



# Yukon Legislative Assembly

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## HANSARD

**Monday, May 11, 2015 — 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

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

## GOVERNMENT PRIVATE MEMBERS

### Yukon Party

<b>Darius Elias</b>	Government House Leader Vuntut Gwitchin
<b>Hon. David Laxton</b>	Porter Creek Centre
<b>Patti McLeod</b>	Watson Lake

## OPPOSITION MEMBERS

### New Democratic Party

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

### Liberal Party

<b>Sandy Silver</b>	Leader of the Third Party Klondike
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## LEGISLATIVE STAFF

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**Yukon Legislative Assembly  
Whitehorse, Yukon  
Monday, May 11, 2015 — 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:** The Chair wishes to inform the House of changes which have been made to the Order Paper. Motions No. 797 and 807, standing in the name of the Member for Vuntut Gwitchin, have been removed from the Order Paper as the actions requested in those motions have been taken.

**DAILY ROUTINE**

**Speaker:** We will proceed with the Order Paper. Tributes.

**TRIBUTES**

**In recognition of National Nursing Week**

**Hon. Mr. Nixon:** It is with great pleasure that I rise in the House today in honour of National Nursing Week, which runs from May 11 to May 17.

“Nurses: With you every step of the way” is the theme for this year’s week of recognition. Nurses truly can be with us every step of the way. We can’t emphasize enough the important role that nurses play in our lives, from birth to death and in all health situations in between — for everyone.

There are more than 408,000 regulated nurses in Canada, making nurses the largest health provider group. Nurses are the backbone of our health system and this week we recognize the profession for their dedication and for their commitment to make Canada and Yukon healthier.

In Yukon we have 406 women and men who have chosen to care for others through their nursing profession. According to the Yukon Registered Nurses Association, there are 359 registered nurses practising — 34 are registered but do not practise — eight associates and five nurse practitioners.

Last year, Health and Social Services released the clinical services plan for Yukon. One of the goals of this plan is to allow all health care and social care professionals to practise in a collaborative way to the full scope of their profession. For example, we have been working very hard to introduce nurse practitioners into Yukon’s health care system and we now have three nurse practitioners within that system. We are working to ensure that Yukoners have access to specialized nurses as required.

We now have three oncology nurses in Yukon who work specifically with cancer patients, and this is just a start.

In addition, I must also recognize our community health nurses who practise in an expanded scope, serving as primary health care contacts for most citizens outside of Whitehorse. I invite you to say thanks to nurses you know this week.

In addition, I encourage you to check out the YouTube video created by the Yukon Registered Nurses Association to celebrate the week, featuring Yukon nurses in motion.

Nurses are truly the backbone of our health system, and this week we recognize the profession for their dedication and commitment to making Canada and Yukon healthier.

If I could ask the indulgence of all members of the Yukon Legislative Assembly, please join me in welcoming a few members from the Yukon nursing community. We have with us in the gallery: Hélène Lapensée, Myra Iles, Carmen Gibbons, Christina Sim, Andrea Cook and Sean Secord. Welcome and thank you.

*Applause*

**Ms. Stick:** I too rise to pay tribute to nurses at the start of National Nursing Week. The theme this year, as we heard, is “Nurses: With you every step of the way”. I find this a very fitting theme because we know that nurses are usually with us from the first breath we take and often at our last. In that stretch of time in-between, nurses are there for us, our families, our children, our neighbours and our communities. We honour and recognize the dedicated professionals in the Yukon who are registered nurses, nurse practitioners, certified nursing aids and licensed practical nurses. In the Yukon, we have the Yukon Registered Nurses Association, whose mission statement includes: “protect the public through regulations and standards; advance nursing excellence; demonstrate leadership; participate in public health policy; partner in the collaborative health care approach.”

I had the opportunity in April to attend a bit of the YRNA AGM, and I was struck by the dedication and the passion of the women and men attending it. The theme of that gathering was “Yukon Setting the Pace for Health Care”, and I think most of us would find it difficult to even keep up with the pace of change and innovation in nursing these days here in the territory and across Canada.

We find these professionals in the field of nursing working in the obvious places, like our hospitals and community health centres, but also in our schools, continuing care facilities, home care, work sites and medical clinics. They are often out where the people are gathered in our communities. I think of the regular clinics at the Salvation Army or the nurses who attend Whitehorse Connects events held throughout the year, and I have met nurses at soup kitchens providing flu shots — nurses with the community every step of the way.

Nursing has changed a lot since the days of Florence Nightingale. The range of services that nurses provide and the various professions involved in the field continues to grow and evolve. Innovation and collaboration continue to be both a goal and a challenge.

With more than 400,000 regulated nurses in Canada — the largest of any health care provider group — nurses are the backbone of our health system. This week we recognize the professionals for their dedication and commitment to making Canada a healthier nation, every step of the way.

**Mr. Silver:** I just wanted to add my voice, rising on behalf of the Liberal Party, to also tribute our nurses during National Nursing Week — just maybe with a little bit of a rural flare.

The Yukon nursing community is a very strongly dedicated group, and the rural nurses are absolutely no exception to that rule. We've talked about our specialist nurses having to work, travel and see patients in many different communities each week, and we've had other folks talk about these schedules and how hard it must be. They often go well above and beyond the expectations of their jobs because they want to see results — because they are part of the community — and they want to ensure the well-being of those who they care for. Our nurses are compassionate, passionate and empathetic, and I believe that this is why they are at the root of a collaborative model of health care.

I just want to say, as a math teacher who also had to teach sex education in rural communities, I was very, very grateful to have the nurses come into my classroom. Nurse Walker Graham would come in with — you name it. He had all of the sponges, spermicides and condoms. I tell you — it's so great to have somebody from the medical community who comes out, past their job description, to talk with kids because there are so many conversations that have to be had between the nurses and our youth.

Again, I just want to say how important that is and how much I'm thankful for the nurses in the rural communities for that.

As we recognize National Nursing Week, I just want to say a big thank you to all of Yukon's nurses and to the Yukon Registered Nurses Association as well for providing the backbone of our health care system.

### In recognition of the Teen Parent Centre

**Hon. Mr. Graham:** On behalf of all members today, it's a real pleasure to offer this tribute to the Teen Parent Centre here in Whitehorse.

Mr. Speaker, this weekend we celebrated Mother's Day, and today I appreciate the opportunity to pay tribute to the students of the Teen Parent Centre. It's not always easy to balance the demands of motherhood with the demands of high school. As American author, Joyce Maynard once said: "It's not only children who grow. Parents do too. As much as we watch to see what our children do with their lives, they are watching us to see what we do with ours".

These students are setting a terrific example for their children, showing through their actions that going to school and getting an education is very, very important. Indeed, they set a good example for all of us to embrace lifelong learning. These students are to be commended for their dedication and commitment to their high school education. Continuing to pursue their studies is a remarkable accomplishment for these young mothers as they have worked hard to juggle the responsibilities of parenthood with their school work.

The excellent program at the Teen Parent Centre makes it possible for these determined young parents to continue their studies. The Department of Education is a very proud member of the Four Corners Partnership with the Teen Parent Access

to Education Society, the Department of Health and Social Services and F.H. Collins Secondary School — all of whom support this centre.

