so we would expect that any doctor on a locum contract — the standard contracts that we do — would provide that information to us at the end of their term in the community.

Ms. Stick: I hope that in fact is what's happening and the minister can confirm that for every doctor, because there are some big contracts out there. They're available on the public contracts and I went through them. If my kids were younger I'd be telling them to become a doctor.

Can the minister talk about the \$200,000 increase in physician recruitment? We talked a bit about this in the House in Question Period once. I would just like to hear again what the recruitment money is actually for. Is it for staffing a position,

advertising — those types of things? Is some of that incentive also for doctors to come here?

Hon. Mr. Graham: Before I answer that question, I'm just going to make an offer to the member opposite that because of the complexity of many of these contracts — and she's obviously seen some of them — I'm going to give her an open invitation to come to the department and go through a few of the contracts with our staff there so that she really understands what we're doing. So if there are any questions, ask them at that time, because we don't have anything to hide with these things.

These are contracts that we're doing with sometimes professional corporations and we would be only too willing to share that information and show; because of the process of negotiating those contracts and everything else, we'd be only too happy to provide the information.

So once this session has been completed, you can take me up on that if you so desire and we'll spend some time and go through a few of the contracts. As part of the recruitment and retention of physicians to work in Yukon the government has, in collaboration with the Yukon Medical Association, worked to develop a comprehensive recruitment and retention strategy. Part of the additional fees will go to improving our website, www.yukonmd.ca. I recently had a young Yukoner who went to university in the United States e-mail and say, "I've looked at your website and I've looked at these competing websites, and I find that if I didn't know what was in the Yukon, I'd go to northern Ontario because their website made it look a whole lot nicer." So we are doing quite a bit of work in that area. What www.yukonmd.ca is intended to do is provide a one-stop recruitment website for physicians wanting to find jobs or find practice opportunities in the Yukon.

We also attend the website to help navigate the processes for licensure in the Yukon and we'll also provide links to various information sites to learn more about living in the Yukon, purchasing a house in the Yukon and all of the related activities.

We have also become a member of the Western Alliance of Physician Recruiters which is an organization made up of Alberta, B.C., Saskatchewan, Manitoba and the Yukon. The alliance is committed to collaborating on physician recruitment and retention activities and to share experiences and best practices in this area. We're also trying to present a unified western Canadian voice on national issues affecting or impacting recruitment and retention of physicians. We find that promoting western Canada, not only nationally but internationally, is a great help to us in recruiting or attracting doctors to the territory.

Under the agreement with the Yukon Medical Association, new graduates of the CCFP — Canadian College of Family Physicians — we have financial assistance available to recent graduates to repay their medical student loans and to recruit and retain them to the Yukon. Funding for the program has doubled as part of the government commitment as follows: in August 2012, it was \$240,000; in 2013, it will be \$40,000 — and that's because of the way the money is allocated on an

nual basis; in 2014, it will be \$280,000; in 2015, it will be \$80,000; and in 2016, it will be —

Some Hon. Member: (Inaudible)

Hon. Mr. Graham: What did I say? In 2016, it'll be \$200,000. So those supports are available for students to repay their medical loans. We also have for new graduates of the Royal College of Physicians and Surgeons of Canada — the RCPSC program — provision of financial assistance for the repayment of post-graduate student loans incurred by recent certificants of the Royal College of Physicians and Surgeons of Canada. Again, funding for this program consists of \$60,000 this year and \$60,000 in year 4, for a total commitment of \$120,000, with final payment falling outside the term of the agreement.

So the final payment for graduates of this program would fall in 2018. As the member did state, it also includes the hiring of one person who is dedicated to physician recruitment and retention in the territory.

Ms. Stick: So we have a recruitment and retention program. The government recently — probably four or five months ago — launched a website to gather information on individuals who don't have family doctors, and I'm wondering what the uptake on that has been. It just about became a practice in our office — when people came to see us about something we would ask them if they had a family doctor and, if not, we would encourage them, or even assist them, to get their information on to that website. I'm just wondering if the minister can update us on the website and what kind of information has been gathered.

Hon. Mr. Graham: I don't have absolute accurate numbers as of today, but we know that recently it was over 1,000 people looking for physicians. I think that this also gives us the opportunity at this point to introduce a whole new mix into that process of looking for a family physician. It's one of the reasons that we've passed the NP legislation, and we're working very hard to establish collaborative care in the territory. That's part of the agreement with the Yukon Medical Association.

As you'll recall, there's quite a bit of money that was put into that agreement to establish collaborative care programs in the territory, because we see some of these people who don't have physicians at the current time, who would probably as well or perhaps even better served by nurse practitioners because of the fact that they have complex care needs and, once they're diagnosed, what needs to be done is more education and work with the patient on a daily basis, rather than to simply go in and see a doctor because the diagnosis has been done.

