



Yukon Legislative Assembly

Number 148

1st Session

33rd Legislature

HANSARD

Monday, April 28, 2014 — 1:00 p.m.

Speaker: The Honourable David Laxton

YUKON LEGISLATIVE ASSEMBLY

SPEAKER — Hon. David Laxton, MLA, Porter Creek Centre

DEPUTY SPEAKER — Patti McLeod, MLA, Watson Lake

CABINET MINISTERS

NAME CONSTITUENCY PORTFOLIO

Hon. Darrell Pasloski	Mountainview	Premier Minister responsible for Finance; Executive Council Office
Hon. Elaine Taylor	Whitehorse West	Deputy Premier Minister responsible for Education; Women's Directorate; French Language Services Directorate
Hon. Brad Cathers	Lake Laberge	Minister responsible for Community Services; Yukon Housing Corporation; Yukon Liquor Corporation; Yukon Lottery Commission Government House Leader
Hon. Doug Graham	Porter Creek North	Minister responsible for Health and Social Services; Yukon Workers' Compensation Health and Safety Board
Hon. Scott Kent	Riverdale North	Minister responsible for Energy, Mines and Resources; Yukon Energy Corporation; Yukon Development Corporation
Hon. Currie Dixon	Copperbelt North	Minister responsible for Economic Development; Environment; Public Service Commission
Hon. Wade Istchenko	Kluane	Minister responsible for Highways and Public Works
Hon. Mike Nixon	Porter Creek South	Minister responsible for Justice; Tourism and Culture

GOVERNMENT PRIVATE MEMBERS

Yukon Party

Darius Elias	Vuntut Gwitchin
Stacey Hassard	Pelly-Nisutlin
Hon. David Laxton	Porter Creek Centre
Patti McLeod	Watson Lake

OPPOSITION MEMBERS

New Democratic Party

Elizabeth Hanson	Leader of the Official Opposition Whitehorse Centre
Jan Stick	Official Opposition House Leader Riverdale South
Kevin Barr	Mount Lorne-Southern Lakes
Lois Moorcroft	Copperbelt South
Jim Tredger	Mayo-Tatchun
Kate White	Takhini-Kopper King

Liberal Party

Sandy Silver	Leader of the Third Party Klondike
---------------------	---------------------------------------

LEGISLATIVE STAFF

Clerk of the Assembly	Floyd McCormick
Deputy Clerk	Linda Kolody
Clerk of Committees	Allison Lloyd
Sergeant-at-Arms	Rudy Couture
Deputy Sergeant-at-Arms	Doris McLean
Hansard Administrator	Deana Lemke

**Yukon Legislative Assembly
Whitehorse, Yukon
Monday, April 28, 2014 — 1:00 p.m.**

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

Prayers

Withdrawal of motions

Speaker: Before we get started, the Chair wishes to inform the House of a change that has been made to the Order Paper. Motion No. 488, standing in the name of the Member for Pelly-Nisutlin, has been removed from the Order Paper as the action requested in the motion has been fulfilled by the passage of Bill No. 69, *Act to Amend the Fatal Accidents Act*.

DAILY ROUTINE

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

Tributes.

TRIBUTES

In recognition of the National Day of Mourning

Ms. White: I rise today on behalf of the Official Opposition to recognize April 28 as the National Day of Mourning for workers injured or killed on the job. To be honest, Mr. Speaker, I've been thinking about what to say about the Day of Mourning for days now — wanting to be sure that my words honour those whose lives have been dramatically altered, those whose lives were lost and those who were left behind to live with the loss and to do the remembering. Normally we have a day of pause between the ceremony and the tribute, but this year we have been not so lucky.

April — by all rights — should be one of the easiest months. It brings us the promise of renewal, of taking away the old, the dark and the cold, and replacing it with light and warmth and all things new. The arrival of the swans and the crocuses signal that easier living is just around the corner.

Despite all these promises, April isn't an easy month for everyone. Some of us go through the motions, desperately trying to focus on all that's good about the month. Sometimes we do a pretty good job, and sometimes we just don't.

In the days and weeks leading up to the April 28, I start to lose myself. I can't concentrate, I can't sit still, and I can't shake the feeling that something is missing. It is like watching clouds build up just before a storm, watching them slowly gather as they move across the sky and pass in front of the sun. Then it breaks, just like the rain.

Then I remember why April isn't the easiest month. The feeling of loss is like a heavy weight that sits on my chest and makes it hard to breathe. I wish I were alone in this. I wish that there weren't thousands of Canadians across the country who share this same intimate tie to April 28 as I do. I wish that they weren't carrying the same weight of loss. I wish that Yukon families had been spared this burden and were not

included in these ranks. Once a year we gather as a country in communities across Canada to remember those who were taken from us, or whose lives were forever changed while on the job.

After years of attending these gatherings, I am still grateful. I am grateful for the beautiful ceremony and for the sense of community it brings. I am grateful that together we can take the time out of our day to remember together all that we have lost.

Despite this gratitude, I can't get over my confusion, or my hurt, or my anger, or my disbelief. How is it possible that in the Yukon, in this day and age, three new black candles have just been added to that fountain? How is it possible that in 2013, despite all that we know about safety and our responsibility to each other, three lives were still lost on job sites? How is it possible that hundreds of Yukoners' lives have changed so dramatically in the last year due to workplace injury? How is possible that an ordinary workday could go so terribly wrong?

We need to be sure that the Day of Mourning is more than just a ceremony where we gather together to commemorate our losses and our collective sorrow.

Today is the day when we as a community need to come together to recommit to nurturing a culture of safety; a day where not only do we pledge to look out for each other but that we take the concrete steps to make these changes that will keep us safe.

Today I remember my friends and the tragedies that took them long before their time. I close my eyes and I remember the three faces that left this place. I think about their families and their friends and how they must be feeling today. I remember their smiles, their voices and their laughter and I remind myself how lucky I was to have known them.

I know that today and every day the families and friends of the 55 other people who left this place long before their time feel the loss of their loved ones. I know that they remember their faces, their voices and the laughter that they miss so much. I want them to know that we haven't forgotten the loss that they are feeling. The Day of Mourning is not just about those we've lost. It is about those who have been left behind and it's about preventing future losses. Today I mourn all that we lost when these lives were taken. Today I promise that we will do better.

Mr. Silver: I rise today on behalf of the Liberal Caucus to pay tribute to the National Day of Mourning. On April 28, every year, we come together to commemorate the workers whose lives have been lost, or who were injured or disabled on the job. 2014 marks the 30th anniversary of the National Day of Mourning and we in the Yukon join the rest of Canada and many countries around the world to honour the millions of lives that have been forever changed by workplace injuries.

Every year on this day in the Yukon, across Canada and around the world we join together for two important reasons: to remember those who have been injured or lost their lives in the workplace and to renew our collective commitment to health and safety in the workplace.

Mr. Speaker, workplace health and safety is a shared responsibility. It is up to both the employers and to the employees to follow workplace safety procedures and to report any unsafe conditions immediately.

By working together, then and only then can we hope to prevent and to reduce, but also hopefully at some point eliminate workplace deaths, injuries and diseases.

In 2013, 974 workers required time away from their jobs to recover from their injuries. Three people ultimately lost their lives due injuries in the workplace and this is three people too many. To date, this year, Yukon has already reported 365 workplace injuries. These men and women are victims of unsafe workplaces. All workers have the right to work in safe and healthy environments.

The Day of Mourning draws our attention to the need for safer workplaces. It sends a strong message about enforcing and following all health and safety laws and regulations that are in place and to renew our commitment to prevent further workplace deaths, injuries and diseases.

Although we have made gains toward stronger health and safety regulations, workplace injuries and related illnesses are still way too common. We still have far too many lives that are unnecessarily lost or irrevocably afflicted by injuries because of workplace accidents or occupational diseases.

In the 30 years that we have been observing the Day of Mourning, 58 Yukoners have lost their lives. Today, we pause and reflect and honour all workers who have been injured or killed on the job and we mourn the families that they have left behind. As we pay our respects, we must not allow the memories or the suffering of those workers to be forgotten. We remember the tragedies suffered and the triumphs achieved.

In closing, I just want to say I was very encouraged to see so many Yukoners earlier today in the main foyer of the administrative building for the National Day of Mourning ceremony. I want to echo the comments made there for everybody in the workplace to take care and to look after each and every one of us.

Hon. Mr. Graham: Less than an hour ago in this very building, we all gathered for the National Day of Mourning. We came together as a community to remember and to pay our respects to those we've lost because of workplace injury and death. Three Yukoners were killed in the workforce last year. This year we have already lost three more people. They were fathers, husbands and brothers; they were our friends and colleagues; and they were our neighbours. We are all poorer in the wake of their untimely passing.

Six deaths in 16 months, Mr. Speaker, are simply unacceptable. Last year, 974 Yukon workers were injured so badly they could not immediately return to work. Once again, this is far too many. These people said goodbye to their loved ones in the morning and they went to work. Everyone expected it to be a day like every other day. Instead, many experienced a life-altering trauma. The simple act of going to work changed their lives and the lives of those around them for the worst. Thankfully most of the injured will recover.

Our workers' compensation system and local employers are getting better every day at accommodating injured workers and returning them to work as quickly as possible. Today we know this helps people recover faster and more completely from their injuries.

Through compassion, courage, innovation and imagination, people are recovering their lives. While our community's successes in these efforts are tremendous, I consider it a bittersweet victory. As good as they are, these efforts are only necessary because of our initial failure to address the problem of injuries in the workplace. Far too many Yukoners are being injured and, despite our best efforts, many of these people will face months of painful rehabilitation to an adjustment to a new life. None of us would choose this way of life.

Today is the National Day of Mourning for workers killed and injured on the job, and so I ask: How many deaths are we willing to put up with? How many injuries are acceptable? Look around you and think about their families, their friends, their neighbours and staff. Try to come up with a number. Are 974 injuries experienced in 2013 acceptable — perhaps 500? This government's target is zero. Our goal as a community should be to eliminate all workplace injuries and deaths. That's the only target we can possibly set.

We're talking about safeguarding the lives of our sons and daughters, our spouses, our friends, our neighbours and our colleagues. When we fail to tell someone about the hazard of using a chair instead of a ladder to hang a picture or fail to warn them when they move too close to the edge without a harness — those are the people we're putting at risk. Is the five minutes it would take to warn them worth it? We're all capable of doing better, Mr. Speaker. We must do better. There is no greater way to honour those killed and injured at work than to improve the situation.

I offer my condolences to the families of the deceased, and my thoughts are with all of those Yukoners injured on the job last year.

Speaker: Introduction of visitors.

INTRODUCTION OF VISITORS

Hon. Mr. Pasloski: I would like all members today to recognize a couple of individuals who are with us in the gallery today: Steve Geik, who is the president of the Yukon Employees Union, and Katherine Mackwood, who is the president of the Yukon Teachers Association. I invite everybody to welcome them here today in light of the ceremony we all just participated in.

Applause

Speaker: Are there any returns or documents for tabling?

Are there any reports of committees?

Are there any petitions to be presented?

Are there any bills to be introduced?

Are there any notices of motions?

NOTICES OF MOTIONS

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

THAT this House, in recognition of the Yukon Party's platform commitments to promote Yukon's tourism economy, urges the Government of Yukon to continue to study the technical and economic business case of further capital upgrades, including paving the runway at the Dawson City airport as part of the government's work with Air North, Yukon's airline, and Holland America to promote tourism to Yukon and the Klondike region through the use of tourism cooperative marketing agreements and strategic marketing campaigns.

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

THAT this House urges the Government of Yukon to meet with all stakeholders following the 2014 tourism season to ensure the Dawson City airport is adequately serving the needs of all users.

I also give notice of the following motion:

THAT this House urge the Government of Yukon to provide an update on the current ban on mineral staking, a ban that expires on April 30, 2014, that is in place in the entire Ross River traditional territory.

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

QUESTION PERIOD

Question re: Seasonal auxiliary employee layoffs

Ms. Hanson: This year the Department of Community Services told seasonal auxiliary surveyors that they would not be recalled for work this spring. The Department of Community Services indicated the seasonal auxiliary surveyors would not be asked to return due to a shortage of work. Furthermore, the Public Service Commission assured them that their positions would not be contracted out to private contractors. However, the Department of Community Services recently released a tender, entitled "Engineering Survey Services – Whistle Bend Subdivision, City of Whitehorse, Yukon 2014". It seems that this government is soliciting RFPs for the very work that they told these public servants didn't exist.

Is the government contracting out survey work after laying off government surveyors?

Hon. Mr. Cathers: What I would note to the member opposite is that an operational review was done by officials regarding the needs upon substantial completion of phases 1 and 2 of Whistle Bend, which involved a lot of surveying work. A decision was made at that time by senior officials. We understand that the Yukon Employees Union has raised a concern. The deputy minister is arranging a meeting with them to discuss that matter. It is a personnel matter. I am not going to comment beyond emphasizing that the Yukon government is committed to honouring all our obligations

under the collective bargaining agreement and maintaining a positive relationship with employees and with the union representing them.

Ms. Hanson: This is a question about ministerial responsibility. These employees have been loyal, hardworking public servants, in some cases for close to 10 years. They deserve more respect from this government.

The Yukon Employees Union says the documents obtained through access to information indicate that Community Services was lobbied to contract out the work outlined in the RFP. The Premier has stated on more than one occasion that a lobbyist act is unnecessary because Yukon is too small for lobbying legislation to be necessary. Now that this government has laid off four public servants and contracted out work that they were fully capable of doing — and this in spite of the collective agreement with Yukon Employees Union — Yukoners have a right to know — they deserve to know — why did the government make this decision and will the Premier stand in this House and assure Yukoners that his government's decision wasn't influenced through lobbying?

Hon. Mr. Cathers: My understanding is that the deputy minister, upon being made aware of the concern raised by the Yukon Employees Union, has cancelled that tender and has contacted them to arrange a face-to-face meeting at the earliest opportunity. As I indicated in my first response, an operational review was done related to the substantial completion of phases 1 and 2 of Whistle Bend. A decision was made by senior officials. We understand the union has raised a concern; the deputy minister has asked for a meeting to discuss that and, as it's a personnel matter, as I indicated before, I'm not going to comment beyond emphasizing that the Yukon government, including the Department of Community Services, is committed to fully honouring all of our obligations under the collective bargaining agreement and are committed to seeking a positive working relationship with all employees and with the union representing them.

Ms. Hanson: Since laying off these employees, the government seems to have made one contradiction after another. Surveyors were being told they were being let go because there was no work. Then the government posted a request for proposals for the very same work the surveyors would be doing.

Government — not that department, but government — assured them that their positions as seasonal surveyors would not be contracted out. Then the government contracted out a major surveying job.

The inability of this government to keep their message straight on this issue makes you wonder what justified such a decision. Now we have the minister saying they just got caught, so they have changed their mind again.

Mr. Speaker, the fundamental question still is there. What drove this government to privatize these surveying positions?

Hon. Mr. Cathers: Again, the assertions being made by the Leader of the NDP are — as it should surprise no one — completely inaccurate. The member has a habit of bringing

inaccurate information into the House and this is another example of it.

I will reiterate the fact that the senior staff did an operational review regarding the needs for surveying work upon substantial completion of phase 1 and 2 of Whistle Bend. A decision was made by senior officials regarding those needs. The Yukon Employees Union has raised a concern. The deputy minister is arranging a meeting with them to discuss those concerns and, as it is a personnel matter, I am not going to comment beyond emphasizing once again that the Yukon government is committed to honouring all of our obligations under the collective bargaining agreement and is committed to continuing to foster a positive working relationship with all government employees and with the union representing them.