I had the pleasure of meeting with the board of the Teen Parent Centre last week, and I was very impressed also with the dedication of the board to furthering the opportunities for these young mothers in the world of today.

Our thanks, Mr. Speaker, on behalf of all of us, to this board and the staff of the Teen Parent Centre who work with these students on a daily basis to help them to complete their education. Some of these amazing young mothers and also a staff member of the Teen Parent Centre have joined us in the gallery today. I would like everyone to assist me in welcoming them. Kathy Heinbigner is the director and the instructor at the program. Shannon Skookum, Samantha Melancon, Tabbitha McKenna and Alysha Vanderkley have all joined us here today.

Welcome ladies, and congratulations.

*Applause*

**Speaker:** Introduction of visitors.

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

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

THAT this House urges the Government of Yukon to cover the medical travel costs for expectant mothers coming to Whitehorse to access midwifery delivery services.

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

THAT the chair of the Standing Committee on Rules, Elections and Privileges shall convene a meeting of the committee prior to the end of the 2015 Spring Sitting for the purpose of bringing forward to this House recommendations on the use of electronic devices in the legislative Chamber during proceedings of the House and Committee of the Whole.

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

THAT this House urges the Government of Yukon to release a copy of the \$181,000 sole-source contract for lobbying on Shakwak.

**Speaker:** Is there a statement by a minister?

This brings us to Question Period.

### QUESTION PERIOD

#### Question re: Economic outlook

**Ms. Hanson:** The latest jobs numbers are out and it looks like even more Yukoners are out of work. According to Statistics Canada, Yukon's unemployment rate now stands at

6.3 percent. That is a full 2.5 points higher than this time last year. This tired Yukon Party government has been in power for over a decade. It is up to them alone to explain their total lack of economic stewardship to Yukoners.

I would like to offer the Premier an opportunity to update Yukoners on the circumstances of Yukon's current job market. Why did the Yukon Party government let unemployment in our communities increase by over one-third over the past year?

**Hon. Mr. Hassard:** It is important to remember, as I have said before in the Legislature, that with the population being so small in a place like the Yukon, just one project not going ahead or one project stalling creates a large difference in percentages. But we do need to understand, Mr. Speaker, that the national average is 6.8 percent and we are at 6.3 percent, so yes, it isn't as good as we would like it to be, but it is better than a lot of places. We also need to remember that under the NDP government we were at a much larger number than that.

**Ms. Hanson:** The minister may want to check his recollection of history. We know that the mining industry is facing a downturn and this government needs to stop hiding behind commodity prices as an excuse for their economic mismanagement. We saw what happened when the Harper government put all of Canada's eggs in the non-renewable energy basket. It created an export-heavy market with no valued added at the expense of other important industries.

The economy inevitably suffers when boom goes bust. That economy is now tied to a petro-dollar that ebbs and flows with the cost of oil. Is Yukon's economic stability doomed to be tied to the natural resources sector only, as well? At what point is the Yukon Party government going to learn from the federal government's mistakes and take real action to diversify Yukon's economy?

**Hon. Mr. Hassard:** It's also important to understand that this government is concerned about diversifying Yukon's economy and that's why we see examples such as this Premier announcing a record budget once again this year, and that is to put Yukoners to work.

**Ms. Hanson:** Concern rings hollow; it's not the same as creating a real economy. This Yukon Party's boom-bust mentality is holding Yukon back. We need only to look at Yukon's back-of-the-pack GDP shrinking for two years straight now to understand that this Premier is driving our economy in the wrong direction.

Think of the sectors where we could be making real headway. We could harness our vast potential for renewable resources rather than just hydro. We could strengthen government partnerships with, for example, First Nation development corporations to create the economic infrastructure necessary for regional economic development.

We could put Yukoners to work for a better and fairer Yukon, but under the Yukon Party's watch, unemployment numbers climb and private sector jobs disappear. Why is the Yukon Party government trying to defend its track record while our GDP has shrunk two years running and more Yukoners are out of work? You cannot dispute the fact —

**Speaker:** Order please, order.

**Hon. Mr. Pasloski:** Private sector job shrinkage is one of the consequences to the downturn that we see right now in the mining and the resource economy. As we have said many times, mining is the cornerstone of Yukon's economy and their investments or lack thereof are impacted right across this territory. That's why this government has put forward a capital budget of over \$312 million, as the minister said, putting Yukoners to work building schools, building hospitals, building seniors complexes, investing in roads and bridges. We do know one thing for certain, which is that all of these initiatives that we are taking and tabling and moving forward with and discussing in this Sitting — both opposition parties will vote against them.

#### **Question re: Waste management strategy**

**Ms. Hanson:** This weekend, Yukon's municipal leadership gathered in Haines Junction at the Association of Yukon Communities' general meeting to discuss the pressing issues facing Yukon's communities. Over and over, solid waste and waste diversion were raised by community leaders who are anxious about the long-term plan for dealing with Yukon's waste. One of the most important parts of this discussion, the diversion element, needs more attention.

Mr. Speaker, you will recall that it was the Yukon Party that promised the diversion of half of the Yukon's waste by this year and then failed to deliver. But let's get past that broken promise and learn more about the next steps.

Does the government have a new timeline for meeting its 2011 campaign promise to divert half of Yukon's waste by 2015?

**Hon. Mr. Dixon:** What our government and what a number of municipal governments have all agreed is that we should work toward a target of zero waste. That's something that we continue to do. It's a goal to work toward, but what we need to focus on are actions and that's exactly what we're doing. We're making investments, we're working with municipal governments and we're taking action throughout the territory to increase diversion and increase the opportunities for recycling.

Most recently we have taken some immediate steps to address the challenges faced by recycling processors here in the City of Whitehorse by enhancing diversion credits and working with the City of Whitehorse to provide those diversion credits on a quarterly basis as opposed to the annual basis. That is something that has been very well-received by the processors.

I would remind members that, as a result of those actions, Raven Recycling will be reopening its public non-refundable drop-off and Yukoners will continue to enjoy tremendous opportunities to recycle, but we know that more work needs to be done, especially in Yukon communities. That is why we are happy to be working with Yukon municipalities through forums like the AYC and the working group that is associated with that body to ensure that Yukoners throughout the territory have access to diversion, have access to responsible

solid-waste practices and have the infrastructure in place that allows them to do that.

We are making those investments and the NDP continue to criticize us and point — that we are not doing enough — but they have no plan when it comes to this either.

**Ms. Hanson:** Well, 20 to 25 percent — that's Yukon's current level of waste diversion. The Yukon Party has had four years to reach their goal, yet they have barely even made it halfway. What does this say about their commitment to waste diversion?

Don't get me wrong — the impending reopening on May 19 of the public non-refundable recycling drop-off at Raven Recycling is great news, but it only restores the status quo from last year. There is still no long-term plan. If we want Yukon to become a truly sustainable territory, we need government action on waste diversion through a long-term strategy that gives recycling processors certainty and supports the needs of Yukon communities.

When is the government going to announce a comprehensive, long-term strategy to support recycling services in Yukon?

**Hon. Mr. Dixon:** We do have a long-term strategy when it comes to solid waste in the territory. It's articulated through the *Solid Waste Action Plan* of 2009, and we continue to work to implement that throughout the Yukon Territory. Measures that we are also taking that I wasn't able to reach in my previous answer include the amendments that we are proposing to beverage container regulation and the designated material regulation. Those two regulations are the legislative, or regulatory, pillars of our recycling industry here in the territory. We are taking steps to both increase the value of those amounts on those products as well as the type of products that will be increased.