So we're really looking forward. Again, the rollout of the whole program is much slower than we would have liked or hoped, but we see that whole process — the collaborative care clinics and the addition of new doctors in the community is also an important part of the process. We see nurse practitioners filling a real role in the future in the city as well — in the city and in communities outside of Whitehorse.

Ms. Stick: It's good to hear the minister speaking about collaborative care, and I would add "patient and family-centered care". I'm wondering what the uptake has been

through YMA on the monies that were extended to them to encourage that kind of care model, where there would be not just doctor-centred, but it would become more of a team approach with nurse practitioners, dietitians, other therapists, individuals who are specializing in chronic disease and might be able to provide that support to the patient rather than a doctor. I'm interested to hear what the uptake has been on that, because collaborative care is much more sustainable and affordable when people can get the care they need without always having to go through a physician to get what's going to help them be healthy.

Hon. Mr. Graham: Madam Chair, we will be meeting this month, as a matter of fact — our team and the collaborative care team itself, including YMA — to discuss future steps because we have budgeted \$200,000 in this budget year to work collaborative care clinics into existing clinics in the city. We are also in negotiations with a couple of physicians in the territory, who wish to add nurse practitioners to their practice. We're also negotiating with them, separate from the YMA, because we feel that if we have a couple of physicians that are interested in doing it and we can support them in some way, then that's what we should be doing. But we haven't set up exactly how the whole process is going to work. Because we don't have a fee-for-service system yet for NPs, it's very difficult to say — if a nurse practitioner in a medical clinic sees eight patients a day for half-an-hour each or three-quarters-of-an-hour each, we should pay them X number of dollars for that. Those are the kinds of things that we have to work out, so we're proceeding fairly slowly and making sure that we have all of our bases covered. At the present time, we're looking at paying nurse practitioners a salary and inserting them into medical clinics in the territory.

That's our present viewpoint, but, as I said, the committee will be meeting later this month. Just one of the other things that we were talking about is recruitment, and our recruitment team was just at an event in Victoria — I think it was the 3rd to 7th of this month — and at least 20 doctors expressed an interest in coming to the territory — at least initially, as locums. We found that when we are able to introduce doctors to the territory as locums, we have a much better chance of recruiting them on a full-time basis. It was a positive recruitment activity, and we are looking forward to having some more results from that.

Ms. Stick: It's good to hear that doctors are interested in coming. I think it's also important to remember that for patients it's important that there is some continuity and that they're not — every time they go to a clinic — seeing someone new. Or, if they are in the community, every time there is a clinic it's someone new, and they have to begin by telling their story over again and over again.

It's not effective; it's not efficient; and for patients it can become very frustrating.

The minister mentioned that he is in meetings and negotiations in the coming month to talk more about the collaborative care model. I'm wondering who besides YMA — are we including YRNA, the Yukon Registered Nurses Association, in there? Are we any closer to having clear regulations for the

nurse practitioners? We've passed that legislation; are we ready to move on it? Are we set?

Hon. Mr. Graham: At the present time, the collaborative care models we're talking about and that we're dealing with the Yukon Medical Association on is the money that's included in the agreement we have with the YMA. We're talking about the \$200,000. Department officials do meet with the YRNA because they're assisting us in a number of areas dealing with nurse practitioners. Utilizing that information, we will then deal with the Yukon Medical Association and the collaborative care working group.

One of the things that we're also looking at is — we passed the legislation dealing with NPs, but one of the things that we didn't deal with, as we stated during the discussions around the legislation, is the admission and discharge privileges for nurse practitioners. That hasn't been dealt with yet. So that's one of the things that we're working with the YRNA on, and we will be bringing forward some ideas in the very near future in that area. We will also have to deal with the Hospital Corporation as far as admission and discharge privileges at the hospital go.

What we've also announced recently is the referred care clinic with the extended hours. We're going from 12 to 40 hours a week. We're even looking at how those hours should be broken out. I won't create any instant policy by saying we're looking at Saturdays and evenings, but we're looking at how those hours should be spread out during the week. We will have an NP in that area hopefully in the very near future.

What we're also looking at is not only the \$200,000 in the YMA agreement, but also at where we as a department can place nurse practitioners in an effective economical manner as well. That's why we were saying that we will have a nurse practitioner in the referred care clinic, hopefully in the very near future.

Ms. Stick: I thank the minister again. I'm interested in this clinic. We've heard a bit about it and the increase in hours. Just to have a clearer picture, I'm wondering if the minister could explain — who are the people that would attend that clinic and with the increased hours are they anticipating increased numbers?