Question re: Dawson City Airport

Ms. Moorcroft: Last weekend, Tourism Industry Association's annual general meeting highlighted a number of opportunities to grow Yukon's tourism sector. Holland America is now flying tourists to Dawson Airport, rather than driving them up the highway, in response to shifts in its customers. They are partnering with local carrier Air North — so far so good.

The success of this economic partnership is limited by the condition of the Dawson Airport runway. This issue has been repeatedly raised by several industry actors and has been on the radar for well over a decade.

When is the government planning to pave the Dawson City Airport runway?

Hon. Mr. Nixon: I thank the member opposite for the question. The Department of Tourism and Culture of this government will continue work with our stakeholders, including companies like Air North, Yukon's airline, and stakeholders of Holland America, to address the needs of not only the airport in Dawson City, but airports throughout the territory. We will continue with the work. We look to continue to make investments in the tourism economy, like a number that have been mentioned in this House before — for example, \$1.65 million that was spent on marketing activities targeting Canadian travellers and \$546,000 that will be spent on activities targeting U.S. travellers.

We will continue to make those investments. We are leading the way across Canada. We have seen significant growth in this market, and we will continue on with that pressure and do the good work that government is doing and the good work that the industry is doing.

Ms. Moorcroft: You cannot land an airplane on marketing activities. The gravel runway limits both the size and type of aircraft that can land in Dawson City. If the Dawson City Airport runway was paved, the successful partnership between Holland America and Air North could grow even bigger and bring even more economic benefits to the Klondike region and to Yukon as a whole. The Dawson Airport is not even listed in this government's multi-year capital plan.

How does the government justify the delay on this important capital project for the Klondike region and our tourism sector?

Hon. Mr. Istchenko: I would like to add that the Department of Highways and Public Works and the Department of Tourism and Culture have been working with Air North and also with Holland America for the past year and a half since the inception of the new changes to the programming coming from Holland America.

I just want to reiterate that the runway was reconstructed in 2003, and it is designed to accommodate larger aircraft like the Boeing 737 and the Hercules C-130. Load-bearing tests of the surface in 2013 indicated that the runway continues to meet the needs of the heavier aircraft. Saying that, Mr. Speaker, the departments will definitely be conducting load-bearing tests during the anticipated B-737 activity this summer and continuously monitor the conditions.

We just recently completed the needs assessment of the Dawson City Airport to identify operational and infrastructure changes that may be required to meet the changing needs of the public, the air carrier and the industry. Of course, we'll be working with them through this process as the Minister of Tourism and Culture alluded to, and we're looking forward to moving forward.

Ms. Moorcroft: Mr. Speaker, the airplanes cannot land at full capacity on a gravel runway. This is a serious concern that the industry has been bringing forward for some time. This government did nothing when the community of Beaver Creek lost a key part of their seasonal economy when Holland America announced they would no longer bring buses along that route. Now the government is doing nothing to ensure Dawson City gets the maximum benefits of the new partnership between Holland America and Air North.

The Minister of Highways and Public Works says he is working with the Minister of Tourism and Culture. Can one of the two ministers — they both have been up on their feet — answer the question: How does the government justify the delay on this important capital project, and when is the government planning to pave the Dawson City Airport runway?

Hon. Mr. Nixon: Mr. Speaker, Holland America Line is the largest tour operator coming to Yukon and it brings many, many economic benefits to our territory, including visitor spending, employment for Yukoners, marketing support, and support to many of our businesses.

We do know that Holland America will be offering seven different tours to Yukon in 2014 that will include Whitehorse and Dawson experiences that range from one- to two-night stays in these communities.

I just tabled a motion in the Legislature today addressing this very issue. This government will continue to make investments and work to address those issues. I would like to thank the Minister of Highways and Public Works and his department for the work they've done in Dawson and with the Department of Tourism and Culture in moving forward on the Air North agreement with Holland America.

The members opposite make a nice speech, but we make a difference over here.

Question re: Economic outlook

Mr. Silver: I have a question for the Minister of Economic Development. In 2013, the Yukon Party oversaw our GDP growth slip to only one percent. We had one of the lowest growth rates in all of Canada. The government also oversaw a 10-percent increase — or 700 new public sector government jobs — in the Yukon in 2013 — this, despite promises to focus on improving our private sector.

Last fall the minister produced an economic forecast that called for 8.8-percent GDP growth for 2014. That forecast was predicated on virtually every mineral property in the Yukon being operational this year. At that time, I and many Yukoners raised concerns about the forecast being wildly optimistic. Only five months later, the minister had issued a new forecast that said that the rate of growth would be 60 percent less than what the government was projecting.

Will the minister now admit that the fall's forecast was unrealistic?

Hon. Mr. Dixon: First of all, I need to correct the member that his facts are incorrect when he states the growth of government jobs.

I should also note that — I've discussed this previously with them — the economic forecast provided by the Department of Economic Development is conducted by professionals in the department, economists and econometricians, who review the best available data that they have and make a forecast based on that data. Of course, there are changes in data. Every government and every forecaster in the country changes their forecast from time to time. That's exactly what we did.

So what we have done now is we have changed the structure of our reporting to report every six months with our economic forecasts. We'll continue to make those forecasts, based on the best available data that we have at our fingertips and the best available data that's out in the public at the time of issuance. We'll continue to work with other organizations, like the chambers of commerce and the Conference Board of Canada, to conduct these types of forecasts. I would note that the Conference Board of Canada, which is an independent forecaster of Yukon's economy, has presented very similar forecasts to the ones conducted by the Yukon Department of Economic Development.

We have confidence in our employees to do this work. We have confidence in their ability to do their work professionally and we will continue to support them.

Mr. Silver: Last fall, the Government of Yukon put out an economic forecast that was completely unrealistic. The minister was so convinced about the forecast that he put out news releases trumpeting the projected 8.8-percent growth. He did multiple media interviews and patted his government on the back for a job well done. Anyone who did disagree was simply wrong and was shouted down.

Fast-forward to this spring, there was a new forecast — one that confirmed that our economy was one of the worst in

Canada last year and one that slashed growth projections by more than 60 percent for the year. The minister sent out news releases but didn't mention any of these numbers and then refused to do any media interviews on it.

The government can't take credit fast enough when things are going good, but they send officials to answer the hard questions when the news is bad. Why is the minister so unwilling to take responsibility for our poor performance in 2013 and for an economic forecast that was completely out of touch?

Hon. Mr. Dixon: Unfortunately, the member has chosen some very disparaging comments for the officials and the Department of Economic Development. They don't make decisions based on rosy outlooks. They make decisions based on the data that is available to them. They make those forecasts twice a year now and they will continue to do so. I would note that Yukon has experienced 10 consecutive years of economic growth and that's something that we're very proud of on this side of the House. We've also seen 10 consecutive years of population increase. So, Mr. Speaker, the trends for Yukon economically are very sound and very strong. I anticipate that to continue in the years to come.

What I won't do is allow the member opposite to make these disparaging remarks about officials in my department and I think it's inappropriate. I think he should reconsider those kinds of comments. With regard to making officials available for comment, we always ensure that officials in the department are available to the media when they need technical information. Whether it's the Department of Environment, Economic Development or any other department, our officials frequently comment on a number of the goings-on of Yukon government and we will continue to make our public servants available to the local media and to Yukoners alike to ensure that Yukoners across the territory understand what its Yukon government is doing.

Mr. Silver: Last fall the minister — it was the minister — who put on his rose-coloured glasses and put out the forecast that was wildly optimistic. The government has now been forced to back away from these numbers and has revised the future growth for this year sharply downward. Things are not as rosy as the government would have Yukoners believe.

We have just come through a year where the economy in the Yukon was outperformed by virtually every jurisdiction in Canada. Talking to people in the mining industry, it was obvious that many of these projects that the minister was touting were not ready to go this year, yet the minister included them anyway.

Mr. Speaker, can the minister explain why the forecast was so far off?

Hon. Mr. Dixon: It is incumbent on government to use data that is available to us when making these kinds of forecasts. We can't take data that is put forward by a publicly traded company and disagree with it or question it when we are doing our forecast. We have to provide the data as provided to us by those companies.

What we will continue to do is support our department officials. It is not me who crafts these things — I'm not an

economist and neither is the Member for Klondike. I will continue to respect the opinions and suggestions from our department and respect the good work done by our economists in the Department of Economic Development. Make no mistake, we will put out a new economic forecast in a number of months and I imagine it will be different. These things change — economic conditions change — and these changes necessitate changes in our forecast as well. So we will put out a new forecast later this year and yes, it will be different yet again. Every forecaster in this country changes their forecast from time to time.

I again will stand up and defend the good work done by the Department of Economic Development and the economists therein who do the great work of forecasting based on the best available data they have. I will continue to resist calls from the Member for Klondike to make disparaging remarks about them.

Question re: Youth shelter

Mr. Barr: In 2012, the government signed an agreement with Skookum Jim Friendship Centre to operate an expanded youth centre, including shelter and outreach services. It is not clear what length of time the agreement covers — a six-bed emergency youth shelter in January 2013 for youth aged 17 to 24.

Will the minister tell this House what length of time the agreement with Skookum Jim Friendship Centre covers and also, will the minister confirm there is currently no emergency shelter for youth 16 and under?

Hon. Mr. Graham: I have absolutely no idea whatsoever what the time limit on the Skookum Jim youth shelter is. I know that it's an ongoing contract that we have. I trust my department and Skookum Jim will work out the details of that contract. I'm here to tell you that, as far as I know, Mr. Speaker, the Skookum Jim youth shelter is operational and running as well as it should.

Mr. Barr: Maybe the minister responsible could get back to me with that information.

An emergency shelter is usually understood as a place of last resort when there are no other options. It is to provide immediate survival and shelter needs. In other words, an emergency shelter is not a substitute for housing. It is not clear how long youth can stay at the emergency shelter, or if they are living there. Emergency shelters are different from alternate housing.

Will the minister confirm that the youth shelter is being used as an emergency shelter and not as alternate housing for kids in care of either group homes or foster families?

Hon. Mr. Graham: I have absolutely no idea where these questions are coming from. The Skookum Jim youth shelter is just that: it's a youth shelter. It is designed to assist youth in transition in emergency situations. It's intended to give a stable environment on which, during an emergency, they can depend. If further assistance is required, it will be provided by the Department of Health and Social Services.

We work in cooperation with Skookum Jim Friendship Centre on the youth shelter on an ongoing basis and, in fact,

I've had nothing but positive comments about the youth shelter. Other than that, I don't know what I can say in answer to his question.

Mr. Barr: These questions come from Yukoners whom the Yukon Party is accountable to — in case you're wondering where these questions come from. Staffing emergency shelters is different from staffing different kinds of supportive housing. Staff are committed to meeting their clients' needs. That is why it is so important to clarify who is staying at the shelter and for how long. For example, a facility targeted to assist people with disabilities would need the financial resources and skills to meet the needs of those clients. The emergency shelter was originally established to meet a specific need.

Now that the shelter has been open for a year, has the government completed an evaluation or review of its clientele so that the minister can be confident that staff have the resources they need?

Hon. Mr. Graham: One of the reasons that we moved the youth shelter from the Sarah Steele Building to Skookum Jim was because of the fact that the children were not coming to the Sarah Steele Building because of the environment, because of the difficulty accessing a facility that was primarily intended for adults. Since the facility has moved to Skookum Jim, youth in the territory have found it an excellent facility to which they can turn in times of crisis.

If the member opposite is trying to say that we should go back to Sarah Steele, maybe he should just come out and say that. We believe that the Skookum Jim youth shelter is an excellent facility. We'd like to thank Skookum Jim for the cooperation that they have shown with my department in establishing and running this facility on our behalf, and we will continue that. We will do an evaluation in due course in conjunction with Skookum Jim. That information will perhaps be made available.

Question re: Teacher staffing, on-call status

Mr. Tredger: Last week, I asked questions regarding the treatment of Yukon's temporary teachers and educational assistants. The minister acknowledged the great work of temporary teachers. However, temporary staff I talked to found her answers to be lacking. Yukon's temporary teachers are still being employed beyond the two-year cap set out in Yukon *Education Labour Relations Act*. Hiring and career decisions are being made now, and many teachers are waiting to see if they will be granted permanent status or whether their temporary status will once again be extended, or whether they will even be rehired.

Has the minister directed the Department of Education's Human Resources branch to start moving temporary teachers and educational assistants employed longer than two years to permanent status?

Hon. Ms. Taylor: I would like to thank the member opposite for his question.

Mr. Speaker, as I tried to articulate for the member opposite last week, there is in fact a hiring protocol that was developed. It actually was just recently altered about a year

ago and tweaked again earlier this year, and it does place a higher preference to temporary teachers.

They are given priority consideration when those vacant positions are filled for a variety of reasons. There are a whole variety of reasons for using and continuing to utilize temporary teachers. Whether it is parental leave or education leave, there are a number of various absences that require temporary teachers to fill in those very important positions. We will continue to work with our partners in education to ensure that these important positions remain filled.

I would like to thank our department, working in collaboration with its partners, for adhering to the reviews of the staffing protocol by placing preference to temporary teachers as second in line to permanent teachers with three or more years in school.

Mr. Tredger: The continuing use of long-term temporary teachers affects the certainty of education and instruction for our children. Temporary status does not mean “as long as the minister wants”. In fact, the courts have decided it means two years. There were legal rulings that the department must grant teachers and educational assistants a permanent position after they have been employed in the same position for two years. There is no question that the Department of Education has a legal obligation to these teachers when it comes to the provisions in the Yukon *Education Labour Relations Act*.

Why is this government continuing with their unfair hiring policies, after two court cases have made it clear that these teachers and educational assistants deserve better?

Hon. Ms. Taylor: What this government will continue to do, and what this Minister of Education will also do, is work to ensure that our collective agreements and all the obligations outlined in each of those collective agreements are maintained and fulfilled.

There are a variety of processes for hearing grievances when it comes to disputes when it comes to the collective agreement. As I mentioned before, we have changed. We have been working to improve our hiring protocol when it comes to temporary teachers, as well as First Nation candidates, as well as permanent teachers with three or more years in school. Again, there are many reasons for all of these respective changes within our hiring protocol.

I would like to again thank our temporary teachers for the important work that they do. They are hired to meet the temporary programming needs in each of our schools or to replace permanent teachers who are on long-term leave. As I mentioned, that can be attributed to a variety of reasons.

We are very much committed to maintaining our collective obligations in the collective agreements and maintaining our obligations when it comes to the hiring protocol.

Mr. Tredger: This government has a legal and moral obligation to these teachers. These teachers work tirelessly to work with our students, to improve instruction of our children and improve life in our community. The treatment that many of them receive, having their temporary status extended year after year, is not a fair reflection of the hard work they put in.

This government needs to stop using the exceptional circumstances provisions found in the Yukon *Education Labour Relations Act* to keep these teachers in an open-ended, temporary position.

These teachers have fulfilled their obligations to our children and our community. Now is the time for the Department of Education to return the favour.

Will the government commit this school year to working with the YTA to find a legal solution to this illegal hiring policy that every year leaves temporary teachers and educational assistants in limbo?

Hon. Ms. Taylor: I take issue with the member opposite and his attack on our public service within the Department of Education for questioning their role in perhaps not performing legal or moral obligations.

I was trying to point out for the member opposite and for the members opposite in the Opposition that, in fact, the Government of Yukon is very much committed to fulfilling its obligations when it comes to the collective agreement, all of the respective statutes within the Government of Yukon, all of our policies and regulations and, of course, when it happens it occur with respect to the staffing protocol. We'll continue to work with our department partners in education to ensure that temporary teachers are provided the precedence as provided within the staffing protocol.