We're taking action to ensure the financial sustainability of the recycling industry in the Yukon. We are doing that through legislative initiatives like the BCR and DMR reviews, but we are also doing that through infrastructure investments throughout the territory, some of which are included in this year's budget that is before us today — a budget that the NDP is committed to voting against — and all those great investments in Yukon communities to provide increased opportunities for recycling in all Yukon communities.

**Ms. Hanson:** The minister can sidestep the need for a timeline, but Yukoners want to know that we will still be able to recycle in a year's time, for example.

When asked about the Yukon Party government's platform commitment to 50-percent waste diversion by 2015 at this weekend's Association of Yukon Communities' meeting, the Minister of Community Services told the assembled municipal leadership that his government is focused on action, not targets. I guess the Yukon Party's election-promised target isn't really that important after all. One has to wonder: What is the point of proposing a target if that target wasn't really that important to begin with. If the Minister of Community Services doesn't support the concept of a waste-diversion target in Yukon, what sort of

measurement does he suggest we use to track whether we are keeping waste out of our landfills?

**Hon. Mr. Dixon:** What this government and what a number of other governments in Yukon and around the country have committed to is a target and a goal of zero waste. We appreciate that laudable goal and we continue to work toward it.

The member opposite is quite right. I did say exactly that — this government is focused on action. We are focused on making investments in Yukon communities to ensure that Yukoners have access to opportunities to recycle throughout the territory, whether it is here in Whitehorse or any of the other communities.

Obviously we've taken action to address the financial sustainability through the enhanced diversion credits that I spoke about earlier. We are going to take further action with regard to the beverage container regulation and designated material regulation in the near future. We continue to make investments in infrastructure at sites throughout the Yukon Territory to ensure that all Yukoners have access to recycling opportunities.

We want to ensure that we are able to divert as much as we can from our landfills and ensure that we are responsible stewards of the environment by limiting the amount of plastics and other types of materials that end up in our waste streams. That's something that is going to take more than just this government's efforts and we know that we're going to have to work with other levels of government and the Yukon public to ensure that Yukoners continue to work toward a more sustainable future and more sustainable solid-waste management throughout the territory.

#### **Question re: Ross River School repairs**

**Mr. Silver:** The government is currently working with contractors to fix the Ross River School. One of the problems is obviously permafrost and the fact that the school is built on top of it. Now, it's my understanding that there have been several different engineering reports done that outline these concerns and a contract is to be awarded later this week for repairs. I believe the contract is around the \$2-million range.

Can the minister tell Yukoners how many engineering reports have in fact been done, and will they be available for the public?

**Hon. Mr. Graham:** I have no idea how many engineering reports were done. I know there were at least two that I am aware of. I have really, at this time, no idea why we would release the reports to the public, but if this is something that people wish to look at and it's not proprietary information, then I don't see any difficulty at all and I'll undertake at least to consult with my colleague, the Minister of Highways and Public Works, to see if these reports are available at this time.

**Mr. Silver:** I do appreciate the minister looking into this. When I talked to Chief Ladue of the Ross River Dena Council last Friday, he was not told too much about this as well — about the plans with the repairs — and his First

Nation has not been provided with the engineering reports either, so it would be great to have those out.

I think these reports should be made public because they ensure that the scope of the work being considered actually addresses the concerns from the engineers and no corners are being cut. These reports typically point out that finding the source of the problem is a necessary part of the fix. In this case, the question of where the water is coming from would be a required part of that solution. For example, freezing the groundwater that the school may be on may only be a short-term fix if the source of that water causing the problem in the first place is not addressed.

Has the minister heard of these concerns, and is he satisfied the scope of the work is sufficient?

**Hon. Mr. Graham:** We've heard the concerns. I haven't personally read the engineering reports, but I've been provided with a synopsis of what those engineering reports state.

More than trying to pin down a specific engineer about a specific item that he or she may have recommended, my focus is on getting the school safe and ready for occupancy in the fall session. Those people — the students and the staff in Ross River — have been absolutely wonderful during my trips there. I have spent a great deal of time talking with both the teachers and the students, and they are so enthusiastic about getting back in that school and that's our focus at the present time.

**Mr. Silver:** I understand that there are budgetary pressures and also a desire to have the school open in September but, at the same time, we don't want to spend \$2 million this year and then maybe a million dollars later if we don't actually address the problem. The government's approach might be raising a few questions here. For example, is the government certain that the ground is stable enough to do these repairs? Is the minister aware of the geotechnical reports? We've heard an answer on the floor about that as well today. Also, finally, is the minister certain that the work he plans to sign off on this week is the right long-term solution for the people of Ross River?

**Hon. Mr. Kent:** The Ross River School was built using a thermosyphon heat extraction system, which removes heat from the soil beneath the foundation of the building to avoid thaw of the underlying permafrost. Ongoing structural and geotechnical inspections, four level surveys and ground temperature monitoring have been carried out to track movement and make periodic adjustments. Differential movement of the building has caused some damage to drywall and other finishes. As the Minister of Education mentioned during his two visits, I believe, to the community of Ross River since this happened, we are working with engineering firms. Highways and Public Works in fact has issued a public request for qualifications. From that, a short list of qualified design/build teams will then be asked to provide bids for the work to be completed. We've also contracted a local engineering firm to review the thermosyphon system data to determine if it's functioning as designed. The thermosyphon

system is intended to stabilize the permafrost below the building, as I mentioned.

As mentioned by the Minister of Education, our two departments are working closely so that we can have the students back into the school this fall in a safe environment, which is of utmost importance to everyone.

#### **Question re: Cabinet minister conduct**

**Ms. White:** There is a picture circulating on social media that shows the Minister of Environment drinking what appears to be a Bud Light while operating an off-road vehicle. Can the minister please explain this? Was the minister consuming alcohol while operating an off-road vehicle and when did this event occur?

**Hon. Mr. Istchenko:** I would like to take this opportunity to apologize to Yukoners for an incident this past weekend. I was taking part in a local charitable event, which I have helped organize and participated in for the past 20 years. While we were stopped for lunch on a wilderness trail, I made an error in judgment and consumed a beer while seated on my parked ATV.

Safely operating off-road vehicles is important. I take this very seriously and I do apologize to all Yukoners.

**Ms. White:** Driving an off-road vehicle in the bush while drinking a beer is no different from driving down a residential road in your car and doing the same. It's not my opinion. That's the stated opinion of a previous Yukon minister.

The minister's conduct is inexcusable. Drinking and driving, or even while parked, isn't a minor offence. According to the former minister responsible for the Yukon Liquor Corporation — and I'm quoting: "Off-road vehicles are still vehicles and the rules about drinking and driving apply." The minister should know better.

Can the Premier tell Yukoners whether or not this is an acceptable behaviour from one of his Cabinet ministers?

**Hon. Mr. Istchenko:** I would like to take this opportunity to apologize to Yukoners for an incident this past weekend. I was taking part in a local charitable event, which I have helped organize and participated in for the past 20 years. While we were stopped for lunch on a wilderness trail, I made an error in judgment and consumed a beer while seated on my parked ATV.