Hon. Mr. Graham: The referred care clinic, as you know, was established on a temporary part-time basis some time ago. What it was intended to do is provide physician services for people with complex medical needs, not only physical medical needs, but mental as well. They've been operating for approximately a year and a half now. They reached a maximum of 40 patients. They felt that that was how many they could handle on an ongoing basis effectively.

We recently went to Management Board and received funding for an additional three years at a full-time operation.

What we thought would happen actually, on a temporary basis, is that we would take a number of what we term "frequent flyers" away from the emergency room at the Whitehorse General Hospital. That worked for some patients, but what we found was that a number of patients who had not been receiving any medical care and hadn't been attending the emergency

room at the hospital also found out about the clinic and went there as well.

I spoke to one person while my EA and I were visiting the Food Bank one day. This fellow was telling us about the referred care clinic and how wonderful it was because they treated him like a real person. They gave him a cup of coffee when he came in and sat him in a room. He thinks that it was just wonderful and he also laughed and said it also “makes me very punctual, because if I miss my appointment, they won’t take me back for a long time.” It was quite interesting to hear from the users themselves.

What we hope will happen with the extended hours is that we are also extending the number of people who can refer to the clinic, so that we hope that we will reduce the need, or the requirement, for providing service for these folks at the Whitehorse General Hospital emergency room.

That’s why we extended the funding for three years; because we think it’s really important that we extend it so that we have some statistical analysis — or we will be able to do some kind of statistical analysis — and see if the service is meeting the needs that we anticipate it will.

I don’t think I have anything else to provide. I’m sorry, I’ve been saying \$200,000 in the collaborative care budget for YMA for 2013-14 and it’s actually \$300,000. I apologize; I made a mistake. No, I didn’t make a mistake; I just read the wrong number.

Ms. Stick: Thank you, minister. Just a quick question on that clinic: Who is available or who can make referrals to that now besides the emergency room?

Hon. Mr. Graham: At the present time it’s usually other physicians in the emergency room at the hospital, because we’re talking about folks with really complex care needs. They’re not the kind of people who are able to apply and get a family physician immediately, so they are people who really need some kind of continuing care. That’s why we believe that the nurse practitioner model is possibly the best alternative because they probably need more and longer sessions than your quote unquote “normal” patient would need.

Historically, as I said before, this group has really relied on the Whitehorse General Hospital, but we found the last time I talked with the folks there that they were getting a number of people who had heard via “word on the street” that this clinic was available and they were getting patients in there who didn’t attend at the Whitehorse General Hospital, so it was an interesting development that we really hadn’t anticipated.

Ms. Stick: When looking at the statistics for the hospital in speaking of emergency room visits, 32,000 are anticipated for the coming year, and it looks like it will be close to the same for 2012-13. That is a lot of visits. I’m wondering if the department is collecting information from those individuals as to who is going there because they don’t have a physician, and who is going there for a true emergency.

I know of an individual who had to go to Emergency to get a referral to have his hearing tested because he didn’t have a physician. We all know that’s just not good use of that service.

So are we tracking those individuals — or those numbers, at least — of how many individuals are there and don’t have a family physician?

Hon. Mr. Graham: We are, in cooperation with the hospital, tracking as much as we can all of the individuals who appear in the emergency room.

We’ve already seen some developments when patients coming to Emergency are asked if they have a family physician. They do have a family physician, but the illness, shall we say, or the symptoms they’re coming with, they feel will go away by the time they get an appointment with their family physician a week down the road. So those are the kinds of things that we are also tracking. It kind of concerns us because going to the emergency room for this kind of a diagnosis is a fairly expensive process.

Ms. Stick: So, on that point, is there any discussion with YMA about decreasing those wait times so that an individual who is truly sick and wants to see their own family doctor, and is told they have to wait two weeks for the next available appointment, and therefore go to Emergency — are there any negotiations or talks around how we reduce those times in the clinics, when an individual wants to see their own doctor?

Hon. Mr. Graham: Part of the solution will be having a few more family practitioners in not only the city, but in the territory. So that’s part of it. I think the other half is that when we finally are able to establish the kind of collaborative care clinics, or even a walk-in clinic that we would like to see happen in the city, that will take a lot of pressure off the Whitehorse General Hospital emergency room.

We really want to see these numbers decline because it’s an expensive and probably inefficient way to run a medical system — through the emergency room. There are genuine emergencies that need attention quickly and efficiently and by clogging up the system with people who should be able to be served in other places, it’s not a good thing. My department officials are working with the hospital, but we’re also working with the physician community and the registered nurses, quite frankly, because we think that the answer is a collaboration between all of these groups to make sure that people in the territory receive good medical care, at the appropriate time, at a reasonable cost.