We are very proud of the work of the Department of Education when it comes to working collectively on these issues of importance. We recognize the very important role of temporary teachers and that is, in fact, why we have changed the order of hiring for temporary teachers to second in line, just under those who are already permanent teachers with three or more years in school. We are taking steps and we certainly will continue to work with our partners to improve all of those processes.

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

ORDERS OF THE DAY

GOVERNMENT BILLS

Bill No. 67: Act to Amend the Income Tax Act — Third Reading

Deputy Clerk: Third reading, Bill No. 67, standing in the name of the Hon. Mr. Dixon.

Hon. Mr. Dixon: I move that Bill No. 67, entitled *Act to Amend the Income Tax Act*, be now read a third time and do pass.

Speaker: It has been moved by the Minister of Economic Development that Bill No. 67, entitled *Act to Amend the Income Tax Act*, be now read a third time and do pass.

Hon. Mr. Dixon: It is a pleasure to rise again and speak to Bill No. 67, entitled *Act to Amend the Income Tax Act*.

Of course, as we have covered off previously, the substantive piece of this particular piece of legislation is the

reduction of the small business tax rate from four percent to three percent. As we have discussed previously, as well, it's our belief that cutting the small business tax rate is something that will be welcomed within the small business community of Yukon. It is something that will have a positive impact on the ability of small business owners across this territory to open and continue to operate businesses.

It is one measure — within a suite of many — that is aimed at the growth of the private sector in this territory and one that we are very proud of. The small- and medium-size businesses offer the greatest potential for economic growth and job creation and, as we all know, lower taxes will enable businesses to retain a greater portion of their earnings in order to invest in their businesses and create jobs.

When businesses are afforded the opportunity to keep more of their profits in their businesses, they are able to reinvest that money back into the community either through training opportunities for their employees, through a reduction in prices for their consumers and their customers or just for growing their own businesses.

In any of the cases above, it's clear that the net impact of this particular move will be very positive and very well-received by the business community. Providing broad tax relief for small business is the most effective means of reducing the tax burden on these businesses. These measures ensure that the tax system is competitive, simple in nature and neutral with respect to the tax burden on different industries. As I've indicated previously, this is one aspect of the overarching tax burden on businesses in the Yukon. While we do have a fairly competitive overall tax structure, I believe that this measure will further enhance it. We have no provincial sales tax — or in our case, a territorial sales tax. We have very low fuel taxes. We have very low manufacturing taxes and this will add small business taxes to the list of taxes we have that are quite low.

We are not the lowest in the country, but we are on the right track. This government is pleased to be able to lower the corporate tax rate on small businesses by one-quarter. The new rate will become effective July 1 of this year. The cost to the treasury will be approximately \$750,000 a year as a result of this change. I would note that this is also the twelfth change to the *Income Tax Act* since the Yukon Party came to power in 2002. All 12 changes have resulted in tax relief to Yukoners and, in this particular case, our focus is on the backbone of any economy, and that is small business.

I would commend this bill to the House and encourage all members to join me in supporting it and voting in favour of this bill to cut the small business tax for Yukon.

Ms. Hanson: As we previously noted in discussions on the *Act to Amend the Income Tax*, the Official Opposition will support these amendments. We do share the hope of the minister opposite that reduced taxes will provide incentives for further investment by these small businesses — investments in a variety of initiatives that will foster growth within their small businesses.

It is noted that this measure will affect approximately 1,000 businesses throughout the territory. That's 1,000 small businesses that we recognize as contributing to the territory. I encourage the minister, as he mentioned as well, to continue to look at the suite of opportunities in terms of support for small businesses — in particular, the small business investment tax credits — and opportunities to allow Yukoners as citizens to invest in small businesses. There is a debate, Mr. Speaker. There is one school of thought obviously held by the minister that tax cuts are all that is necessary to incentivize businesses, but there are other means available and other opportunities for this government. Certainly we have seen in the past that when you give Yukoners the opportunity to have a tax credit as a way of investing in Yukon businesses, we benefit both Yukon citizens as well as small to medium enterprises in this territory.

The Official Opposition is happy to support this reduction of one percent of the small business corporate income tax, but we will continue to encourage the Yukon Party to be creative and to respond positively to initiatives coming from this side with respect to other ways of supporting small businesses throughout this territory.

Mr. Silver: I am happy to rise today to speak to the *Act to Amend the Income Tax Act*. I already indicated my support for this bill when we discussed it on March 25, during a motion presented by the Member for Watson Lake in second reading. I am pleased to see the government responding to a request from the Canadian Federation of Independent Business to reduce the Yukon's small business tax rate from four to three percent. I believe the anticipated impact on the bottom line is going to be roughly \$750,000. This tax reduction will allow small businesses to keep more money in their pockets and, in turn, it will create jobs. It's a good measure and it does have the support of the Liberal caucus.

I am also pleased to see the government responded to another one of the recommendations from the CFIB, and also from myself, which is to undertake a red tape review. They have tried this before — a decade ago — and I hope they're going to be more successful this time around.

Again, it's good to see that this government is listening to the CFIB and, as such, I will concur with this national organization's observations and, therefore, I can support this bill.

Motion for third reading of Bill No. 67 agreed to

Speaker: I declare the motion carried and that Bill No. 67 has passed this House.

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): Order. 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. 14, entitled *First Appropriation Act, 2014-15*.

Do members wish to have 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. 14: *First Appropriation Act, 2014-15* — continued

Chair: The matter before the Committee is Vote 15, Department of Health and Social Services in Bill No. 14, entitled *First Appropriation Act, 2014-15*.

Department of Health and Social Services

Hon. Mr. Graham: I'll first invite my officials to come in. Joining me here today are Paddy Meade, my deputy minister of Health and Social Services, and Birgitte Hunter, who is director of Finance for the Department of Health and Social Services.

It's my pleasure today to introduce the operation and maintenance and capital budgets for the Department of Health and Social Services for 2014-15.

This year's budget includes \$307.8 million in projected O&M costs and almost \$30.4 million in capital expenditures for a total appropriation of \$338.15 million.

A decrease of \$17.43 million in operation and maintenance costs is offset by an increase of \$17.94 million in capital costs for a slight overall increase of \$513,000 compared to the main estimates of 2013-14. The drop in operation and maintenance costs is largely connected with the end of THSSI funding and the substantial decrease in the O&M budget for the Yukon Hospital Corporation.

The Yukon Hospital Corporation operation and maintenance budget decrease reflects the end of the one-time \$27-million loan payment made toward construction costs last year. This was partly offset by budget increases associated with a new three-year agreement for the Yukon Hospital Corporation. These adjustments bring the hospital O&M budget down to \$66.565 million for 2014-15 compared to a budget of \$88.121 million for 2013-14.

Several notable capital projects, which will be discussed in more detail later, are behind a capital budget nearly two and a half times what it was in 2013-14. While these investments are significant, they are crucial to ensuring that our facilities

are safe, sufficient and appropriate to meet the needs of a number of important client groups.

Revenues and recoveries for the department are expected to total \$26.254 million in 2014-15, covering about 7.8 percent of total expenditures for the department. Pressures due to demographic changes, increased use of technology and other advancements are among those leading to growth in costs in recent years. We're experiencing uncertainty surrounding federal funding of some key initiatives, and are witnessing an increased emphasis on sustainability at both federal and territorial levels. Even fluctuations in the Canadian dollar impact our financial outlook with much of our equipment, blood products and drugs coming from international suppliers. In fact, we understand from the Canadian Blood Services that a decrease of one cent in the Canadian dollar leads to approximately \$18 million Canadian of extra expenditures just for the same volume of drug that we are buying now. That's quite a scary scenario.

In the wake of pressures and changes, we have an ongoing aim of demonstrating flexibility, adjusting to meet changing priorities, needs and pressures while never losing focus of the triple aims of increased quality, appropriate access and sustainability of our health care system.

Sustainability, however, is not all about containing cost growth. It is about having a realistic vision for appropriate access to service from the right supplier in the right place. It is about having a plan to attract and retain service providers who may not be equipped for rural and remote settings where a separation between life and work may not be possible.

It means strategizing to compete with other areas in North America for the same workforce, as we are all experiencing an aging workforce of health care providers and an aging population with the potential for increased service needs. It means that ensuring that those workers we do recruit are able to practice to their full scope and make maximum use of their skills, knowledge and experience.

Sustainability also means adjusting the health and social service system to respond to our current and future needs and realities. We intend to be creative with our use of technology, making effective use of tools that can help us access services in a central location without travelling to that city. We aim to see more Yukoners engaged in self-care, monitoring and making small life changes that may reduce the risk of complications for those with chronic conditions. We will increasingly implement team-based approaches across the department, looking for optimized outcomes and if possible improving efficiencies.

Our goals are aimed, again, at appropriate access to quality services that are sustainable over the long term. This requires us to take a serious look at how and where services are being delivered and whether we might make structural and practical changes that will lead us toward these three goals.

Recently, my department commissioned a clinical services plan for Yukon. This comprehensive decision support tool provides an overview of evidence, data and current services to help us ensure we are making the best use of our resources. It outlines recommendations for innovative changes

in system structure and service delivery and provides guidelines for continued monitoring services. The base and accumulated evidence and analysis will help us appropriately distribute services across the territory.

Both in-person and virtual teams will be used, allowing us to realize the gains made possible through the expanded scope of certain health professionals. Incorporating a greater mix of providers into team-based settings and making effective use of technology and integrating services as much as possible will result in both reduced costs for the department and improved outcomes for the client.

Collaborative care will be a key component of the system changes Health and Social Services will be working toward. This term is frequently used and can be defined in a number of different ways, but for us, a definition offered by the Australian Department of Health is perhaps most fitting. Collaborative care can be used to describe a way of working together and cooperating to ensure individuals receive the services they need most. How this is achieved has varied and has enhanced communication, sharing of clinical care, joint education, joint program and system planning. It involves a degree of systemic cooperation — how systems agree to work together — and local cooperation between different groups of clinicians.

Beyond this overall picture, there are a number of important things happening for the department and our partners that I would like to highlight today. I will start with Corporate Services.

Corporate Services provides the policy, planning, financial, capital and information technology oversight for our department. This year, March marked the end of the territorial health system sustainability initiative, or THSSI, funding from Ottawa. This program will be replaced by the territorial health investment fund and it will not replace 100 percent of the funding received under THSSI, but it will replace some of the funding. The distribution of this fund among the territories and specific requirements attached to its use are not yet known. We do know that less of the new funding will be attached to medical travel and that, for each year over the next three, the funding will be reduced, after which it will be completely eliminated.

Corporate Services division is also responsible for filling the mandate of the internationally educated health professionals, or the IEHP program agreement, which is federally funded for three years in the amount of \$249,000 annually. During this, the second year of the IEHP agreement, we will continue working on policies that support and enhance the integration of these valued professionals into our health workforce. We will expand the availability of support information both on-line and in paper form, and we will continue to provide support in areas such as professional assessment, bridge training and exam preparation.

More generally, Corporate Services will continue to provide support to all of the other areas of the department. Continued work on policy, legislative and regulatory changes, ongoing assurance of effective financial management, and maintenance and upgrades to information systems will all

involve the support and guidance, if not the direct efforts, of this division.

This year Corporate Services will invest \$283,000 in providing support for health system design and transformation. Sitting outside of direct service-delivery areas, Corporate Services staff and administration are well-positioned to support the implementation of changes to program service structure and delivery, with integration as one of its key outcomes.

Consistent with our broader work on matching needs to services, improved transitions and evaluating outcomes, Social Services division has a number of important new and ongoing initiatives planned for the coming year. An overarching goal this year will be integrated delivery of health and social services, with some activities clearly taking us down that path while others will fulfill more specific needs.

As mentioned in the Budget Address, this government is supporting the Salvation Army redevelopment project. The Salvation Army is planning to relocate the facility, expand emergency shelter spaces and enhance the services provided here in the territory. Subject to the Salvation Army's internal approval process, our department will be offering \$1.8 million for design development of the new facility and \$500,000 toward land purchase for a new enhanced and expanded facility this year.

In addition to additional emergency shelter beds, the Salvation Army rebuild will include transitional housing units, with the aim of providing a supported living environment for those ready to take steps toward stability and self-sufficiency. An additional \$1.175 million from Yukon Housing Corporation will support the inclusion of these transitional housing units.

The replacement of the Sarah Steele Building will result in increased service options and a reduction in barriers for adults and youth seeking treatment for addictions. This year we will invest \$1.284 million in the schematic design phase for this project.

Alcohol and Drug Services will also carry on its work in standardizing and evaluating best practices for detox and treatment of persons with substance use issues. During a two-year extension of the four-year funding agreement with the federal government, we'll receive and invest \$342,000 annually to this end. There will also be a continuation of \$740,000 for continued support of medically supported detox, a key component of evidence-informed services for persons with serious addictions. This funding will help us evaluate outcomes and determine the level of resources we will need moving forward.

We'll also be working on improving transitions and supports for clients who have both addictions and mental health challenges, closing gaps and reducing hurdles for those needing multiple types of support. Integrated service delivery, working closely with First Nations and developing after-care support are priorities in this area.

Our government continues to demonstrate its commitment to caring for and supporting persons with cognitive, physical disabilities.

The St. Elias group home houses clients with a range of cognitive disabilities and mental illnesses. This includes clients mandated by the Yukon Review Board. After years of operation by a contractor, operation was handed off to Health and Social Services in 2010. Beginning this year, we will be managing and funding this operation on an ongoing basis, providing stability for staff and programming of this 24-hours-a-day, seven-days-a-week service.

A number of deficiencies in the St. Elias group home have been identified and replacement of the building is a priority. This year, we budgeted \$1.235 million to complete the planning and design phase of the replacement building. The recently expanded Options for Independence Society provide living space for as many as 14 adults living with FASD. In order to support the recent expansion of the facility, we are increasing our O&M funding to Options for Independence Society by \$328,000. This will ensure that in addition to a roof over their heads, the clients in this facility — adults with FASD — will have the supports and services they need at home.

We've also increased our funding for Teegatha'Oh Zheh, a non-profit organization serving adults with cognitive disabilities. The additional \$158,000 per year in funding for this organization will help cover increased operating costs for their new facility, ensuring that this agency can continue to provide day programming, training and educational opportunities and residential services and supports. Health and Social Services shares the goal of this agency, which supports adults with cognitive disabilities in gaining community inclusion and living as independently as possible.

An enhanced assessment process and a revised rate structure have been introduced for adults with disabilities living in approved caregiver homes. The newly-implemented functional assessment tool determines the level of care required by a client and the appropriate corresponding compensation rate for the caregiver. We have also increased funding by \$419,000 this year for increased spaces in approved homes for adults with disabilities who do not have family to care for them.

For seniors needing income supports, the supplemental increase in the Yukon seniors' income supplement that occurred in 2013-14 will become an ongoing increase of approximately \$110,000 as of this year. This is in addition to the cost of living increases to the Yukon seniors' income supplement.

The pioneer utility grant will also be adjusted for inflation this year. In addition, an ongoing increase of \$168,000 has been included in the budget in response to additional demand for the grant.

We continue to show support for children and families as well. The healthy families program will expand to two rural communities in the coming year. This targeted parenting education, counselling and support program provides services to overburdened families. Working closely with the Department of Education, we will ensure coordinated service delivery between the healthy families program and learning together sites. Together, these programs will work with

communities to provide additional resources on new parenting and early childhood development.

In 2013, the Department of Health and Social Services completed an analysis of Yukon government childcare initiatives, including the Yukon childcare subsidy program. This analysis was shared with Members of the Legislative Assembly and our partners in the childcare sector.