Safely operating off-road vehicles is important. I take this very seriously and I do apologize to all Yukoners.

**Ms. White:** An unconscious person in a car in the passenger seat can be charged with drinking and driving. When we were elected as Members of the Legislative Assembly, we were asked to hold ourselves to the highest standard of conduct. The Minister of Environment tarnished that high standard that we hold ourselves accountable to when he decided to drink while sitting on his off-road vehicle. He should be ashamed of his behaviour and its photographed proof, Mr. Speaker. Members of the Legislative Assembly should be above this sort of conduct.

How can the public trust the Minister of Environment to responsibly and competently carry out his ministerial duties when it is clear that he does not follow Yukon laws?

**Hon. Mr. Istchenko:** Again, I would like to take this opportunity to apologize to Yukoners for an incident this past weekend. I was taking part in a local charitable event, which I have helped organize and participated in for the past 20 years. While we were stopped for lunch on a wilderness trail, I made an error in judgment and consumed a beer while seated on my parked ATV.

Safely operating off-road vehicles is important. I take this very seriously and I apologize to all Yukoners.

#### **Question re: Takhini River bridge**

**Ms. Moorcroft:** In February, there was a serious collision on the Takhini River bridge and thankfully no one was killed. After this incident, one Yukoner said, “This bridge is and always has been treacherous. Years ago I almost died when I hit black ice just before the bridge.” Another Yukoner said, “It is only surprising this doesn’t happen more often at that bridge.” The bridge gets icy-slick at these temperatures and people frequently exceed the safe speed approaching the bridge. Shortly after the collision, the spokesperson from Highways and Public Works said they were reviewing the accident and the engineering of the bridge.

Can the minister inform this House of the results of the review and what actions the department has taken to increase safety on this often treacherous spot at Takhini River bridge?

**Hon. Mr. Kent:** I thank the member opposite for the question in this regard.

With respect to the accident that she is referring to — the RCMP have confirmed that speed was a contributing factor to the crash that occurred on the bridge, although no RCMP report has been obtained by Highways and Public Works.

There have been three accidents recorded in the collision database since 1996. As a result of this most recent accident and working very closely with the MLA for Lake Laberge and his constituents, there are a number of actions that we are going to take, including installing a curve sign and an advisory speed tab lower than that which is currently there. The current one is 90 kilometres per hour, and we are going to reduce that — install a mobile temporary radar speed sign for a period of one or two months, install recessed centre-line reflective markers on the bridge, and install a centre-line rumble strip through the curve north of the bridge.

This government is taking action and I would like to again thank the Member for Lake Laberge for bringing forward the concerns of his constituents and working with me, as minister, to come up with these recommendations.

**Ms. Moorcroft:** The bridge is narrow, it can be icy in winter and there isn’t a great deal of visibility leading up to it. Southbound traffic descends a steep hill just before the bridge. It is especially scary for motorists to encounter a transport truck on the bridge. Should a bicycle attempt to cross the bridge at the same time as two vehicles, there could very easily be a catastrophe.

Soon after the collision, the Department of Highways and Public Works put up two small red flags at the bridge. More needs to be done to encourage safety. One interim measure could be to put up more rumble strips that would get traffic to slow down.

Why has the minister taken so long to act, and when will he proceed with the safety measures he just listed in his first response for the motorists and cyclists using the Takhini River bridge?

**Hon. Mr. Kent:** As I mentioned, prior to the February 20, 2015 collision, there were three accidents recorded in the collision database at this particular area of the highway. The details of those accidents — all of them involved weather conditions. The condition at the time was it was snowing. One of them involved an injury.

As I mentioned in my opening response, the recommendations that the department officials have sent to me, and which I have asked them to act upon, are to install a curve sign, a mobile temporary radar speed sign — which also allows us to log the speeds and the traffic counts through that area — install recessed centreline reflective markers and installing a centreline rumble strip through the curve north of the bridge. Perhaps the member opposite didn’t hear me reference that in my initial response when she asked her first supplementary question, but those are the actions that I’ve discussed with department officials.

Again, I would like to thank the Member for Lake Laberge for all his work in working with me, as Minister of Highways and Public Works, to come up with these recommendations that will address some of the safety concerns raised by his constituents.

#### **Question re: Government contracting**

**Ms. Moorcroft:** In the current economic downturn, government contracting is an extremely important tool for local job creation. Section 53(3) of the contracting directive says — and I quote: “Where ranking criteria are used, they may include the methods to ... maximize the full value of local community and Yukon content in carrying out the work, which may include local experience, knowledge, and culture.”

Anyone with a cursory legal understanding knows there is a huge difference between the permissive “may” and the imperative “shall”. Why is it just an option and not the norm to maximize Yukon content in government contracts?

**Hon. Mr. Kent:** Supporting local business is something that we always strive to do through our tendering process. I believe the number of our budget that is put out in contracting is 40 percent — 40-percent of the Yukon’s budget is done through contracting.

When we look at opportunities for local businesses under the business incentive policy, the Government of Yukon provides rebates to contractors working on eligible government contracts as incentive to hire Yukon residents and to use Yukon-manufactured products when delivering contract requirements. We only need to look at the current F.H. Collins replacement project. Of the 44 subtrades active on the site, 26



are local companies. Of the other 18, almost all of them use some local tradespeople and labour.

Mr. Speaker, when it comes to subcontractors on that project, there are 26 local subcontractors and 21 local suppliers that are providing services to the general contractor on F.H. Collins.

Again, we look to maximize local opportunities. That's why we're making significant investments and have tabled a record capital budget, which I'm sure members opposite will be voting against.

**Ms. Moorcroft:** When it comes to contracts, some departments favour local experience and some don't. An EMR tender for services for mine site operations and remediation projects emphasizes that bidders have experience in a northern environment. An HPW tender on traffic safety engineering services has no language that would recognize local knowledge.

The Tourism advertising contract contained clauses for mandatory local representation. The second tender for the F.H. Collins school was written to essentially prevent local companies from bidding. Can the minister explain how it is determined when local knowledge and experience is important enough to make it into the tender documents?

**Hon. Mr. Kent:** As I mentioned in my previous response of the 44 subtrades active on the F.H. Collins site, 26 are local companies. Of the other 18, almost all of those use some local tradespeople and labour.

Yukon- and Whitehorse-based trades — subtrades — the list is 26 long and again, Mr. Speaker, this note that I have is almost a month old so perhaps that list has even grown since then. Local suppliers to the project are over 20 as well and include many names that would be familiar to Yukon residents, whether it's lumber supply or communication support or propane supply or mini storage — even Air North is also listed as one of the local suppliers to this project.

Again, when it comes to procurement, the Government of Yukon spends 40 percent of its budget on contracts. We issue over 6,500 contracts annually. This is money that goes directly into the local economy and ultimately into the pockets of Yukoners. The way in which we procure items can be just as important as what we procure and a key underlying principle of government procurement is open competition. We're working to support that principle and encourage competitive bids for goods and services.

**Ms. Moorcroft:** That's just the point, Mr. Speaker. Government procurement does have a significant impact and influence on Yukon economic policy. Given the Yukon-made recession, contracting policy is a critical tool to increase local economic benefits and jobs.