One of the other things that we’re looking at, of course, is extended hour clinics, so that your normal medical clinic that closes at 4:30 or 5:00 p.m. becomes a thing of the past and that there is some way of extending the hours until 8:00 or 9:00 at night. That would also take a great deal of pressure off the hospital.

We are looking at all those things. If it requires us to make changes in the Yukon Medical Association government fee schedule to make it more attractive for doctors to see patients, say after 5:00 p.m. or something like that, that’s also something that we would be not adverse to looking at because it would still be less expensive and more efficient for patients to do it in that manner than it would having them go to the Whitehorse General Hospital emergency room.

Ms. Stick: You won’t get any argument from me on that. I have actually seen Outside where clinics have two shifts

of doctors working and a certain number of them are there during the day and go home and another shift comes in and works in the same space — different staff at the front desk and different nurses — and it works. Not everybody can get off work to go to a doctor's appointment and everybody knows your kids get sick after the doctor's office closes, never when it's open.

In the fall the government was working on chronic disease and had a number of public meetings with individuals. It was open to the public to come and talk about their issues with regard to their chronic conditions.

I attended two of those meetings. I was amazed at the range and stories that people had about the difficulties they were having with their chronic care. I'm wondering if the minister can please tell us where that consultation has gone. Are we expecting a report or action items out of that?

Hon. Mr. Graham: I don't think you should expect a report that will become public information. This was part of the whole consultation process that I talked about when we talked about the two new health facilities in Dawson and Watson Lake. The information gleaned from these discussions will feed into that whole discussion we're having about what kind of care is most appropriate in the Yukon and how we believe at this time — until something shows us differently — that we have to move away from the acute care model and more into a chronic conditions model. What we think we should be looking at in the long-term planning here is not so much at new acute care facilities and expansion of acute care facilities, but more at chronic conditions and treating these people in a different way than sticking them in the hospital — because they know what they have.

What we have to do is provide help and support for them with their chronic conditions, whether they are mental, physical or a combination of a huge number of ailments, but that's the direction that we want to move. This series of discussions was part of that planning process.

Don't expect a report; it will be part of the planning process. When we're ready to roll that kind of stuff out, then we'll be happy to share it with you.

Ms. Stick: It was my understanding that there was to be a report this spring from the two people who were contracted to gather this information and look at programming options. I can stand corrected if the minister is telling me that.

With regard to chronic care and nurse practitioners, I'm wondering if the department is also looking at where nurse practitioners can make referrals to specialists, not just to admissions and discharge from hospitals, but also to be able to make some of those referrals.

At the present time, without a family doctor, people are finding it difficult to be referred to specialists they need to see. I know of individual cases where a person has not been able to find someone to make a referral, though it has been recommended to them by another health professional that they see a specialist.

Hon. Mr. Graham: I will answer this question very carefully. At the present time, nurse practitioners will not be able to refer patients to specialists. What we're attempting to do is work with the Yukon Medical Association and specialists

to determine what we will have to do or what steps should be taken in order for this to happen. One of the things — if I've learned anything in attending national meetings on health reform — is that it's about the idea that we have to look at the full continuum of care.

What we have to do is look at new ways of managing chronic disease in Canada, because that appears to be the emerging bubble, if you want to call it that. The way that we've been dealing with it in the past of sticking them in an acute care hospital and dealing with the chronic disease there simply isn't working.

So we need to look at how to integrate if possible. We need to integrate the services that we provide to these people with more than one chronic disease as well. As I've said a number of times in this House and why we passed the nurse practitioner legislation as quickly as we could after I became minister is we believe that that's one of the ways of managing this whole continuum of care. It's not only the nurses referring to specialists that we're dealing with right now, but we're also trying to deal with how the specialists then hand off to the general practitioners and nurse practitioners to continue that care — the after care that is so essential to these people.

I've probably already told you the story about the fellow who came out of the hospital after having a heart operation and home care people arrived at his door a day later. He told me when we were at the ElderActive Recreation Association meeting that he was so happy and so glad to see these people who arrived at his home one day after he was discharged from the hospital.

I didn't want to tell him that that's not what we would like to see; we would like to see our home care people and our nurse practitioner meet you when you're discharged and take you home. That's what we are aiming for, so there are a number of steps that we have to take yet. Like I say, nurse practitioners will provide a big part of the future that we see. That's not to downgrade the importance of having really good physician care and expanding the number of physicians that we have in the territory so that if people want to see a physician that that ability is available to them.