The Yukon childcare subsidy exists to help Yukon families with the cost of childcare. The subsidy program provides financial help to eligible families whose children attend licenced childcare centres or family day homes. The amount of subsidy is based on an income test that takes into account the net income of families along with family size and geography. The subsidy is an entitlement for all eligible families. Adjusting the childcare subsidy program will provide significant financial support to families with young children in childcare programs.

Seeing my time is almost ended, Madam Chair, I will stop there and perhaps continue to give members some more information once the member opposite has a chance to comment.

Ms. Stick: I want to start by thanking the officials for being here today and for the very thorough briefings that we had prior to the budget and to thank the staff of the department for the care they provide to Yukoners.

What I propose — there are a number of concerns or issues I'm going to raise at this time. I'm not looking for answers immediately because I will come back to them when the comments are finished and we will have some very specific questions for the minister and his officials.

It's interesting that the minister points out that the spending for this year has gone down in total, when we're looking at the budget from last year. He does point out there was the one-time \$27 million that was paid to the Hospital Corporation for the principal of the loan, so that's one piece we can take out of there.

If we actually look at the actuals for 2012-13 and compare them to what the estimates are for 2014-15, we see that we still have significant cost increases and that there is a steady upward trajectory that we need to get a handle on if we're going to be able to sustain our health care system in the Yukon — and social services.

This is a concern. The minister mentioned the elimination of funding programs, such as the territorial health access fund, now THSSI, and how that is going to play a significant part in our budgeting years to come. We'll be looking for what the plans are for replacing this, or finding other ways to fund things, in particular the medical travel fund, which was a big piece. I understand the government is in negotiations with the other two territories about how to share that money. So we will be looking for timelines and where that negotiation is at this time. I imagine it would be hard for the department to continue to plan without those numbers in front of them.

We know the minister was recently at meetings with other health care ministers from across Canada. There was a news release discussing some of the outcomes, but there are some things that we'll be asking questions about — in particular,

pharmacy costs. We're still the highest payers in the country for our pharmaceuticals and drugs. There was a mention of more drugs being added to the list, but really it's a drop in the bucket when you look at what Yukoners are paying and what this government is paying. It's serious concern, especially since we are on the top of the list for this one.

Part of the funding that has disappeared is the patient wait times guarantee trust. I will be asking the minister about this funding and the program, and what the outcomes of those years of funding were and whether that information is available.

Something we asked about in the fall sitting was the final figures on both the Watson Lake and the Dawson City hospitals, and those were the capital costs. We know that it was overbudget and we know they were overdue, so we'll be looking for those amounts and what the finals are on them. We're curious about what the total projected operation and maintenance costs are going to be for these two hospitals in the coming years.

Along with the hospitals, there were a number of still-outstanding disputes between contractors and liens put against the hospitals by contractors. I know this from hearing from contractors who still haven't been paid, so we'll want to know what the timelines are and what is happening with those things.

I'm assuming that when the minister spoke about the clinical services plan — this was a plan that was announced last week by the government and they'll be releasing it this week. We look forward to looking at that and would like to know what the plans are that will be coming from that.

When will it be coming out to the public? Will there be time for comment back from the public, communities and from other health care providers and First Nations? We do look forward to it and are pleased to hear that that assessment has taken place.

In terms of the Salvation Army, this is the second budget year that we have talked about the replacement of the Salvation Army building. We are going to be looking for information from the minister with regard to the locations, the numbers being served, and the types of supports and programs that will be offered to individuals making use of those services. Also, is everything going into this project? Are we looking at any other projects for transitional or housing for the homeless?

I am pleased to hear about St. Elias. It seems to me that that in the supplementary budget last year, we heard of an increase in their funding to make the staff working there permanent. This year we hear that there are plans for a new building. I am hoping to hear a little bit more about that. Will it be in the same location? Is there a new location or a plan? If it is going to be in the same place, will it mean displacing those residents for a period of time? I just want to hear more on the plan for that.

I would also like more information the rebuild of the Sarah Steel Building and services to alcohol and drug services. What is the plan? How many beds? Where will the program be? Will there be more beds for residential

treatment? How are we going to be addressing the Alcohol and Drug Services' needs of youth in Whitehorse and in the communities as well?

One of the things I've been asking about in this sitting in particular is statistics around Yukon health care and those accessing non-insured health benefits with the federal government. I recognize it's a federal program, but I think it's important that we find statistics that address or cover all Yukoners — not just one group or the other. I will be looking for some confirmation that helps to better plan our overall health care regardless of who the payer is and to make sure that we have those numbers and stats available so that when doing planning we have the complete picture.

We will have some questions around e-health and whether we have a clear plan and timeline in place that will cover a comprehensive plan for the territory to shift to more electronic health records now that other legislation has taken place and brought into line.

A piece of that might be the request made 10 years ago by the Yukon Medical Association for a better prescription-tracking system — and whether that will be folded into this — if that is in the works. Do we have a timeline on that? It is still seen as an important program that is missing here, and with our small numbers we should be able to do that.

There are still patients without doctors, but it is good to see that there are so many new doctors coming to replace those who are retiring or leaving the territory as well as new doctors starting new practices. That's a good thing and we'll be looking for numbers on that.

It was over a year ago that we passed nurse practitioner legislation. We know of one for sure who is working in the territory. We're going to be asking questions with regard to the regulations — where those are at and the numbers. Do we have more nurse practitioners now? If so, where and how do we move ahead in encouraging the use of nurse practitioners so they are working to the full scope of their profession, whether it's in clinics or hospitals or community health centres?

In visiting communities and listening to individuals coming into my office, I still hear concerns from the communities about access to basics in health care, including hearing assessments and eye exams. It's not that it isn't available here in Whitehorse, but not everyone can travel to Whitehorse and not everyone receives medical travel to come and have those tests done. How are we making sure that communities have access to those services in the communities?

Mental health has been a big topic in the last couple of years, with a lot of information or requests coming from the communities and coming from the Yukon Mental Health Association, looking for a strategy that's really going to address some of our mental health needs for youth and children, as well as make sure that services are provided in the communities. It's a concern that people have and are hoping to see more progress on.

The same is for alcohol and drug services, whether it's to our youth, whether it's residential care services here in the

Yukon or another viable solution that really addresses the needs of youth who are looking for help, not just meeting with a counsellor once or twice a week, but who are looking for clear treatment programming and are asking for that help, along with their families.

Still waiting — and I'll ask the question when we get into the different departments in the budget — for amendments to the *Vital Statistics Act* and still hoping that those are coming forward in this sitting. There are some follow-up questions we will have with regard to the Auditor General's report for Family and Children's Services. We're certainly hearing from concerned families or service delivery people with regard to issues that have come up for them — not in relation to the Auditor General, but things that were addressed in the Auditor General's report.

I have many questions for this department. I don't expect him to stand up and have answers for all those this minute — I'll give him five. I will come back to those.

It is my intention to just basically start at the beginning and work my way through, because I have questions written out and that way we are not going back and forth. I apologize if I repeat something that the minister has also spoken to. I have tried to follow everything — or if I ask questions that I might have asked another time — but I am just really seeking clarification and assurances that our health care system and social services are sustainable, are addressing the needs of all Yukoners in all communities in the Yukon in a fair and equitable way and that people can feel that their needs are being addressed in a focused and timely manner.

With that, I will sit down.

Hon. Mr. Graham: I was going to take the opportunity to answer a couple of the questions at a policy level, so that we would have something that we could go forward with. I guess what I would like to do is continue on where I left off, because the child care subsidy program — the changes that we're making to the child care subsidy program — are quite substantial. I think they will be very well-received by the public, as well as hopefully by the Opposition.

The childcare subsidy program, as I said previously, is a subsidy based on income test that takes into account the net income of families, along with family size and geography. What we will be doing is making some changes. The income test for the subsidy program will be adjusted in three ways.

First of all, the maximum amount a family can receive will be increased by 10 percent. As an example, \$625 is currently the maximum subsidy amount for one infant. Under our new income test, this amount will be increased to \$687.50. The impact of this change is that families who receive a full subsidy will now pay less to provide childcare for their children.

Second, the threshold of income where a family becomes eligible to receive a subsidy will be increased by five percent. The net monthly income of a family determines whether they are eligible for a full or partial subsidy. Increasing this threshold means that some families who previously received a partial subsidy will now receive a full subsidy. For these families, the change means that childcare will become more

affordable as they go from a partial to a full subsidy. The increase may also capture some families who were not eligible for a partial subsidy and even include them in the partial subsidy part.

Third, the parent contribution rate will be reduced from 25 percent to 22.5 percent. Families who are eligible for a partial subsidy currently provide 25 percent of their surplus income past the full subsidy threshold. Reducing the parent contribution rate to 22.5 percent will mean that some families who were not previously eligible for any subsidy will now be eligible for a partial subsidy. We will be able to assist more families with the cost of childcare by making the subsidy available to a greater number of people.

The sum effect of these three changes means that more families will be eligible to receive a childcare subsidy and the amount these families receive will increase. This will significantly increase the affordability of childcare for lower income families in the territory.

While the potential increase in costs and service use associated with the growing seniors population is of interest to the department as whole, for the Continuing Care division, this concern is at the forefront of a number of key initiatives. We have committed \$6.9 million in 2014-15 toward planning and design for the first phase of a new continuing care facility. This year we will undertake the conceptual and schematic design planning for the first 150 beds of what will eventually, we hope, be a 300-bed facility. This will also be the year when we build the new 15-bed McDonald Lodge care facility in Dawson City, with \$10.421 million in capital funding going toward this project. While this amount is more than \$3 million higher than what was originally committed for this replacement, the increased budget and other improved changes allow us to consider a wider range of design options and to incorporate an enclosed walkway between the hospital and the continuing care facility.

As well as offering residential services for seniors, our Continuing Care division continues to provide home care services to help adults live safely in the home of their choosing for as long as possible. On a pilot basis, these services will now be available in French, with in-person bilingual services available in Whitehorse and bilingual information and phone referrals available throughout the territory. This is one of three services offering bilingual services on a pilot basis this year.

As noted, the Health Services division, along with the department as a whole, is at the beginning of a transformative process, looking at new ways of allocating services, making decisions and integrating delivery, both within the division and across the department. Working in partnership with primary care providers and the Yukon Hospital Corporation, this division ensures that services are available to meet our emergent and chronic health service needs. Determining the right level, the appropriateness and the method of service delivery at a system level will involve looking at the possible expanded use of remote service delivery, such as telehealth, as well as evaluating what needs might be met by a wider range of service providers.

We are doing ongoing work in partnership with Community Services to look at expanding the possible functions of pharmacists and to introduce new legislation regulating pharmacies, which is one example of aiming for an improved connection between needs and service delivery.

With more health professionals able to work to full scope, we can increase the ability of residents to access care where and when they need it without relying solely on physicians and the hospital. Our efforts to incorporate nurse practitioners into more points of service provide another example of this work. For the member opposite, I can tell you that we now have two nurse practitioners working within the department, but we can get more into that at a later date.

While we now have legislation enabling their practice, we know that we're behind other jurisdictions in making the best use of these valuable professionals. We don't want to merely catch up to where the other provinces are incorporating nurse practitioners to full scope. We aim to surpass them and to become a leader in this area in the country.

Two Whitehorse medical clinics are currently looking at bringing on a nurse practitioner — part-time — into their clinic to complement the work that they're doing. This is another step toward full implementation of nurse practitioners in the Yukon. Currently the government is also working with the Yukon Hospital Corporation to ensure that nurse practitioners can order diagnostics as well as have admitting and discharge privileges in Whitehorse, Watson Lake and Dawson City. This has not been a quick or easy process; however, we are continuing to make progress in this area.

In addition to ongoing support of nurse practitioner incorporation and full utilization in other points of service, we'll see a nurse practitioner added to the team of health care professionals operating the Referred Care Clinic. She is just about to start, as a matter of fact. When nurse practitioners are working to their full scope of practice throughout Yukon, we will see a more accessible, efficient and fully integrated collaborative system that will better provide services to all Yukoners.

Speaking of the Referred Care Clinic, the clinic itself serves as an example of the kind of transformation we can aim for across the whole system. While this clinic targets a specific, high-needs population, the model includes multiple-care providers under one roof supporting communication among those providers and orienting service around the client. It is one we will be encouraging more broadly throughout our health care system and throughout the whole territory. To allow the Referred Care Clinic to continue operating and to support the program evaluation that will inform both ongoing costs and other collaborative care initiatives, we are increasing funding to this service to \$674,000 in 2014-15.

We are also increasing the referral points to the Referred Care Clinic, which we hope will both increase access to a wider range of clients and potentially reduce the inflow to the emergency department to a broader, high-use group.

Similar to our efforts for social services, we'll be working toward improving transitions in health services. Whether clients are moving from the hospital to a primary care setting,

or vice versa, or from mental health or addictions services to another care provider, or from centralized services to a rural setting, we'll look at changes to make those transitions smoother and more effective.

Some of the system-level changes may take multiple years to come to fruition but, as this is the first year of a new five-year planning period, this is the time for us to identify priorities and look for incremental progress toward our longer term goals. At the same time as we work on broad changes in our system and in system delivery, we will continue to deliver the core programs and services to meet the care needs of our growing and aging population.

Under a new three-year with the Hospital Corporation, we will be increasing their ongoing funding by \$1.4 million, which covers base funding for both the Watson Lake and Whitehorse hospitals, and new base funding for chemotherapy drugs. We will also provide one-time funding of \$405,000 to cover blood products and other provisional costs. Overseeing these activities is a new joint executive committee formed by the department and the Yukon Hospital Corporation to ensure joint planning and accountability for service.

Given the size of our jurisdiction, we are in a good position to realize the potential benefits of working together. We need to ensure that effective service delivery trumps organizational and governance barriers.

The department's budget for extended benefits, such as chronic disease benefits and pharmacare, will be increased by \$1,045,000 on an ongoing basis. Increases and expenditures for out-of-territory hospital visits for our residents have led to an ongoing budget increase of \$1.8 million for these claims.

Although we are allocating funds for medical travel and out-of-territory hospital costs, we hope that the provision of additional services in communities and in the territory will slow the growth of these costs and allow more Yukon residents to access appropriate services closer to home.

For this reason, among others, we will be investing \$2.8 million this year to build a home for the MRI scanner. The building that we will put the MRI in will be a permanent facility, but it will only be a temporary home for the MRI. The scanner is funded by the Yukon Hospital Corporation and matched donations from the public. We will also offer \$265,000 to the Yukon Hospital Corporation for the first month of operation for this new facility.

We will support the Yukon Hospital Corporation in their initiative to develop a design for an expanded emergency department, permanent MRI suite and other options with \$472,000 designated for this purpose. A current assessment of needs will form part of the design process.

The temporary facility for the MRI scanner will be repurposed when the permanent home for that equipment is complete ensuring that the investment is put to good use.

Last year, along with the Yukon Hospital Corporation, we completed a community needs assessment in Dawson City. As a first step in responding to this needs assessment, we will be initiating a collaborative care approach to health services in the Dawson health facility.

This will also be the first year of operation for the Dawson City hospital and health facility. One-time funding of \$4.539 million will support the operation of the facility and allow us to determine appropriate funding levels on an ongoing basis. We are also working with a physician group in Dawson to develop a collaborative care model for this facility.

Together, the new Dawson and Watson Lake health care facilities mean that more Yukoners have access to a broader range of services closer to home, hopefully reducing the need for travel to Whitehorse and improving client access to personal support networks on discharge. We will be working with the Yukon Hospital Corporation on consistent monitoring and appropriate evaluation for these facilities, ensuring that they're used to their maximum capacity and building on each phase of improvement and adjustments.