Not too long ago, the Yukon Party government erased local hire provisions in contracting; then it rewrote the contracting directive to contain a very weak clause to allow points for local knowledge and experience. The result has been all over the map. Some tenders are written to reward local businesses and their experience and some aren't.

Will the minister strengthen the contracting directive so all Yukon government departments involved in procurement

of goods and services have to value Yukon content of qualified companies in awarding contracts?

**Hon. Mr. Kent:** The government has worked very closely with organizations such as the Yukon Contractors Association to make our procurement practices easier for businesses to manage. We're helping to equip local businesses with the skills needed to get government work, not only within the Yukon, but elsewhere across Canada.

Mr. Speaker, on February 17 and 18, 2015, we held our first annual industry conference where we talked about the procurement process with Yukon industry. There were 69 private sector attendees and a number of Yukon government employees who took part in that day-and-a-half conference. Again, there were a wide range of topics discussed, including e-procurement, trends and opportunities in Yukon's economy, upcoming projects, health and safety and many more.

I should take the opportunity to thank my predecessor, the previous Minister of Highways and Public Works, for his leadership in working with those organizations to organize that conference. That is just one of the things that we're doing to ensure that Yukoners have an opportunity to bid and be successful in bidding, not only on projects and contracts that are within the Yukon, but contracts across other jurisdictions in this country.

Mr. Speaker, we value the local contracting industry and the local contracting community as well as the suppliers to those contractors and we want to make sure that they have every opportunity to be successful.

**Speaker:** The time for Question Period has now elapsed.

We will now proceed to Orders of the Day.

## ORDERS OF THE DAY

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

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

*Motion agreed to*

*Speaker leaves the Chair*

## COMMITTEE OF THE WHOLE

**Chair (Ms. McLeod):** 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. 18, entitled *First Appropriation Act, 2015-16*.

Do members wish to take a brief recess?

**All Hon. Members:** Agreed.

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

*Recess*

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

**Bill No. 18: *First Appropriation Act, 2015-16* — continued**

**Chair:** The matter before the Committee is Vote 15, Department of Health and Social Services, on Bill No. 18, entitled *First Appropriation Act, 2015-16*.

**Department of Health and Social Services**

**Hon. Mr. Nixon:** I am pleased to introduce the Department of Health and Social Services' capital and operation and maintenance budget for 2015-16. I would certainly like to extend my appreciation and thanks to the department officials who are joining me this afternoon. Birgitte Hunter is the Assistant Deputy Minister of Corporate Services and Paddy Meade is the Deputy Minister of Health and Social Services.

As I have been learning over the past number of months, the Department of Health and Social Services touches the lives of all Yukoners. As the new minister to this portfolio, I have been taking time to get out and meet with staff and tour our program offices and facilities across the territory. I have been able to travel to both Watson Lake and Dawson City, where I met with staff in our social services offices, health clinics and in McDonald Lodge in Dawson City. I have also toured our two community hospitals and met with staff there.

This past weekend, I had the opportunity to visit the Town of Haines Junction during the Association of Yukon Communities meeting and I had a number of opportunities to speak to stakeholders and professionals who are working in that community.

It is gratifying to see the collaboration among all staff to better serve Yukon citizens. It is extremely impressive to realize the breadth of services that the department provides. It truly does touch people from birth to death and every single point in between.

I have appreciated the opportunity to meet with staff and hear from them on the importance of their work, whether they are serving moms or babies; whether they're serving youth or seniors; supporting parents or young people trying to make their way in this world.

I would like to take this opportunity to publicly recognize all of the departmental staff and tell them, on my behalf, as Minister of Health and Social Services, and on behalf of Yukon government, that they have our appreciation and our gratitude. Their jobs are not easy, Madam Chair. Some are working with people at the end of their lives; others are assisting families struggling to find a balance in their lives; yet others are working with those facing addictions. Their jobs are sometimes dark and not always pretty. They deserve our appreciation and they deserve our thanks.

I have not met a more dedicated group of individuals, from the nurse to the social worker to the policy analyst to the admin assistant. All are there because they know the importance of what they do to all Yukoners. As a government, we are able to support them through our actions and I'm

happy that recently announced initiatives will enable them to do their work better.

The new Salvation Army Centre of Hope will increase support to some of our more vulnerable citizens by increasing the number of shelter beds from 14 to 25. It will also add 22 transitional living units that will assist those individuals on the path to self-sufficiency. The new building will also enable an increase to programming and provide a day space, more kitchen space and a larger eating room. This project, expected to be completed in late 2016, will be able to assist more people to receive the support they need to rebuild their lives.

The construction of a new Sarah Steele alcohol and drug service treatment centre is another way to support our staff in their addictions and prevention work as well as supporting those struggling with alcohol and drug misuse or addictions. Again, this will increase the ability of our staff to provide increased services to Yukon citizens. It will enable a continuous intake for our residential treatment programs, provide additional space for outpatient treatment and counselling and add much support services for youth and their families.

We have developed a new community addictions program to address gaps identified in the clinical services plan. This program will provide supports within the community, including prevention, pre-treatment, counselling and after-care supports. It will also support those who have completed inpatient treatment with additional supports and services after they have graduated from treatment and help them maintain sobriety and wellness in their home community. This program will see a greater focus on client-centred collaborative care through a community outreach model, working with existing services and First Nation health programs to provide a broader range of services. We expect this new program to be operational later this year.

Only recently we provided funding to Easter Seals House in recognition of all the support that they provide to Yukon children and Yukon families who require medical care in Vancouver. For more than 50 years, we have benefitted from this service and we are very happy to be able to give a little bit back.

Yukon citizens are benefitting from the new MRI machine at the Whitehorse General Hospital, thanks to huge community and individual donations. Government matched the funds raised and, in addition, provided funding for the construction of the MRI suite. Previously, a person requiring an MRI was sent out of the territory, and some still are, but having this available locally has certainly cut down on the wait times to the tune of seven months to a year, I understand, in some cases.

We can't ignore initiatives taken to support our seniors, and much has been said in this House in recent days about continuing care. We've been able to open an additional two beds at the Thomson Centre for residents requiring that high level of care. We are working toward the opening of an additional 10 beds in the Sixth Avenue facility, formerly known as the Oblate Centre, for those needing an intermediate

level of care. This is an interim solution to help us through until the new continuing care facility opens.

Our home care programming continues to support residents to remain in their homes as long as possible before moving into that higher level of care. The staff both here in Whitehorse and in rural Yukon do an amazing job to support our elders and seniors safely in their own homes. Through some thoughtful and caring planning and knowing years in advance that our federal funding under THSSI would cease, we have been able to transition some very important programs into our base and increase staffing in our chronic disease programs and make our staff permanent in rural mental health services — again, two very important areas in supporting our citizens to a healthier life.

Mental Health Services has two rural offices in Dawson City and Haines Junction. Mental health nurses in these communities travel to other communities to provide assessment and treatment services to individuals with serious mental illness, as well as provide services to professionals and to the public.

We also hire support workers to provide one-on-one practical assistance to clients between visits from the nurse or from itinerant services provided by Mental Health Services. Mental health is a growing issue and pressure in our territory, as well as across this country. We recognize the importance and benefits of enhanced integrated service delivery approaches to meeting the needs of clients across their lifespan. While we know that additional changes are necessary going forward, we are very fortunate that we are well-served by not only our Mental Health Services staff, but by two resident psychiatrists and a youth and child psychiatrist who visits Yukon regularly.