Ms. Stick: I thank the minister for that. I agree there have to be different models and better ways of providing the service because too many people are not receiving what they need to be healthy and are, as a result of that, becoming ill. That's not the way the system should work.

I have more questions, but at this point I would like to ask the Leader of the Third Party if he has questions.

Chair: Is there any further general debate?

Mr. Silver: I'd like to thank the Member for Riverdale South for her thorough job. She has whittled down my questions quite considerably, but I do have two main questions that I would like to get on the record here.

I'll start with a budget question, actually. The budget has an increase of \$36 million for loan servicing costs for Dawson and Watson Lake facilities, according to the briefing we had with officials. Is this going to be an annual amount going forward? When was the decision made that the department was

actually going to cover these costs? What is the total interest to be paid over the lifetime of these loans?

Hon. Mr. Graham: There are a couple of things here that maybe I should point out. \$3.6 million is based on the debt servicing costs for the Dawson and Watson Lake health facilities based on the number of dollars they have borrowed to date.

The facilities are not finished yet. There will be additional funding necessary to complete them because the contractor hadn't taken all the draws, as you're aware. The construction has yet to be completed, so we don't know at this point what the total loan will be. So it's difficult to assess exactly how much the debt servicing costs are until we know not only the loans, but what the interest rates on those loans will be as well, because we had this discussion about interest swaps and things. Once we know what the total loan is and what the total interest rate is, I'll provide that information.

At this point too, you'll remember that "we" — meaning the department — gave them — or, I gave them the ability to include not only principal repayment to borrow not only the money needed, but also the money to service the interest costs for the loans to date because they had no money in their budget to service the loans to date, so we gave them — they will capitalize that interest. Any interest that is accruing on those loans will be capitalized at the end of the period, when they know exactly how much they need. So there are a number of different things to include.

The \$27 million that we paid off the loans will reduce the total amount of interest — I think the Finance minister said by \$12 million over the 15-year period. So at this stage, I can't give you any more than that.

Mr. Silver: I appreciate the answer on that and just on the whole issue of bonding, how does that unfold? There have been so many changes to the original design. How much responsibility does the government have compared to the insurance when it comes down to the new contractor coming in and deciding this is how much it's going to cost, these are the overruns and this is what we see as a final number? Have there been those conversations with the contractor so far as to a ballpark figure as to what those overruns are going to be?

Hon. Mr. Graham: We had a short briefing just recently. It's up to the bonding company now. So the bonding company is the one that has hired the new contractor. They have hired them now. It will be up to the bonding company to pay that contractor.

But the Hospital Corporation is still on the hook, as it were, for the total cost of the facility itself. Any payments that haven't yet gone to Dowland, who is the original contractor, will go, I would imagine, to the bonding company and everything will go through the bonding company and those negotiations will take place. To date, we haven't been advised of exactly what those arrangements are; they're still being worked out. We, through my deputy minister, will be included in those kinds of conversations as they go on. As we understand it, some of the subcontractors are already back on the job; I'm not sure if they are in Dawson City, Madam Chair, or in Watson Lake, but we understand that they're now back on the job and some construction is proceeding.

Until we know more from the bonding company and the Hospital Corporation negotiations, I can't provide any more information, but I'll make a commitment that I will keep everyone up to date as we receive briefings, as I did when we first opened this debate. I had a briefing note that day so I provided it and I'll continue to do that. So when I get a briefing note, I will bring you up to date.

Mr. Silver: The minister just mentioned that they picked a contractor. Has there been a release as to who that contractor is yet? Is that public knowledge yet? Could he also speak a little bit about that process of how we picked that particular contractor?

Hon. Mr. Graham: I have fairly accurate information that the bonding company has picked a local contractor. We believe that it's because that local contractor uses the same bonding company when they bid on jobs. That information has not been released publicly yet, but you know how things go round at Tim Hortons coffee shop. I think that's where I heard who the contractor is. We understand that they will be mobilizing fairly quickly to begin to complete the job. The bonding company makes that decision, not the Hospital Corporation or us.

Mr. Silver: I believe the company that nobody knows the name of actually is already in Dawson doing another contract. So, it's all good.

It does bring another question up about the whole process of subcontracting. I know that there are several contractors who have yet to get paid.

How many of those companies exist? Are there any updates on that process and how they are going to get paid? Once again, I know it's sensitive and a lot of this has to be answered through the bonding company, but can you share any information on the sheer numbers of how many subcontractors are yet to be paid.

Hon. Mr. Graham: We simply don't have that information at the present time. We've asked the question and we understand it is between the bonding company, the subcontractors and the Hospital Corporation to determine. We hate to think that it's going to happen or continue to happen but we anticipate that there will be further lawsuits as well if the subcontractors aren't happy with the amount of money that the bonding company is willing to provide them, so I suspect this will go on for some time in the courts.