We will also be spending an additional \$400,000 annually to address increased physician claims and related costs in addition to one-time spending of \$450,000 to ensure that physician services continue to be available in Watson Lake. Like many small communities in Canada, Watson Lake may be looking at changes in the delivery model in the face of challenges in keeping family physicians on a long-term basis.

We are working with the Mayor of Watson Lake and will be chairing a committee of stakeholders to work with us in recruitment and care delivery planning. Improving access and reducing barriers is also behind the pilot offering of francophone services in the department. Our francophone population will now be able to access services in their language of choice in insured health services and at the specialists clinic at the Whitehorse General Hospital, as well as with home care services, as I mentioned previously. The health passport will enable communication between patients and health care providers where French services are not yet available.

New investments in facility upgrades, service delivery and system changes do not diminish the importance of our upstream initiatives. We continue to support promotion and prevention activities in a number of areas, and the department will sustain its efforts targeting improved nutrition, increasing exercise and reduced risk-taking among the population with the intention of reducing disease and injury associated with unhealthy or risky behaviours.

We'll continue to support those with chronic conditions in adopting or maintaining healthy habits as well and to monitor and to manage their symptoms as much as possible. We know that chronic conditions are a top driver of system use and costs, and we aim to reduce readmissions and complications among this population. This might mean holding education sessions on how to manage and monitor conditions or unhealthy eating and safe exercise. It might mean equipping patients with tools that they can use for tracking their status, noting changes and making adjustments. It could mean relying more on technology to support self-care practices, rather than relying on frequent visits to the emergency department or to their physician's office.

Community Health services, in conjunction with our vaccines program staff, will continue to aim for optimal

vaccine levels in all communities. Public protection and water-borne illnesses continue to be a priority, with ongoing provision of water testing and restaurant inspection services.

Those efforts will form part of our overall strategy to slow cost growth while realizing maximum levels of mental and physical wellness for our residents. Along the same vein, the release of a wellness plan for Yukon children and families just recently will give us additional insight and guidance on effecting changes in ourselves, our families and our communities so children are given the best chance for healthy development and all residents can achieve mental and physical wellness.

Continued support for the *Social Inclusion and Poverty Reduction Strategy* and ongoing efforts to witness its consideration and incorporation by all relevant departments will help ensure that vulnerable, at-risk and low-income Yukoners are included in this rising tide.

I'll stop again there and wait, Mr. Deputy Chair. I believe other members of the Opposition have a little to say, and then I'll complete my formal address later.

Ms. Stick: I will start off with questions. I would like to hear from the minister with regard to total FTEs within the department. Separately from that, I would like to know what the FTEs are for auxiliary on call — whether there has been an increase or a decrease from last year on that number.

It is an ongoing issue for many individuals who have worked many years as auxiliary-on-call workers and some of them on a full-time basis. At one time, there was a time limit to those positions. I'm wondering whether there has been any move to decrease those numbers and make those staff permanent if they are filling a position that could be permanent.

Hon. Mr. Graham: In conclusion, surrounding all of the new enhanced and ongoing efforts supported by the 2014-15 budget is an increased level of accountability for the department, as I believe in many departments in the government. Our evaluation has been mentioned multiple times today. Beyond those highlighted cases, we will be looking at improved monitoring of outcomes in a number of different areas, giving us ongoing feedback so that we know our expenditures are being invested wisely and effectively. This does not cover all of the work that the department will be doing in the next year, but it provides some insight into our major initiatives and direction.

As is clear from this list, Health and Social Services needs to work with other departments, numerous external partners and residents as a whole in order to meet its goals. This collaborative effort among all stakeholders is the only way that we can really optimize mental and physical well-being. It is the only way that we can manage to keep costs at a manageable level and continue to offer the range of quality programs and services Yukoners expect. I hope all of us will join me in facing this challenge.

I appreciate the opportunity to present highlights from the Health and Social Services budget today. What I will try to do now is answer a couple of the questions on a higher level and

when we get into the budget we can get into the individual questions there.

The first is the Yukon clinical services plan. I think there is some misunderstanding of exactly what the clinical service plan is, because it's a 10-year plan right now geared to provide quality, evidence-based care to all Yukon residents. It is intended to optimize the role of all health and social service providers. It will implement innovative models of delivery and accountability of care that is sustainable — there's that word again, sustainable — across the continuum of health and social services throughout all Yukon communities.

Dr. David Peachey was the primary consultant on the project. He spent approximately six months generating the clinical services plan and another month or so just lately explaining it to all of the relevant stakeholders. The project deliverables include a narrative report with analysis and recommendations. He also prepared a data catalogue, a clinical service matrix to inform evidence-based decisions for health and social service provision in the coming years. Included in the consultation was the Yukon Hospital Corporation, the Yukon Medical Association, the Yukon Registered Nurses Association, all Yukon First Nations, the Yukon Health and Social Services Council and a number of Yukon government officials with a mix of both urban and rural representation. We have had great input from First Nations and we really appreciate the time and the responses provided by all of the respondents.

The clinical services plan is a tool for decision-making that will enable us to ensure we have high quality, accessible, sustainable systems to support patient-centred innovative care. It is a tool to make evidence-based decisions on where we need to focus on change to really enhance the patient-centred system. The project was undertaken to develop that framework to allow the evidence-based decision-making. I would like to take the opportunity — because I have never had the opportunity — to thank the steering committee comprised of myself in absentia most of the time, the deputy minister and the assistant deputy ministers of Health and Social Services and an advisory committee, comprised of health and social services stakeholders, both from within and outside of government. It included the Yukon Medical Association, as I said, and the Hospital Corporation, all of whom gave of their time and effort to assist us in building an in-depth, quantitative data set that will prove to be invaluable in the years to come. So that is a little bit about the clinical services plan.

The total FTEs in the department is 949 FTEs. In the past year, the auxiliary-on-call positions decreased by 0.3, the number of term employees decreased by 13.68 and the total permanent FTEs increased by 24.95 primarily in the St. Elias Residence. We had a total effective increase of about 11 PYs in the Health and Social Services over the last year.

When we talk about auxiliaries on call, auxiliaries on call for Health and Social Services can be used to cover permanent or term positions when they're vacant depending on the length of time toward successful recruitment of replacements, et cetera. They are used to cover short leaves, such as vacation

or sick leave, or when staff members are attending training, staff meetings, et cetera, especially in 24-hour operations of which we have a number. They also provide intermittent services for work, evenings, weekends, group work and one-to-one support for specific children or youth.

I could go through what each division gave me: Family and Children's Services and Regional Services are even more difficult to get auxiliaries on call where they provide periodic short-term coverage for vacancies or support in case-specific situations.

Adult Services use AOCs in a number of 24-hour operations of various types. They cover sick leaves and vacations in detox and St. Elias, because those are 24-hour operations. They also provide invaluable assistance in long-term care. Without auxiliary on calls in long-term care, we couldn't possibly provide the service that we currently do. They cover absences of permanent staff on an emergency basis due to illness or sick children or whatever reason they happen to be away. Those auxiliary on calls are sometimes given very, very short notice that they're required. They really ensure that we have the staff complement necessary to continue running those facilities from a safety point of view — safety for staff as well as the safety and comfort of our clients. AOCs are utilized in Mental Health Services — mental health support workers — when clients are in need of support in the community if they're recently discharged from the hospital or if they need support to attend appointments. Again, they are used in any number of ways for staff vacancies or illnesses.

I think that's probably most of them, Madam Chair, but I will be happy to provide more detailed information if the member opposite wishes, at a later time.

Ms. Stick: The one number I was missing when the minister was speaking — or I didn't hear — was the number of auxiliary-on-call employees who are working for the department. I recognize their need, especially in continuing care, where they have the flexibility of perhaps moving between different facilities and providing support. I understand the need when people are sick, away on holidays, and that type of thing.

But I also hear from people in a variety of different situations where they are working full-time, and have for a number of years, in a position and are still considered auxiliary on call. I'm wondering just what that time limit might be for those individuals to become permanent, when it's recognized that this is a position, it's ongoing, they're working full-time and should be considered permanent employees versus auxiliary-on-call.

While I'm up, I also wonder if I could hear from the minister on the wellness program. How many FTEs are assigned? How many are assigned to the poverty reduction and social inclusion program — if there are still individuals dedicated to that program?

Hon. Mr. Graham: The total number of FTEs for auxiliary on call is 76.4. The one thing that is certain is the department follows the guidelines set out by the Public Service Commission and we make sure that we do not misuse

our AOCs in any manner — where we follow the collective agreement as closely as we possibly can.

Even though it is extremely difficult in many areas to utilize AOCs to support people, many times, especially in the communities, we continue to work with the Public Service Commission and the unions to continue providing the service with AOCs.

My deputy informs me that we just completed a review of all of our AOCs and there were no problems noted with the use of AOCs in the Department of Health and Social Services.

Ms. Stick: I am not sure what you would determine as a problem with AOCs.

It remains that there are individuals who have worked for many years — in social services, in offices — who have been AOCs for a very long time. I understand that many employees are happy with that, because they can work so long and then take a chunk of time off without pay. They receive benefits in terms of extra pay on their paycheque but really do not have the same rights as other workers do. To me it is just an ongoing issue with the department.

It also has an impact on other people as well. Often when people come in as auxiliaries on call, they see it as getting their foot in the door with a government job and are subsequently looking for more permanent work.

There is a lot of turnover in facilities or group homes or other positions where auxiliaries on call are looking for permanence or looking for the job they know will give them the benefits and paid vacation, et cetera. It impacts the people they work with, whether it is their co-workers or whether it's the individuals they are providing service to, and that can have an impact on people when they are constantly seeing a turnover of staff and not that same familiar face that might be there if a person was in a permanent position in those.

Are there personnel resourced or dedicated to the wellness program and to poverty reduction and social inclusion?

Hon. Mr. Graham: I would imagine part of the question with respect to AOCs is coming from the St. Elias group home situation. Admittedly, that one got out of hand a little bit because of the fact that we had to take over the St. Elias group home on very short notice. We made the decision that, rather than the department continuing to operate the St. Elias group home, we would put it out to tender. We did that once we found that we didn't get tenders that met the requirements, and after some reconsideration — possibly we didn't move as quickly as we could have. There were AOCs at the St. Elias Residence at the time — and probably for a little longer than they should have been.

Since then, we've decided we will operate the St. Elias group home. 13.5 people became permanent staff, and that accounts for a lot of the increase, as I said previously, in our permanent staff.

Other than that, we find that there are a great number of people out there who like the lifestyle of being auxiliary on call. They simply enjoy the lifestyle, because they can pick the position they want for the length of time they want, and the rest of the time is theirs to do as they choose.

In the same manner that some AOCs would love to have permanent jobs because of the benefits and the bigger paycheque, a number of permanent staff are also looking to become AOCs, because they've worked in a permanent job long enough and they don't want to work full-time any more. To them, becoming an AOC is something they aspire to.

So it works both ways. As I said, through the review we recently completed and through our ongoing evaluation of AOCs within the department, we're attempting to meet the needs of both of those groups. We realize we'll never keep everyone happy. We know there have been a few times when perhaps we overused AOCs, but we're trying really hard to avoid that in any possible future use of auxiliary-on-call employees.

Ms. Stick: I thank the minister for his answer. I am not arguing that there are people who do enjoy the option of being an auxiliary-on-call staff person. I know that there are many who enjoy that. There are others, though, for whom it is not so flexible, but who are required, when they are called, to come into work, or are told that you are allowed so many times to refuse work and after that you will not be called again. There is also that side of the issue.

Then you have people who are working shift work and more shifts than they can manage or want to work, but who are at risk of being unemployed if they don't accept the work. There has to be a balance. I just believe that we are not following that closely enough — what's happening to individuals — because I do know that some people let their employer or their supervisor know that they will be away for three months and go off on a holiday or take the summer off, and they do have that flexibility, but it is not across the board that way, particularly in continuing care facilities.

There is that refusal rule, and people end up working more than they want but don't feel they have an option of saying no. I just think that needs to be looked at more closely because I think there is still room for improvement in those areas.

I bring it up because I hear from so many individuals working in a variety of situations. It is not just this department. It is not just Health and Social Services, it is Justice at the jail and it's other departments too. It's something that I just don't feel there is enough of a handle on and it is open to abuse. It's not fair to the workers who are giving their best, but are not entitled to the same things as others.

I'll move on from that. I would like to hear from the minister more about the reduction in the revenues that we're receiving from Canada with regard to THSSI. We know that there is a substantial decrease in those amounts. If the minister could give us a bit of an update on what the negotiations are with the other territories, particularly with regard to medical travel. If you have to go somewhere, we want to know that our medical travel is safe. We understand with the new hospitals — and hopefully a more collaborative care system — that our medical travel expenses will be reduced. I would like to hear about what those negotiations are and what the outcomes were. Is there a follow-up report to the end of this funding that

says these are the things we achieved; these are the things that might not have happened? There was e-health, medical travel — that money was there for a while and we became used to it and it is quite a reduction for us to absorb. What are our plans for that?

Hon. Mr. Graham: I'll start with AOCs, because we have a specific agreement with the union dealing with AOCs. In that agreement — take for example, long-term care. When we have a need for an auxiliary on call, we call from a list.

If a person on that list is available, but there are three consecutive denials — they don't want to come into work — we then have, under the agreement with the union, the ability to remove that person from the auxiliary-on-call list. It isn't like the department is saying, "You can't go away on holidays because we'll phone you and call that a denial." No, this is when they're available for work and it's only in some parts of the program like long-term care, because you need those employees there for long-term care. The auxiliary-on-call system, like I said, might not work for absolutely everyone, but it does work for the vast majority.

We also make sure that we post positions for longer term leaves like maternity and paternity leaves or when a person is going on leave without pay or deferred salary or for long-term medical leaves, once we have determined that an employee will be away for a significant amount of time. This allows auxiliary on calls to attempt to move into these longer term positions. We're doing everything we can to place people wherever possible to stabilize the needs of not only our clients, but our workforce.

When we get to the *Social Inclusion and Poverty Reduction Strategy* and the wellness strategy, we do not have any PYs associated with either of these projects.

We do have funding for some initiatives in the administrative budget, but what we're attempting to do across the department, and really throughout the government, is make everybody responsible for social inclusion and for wellness.

We've tried to make wellness especially a priority for everybody in our department including the minister. I'm trying to stay well myself by running around a track up there and lifting heavy objects — and just in my declining years, as the Minister of Economic Development calls them — to maintain my health as well as possible. I pass that along to everybody that I am associated with, as do employees throughout the Department of Health and Social Services.

We do have money for social inclusion; \$57,000 I believe it is in the policy department. That will assist us in ensuring that any policies adopted across the government or any changes in practice are seen through a social inclusion and poverty reduction lens. That was the intent of the policy all along and that is something that Health and Social Services is attempting to do — to make sure that whatever we do, we look at it through that lens to ensure that the more vulnerable members of our society are achieving some kind of equality in the Yukon scheme of things.

I can't remember anything else that was asked, but I will wait for further questions.

Ms. Stick: The wellness and poverty reduction and social inclusion projects have been going on for a number of years, with a lot of input from community members, non-governmental organizations and individuals working hard to look at ways to reduce poverty in our territory. We've recently seen reports coming out of Manitoba and the Northwest Territories that have gathered together different groups and government departments and come up with very clear strategic plans; with goals that say, we're going to reduce poverty, or family income will increase and we'll know that because we'll be measuring it, and we will look at it and, if we don't achieve it, these are the steps we're going to take. That's the piece that I feel is missing.

I don't believe it was the intention when that group first started and got together that this was just going to be a lens for government to look at policies and the procedures of what they're doing in the departments. I truly believe those individuals who worked on that program many years ago, or when it first was talked about, really had in their minds and hearts that this was going to be a way and a road map to reduce poverty, to bring people out of poverty, to find ways of very concrete steps to help reduce poverty in the Yukon. That's what I feel is missing.