We have also identified the important role that collaborative care practices and integration can play in mental health and addiction service delivery, and we are moving toward new models of care delivery. Technology is also helping us out in this area, as we can use our telehealth capacity in every Yukon community to provide access to a psychiatrist or mental health counsellor when needed.

We're also providing mental health services specifically designed for Continuing Care clients under the direction of a clinical psychologist. This has been found to be extremely beneficial at all levels.

The transitional living facility for persons with mental health disorders was also announced earlier this year and will improve and increase supports to citizens struggling due to mental health issues. In this project, government will partner with a non-government organization to provide 24/7 supported living assistance. This is something that the community and our own staff have been asking for.

We are also making changes to the pioneer utility grant this year to better support our seniors. Yukon is one of only three jurisdictions that provide heating subsidies to our seniors. In 2014-15, the value of the grant was \$1,030 and we processed more than 2,075 applications. We have undertaken consultations with seniors' organizations and are now making some changes. This will now become an income-tested

program, rather than a universal one. We will increase the base rate for seniors living in rural Yukon and change the application date to earlier in the year.

Madam Chair, this government, through Health and Social Services, has done much this past year to support Yukon citizens and it will continue to do so. We have expanded the healthy families program to three rural Yukon communities. We continue to fund non-governmental organizations that are better situated to provide direct services to clients: the Child Development Centre, Salvation Army, Teegatha'Oh Zheh, Yukon Food for Learning, kids recreation fund, the Food Bank Society, Skookum Jim Friendship Centre, Autism Yukon, the women's shelter — just to name a few. We have a shared responsibility to provide support and care and that is a responsibility that the department takes very seriously.

A moment ago, I mentioned a couple of non-profit organizations that I have a personal connection to. In 1998, when I first moved to the territory, I took a job managing one of the group homes for Teegatha'Oh Zheh and I worked there for just under two years. It was certainly a great experience and I appreciate the role that the non-profit organizations have in this territory and the reach that they have to Yukon citizens in need of that type of specific care.

I have been quite familiar with Autism Yukon, as I was co-founding member of that organization shortly after my son was diagnosed with autism. We saw that there was a need for that type of service to provide to families that had a new diagnosis, had already been diagnosed or had children with a diagnosis just to provide that level of peer counselling, I suppose — a resource library and providing parents with good resources within the community where they can go to find help — and I certainly appreciate the work that Autism Yukon has done since we created it almost 10 years ago.

I also sat on the board and was a case worker for Big Brothers Big Sisters of Yukon. Through my experience with that organization, I appreciate the service that they provide to "the littles", as they are referred to — those children who are often from single-parent families and may not have the influence of a mother or father in this community.

My thanks go out to the many volunteers and the organizations and other organizations that I have mentioned here today, especially "the bigs" — through Big Brothers Big Sisters — who take the time out of their week to give to a little person who is in need of that.

I see that my time is starting to wrap up. There is a lot that I would like to talk about this afternoon. I certainly appreciate the work done by the former Minister of Health and Social Services. He certainly created a path for me to follow, and we continue to have good dialogue and conversations about the work that is happening and where we've come from. My thanks to the former minister, the now Minister of Education.

In this budget, we are requesting \$327,558,000 in operation and maintenance, O&M funding, and \$94,808,000 in capital, for a total appropriation of \$422,366,000. This funding represents a projected increase of \$20 million, or 6.5

percent, in O&M funding over the 2014-15 main estimates and an increase of \$64 million in capital.

The largest increase in the department's projected O&M increase mainly stems from an almost \$19-million increase in Health Services. Our largest projected capital spending will come from capital projects under Social Services' Adult Services, namely the Sarah Steele Building replacement at \$16 million for this year, the Salvation Army rebuild at \$9 million, and the St. Elias building replacement at \$4 million.

Under Continuing Care — the new Whistle Bend continuing care facility at \$26 million and the McDonald Lodge replacement at \$8 million.

Under Yukon hospital services — the MRI and Emergency department expansion at \$22 million.

Our projected revenues are estimated to total over \$39 million, which represents a \$13-million, or 49-percent, increase from last year. Two-thirds of our projected total revenue for this year — of \$27 million — is from recoveries from Canada.

Our Corporate Services division will see an increase in O&M of \$1.8 million, half of which is from the Yukon e-health initiative, which I spoke about in the Legislature. Under capital, the division's capital budget will also be increased by \$4.5 million primarily to support the e-health initiative, most of which is recoverable from Canada, and the case management system for Social Services. E-health means electronically linking relevant information for physicians, pharmacists and other health care providers to support personal health, health care decision-making, and health system sustainability.

Canada Health Infoway will be providing approximately \$6 million of the total \$10 million cost of this project. This modern system will eventually allow health care providers in the Yukon to view diagnostics, medications, treatments and other relevant clinical information as one patient record.

As I mentioned earlier, we strive to deliver our services efficiently and effectively. Toward this end, we continue to implement our integrated case management system project, which involves replacing a number of old mainframe systems. This will allow efficient financial payment as well as provide capacity for data collection, tracking, monitoring and reporting — all of which have been identified by the Auditor General as required.

Madam Chair, I see that you are indicating my time is almost up so, to conclude, I would like to thank all the staff in the Department of Health and Social Services who, on a daily basis, provide health care at a very high level to all Yukoners in need. I express my thanks and my gratitude for the department officials joining me here on the floor of the Legislature today and those back in their offices listening in and providing information as we will need. Thanks to the previous Minister of Health and Social Services, the current Minister of Education, for truly leading a path that I am able to follow. I recognize his hard work and thank him for the work that he did when he was minister.

**Ms. Stick:** I would like to thank the officials who are here today and the ones who came to the briefings for us.

They are always very informative and the information they provide is very clear.

This department is the largest when it comes to spending, and it's understandable because this department impacts every single Yukoner from birth to death. At some point in our lives, Health and Social Services is involved with us and our families.

I have carefully looked over the budget that has been provided plus the information given to us, and I have many questions to ask on the amounts shown in the actual budget — but, more importantly, I have lots of questions around the supplementary information that is provided for all the different areas of this department. That is where I find a lot of interesting information that I think the public would also like to hear more about.

It is interesting to go back and look at previous budgets over the years. I have noticed over time that there seems to be, in some instances, even less information being provided than we have seen at earlier times. I will have more questions around those, but I think to start I would like to ask the minister a question with regard to Corporate Services. The first question would be about auxiliaries on call. We know that auxiliary-on-call workers make up a large portion of this department. What I am looking for are the numbers and an indication on whether those numbers are up or down from last year.

I will fold in a couple of questions here. The next one would have to do with communications. How much is spent on communications, and how many communications staff are there across the whole of Health and Social Services?

**Hon. Mr. Nixon:** Madam Chair, I still have lots of information that I would like to share with this Legislative Assembly — again, thanking the department officials for being here and thanking the former minister for paving the way for me. I would like to just also give a shout-out to Murray and Malcolm who are listening in — friends of mine. I know that they're listening.