Mr. Silver: Thank you to the minister for his answers. I'm going to switch gears here a bit from my other question that I have left. There was a meeting in Dawson — health care, daycare workers — and this goes back to what is affectionately known as the "Little Blue Daycare," but it's the Dawson daycare. There were some questions from a meeting there that I'm going to put forward.

Could the minister speak of any reviews to the direct operating grant to daycare operators currently underway?

I know this has been talked about a little bit already here today, but the minister mentioned yesterday his concerns about an imbalanced approach currently and how a focus should be placed — and I agree 100 percent — on those low-income families. But I wonder if, during the review, some attention

could, or is, or was being given to the two not-for-profit daycares, one being in Watson Lake and one being in Dawson City. I can't speak on behalf of the daycare in Watson Lake so much, but it's the not-for-profit daycare in Dawson City that's running day by day right now. They rely heavily on their board of directors, and they rely on them volunteering countless hours in areas outside of the roles and responsibilities of their board positions.

It is the opinion of both these daycares that a special consideration should be discussed in regard to increased funding. Will the minister let us know, if there is a review, when will it be completed? Does this review discuss the unique needs of non-profit daycares and, if not, would the minister consider coming up and visiting the Little Blue Daycare so he can see the unique challenges they face and have that conversation with them directly?

Hon. Mr. Graham: A review is currently underway. There is no doubt about that. I think I've also made my personal preferences known. I'm not trying to kid anyone when I say I'm not a great believer in increasing the direct operating grants to all daycares in the territory. At the present time, we have approximately 63 to 66 daycare operations in the Yukon — private, non-profit, First Nation, family day homes — in both Whitehorse and the communities. At the present time, we provide a variety of direct operating grants to all of those.

I have some difficulties — and I haven't really discussed this with all of my colleagues here — providing those direct operating grants to all of these daycare centres when some are paying what we would consider too low a rate to their daycare workers and others are paying much too much money to some of their workers.

I don't know how we deal with that and still provide each of them equal funding. My preference is for the daycare operations themselves to increase daycare fees to the amount that they need to operate their daycare in a normal, or what would be considered a good manner, and charge those fees to the users. We would then prefer to provide direct funding to the users, especially the low-income users and let the higher income users pay the fee that is necessary to have their children in those daycares. It would require quite a change to our income levels, and maybe we would look at low-income earners to be as high as \$40,000 or \$50,000 a year or even more. We would subsidize those people to some extent, whereas anybody who earned over, say, \$80,000 a year as a family income, we wouldn't subsidize at all. That's my personal preference and, again, that's not something that I've discussed internally. Those numbers I'm just pulling out of the air. It's not something that I've done based on any information we have, because I've only had limited information come back from my department.

I keep going back to the fact that only 30 percent of the children in this territory from zero to six years old, or zero to 12 years old, school age, are in daycares — 30 percent. We increased funding to daycares a couple of years ago to about \$4 million. We annually increase the direct operating grant by three percent, and we've increased the amount of money available to employees for training and for further education. That kind of stuff, believe me, I am in full agreement with. I don't

have any problem at all creating a fund that can be operated by the Childcare Association for training purposes so that people can go to the college and receive training in early childhood development or early childhood education. But I think that we need some more innovative ways to provide that training so that it can be done on the job as well so people can work, because it's really difficult for people to take time off work to do these courses. Many times what we are saying is, oh well, they can do them on weekends and evenings. But that's not always possible either. If you are a young parent trying to take this coursework and at the same time looking after your own children, it's really difficult. Kind of challenged the Yukon College while I was there to come up with innovative ways of providing that training.

Having said all that, I will get back to Dawson City. What I will commit to do is go in there myself the next time I'm in Dawson City, but also I will have my staff go to Dawson City to look at both operations as quickly as possible — shall we say in the next month or two — to discuss with the Dawson City operations what can be done to further assist them. Philosophically, I am telling you where I am. It's not something, as I said, that I discussed or have an agreement with my caucus about. That's basically the recommendation I will make to my caucus, which is that we achieve some kind of income level, we support childcare up to that income level and we will make it high. We are not talking about just people on social assistance. We are talking about low-income earners, the working people that just simply can't afford childcare. I would like to see it increase from 30 percent to something higher. Thank you, Madam Chair.

Ms. Stick: I was looking at the statistics under Health Services and I notice that, when we look at the Yukon health care insurance plan subscribers, the number 38,500 is anticipated for next year — on page 13-32, at the very top. That's a fair amount larger than what Yukon statistics would tell us is the population. You know how many are registered, but do you have ways of confirming numbers? Why more numbers here than what the population is reported to be?