I'm disappointed to hear this, because I've heard from groups like the Anti-Poverty Coalition and individuals in that group or individuals just in the community who had hoped for more and really feel that the next step wasn't taken.

It has gone this far in looking at departments, and that's good, because you always need to do that and see what the impact of those policies and procedures are going to be on individuals in the Yukon. What people really feel is missing are the clear steps that could be shown to reduce poverty and to bring families along. We know the impacts of poverty; we know the impacts of poverty on health, on early childhood development and its lifelong impacts.

I would just like to hear from the minister with regards to that and how he responds to those individuals, groups and community members who spend a lot of their time as volunteers and group members to really push this forward, and if he doesn't feel that there is another step yet that needs to be taken in terms of a real strategy.

Hon. Mr. Graham: I am going to take a little bit of time here and run through a little bit of the history of the social inclusion strategy, some of the indicators, the key populations that we were talking about back then, the evaluative tool and the approach that was taken.

One of the first things I have to say is that the people who were involved in the whole *Social Inclusion and Poverty Reduction Strategy* planning — I met with them — in fact, it was my first meeting with a group after I was appointed as Health and Social Services minister. At that time, we made sure that everyone understood that the strategy was to set a long-term vision for the Yukon. We were attempting to implement short-term goals that would focus on improving the lives of people in the territory experiencing social inclusion and poverty, but the real goal was a long-term vision that

would reduce the numbers and reduce social inclusion and poverty in the future.

It was developed at the time — again I'm quoting from what happened back then — “The social inclusion assessment tool is being developed in order to assist departments to consider the needs of the most vulnerable when developing or evaluating policies, programs and services.” As part of that, social exclusion was defined as the process of being shut out from the social, economic, political and cultural systems which contribute to the integration of a person into the community. Poverty is one of the most obvious factors contributing to social inclusion, but social exclusion, also stems from — and is exacerbated by — inadequate education, housing, health, social participation, employment and access to key services. That comes directly from the committee looking at social inclusion. As part of the project, we also developed an assessment tool that was an initiative by the social reduction strategy. What we did is set a number of goal areas. The first goal was to improve access to services and programs through integrated, collaborative and partnership approaches to policy development and service delivery.

Under that goal, we set a few objectives and then we set a number of initiatives. Under one objective, which was to improve programs, policies and service delivery to remove barriers to access, we initiated the downtown outreach clinic.

We intend to improve services for persons with disabilities. A number of those projects have gone ahead in Health and Social Services. We hired a community liaison coordinator. A number of things were done to improve programs.

The second objective was to improve coordination and collaboration within government. We go through the number of initiatives that we did: the Alcohol and Drug Services initiatives; framework for early childhood care; strengthening the rural Yukon safety net; continuing participatory care; and the Whitehorse facilities family meetings. We have a number of goals; we have objectives. If you want, I will run through all the goal areas. The second goal area was to reduce inequities by equipping individuals with the education, skills, resources, housing and social support and experiences they need to realize their potential and reduce disparities. We have a number of initiatives: Yukon student attendance in Yukon schools, implemented by the Department of Education; we have the Yukon literacy strategy; the labour market agreement and labour market development agreement — all led by Education; and, we redesigned social assistance programs and services.

The food bank was here as something that we should support. As you know, the Premier and I were recently there and contributed \$750,000. In fact, I believe that on Wednesday, we will make the official presentation of \$750,000 to the food bank.

We're following through on a number of these initiatives that we set out, such as Options for Independence housing or Whitehorse seniors rental units or the changes that are necessary to the *Landlord and Tenant Act*. All of those things were taken from the initiatives set out by the group.

Not all have been changed. Second-stage housing — Betty's Haven — was done. The youth centre was opened at the Skookum Jim Friendship Centre. The Dawson City women's transition centre was expanded. A number of things were done in that area. The last objective or goal area was to strengthen community vitality by continuing to build good relations, greater respect, tolerance and equity among all citizens of the Yukon.

Some of the things that were set as goals there that we need to continue are: the family housing program coordinator, which was done under the Women's Directorate; positive images of aging, which was a program that was carried out by Health and Social Services — in fact, I have a couple of the posters and the publicity done for that program and it was carried out; an environmental awareness fund that I believe the Environment department has now established; and a renewed active living strategy. I was recently at the Yukon Council on Aging, Golden Age Society and ElderActive Recreation Association. I don't know if I have been to all three in the last few months, but I have been to all three in the last year. Some of the things are happening there that create a broader access to the participation of seniors in sports, recreation, culture and in day-to-day living experiences.

One of the other goals was to improve conditions that result in a safe community. I know the Justice department has done a number of initiatives in that area.

If the concern is that we didn't have specific numbers that we are going to meet in the next two to three to five years, that's true. We don't. We can't say that we will eliminate 50 percent of the people in the territory who are currently living in poverty. We will say that we are combatting homelessness. We've done a number of things. We're attempting to do more. We're also attempting to resolve that part of the social inclusion and assessment tool. Hopefully when the Salvation Army is completed and when we determine where we want to go with the old sixplex where Options for Independence had some people housed, we'll make changes in those areas as well.

We are making progress. Whether we can point to quantitative — where we set goals and then reach those goals — I guess the best way to do that is to say there were a number of initiatives as a result of the goal areas set by the social inclusion group, and we are meeting those initiatives one by one, and we'll tick them off as we complete each initiative.

The question on THSSI was: Where are we now? It's now called the territorial health investment fund. In the federal budget, there was a guarantee of \$70 million over three years for the three northern territories.

The Yukon led this request. We wrote the proposal. However, the money will be split between the three territories on a basis that we're not even sure of right yet because the money hasn't been sent to Treasury Board. We expect that we may not even know what amount each territory will be receiving or the total amount that will be common to all territories. We don't think we'll know that until possibly as late as December. We've informed the government of these

distinct possibilities and, to the government's benefit, they've agreed to cash-flow many of the projects that were started under THSSI. There will be no one laid off — I don't believe — from any of these initiatives. We are keeping everybody on until such time as we hear from Ottawa about what the exact fund will be. We do know that the money that we currently receive for medical travel will be cut. We know it will be reduced in the second year and even further in the third year with the intent of completely cutting it at the end of the three-year term. I guess I don't really have much more to say about that, other than the fact that we're quite disappointed that we will be waiting so long to hear, because it does put a strain on folks in the department who are working in areas that are currently funded by THSSI.

Ms. Stick: I thank the minister opposite for giving us some of that information on the poverty reduction and social inclusion. Some of the examples that he gave are certainly good, but there is a flip side to them. One is that we are giving the food bank money so that they can purchase a facility, but it's because the numbers continue to increase, which means that people do not have enough money to put food on their table for themselves or for their family, and that could include children. Those numbers continue to go up. To me, it's great that we have that security there and that safety net there, but the numbers are going up, which to me suggests that more and more people do not have access to the healthy food that they should. They are not meeting their own needs, or their family's needs. That is just an example.

I appreciate all of the examples he did give — OFI, Betty's Haven. Yes, I recognize those, but I also recognize that some of those are because our needs are increasing and increasing. It's not just because of population increase. It seems to me that if more people are going to a food bank, it's because more people have less money.

I thank the minister for his explanation on THSSI. I am sure it is frustrating and disappointing to have to wait that long to even know what you can use to do your planning. One of the programs where we also saw a decrease is the patient wait-time guarantee trust, and this year that funding has gone down by \$438,000.

I'm just wondering if, out of that trust, a report comes saying that this is what we did with wait times, these are some of the positive outcomes, this is still where there are areas of concern — if I could have an answer on that, Madam Chair.

Hon. Mr. Graham: The federal government did end funding of the wait-time initiative. The funding did make a difference in things such as hip and knee replacements. It definitely shortened wait times for Yukoners. More Yukoners were able to get out and take advantage of especially those two things.

The one thing it did do was provide funding for teleradiology — and it was short-term funding as well — but what the government has decided to do — this was a very important initiative — is it is now being funded through Health and Social Services as a result of the government taking the position that this is something that should be done.

When the money was ended by the federal government, we picked up that one.

As was said, it's difficult sometimes to say it's successful if people are still waiting for six months, but the number of people who actually took advantage of hip and knee replacements increased substantially, but then so did the number of people now wanting hip and knee replacements. So it is six of one and half a dozen of the other. It seems like every time you improve the process, more people join the queue. That is a difficult one. I don't see any additional funding on the horizon for wait times, as it was in the past. I think it was called wait-time trust fund.

This is one of the reasons that we did things like the wellness initiative, like the chronic disease conditions and that kind of stuff. We hope to prevent this kind of stuff happening in the long-term, so that we won't need the hip and knee replacements as much, because people will be happier; less weight will be packed by all those people and the number of folks needing these surgeries will be lower as well.

Ms. Stick: I thank the minister for that. I think also we would probably look at it in that it is not that individuals want knee and hip replacements so much as needing them. Some of that has to do with our demographic of an aging population. I always think of my son who was, and still is, a skateboarder, and I just wonder what shape his knees and hips are going to be in, in another 20 years, and whether, for all his activity, he hasn't done probably more damage.

I thank the minister for that and I am going to move on to looking at — just one question is: Were the wait times incorporated into something so that we are trying to keep those numbers and the waitlist times down? Because it is important — and for individuals who need a hip replacement or a knee replacement, unfortunately one of the side effects of that is they can't be active and they do have to sit more and they're less prone to be out walking and exercising, because they can't. I know of individuals in that situation now, where they would love to be out there exercising and doing what they can to maintain their health, but really can't because of pain or discomfort or they're just not able to do the distances — where they used to walk from Riverdale to downtown and back every day, and are finding they can't do it anymore because they need those replacements and they are therefore staying home and driving more. It's not so much a want, it's a need.

Hon. Mr. Graham: Any of these kinds of operations are dependent on hospitals in B.C. and Alberta to perform on our behalf. We're kind of hostage to the situation in those two provinces. What we've also found across Canada is, when changes were made like the wait-times initiative, changes were made to the system and so more operations were being done. There was an unintended consequence. How do they say? No good deed goes unpunished. As a consequence of a lot of these replacements going ahead, other needs then manifested themselves in these people. You went ahead and replaced a knee, only to find that was only part of the problem, and then you had to replace a hip or another body part in addition.

What also was discovered — and it started much of the conversation on appropriateness — because in many cases the simple answer was surgery. The easy answer was surgery — without considering other options. That's when the whole discussion on appropriateness began — especially with the ministers of health. There are now a number of appropriateness guidelines that are set up for the medical fraternity across the country. They don't necessarily have to follow them, but there are appropriateness guidelines in a number of different areas, and more and more are being developed all of the time.

We will be going ahead ourselves with a review of appropriateness in the territory, so that we will be doing some evaluations of high-cost, high-incident medical procedures that are happening here out of all proportion to our population. We'll be looking at those and determining if it's really appropriate that all of those procedures take place in the territory, or if there is something else that could be done.

We also found that, as a result of the money being poured into the wait-list initiative, other wait lists all of a sudden took a back seat to the ones that were being funded by the federal government. It made the problem worse — it exacerbated the problem in other areas of the health system. Those were a few of the lessons learned and are, I think, some of the reasons that the federal government isn't rushing into funding another wait times trust fund.

Ms. Stick: I'm going to move on.

Just so the minister knows what page I'm actually looking at, I'm on 13-8 and it's Family and Children's Services. I'm sure there's an explanation for this, but when preparing for this today, I was going page by page in a comparison with last year's budget. My question is: When I look at this year's budget — at Family and Children's Services, the 2013-14 estimates — there are the numbers there. If I compare them to the 2013-14 estimates from last year, they should be the same, because the estimates don't change. The forecast will change and we'll have a supplementary and numbers will change but, for some reason, when I look at the estimates for last year and then in this year's budget, the numbers for Program Management, Family Services, Child Placement Services — the top three — are all different from what was presented last year. The other numbers are right and I'm just not clear why that is.

Hon. Mr. Graham: Madam Chair, there is a fairly simple answer. In anticipation of the question, because I ask it myself from time to time, I had a little chart drawn up.

What happens during the year is that if we find that there is insufficient money in one budget area, but another budget area is not being spent, we transfer money within the department. So you can transfer it out of one vote into another. Just to give you an idea, we transferred \$95,000 from child placement and support unit to assessment services and transitional services for youth. The reason for that is that there were fewer children coming into the care of the director; however, there was an increased number of youth being supported as they transitioned from care, which is ages 19 to

23. This was under a provision of the *Child and Family Services Act*.

Another is where we transferred \$100,000 from child placement and support unit contracts to child protection for extended family care agreements. Under the act, there have been, again, fewer children coming into care of the director and being placed in foster care. The first choice for a child requiring out-of-home care is with their own extended family under an extended family care agreement. That was the reason that money was transferred.

We also transferred \$65,000 from family services, mainly from program materials, to the early childhood and prevention services unit. This was to fund a supervisory position in supports to children with disabilities. This had never been funded before. As part of that transfer, we also took \$40,000 from child placement services contracts, again to early childhood and prevention, to support the supervisor position in supports to children with disabilities.

We also transferred \$392,000 from child placement, foster homes, to child assessment and treatment services for residential treatment outside of the Yukon. This was increased funds required for three children and youth requiring specialized residential assessment and treatment services in Alberta and Saskatchewan. A further \$415,000 was transferred from the placements and sport units contracts to the residential services unit to fund a permanent clinical coordinator position and 4.7 term residential care worker positions. I can provide this to the member opposite so that you can go through it at your leisure.

We also transferred \$130,000 from Family and Children's Services to Community Program support. There is an increased involvement with First Nations under the *Child and Family Services Act* and these funds to First Nations assist them to provide additional supports to children and families and to work collaboratively with social workers. We also fund a few positions in various First Nations to assist with family and children's services.

Finally, \$545,000 went from residential services to home support and programming for persons with disabilities. The funds and responsibility for a contracted group home were moved from Family and Children's Services to Adult Services.

The young people in this facility were actually transitioning, as a unit almost, to becoming adults. They were very familiar with the home they were in. They were very happy there as a group and so, as part of the transition to adulthood, we transferred the money to run the home — the Canyon Mountain home from Family and Children's Services, which these folks are no longer eligible for — to Adult Services. The same services will be available in the Canyon Mountain home but they will now be adults.

Ms. Stick: I knew there was a simple answer to that and I would appreciate having those numbers in writing, because I was looking at it and I was not able to figure out what was going on there. I thank the member across for that and would appreciate that information.

Going down the page — this is just information only — it's under young offender facilities for operational equipment. I'm just not sure what operational equipment is and the same for the residential services line item. This is under capital: \$100,000 for residential renovations and the \$39,000 for operational equipment — if I could just have clarification on what those things are.

Hon. Mr. Graham: The operational equipment — having spent a certain amount of time in the young offenders facility — not a resident thank goodness — I can tell you that a number of things like couches and chairs and other recreational/educational program equipment is destroyed fairly quickly, and that's what the \$39,000 is for.

The \$50,000 for renovations is to upgrade the fire alarm panel in the facility. That was a project identified by Property Management and we agreed to carry it out. Office furniture and equipment was furniture and equipment for Youth Probation Services that wouldn't be used as part of the operational. The operational is the equipment used in the facility itself.

Chair: Before going on to a new question, would members like to take a recess?

All Hon. Members: Agreed.

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

Recess

Chair: Committee of the Whole will come to order and resume general debate on Vote 15.

Ms. Stick: Going along with Family and Children's Services, I like looking at the statistics and seeing what is happening with families and children across the Yukon. I find it quite interesting.