Madam Chair, we will be investing \$267,000 to expand the healthy families program to rural communities. Under capital, we have allocated a total capital increase of \$241,000 for the Family and Children's Services branch. This comes from an increase of \$102,000 in residential services for programs, office furniture and equipment and an increase of \$99,000 to cover various minor capital expenses for Child Placement Services for the young offenders' facility and for the Youth Achievement Centre.

Under Adult Services, we will be increasing funding by \$1.3 million. Over \$1 million of it will go toward providing additional services to clients with complex care requirements. The services to persons with disabilities program currently serves approximately 160 adults with cognitive and developmental disabilities. We will also be providing an increase of \$100,000 toward one permanent clinical coordinator for services to persons with disabilities. This coordinator will have the key role in establishing the FASD diagnostic clinic. Also, a local clinic to provide diagnostic assessment for adults who may have FASD or other complex

needs is currently being established. In the past, diagnostic assessments for adults have been completed by an itinerant team from Alberta.

Madam Chair, we have allocated significant capital spending of \$29 million under Adult Services to cover our key social service projects, including: the replacement of the Sarah Steele Building at \$16.4 million; the Salvation Army redevelopment at \$9.1 million; and the replacement of the St. Elias building at \$3.7 million. We're very excited about the construction of the new Sarah Steele Building, which will begin this spring. The target cost for the facility is just under \$21 million and the project is slated for completion by July of 2016. This new facility will allow us to deliver an enhanced suite of services to Yukon residents suffering from alcohol and drug addictions, including increased services to Yukon youth.

The Salvation Army redevelopment project is a partnering between the Salvation Army and Yukon government to replace the organization's current facilities. The Yukon government has approved a total of just over \$10 million to support the redevelopment project. The Salvation Army is proposing to relocate and expand their emergency shelter services into a new purpose-built facility. In addition, the complex will include a 22-unit transitional housing. These units will provide safe and secure housing to men and women, with two units designated for families.

Transitional housing is intended for a population that has the motivation and capacity to participate in programming and develop the skills to transition to longer term housing with less or perhaps no supports. It is a key component of a comprehensive array of housing and support options for individuals who are at risk of experiencing homelessness, addictions and mental health issues. Transitional housing ensures affordability and availability of housing, and it provides an appropriate first step for individuals who choose to engage in programming and choose to work toward further independence.

As I highlighted in my earlier speech, Madam Chair, we are proceeding with the replacement of the St. Elias Residence. We signed a \$3.2-million contract with Kwanlin Dun First Nation's Canyon City Construction. We expect construction to be completed by the fall. It will double the capacity of the existing facility from five to 10 residents, and it will eliminate the structural issues with the existing building.

As I mentioned earlier, the largest increase in the department's budget comes from Health Services, with a total net increase of \$18.8 million, or 17 percent. The biggest ticket item for Health Services will be through new programming under the new federal-territorial health investment fund, otherwise known as THIF. We estimate an \$8.9-million allocation under both the territorial and the pan-territorial projects under THIF. \$8.3 million will be going toward mental wellness projects and chronic disease management and \$1 million toward e-mental health supports and Yukon telepsychiatry. Seven new term positions will be created to

undertake these THIF project activities until the end of the funding agreement in March 2017.

One of our previous funds, called the territorial health access fund, or THAF, was discontinued by the federal government last year. However, we have continued many of the programs that were funded under THAF and they are now funded as part of our base budget.

Some of the examples of programs that will be continuing are the palliative care program, with ongoing funding of \$419,000; public health education and awareness, \$300,000; rural mental health services, \$384,000; and chronic conditions management, which will get \$800,000.

We will also be increasing funding by \$659,000 to provide transitional housing for persons with mental health conditions. This is the fiveplex housing on Fourth Avenue I was referring to earlier. This new facility will provide homeless or underhoused individuals with persistent mental challenges with a therapeutic transitional living environment. The facility will be run and programming will be delivered jointly by an NGO and Yukon government. The tender process, as I understand it, is still in progress. The program will be able to manage six to 10 individuals at a time. We certainly hope to be accepting clients into that program later this summer.

Madam Chair, we will be providing an increase of \$69,000 to the budget toward funding a permanent audiometric technician position to support the demand for Hearing Services. We will also allocate an increase of \$250,000 toward the cost of additional hearing aids purchased. This is 100-percent recoverable.

There is currently a six- to 12-month wait to see an audiologist here in the territory. We are actively recruiting for a second full-time resident audiologist. In the interim, we are working with contracted audiologists from out of the Yukon who travel to Whitehorse to handle our workload.

Moving on, the collaborative practice initiative supports the optimized use of nurse practitioners and other health professionals' skills and competencies to deliver health care by providing opportunities for these health practitioners in a collaborative, inter-professional relationship with physicians. Funding is provided through the agreement between our department and the Yukon Medical Association for the years 2013 to 2017. Currently, there is one full-time nurse practitioner who is funded to work in two separate medical clinics on women's health issues. Funding is also used to educate physicians on the role of nurse practitioners and collaborative care. We are allocating over \$1 million in capital spending under Health Services, which is distributed to various facilities and programs, particularly in the communities.

Moving on to Continuing Care, you will see that there is a net increase in O&M budgeted for the Continuing Care division of just over \$1 million, or almost three percent. In capital, we are proceeding with major capital projects under the Continuing Care division and have allocated over \$36 million for this year. As I mentioned earlier, our biggest projects include the new Whistle Bend care facility at \$26

million, the replacement of McDonald Lodge at \$7.9 million, and the Sixth Avenue continuing care facility at \$2 million.

The Whistle Bend continuing care facility will be, by far, Yukon government's biggest capital project. In fact, it will be the largest capital project in Yukon history. The decision to proceed with this community-oriented facility was evidence-based, and it was supported by two needs assessments and a business case conducted for government, which concluded the need for a significant number of new care facility beds in the territory. This is about providing support to our loved ones, to our neighbours and to our friends.

As of mid-February, there were 42 individuals on the wait-list to get into a continuing care facility. We currently have four excellent continuing care facilities in the territory. In Whitehorse, there are currently 96 beds at Copper Ridge Place, 47 beds at Macaulay Lodge and 31 beds now at Thomson Centre. In Dawson City, we have McDonald Lodge, which currently provides 11 beds. With the new facility, I understand there will be 15 beds.

In the next 10 years, the Yukon's senior population will almost double. Nineteen percent of the current population is in the 55- to 69-year age group. The Whistle Bend care facility will be critical infrastructure in helping us to meet the current and future needs of seniors and other Yukoners needing continuing care services. Construction of Whistle Bend is expected to begin in January of 2016 following the design phase.

Our second major continuing care project is the replacement of the McDonald Lodge in Dawson City, as I have already indicated. That new facility will accommodate 15 beds, with the ability to add another five beds, if required, through construction at a later date. It is being built adjacent to the new hospital on the site of the old Dawson centre.

Finally, also in Whitehorse, as early as this fall, we will be able to provide 10 new beds at our new Sixth Avenue continuing care facility.

Under the Yukon Hospital Corporation capital budget, we have budgeted \$22 million in capital for the new MRI equipment and Emergency department expansion. We are very proud to have the first MRI facility north of 60, which, as you know, opened just a few months ago. This new medical service will allow for improved and more timely access to important testing and it will result in less travel and quicker diagnosis.