Hon. Mr. Graham: These numbers have always been a mystery to me. It's an interesting discussion. The Bureau of Statistics will base some of their population growth and projections on the Health and Social Services subscribers in the health care insurance plan.

Yet, we are not 100-percent certain that all of those people are still residents of the Yukon.

So one of the things that we discussed at a recent meeting in the department is the audits that we currently do on citizens who have Yukon health care cards. We currently carry out audits, but we're going to increase the number of audits, and we're going to target specific parts of our population for audits to determine if these people are really legitimate Yukon health care insurance subscribers, because — especially with the cost of health care where it is today — I don't believe we should be paying health care costs for somebody who is not a legitimate resident of the Yukon. So we will be carrying out more audits. It's too bad we didn't have some of the press up there. I could let them know as well. We will be targeting specific segments

of our population to do these audits — none of us in here, thank goodness. We're all here for at least 12 months a year.

So it's something that really concerns us, and we will be dealing with it. I don't know what else I can tell you at the present time, except that's the intention.

Ms. Stick: What I would appreciate from the minister is where I can find a clear definition of who is eligible for health care. I think that's a piece that's missing. I have had individuals come to me — recently, an individual who is working outside of the territory, but only working in camps — so he does not have a permanent address in another province or territory — was told that, even though he pays income tax here in the territory, that he is no longer considered a Yukon resident. I just cannot fathom that — he owns property; he pays property taxes and he pays income tax here in the Yukon. He works outside the territory due to his skill set, and that's where he finds employment. But he's being told, "No, you're not a resident." But no one could tell him what the rules were. What are the rules that say I am or I am not ineligible? He certainly can't apply where he is working, because he doesn't have permanent residency in that province, either.

Hon. Mr. Graham: Madam Chair, this is an interesting question because I asked the same thing. I had brothers who worked outside of the territory for a number of years, gave up their Yukon medicare and were covered simply by workers' comp where they were working. I asked the same question about fly-in workers in the territory.

These guys are here for at least six months of the year; they fly in for three weeks; they leave for two or whatever the arrangement is. Are we covering these folks with medicare as well? No, we're not, because they're not Yukon residents — even though they spend that time here, they don't pay their income tax here and they don't have permanent residences in the territory, in most cases.

So we're working on clarifying those definitions. It's something I brought to the department very early in my stay here because it's something that concerned me and impacted members of my family as well. You mention the person who works outside the territory and pays tax here and everything else, and they're not on our medicare list, yet we have just the inverse as well: people who are working here in the territory.

We are working on clarifying that. Presently if you live in the territory for six months plus a day, you are eligible for Yukon medicare. Once you live in the territory for three months — and that's an agreement we have with the other provinces as well — we cover you. It becomes especially difficult if you live in the territory for three months and, in the past, we have had difficulty with a person who was a senior, who lived in the territory for the three-month period, became very ill, went into the hospital and because they were not eligible for long-term care, stayed in the hospital at about \$2,650 a day because they were not eligible to move into long-term care at \$400 a day.

We see so many of those anomalies that it is really difficult to write a definition that's clear and unambiguous and meets everybody's requirements, but I will say to the member opposite, if you have the name of this individual, you should tell that

person to call us because it's not our intention to exclude legitimate Yukoners who have to leave the territory to work, but this is their home and this is where they pay income tax. That's not our intent.

Ms. Stick: I thank the minister for that answer and I will be in touch with that particular individual, because he was quite distraught — born and raised and all of a sudden not eligible. It was becoming quite stressful for him, so I will follow up on that and thank you.

A lot of my questions come from information I receive from constituents or Yukoners who come to us looking for some assistance.

One of the questions I've heard a number of times since being elected is around hemodialysis. Individuals who, for whatever reason, require dialysis on a fairly steady basis — sometimes a couple of times a week — and have had to leave the territory and not come back, or find it very difficult to come back because they need that support. Do we have the numbers for those individuals who have had to leave? I know of cases right now. They may be waiting for a transplant or some other kind of medical treatment but, in the meantime, they've had to leave their family, jobs, their home and go and live in — usually Vancouver, and are finding it very difficult to even come back for a visit. I'm just wondering if the minister could speak to that, please.

Hon. Mr. Graham: At the present time, we do peritoneal dialysis here. It's only hemodialysis that we don't do here.

We now have two cases where we are doing it in a home situation. We're doing it on a trial basis — on a pilot basis. So there are two at the present time. Because of advances in the way it's done, we understand that it's much more efficient and effective and it can be done at home. So once we're finished with those two trials, it's possibly something that we'll be able to provide on a going-forward basis here in the territory.