I just wondered if the minister had any comment on the increase in families identified with protection concerns. For the regions, it seems pretty consistent and straight across. But if we look at the 2012-13 actuals, it was 463, and we're projecting 540 this year. To me, that's quite a substantial increase. I wondered if the minister had any idea of why that might be, or is this just another continuing trend.

Hon. Mr. Graham: There was a spike in intakes in the fall — September through November. We believe that it was due to mandatory education and reporting of incidents. As a result, we projected those numbers to stay until the end of the year.

It was as a result of mandatory education and reporting.

Ms. Stick: Just for clarification from the minister: Is it not for all Yukoners that it is mandatory to report concerns — not just education or professionals, but in fact, every single one of us — if we suspect a child is in need of protection or care, we have to inform?

Hon. Mr. Graham: That is correct. It is everyone — not just education.

Ms. Stick: Looking at Child Placement Services, and specifically adoption services, I have a number of questions. I am looking more for clarification. It says that there are 40

pending — this is the number of adoptive homes in Whitehorse. I am wondering if these are families that are still undergoing home studies and haven't finished going through the process to be approved for adoption, or are these individuals who have actually been approved and are waiting? Along with that, what is the wait time for people pending, and for ones that are approved and waiting for child placement? Is it one year? Is it one month? What would be the average pending wait time?

Hon. Mr. Graham: The wait times are really, really case-specific. It would depend on what child the adoptive parents are willing to consider.

Some are willing to consider only a newborn, and others are more flexible in their outlook. The "pending" is the number of adoptive homes pending and available for approval. Those are homes that have been approved for children and they are just waiting for children to take into their home. The "approved and waiting for placement" are the children who are under continuing custody orders and are now available for adoption.

Ms. Stick: So when we look at this, there are 30 children awaiting placement and there are 40 families waiting for the placement of a child in their home.

One of the questions I had was: Does this include adoption by same-sex marriages, because we know under the vital statistics that they have to go through the adoption process also. Does that number also include these?

Hon. Mr. Graham: No, Madam Chair, it does not include same-sex adoptions. These are true adoptions. These are indicative of exactly the numbers that are out there for true adoptions.

Ms. Stick: Do they have a number for the children who have been successfully adopted and placed in a family for the year? I was just wondering about kinship care and grandparents, and are they able to adopt and are those included in this number?

Hon. Mr. Graham: We'll endeavour to get those numbers back for the member opposite as quickly as we can.

Ms. Stick: I have one more question, and I think I asked this one last year but I don't remember the answer.

Does this number also include international adoptions — when families are looking outside of the country to adopt and are required to go through some kind of home study and approval? Does this include international adoptions?

Hon. Mr. Graham: When you are talking about international adoptions, the Yukon government has a certain portion that we must undertake — a certain responsibility — but there are other players in the game. So those numbers would not be included in this total.

Ms. Stick: I'm going to move on to Child Placement Services, and I have a number of questions in this section. Just looking at the stats — like I said, I always find these interesting and informative about what's happening both in Whitehorse and in the regions. Children in care — it mentions that children are only counted once. I guess what I was looking for was a better description. Children in care — does

this include group homes, foster homes, receiving homes? I'll start there.

Hon. Mr. Graham: It would include all children who are under the care of the director of child services, and so it would include group homes and others as well.

Ms. Stick: In the description above, it talks about director of Family and Children's Services. These services are provided by the Family Services unit in Whitehorse and by community and program support personnel in the rural communities. Is this the social workers and just a new phrasing of that?

Hon. Mr. Graham: That's correct. It was part of the reorganization that took place. These are just the social workers in the program or in the communities.

Ms. Stick: When we look at Whitehorse and children in care, one of the ones I was curious about — it says, "from other jurisdictions" and there was a number there, five. I'm wondering if we pay for those support services, or is that funding provided to those individuals here in Whitehorse? I'm just trying to figure out which way it goes. Is it for children coming into our jurisdiction being funded by someone outside, or children from here going outside and being funded by us?

Hon. Mr. Graham: The children are only counted once, as we said previously. If the child changed jurisdictions during the year, they're always counted in the last jurisdiction the child was in. Some of our children in care are outside of the territory, but these are children from other jurisdictions in the territory.

Ms. Stick: Are the other jurisdictions funding those children here, or is there just a handover of where we would then take over the funding for them?

Hon. Mr. Graham: It depends on the arrangements. If the family is moving permanently to the territory, then the child becomes part of our complement of children in care.

I guess there are so many different arrangements that could be anticipated that it's difficult to say exactly. Some would be First Nation children under the care of the INAC director and not under our care.

Ms. Stick: I have a couple of questions around group homes for children. I'm wondering if I can get numbers. The minister might not have it right at his fingertips, but I'm looking for the number of children in group homes in Whitehorse and in the communities and how many are placed in group homes Outside.

Hon. Mr. Graham: We will have to get those up-to-date numbers. It changes almost on a daily basis. We don't send children to group homes outside of the territory, unless it's for specialized treatment. The only children who would be in care outside of the territory — Yukon children — would be children in specialized care facilities. We'll get those numbers, and again, they'll be a snapshot, so we'll get a number that will be as of a specific date.

Ms. Stick: I would even be pleased to have an average number in the group homes, because they only have so many beds. We are talking about children in care in this particular — so they are permanent. I'm looking for that.

When we get down to the fostering services, the numbers are fairly steady, but if I look at the number of children in care — there are over 200 if you look at Whitehorse and the regions. If we look at the number of approved homes, we have 120. I realize there are limits on how many foster children a family can have — up to seven in one family home.

I was interested in — we actually are predicting less than what we had. Nope, sorry, I'm doing my math wrong. I would like to know the number of children who are in foster care.

Hon. Mr. Graham: We will get the numbers for the member opposite, but one of the things that you have to remember is that — I think I said this in my opening comments — what we are encouraging now is more family care, care by grandparents and kinship care. As we encourage more and more of that type of foster care, the need for approved day homes will hopefully decrease even further. It would be nice to say that we have no children in approved homes and that they have all been placed with family or relatives, but that is a long-term goal.

Ms. Stick: Just so that I can compare the numbers next year, I will ask the member to include the numbers that are in kinship care or under their grandparents' care who are children in care at this point.

Hon. Mr. Graham: We will do what we can for sure to provide those numbers. Later on in the debate we will make sure that we provide the numbers that I committed to already.

Ms. Stick: Looking at childcare services, the minister spoke at length about making the eligibility requirements for families easier, where the threshold is not as high as it used to be and so that more people will have access to it, but I don't see any increase in the anticipated numbers for subsidies. We have it broken down for childcare centres and family homes, and those numbers are staying the same. So when I read this, I was looking at it as this was the number of families that could receive a subsidy. If we are making it easier, would we not anticipate those numbers going up?

The other part of that question is: how do we make that information available to parents and families, because there are a lot of families that do not necessarily have their children in day homes or licensed daycare, but might like to? How are we going to make the public aware of the new rules that might increase their eligibility for a childcare subsidy?

Hon. Mr. Graham: As I said in my opening comments, this is a very new thing. This was just passed by the government and approved. We haven't even begun publicizing the benefits. We haven't even picked a date when we will begin implementation. When this was prepared, there was no idea about when we would actually be able to roll out the program, nor was there any ability to put the extra numbers in, just in case the program that we proposed was not accepted.

So having accepted the program that we did, we will do a public education program to ensure that everybody knows. We will make the information to approved day homes. We will make it available to childcare facilities across the territory. We will also prepare a number of pamphlets and do like we have done, I think, with a number of others so that

they are in doctors' offices around the territory and in public health facilities so that people are aware of the change in benefits.

This change will definitely cost the government more money and that money wasn't anticipated in the estimates that are here today, either.

Ms. Stick: Looking at early childhood and prevention services and the healthy families program, I just wanted to clarify if this is only provided for in Whitehorse and is there anticipation that this program would move out to the communities because certainly the need is there also. I think that was one of the questions — there were a number of questions the Auditor General had in his report about this program in keeping better stats and seeing better outcomes. I would like to minister to comment on that please.

Hon. Mr. Graham: I am absolutely devastated. It is obvious the member opposite was not listening in complete attention. I am sure the Member for Mayo-Tatchun would think she would make a terrible student, because I did say in my opening remarks that we are expanding the healthy families program to at least two new communities this year. We're doing that.

I think she's very well aware of what the healthy families program is. It's to ensure that the children receive the care and stimulation so crucial to their long-term well-being.

In addition to the healthy families program, a new program has been developed by the Child Development Centre in cooperation with the Yukon government. It talks about "Handle With Care: Promoting the Health of Young Children" every day and it's a program for families and caregivers that the Child Development Centre will be rolling out over the next little while to deal with the mental health or social and emotional well-being from birth to six years old. It's about how children think, feel and behave, how they cope with the ups and downs of everyday life. We're really looking forward to this project being rolled out in the territory. I know some training has already occurred in a number of communities throughout the territory. This program, dealing with the mental well-being of children, along with the healthy families program being expanded — we think it bodes well, and they are part and parcel with the wellness program that we're promoting.

These things are about wellness for young children. I think we all agree that's where we have to start.

In October of last year, three departments hosted an early years gathering that drew more than 100 people from around the Yukon, including people from health, education, early childhood sectors. It was the first time in the Yukon that we're aware of that such a wide variety of people have come together to discuss how to improve the health and well-being of young people. I think that early years gathering was very important both to the Department of Health and Social Services and Education to provide some guidance about where we should be going in the future in terms of young children.

Ms. Stick: I thank the minister for those answers.

The healthy families program can remain involved in the family's life until the child reaches school age. I wanted to ask

the minister: Once a child reaches school age and a healthy families support worker would presumably pull out, is there someone who follows up with the family once the child enters school besides teachers? We know how busy teachers are and we know how happy we are to see our kids go to school. But it brings a whole new set of skills as a parent — whether it's following up on homework, discipline at school and helping to get the child to school on time, and those types of things. I would think that, for the first couple of years, it can be a real stressor for a family if you haven't had those skills or parenting.

Is there someone who steps in to take over the healthy family program at that point, or are families left on their own?

Hon. Mr. Graham: The Health and Social Services department doesn't provide any additional supports for children once they begin school unless the support is required for a defined difficulty, whether it's speech and language therapy, or something other than the normal childhood difficulties that ensure getting out of bed, making sure you're at school on time, catching the bus and those kinds of things.

The simple answer is that, no, the Health and Social Services department does not provide those supports to a family once the children reach school age.

Ms. Stick: Family supports for children with disabilities — this is an important program and a growing one. We can see that with the slow increment with numbers, but we also know there are children going into the Adult Services program too. Though it looks pretty consistent, I'm pretty sure there are new ones coming in and, once a child ages out, they're heading into Adult Services.

One of the concerns I've heard from a number of different parents — if you're a parent with a child with a disability, sometimes what happens is that people will compare. "I get this and I get this, how come you get that and I don't get that?"

That can become a concern for parents, and that's sometimes what I hear: "I am not receiving this service and so-and-so is." One of the difficulties seems to be that there is not a clear handbook or guide for parents with children with disabilities that really outlines the array of services that they may be eligible for — not that everyone receives everything, but it is dependent on the needs of the family. That seems to be a missing piece. If you go on-line and look at the pamphlets that are available through the Health and Social Services website, there is not very much information about what could be available and how you can access it. This is one of the things I have heard from parents.

The same goes for foster families — clear regulations or rules geared to parents or foster families that really lay out what they may be eligible for. I realize that the difficulty is that it is very dependent on needs, and every family is going to be different, and different families have different support systems, but it is one thing I have heard and I wonder if the minister could comment on that.

Hon. Mr. Graham: I recently met with a number of parents who have children with disabilities, and part of their concern was exactly what the member opposite just said. They

were concerned that some people received services that others didn't.

What we've discovered through those discussions with the parents of children with disabilities is that each case is so different that it's very difficult to determine exactly what supports are required, what recreational opportunities there are — there is such a wide range of supports that are available. One parent told me that she has been in the system a long time and so she understood what was available and she understood that she had the ability to negotiate, and she negotiated funding because her child was taking, I believe, horse-rider therapy. She felt that it was better for the child to take it in the form of yoga, and there was a therapeutic yoga session that was available to her at approximately the same amount of money. So she went to the department and negotiated that.

It's impossible to put those kinds of services into a pamphlet. I've met with these parents on a number of occasions. In fact, every Friday afternoon, it's one of the things we do. I agreed with them — as I'm saying to the member opposite, I agree with you. I've tasked the department with doing something similar to what we did when we set up the new payment schedule for foster homes or approved homes for adults with disabilities. We do some assessments, we make sure that people are aware of where they sit on the spectrum and, as a result of that, this is how much you get paid. Now the circumstances are somewhat different with children, but at least we can make some progress in saying that these are examples of the types of services that the department provides for some children with moderately — shall we say — the same affliction that your child has.

By doing that, I think it is not the parents who have been in the system so long — or least that is the impression I receive from these families. It is for the new ones coming in who aren't sure what they should be asking for. They aren't sure how to deal with the child — you know, it is a tumultuous time in their lives. They have just discovered, in many cases, that their child has this disability and they are trying to cope.

The department is trying to put together some more public information that will provide a better synopsis — shall we say — of the services that are available. As I said, each circumstance — and I found that out after talking to these parents for a number of weeks — is so different. It is very difficult to put out some information that will apply to everyone.

Ms. Stick: I thank the minister for that answer. I am pleased to hear that there is a handbook that the parents can look at. Parents also have a variety of skills and levels of skill and stress in their lives. Just being able to look at something and say, "Oh, maybe there is something here and now I can talk to my worker about it."

While some are more forthcoming and better advocates for their kids and can really negotiate and ask for a meeting with the minister, others don't have those skills and that comfort level of doing that and are fearful. So I think that is really important. I think it is important also for foster families.

I forgot to mention that earlier too — because the foster family association is strong and tries to support families, but they sometimes are caught in the same thing, where they know of things and will tell other foster people that they should maybe talk with this worker and find out about that. So when it's clear what array of services might be available based on assessment, I think that gives parents better information to better plan for their whole family, not just their child with a disability. That's what we want to do. It goes along with the healthy families. It's providing the support they need to keep their child at home, to be a healthy family and not burn out and see children going into care or somewhere else, so I thank the minister for that.

Moving on to youth justice, I see between the 2012-13 actuals of 46 to 62 anticipated for next year and this year. It's a significant increase for Whitehorse, where we see the numbers for the region are pretty consistent and steady. I'm wondering — there was a bit of a jump with the population, but not enough to explain such a significant jump from one year to the next and to anticipate for this. I'm wondering if the minister has any explanation for that.

The second part of that question is: Out of these numbers, how many have been at the young offenders facility? What's the average length of stay there?

Hon. Mr. Graham: We will have to get back to the member opposite, because children in care can be open custody, secure custody or on remand, so there are three different numbers there.

As for the change from 2013-14 to what was estimated in the forecast, the original estimation had been that there would be a decrease in young offenders between 2012-13 and 2013-14. That was the number that was forecast in 2013-14. However, at the time the forecast was completed and after the budget book was already put together, the year-to-date actuals for 2013-14 showed that there was an increase in the number of offenders already over 2012-13, so that's why we have the higher forecast or projection for 2014-15. I can't remember what else. There doesn't seem to be any reason other than the fact that there was a decreased forecast and then it didn't manifest itself. It would probably be just a normal increase in number of people but again, you have to — these numbers should be taken with a grain of salt, but it depends on the average duration of stay and things like that.

We will get those numbers and get back to you as soon as we can get them.

Ms. Stick: It's basically the same questions for the children's assessment and treatment services and the child abuse treatment services.

Again, there's a significant jump from 2012-13 to what we are looking at for the year just past. I understand what this year's number is. Is there any reason why we're seeing such a significant jump in that number? Is this a program that is offered outside of Whitehorse?

Hon. Mr. Graham: Madam Chair, one of the difficulties experienced in prior years — 2013-14 — was that there were several staff vacancies and the caseload simply wasn't there. The numbers of staff members that we had in

those years were working to full capacity and they could only handle the 220. Those staff vacancies have now been completely filled. The caseload capacity has increased dramatically, so we're finding that more children are being offered services throughout the territory. It is throughout the territory, because they are offered in Whitehorse, but they're also offered throughout the territory.

Ms. Stick: Moving on to Adult Services — I realize something shows up later. At first I couldn't find seniors services and I became confused by that and it was like — what happened to the seniors? I realized that there's a new program. I'm wondering if the minister can comment on the reorganization. They're thinking about putting the seniors in with Regional Services. When did this take place?

Hon. Mr. Graham: This is one of those things that the reorganization within the department was attempting to encourage — all of our silos to break down — and encourage us to work smarter instead of asking for more money and coming up with the same old programs. It has proven to be, we feel, beneficial. It is perhaps a little early to give quantifiable numbers here, but we feel it will be of great benefit especially where we have seniors dealing with the home care system.

I would be happy to talk at great length about it, at some point, and tell you exactly how we see this working. We think it is part of the integration of services within the department itself. As I have said on a number of occasions, what we are trying to do is get our own department processes and our department personnel working more closely together when they are dealing with the same individual. As you are aware, Social Services, mental health services and Continuing Care are sometimes all working with the exact same individual. If we can have the care providers and service providers work closely together, they won't have to work so hard to provide a service that is more coordinated and is better care for the patient because that is what it is all about — the patient.

Ms. Stick: I can still remember in the 1990s — the first time I heard "silos" and we began discussing that in Health and Social Services. I don't know what they made those silos out of, but they're pretty durable, pretty strong and pretty hard to break down, as I'm sure the minister is finding out as well as staff, but it was in the 1990s when I heard that. I can picture it. I can remember the drawings on the whiteboard — this silo and this silo — and have we not gotten any further on this? I'm sure there is good reasoning, and I will take the time to speak with the minister about that at some point.

Adult Services — we've heard lots, but not really, about the Salvation Army and what they're doing. What I'm looking for is a description or more detail about what is going to be offered and when and where. Do we anticipate that this project is going to begin beyond the planning stage?

Hon. Mr. Graham: Perhaps I'll go back a little bit, because this is one that I've been involved with since day one. It is often frustrating to me when I look at the time it takes to get these kinds of projects off the ground, finally approved and then actually implemented.

The Salvation Army currently operates an emergency shelter — a daytime drop-in centre — and a meal program from its building on Fourth Avenue and Black Street, next to Whitehorse Elementary School.

The Salvation Army came to us and said they would like to relocate and expand those services. We agreed with them. They felt that a new purpose-built facility was the best way to go, and again we agreed with them. We also thought that we would like to be involved in the planning and implementation of a facility to ensure it meets the requirements of the Yukon population. We felt at the time one of the prime reasons for such a redevelopment would be to include new transitional housing units in the project.

As we're all aware, transitional housing is in short supply in the territory and we felt that, because the Salvation Army wanted to do this redevelopment, it was a perfect opportunity for us as well. Consequently, the Health and Social Services department was tasked with working in partnership with the Salvation Army to support the redevelopment plans. We approved \$3.475 million in this year's budget to support the redevelopment project and \$1.175 million comes from the Yukon Housing Corporation — the affordable housing initiative funding. It will be in the form of a grant and then \$2.3 million will come from Health and Social Services, and that is intended to purchase land and for the design/development of the project.

The Salvation Army has taken quite a bit of time in its own process to approve the process. They first of all had to go to a regional meeting in Edmonton, and then they had to work it through the bureaucracy and get it to their Canadian head office in Toronto.

So it has taken us a great deal of time to get the final approval from the Salvation Army. The department and our government have decided that we will go ahead with the project as well, and we are really looking forward to better meet the needs of Yukoners through this improved facility.

It will have, as I said, transitional units. It will also have a larger and separated-by-gender emergency shelter, so it will be much safer. It will be much more appropriate as an emergency shelter. The drop-in centre will have a capacity of 40 to 60 people. The drop-in dining facility that they intend to construct in the new facility will have a capacity of 100 people.

As I said, we hope to have transitional housing — approximately 20 individual and two family units — that we estimate will be available. We require all programs and services in the new building to be universally accessible to all persons. There will be no differentiation based on any of the prohibitive — shall we say — designations such as race, creed, sexual orientations or any of those things — or even religious affiliation. It will be truly a multi-use facility.

What we also would like to see are residents in the transitional housing part of the facility. We want to ensure that they are able to receive individualized services and supports in assisting them to develop the kinds of skills that they need to be able to live independently, because we don't see the transition housing as being a permanent solution to the

problem. It is transition. We haven't decided yet, in cooperation with Salvation Army, how long that transition will be, but we see it not being more than 12 months in any case. We would like to see transitional housing during that year — the folks occupying transitional housing get training, acquire skills and do the things necessary so that they're able to live on their own.

I don't think I missed anything. That's all I have.

Ms. Stick: Two things on that same topic are how many beds would be available in the emergency shelter and the dining — 100, to me, seems like not a huge number, just being aware of how many show up now. Does the minister think that's adequate?

Will the Salvation Army be providing trained staff to work with those individuals in the transitional housing — whether it's individuals or families? The other question is: Will they also keep up with the clinic that the department provides at the Salvation Army on Wednesday mornings, I believe it is — will that continue to be a part of the program there? The big one was — when and where?

Hon. Mr. Graham: If I've learned anything in my last two and half years here, plus the other 16 years I spent in politics in various other venues, the "when" and "where" are still moving targets. We would love to have it built in 2015. We know that's probably being optimistic because we also know that wherever we hope to build it, there will be a certain amount of negotiation required because it will definitely be located in the downtown core of Whitehorse. We expect that, as with any new facility of this type, there will be some resistance. With reason, logic and good argument, we will have to overcome that resistance, but we feel that the need for this type of facility is great enough that most people in the city and most people in the territory will welcome this facility with open arms. In the planning process with the Salvation Army, we hope we've anticipated most of the difficulties that will come up. There has been an extensive planning process. We have numbers that we've come up with — between the department and the Salvation Army — for every possible service that they offer.

That is why we believe that up to 100 people in the in-room dining is sufficient. The emergency shelter will be expanded. There will be 20 male beds and 5 female beds, and they will be separated. They feel that those will be adequate.

We have also done a study with the Salvation Army to determine the true number of homeless people that they deal with on an ongoing basis. That was a very interesting study that we won't make public because of the difficulties with revealing personal information — that is a definite difficulty in this case — but it gives us a better idea of not only how many truly homeless people are using the Salvation Army, but who they actually are. We will use that kind of information going forward.

We are really looking forward to this. We feel that this is a real opportunity to do some things in the city and in the territory that are good. Some of the skill-building services that we offer will be things that the Salvation Army does in other areas. We will be cooperating with them — not only us, but

other departments in the government will cooperate with them — in any way we can to make sure that the services that we provide to these individuals actually get them out of transitional housing and into their own type of housing.

We are also moving upstream, I guess you might say, to prevention. Orderly intervention is maybe sometimes as important as the number of beds. What we're trying to do is provide a one-piece service to individuals who experience housing difficulties, shall we say, and we definitely hope this facility provides an answer to a lot of the questions we've had over the last few years.

Ms. Stick: I'll move on. The next capital project I'm interested in is the Sarah Steele Building project. I have the same kinds of questions — the when question, the where question. Also, right now we know there are 10 beds in the residential program. Will that number be increasing? Will there be any transitional movement in that? I guess my other question is: If it's going to be in the same place, how is that being planned without a disruption of services?

Hon. Mr. Graham: I'm really happy to say that we will not be destroying the current Sarah Steele Building until such time as the replacement is completely finished. We've managed to do this by utilizing the two lots directly behind the current Sarah Steele Building for the new construction. The facility will be built on the two lots immediately behind the Sarah Steele Building.

Once those are completed and the transition into the new facility has been done, we will then repurpose — I guess that is the euphemism — or tear down the Sarah Steele Building and utilize it for — well, we have a number of different things that we would like to see there. It was one of the other things that I wanted to make sure I pointed out about the cooperation that will be necessary between the Sarah Steele folks and the Salvation Army. We expect that a number of clients of the ADS — or the substance abuse programs operating out of the Sarah Steel Building — will transition to the Salvation Army facility, especially those people in need of transitional housing or training. We will make sure that that happens as well.

The other part of this was the after-care, especially for First Nation people. The KDFN and Yukon government announcement that the Premier made some time ago about the treatment on the land — we're very happy with this too, because we hope, again, that this will integrate smoothly with the new programs being offered at Sarah Steele. We talked about this the other day when we talked about the current, as we call it, 28-day program that can only be done every so-many months and the difficulty with space and with the program as it currently exists. When the transition is complete, we will be able to welcome people into the program without waiting for the start of a new one.

Up to a point, it will be a continuous entry program. The new Sarah Steele Building will allow for enhanced programming, so it will allow us better withdrawal management. As I said previously, we hope to include services to youth. We can now confirm that definitely services to youth requiring detoxification and treatment will be

available. A transitional living unit will be available in the Sarah Steele Building for pre- and post-treatment for youth.

I think that answers almost all of the questions and I look forward to more.

Ms. Stick: The one question that was missed was the number of beds in the residential treatment program. Currently there are 10, so I am just wondering if we are going to be seeing an increase in that number from 10. Originally when the residential program ran here, it was substantially larger than 10. Even as far back as the nineties, I believe the numbers were much higher.

I am pleased to hear about the transition planning and after-care with individuals, the difficulty still being, though, that many people are returning to their communities, so they are not necessarily needing or wanting to stay in Whitehorse, but are looking more to get back to their communities and to their families, which reminds me of another question.

Is there any planning for family support during residential treatment where families can come in also, so it's not just the individual? Sometimes when they do it in isolation, without their main support or spouse or child, it makes it more difficult.

Hon. Mr. Graham: Through the miracle of modern communications, I'm able to answer some of these questions immediately.

The new Sarah Steele Building will be 27,000 square feet in size. It will include 50 beds: 20 inpatient, 14 adult detox, eight transition, four youth detox and four youth or family treatment. Now this is not to say that we're going to provide an apartment for a family to stay in while the youth is going through — we will be providing family supports for youth going through the detox program.

As I stipulated earlier, construction will begin on the lots immediately behind Sarah Steele and the Sarah Steele Building will not be touched until the construction is complete and everybody is moved to the new building.

Ms. Stick: It's great to hear that — so many beds and a variety of them — because I believe that truly for many individuals wanting help, it's that step that they need to take — maybe more than once and maybe more than twice. It seems to be, when looking at treatment, that it is that intense treatment that individuals and their families need too. If we send off an individual to a treatment program like that without supporting the family to understand what's going on or what to even expect when that individual comes home, it can be very difficult, both for that person and for the family to support them.

I'm pleased to hear that. I would just note that I was reading up on intensive treatment for youth and how 28 days is not recommended, but in fact longer periods of time for youth. There was a doctor up here a number of years ago who talked about this. For youth, you would think it would be less or the same, because they're young — how serious can it be? But in fact they may need longer and more intensive treatment. Anyway, I'm pleased to hear those things.

The next one on the list is the St. Elias replacement project. I'm just wondering again about some of the same

details — the when and the where. How many beds for that particular residence? When can we expect to see that start?

Hon. Mr. Graham: I would just go back to the Sarah Steele Building for a moment or two. I don't know of any definite plans we have for length of treatment for youth, but what we're really focusing on as a department, not only for youth with addictions problems, but for youth with mental health difficulties as well who we're either sending out of the territory or placing in specialized treatment facilities — the thing we're really stressing is the after-care.

We believe that the after-care for these people — whether it's people with addiction issues or with mental health issues — is the after-care. It's something that we'll focus on over the next year. Hopefully we'll have definitive plans in place about how we're going to support these people. We have a project right now being run by some master's degree student — master's or Ph.D. — oh, professors from McMaster University and Dalhousie. They have a research project going in the Yukon that will inform us and provide us with some information with respect to the range of services that they believe will be necessary in the provision of services in the future. I'm trying to read and talk at the same time and I find I'm not very good at it. I apologize.

We also know that gaps have been identified in the provision of services — substance abuse services — to youth and families throughout the Yukon. We know that; we appreciate the fact that these gaps have been identified and we feel that more collaboration between service providers, such as Alcohol and Drug Services, Mental Health Services — regional services — but Many Rivers also plays a part in this and the First Nation health programs. We need that coordination and assistance from all of those providers to provide an adequate level of service throughout the whole territory. We're not only talking about problems in Whitehorse; we need to provide those services throughout the territory.

Ms. Stick: Just a question — I am looking for an explanation, because I might have asked this one before. It has to do with tangible capital assets. I know that the minister with his past training is probably able to answer this. In 2012-13 it was \$42,000, then this year the forecast is \$453,000, and then for 2014-15, tangible capital assets is \$2,519,000 — and that is on page 13-19, if you're looking — if I could just have an explanation of that please.

Hon. Mr. Graham: As I said, I could ramble on, but I will give you a written answer so that it is clear, and then you will be able to save it and won't have to listen to me.

I didn't adequately answer your one question on St. Elias and that is the size. St. Elias is currently five spaces; the new facility will be 10 spaces and it will be built with the flexibility for seniors independent living as well. It will have some flexibility in use in the future.

Ms. Stick: I thank the minister for that answer. I didn't quite understand the seniors independent living part of that, with adults — right now — with mental disabilities living in that facility. The other question — I'm glad he brought it up

— was: Will it remain in the same location or are we looking at a new one?

Hon. Mr. Graham: You see, I was trying to read and talk at the same time. I didn't mean "seniors". It is independent adult living.

No, it will not be built on the same location where it is currently located. We have a very good location — we believe — selected. It only needs to go through a couple more processes to ensure that the land will actually be able to be used. It's in the same general area. We wanted this facility to be in the downtown area as well, and we do have a lot of land over in the Fifth Avenue area. We need to work with the city and with other stakeholders to ensure that the land that we would like to see being used is actually available and zoned correctly.

Ms. Stick: Continuing with Alcohol and Drug Services — as I mentioned, the stats are always very interesting to look at in trying to piece out what's happening. Starting off with the detox admissions — we've seen detox admissions and the outpatient increases that are going up, though I must say that the detox admissions seem particularly high.

I'm not really pleased to see that the number of people who have completed the inpatient 28-day program is 55, compared to 962 admissions to detox. I know those are different programs, but it just kind of points out that need for more beds and a better range of treatment programs when only 55 have completed out of nine 28-day programs.

The first question would be: Are there any ideas about the increase in the detox admissions? That's it.

Hon. Mr. Graham: The detox unit has seen a decrease in the number of RCMP referrals in the last year. However, there has been a fairly substantial increase in self-referrals to the detox unit. I know the member understands but she just probably hasn't thought about it: Not all people who go through the detox process then want to get into the 28-day program. Many of them are just not ready. I think our statistics have shown us that a person will go through the 28-day program at least a couple of times before they really get on the straight and narrow.

I will look over the Blues and see if there were some other questions I didn't answer and bring answers the next time we discuss this. Seeing the time, Madam Chair, I move that you report progress.

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

Motion agreed to

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

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

Motion agreed to

Speaker resumes the Chair

Speaker: I will now call the House to order.

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

Chair's report

Chair: Mr. Speaker, Committee of the Whole has considered Bill No. 14, entitled *First Appropriation Act, 2014-15*, 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 5:27 p.m.