Ms. Stick: I just want to clarify — we're not offering dialysis at the hospital, though? So it's just dialysis that we've been able to arrange for in an individual's home, and there are two individuals now receiving that. Can the minister speak to how many people might be Outside still and having to receive dialysis there?

Hon. Mr. Graham: In anticipation of that question, the answer is that we really don't know the number of people who have left the territory strictly because the dialysis wasn't available here.

Usually, as was indicated, the people who need that type of dialysis also have other care needs as well so we don't know the exact number. I think if the pilot project works and it becomes available for everyone, perhaps we'll have some of these people come back, but at this point we simply don't have the numbers — sorry.

Ms. Stick: What is the cost, roughly, to provide that to an individual here in the Yukon? You mentioned we have two. I'm just curious as to what that cost might be.

Hon. Mr. Graham: I don't have that information available. It's an expensive process, there's no doubt. It's extremely difficult on the individuals involved; we understand

that. We also don't think it's something that's going to be available for everybody.

They have to meet a certain specific set of parameters before this is available in-home at the present time. I was just told that as the science advances, hopefully it will become easier and we will be able to provide it for more people. This is a pilot and hopefully at the end of it we will have the information that the member opposite is looking for.

Ms. Stick: Under insured health, hearing services and vital statistics, I was looking again just at statistics under the children's drug and optical program. We see these numbers going down from last year's estimate. I am just wondering if there is any other explanation or again was it that last year's number was just a higher estimate than what might have been reasonable?

Hon. Mr. Graham: This one appears to be similar to the last one we talked about. The estimate for 2012-13 of \$310,000 was a high estimate.

So when we realized the 2012-13 estimate — I believe at period 9, probably — down to 270, which was more realistic based on the actual client load at that time, then we put in what we felt was a more optimistic — or a more realistic — estimate for 2013-14.

That brings up the whole growth of the population. Based on the services that we provide and the insurance plan subscribers, our information is there has definitely been a growth in population over the last few years, but it has definitely tapered off in the past little while and we're actually seeing a decrease in the number of people. That's reflected in the total number of subscribers that we currently have.

We think that the growth has levelled off and the numbers shouldn't increase dramatically in the next year, unless something dramatic happens in the territory.

Ms. Stick: I'm going to skip over a couple of pages here. Hearing Services — I brought this up a little earlier discussing that even now to go for a hearing test, it has to be at a doctor's referral. The estimate of people going for a hearing assessment is 1,100 and another 500 children on top of that.

Is there a better way that we could be doing this, instead of requiring a doctor's referral every time to look at that?

Hon. Mr. Graham: Part of the problem with this is it's a referral to a specialist and the process is that the referrals come from doctors, not from MPs even at this point in time.

It's something that we will be discussing because we agree with you that child hearing assessments especially should be able to come from someplace other than a certified medical — you know, a doctor. That would include, to our way of thinking, nurse practitioners. We just opened — I take that back. Just now — not today, but just very recently — it has changed and it's no longer required that only a doctor can make the referral to an audiologist. So there — we resolved your difficulty for you. Are we good, or what?

Ms. Stick: The minister across the way is great — good work. And that's a good news thing, and it would be great if that information was out there and available because, again, it would save people going to the doctors, people going to

Emergency and thinking they need to have that, and it would take care of those costs.

I had a question in the prescription area. High-cost drugs — and I'm wondering if I can have an explanation of this. I've heard from an individual who has been told that no, they're not able to have a certain — and I assume this is the same thing — high-cost drug — and those are exceptional drugs that are, for whatever reason, quite pricey and possibly not covered by the chronic disease program.

I have written down here \$18,000 for the high-cost drugs. I'm thinking that was an increase.

Hon. Mr. Graham: This again is one of those difficult questions to answer without knowing specifics, because if it's a very rare drug — and I stand to be corrected by the pharmacist in our group — but if it's a very high-cost drug that is rarely used, it's not on anybody's formula and, therefore, we won't be paying for it. But if the individual made their case — and their physician of course; we'd need the information from the physician — it's something that we can talk about. I know at the current time we pay for a number of high-cost drugs only after a discussion among the department, the physician and the patient to make sure that it's the appropriate thing for them in this specific circumstance, without other options.

Ms. Stick: Seeing the time, I move that you report progress.

Chair: It has been moved by Ms. Stick that the Chair report progress.

Motion agreed to

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

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

Motion agreed to

Speaker resumes the Chair

Speaker: I will now call the House to order.

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

Chair's report

Ms. McLeod: Mr. Speaker, Committee of the Whole has considered Bill No. 10, entitled *First Appropriation Act, 2013-14*, 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: 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.