We expect to be conducting about 1,800 MRI exams per year in that new facility. This will mean significant cost-savings for Yukoners who will no longer have to incur expenses to travel outside the territory just to get an MRI test.

Moving on to the revenue side of the budget — as I mentioned earlier, revenues and recoveries for the department total just over \$39 million, which is a \$13-million, or 49-percent, increase from last year. The largest component of the federal recoveries is from the new territorial health investment fund, or THIF, which amounts to almost \$10 million for this year.

We are also receiving \$8 million for child welfare from Aboriginal Affairs and Northern Development Canada. This

goes toward supporting O&M expenses for First Nation children in care, such as foster and group homes.

We have budgeted \$3.7 million in federal recoveries toward continuing care facilities. A third of our revenues come from taxes and general revenues — \$2.2 million — and third party recoveries of \$5.5 million. We expect to recover \$4.4 million in third party health care costs and over \$4.5 million in capital recoveries from Canada Health Infoway, our e-health initiative.

These were some more of the highlights from the Department of Health and Social Services for 2015-16.

In addressing the member opposite's earlier question, AOCs — the numbers change fairly regularly and they change as they are needed. Certainly they could change when vacancies occur and when different programs need covering. In the current budget, we have 69.85 permanent FTEs. There are 5.5 term FTEs. There is no budget for auxiliaries and those positions are only used as backfill.

I hope that answers the member's question and I certainly look forward to more questions.

**Ms. Stick:** Actually, it doesn't answer the question because the question was: How many are currently on the books — the auxiliaries on call?

I know of many individuals who have been auxiliaries on call for a long time within the department and are happy to do that. I am not saying it's good or bad. I'm just looking for what the actual numbers are. I recently saw a job posting where the government department was looking to hire 20 auxiliaries on call. I know this must be a number that they have available or should be able to produce. I will go back to that question again: How many auxiliaries on call are there currently on the books?

My second question has to do — I'm going to move on — with the e-health management, which we see under O&M at \$870,000. In this current budget, what will that \$870,000 — will we actually start to see implementation and actual use of this e-health management program?

**Hon. Mr. Nixon:** I thank the member opposite for her question.

The \$870,000 is for the 2015-16 budget. The breakdown — under personnel, there would be two FTEs for three months of 2014-15, and two additional FTEs in 2015-16 for a total of four FTEs at \$450,000. Other O&M would include lease, travel, communications, contracts, materials, memberships, advisory committee under the 2014-15 budget that was pro-rated for three months, and there was legislated work, so that total is \$145,000. There was also a one-time O&M expenditure of training materials, advertising, contracts, travel, a project manager, and a change manager. In 2014-15, it was pro-rated for six months for a project manager only. That amount for O&M is \$275,000 and that is the breakdown for the \$870,000 in O&M.

We also have to take into consideration the e-health FTEs — and it is also for HIPMA, which is the health information privacy implementation, and that is used as needed and it is linked to e-health. The capital budget is used for the actual

purchase of and implementation of the systems. The O&M is for the running of the office and the legislation.

The current Yukon e-health priorities include the implementation of a drug information solution. Benefits include a reduction in the number of adverse drug effects, a decrease in medication abuse and more timely information to health care providers; also an enhancement of existing lab information systems at Whitehorse General Hospital and expansion to Health and Social Services. Benefits include quicker access to lab results by Yukon health care providers, resulting in faster decision-making and improved quality of care; also implementation of a client registry to support e-health systems — so benefits would include a consistent, reliable source to confirm correct patient identification when matching health care information from different systems, so that when a health record for an individual is accessed by a health care provider, we are assured that the right information for the right client is being compiled and presented to that provider. Certainly dependencies would include the enactment of the *Health Information Privacy and Management Act* or HIPMA and the cooperation with external stakeholders, particularly physicians and pharmacists.

In my opening remarks, I would remind the member opposite that I spoke in fairly great detail on the O&M portion of the budget and I would urge her to go back into the Blues to see the answers to those questions.

**Ms. Stick:** I still didn't hear an answer about auxiliary-on-call positions, but I will move on and maybe I will go back in the Blues and see if I can find it there.

The minister spoke briefly about the drug information solution and I'm just wondering if I could have a better description of that. Does that include a way for pharmacies to share information with regard to prescriptions or for doctors to be able to look and see if an individual has been prescribed something from Emergency or another clinic and is that part of the drug information solution?

**Hon. Mr. Nixon:** Madam Chair, with the pharmaceuticals currently — and I'm going to make reference to the e-health projects — e-health means the electronic linking of relevant information between physicians, pharmacists and other health care providers to support personal health, to support health care decision-making, and certainly to support health system sustainability. The vision for e-health is that eventually all health care providers in the territory will be able to view diagnostics; they will be able to view things like medications, treatments and other relevant clinical information — really, as one patient record.

The current e-health project has three components: a client registry, a drug information system — which the member opposite is talking about — and a lab information system. Certainly, e-health is paving the way for those components of this system. These systems will be implemented over the next couple of years. E-health committees will be working with various stakeholders and subject matter experts throughout the implementation of these systems.

Yukon is far behind the rest of Canada in some regard when it comes to an e-health system, but there is certainly good work being undertaken currently to bring us up to a higher level of standard. Canada Health Infoway is providing approximately \$6 million of the total \$10 million project cost, as I mentioned earlier in my remarks, but this will just give us a foundation for what is required as we move forward with the drug system. Additional infrastructure is usually required in rural and remote regions like the north, and Infoway money is certainly not guaranteed in the future.

Just to share a little bit of background information, the current Yukon e-health priorities include, as I mentioned, implementation of a drug information solution. Benefits would include a reduction in the number of adverse drug effects, a decrease in medication abuse and more timely information to health care providers. Also, there would be an enhancement of the existing lab system at the Whitehorse General Hospital and, as I had indicated, expansion to Health and Social Services — the benefits of that would include quicker access to lab results by Yukon health care providers, resulting in faster decision-making and improved quality of care to Yukoners — as well as implementation of a client registry to support the e-health system. Benefits include a consistent reliable source to confirm correct patient identification when matching health care information from different systems, so that when a health record for an individual is accessed by a health care provider, we're certainly assured that the right information for the right client is being compiled and presented to that individual.

Madam Chair, getting back to a question the member asked about earlier about auxiliaries on call, they are generally used in Corporate Services when there is a vacancy or delay in hiring. The HR branch has an AOC pool that the department can draw from when there are vacancies that need to be covered in areas such as finance and administration. I thank the member opposite for her question and I look forward to more questions.

**Ms. Stick:** I was going to move on from the auxiliaries on call, but I think the minister left out a fair portion of staff who are auxiliaries on call, and those are the individuals who are working in our continuing care facilities, in group homes, in youth probations — they're across the board, including social assistance. To suggest they're used in finance — I won't argue with that — but what I really wanted to get was a sense of how many individuals work for this department, whether it's in the hospital, Copper Ridge, or a group home that's run by the government.

I mentioned I just recently saw that they were looking to hire 20 auxiliaries. It was on one of the job sites. So yes, I understand that they use them at the corporate level, but let's not be mistaken that they don't use them in every other level of government also.

I will move on and when we go through — what I like to do when I am looking at the budget is to go through, look at the different departments, and, as I mentioned before, I am also very much interested in the supplementary information

that is provided because I think there is always a story to be told there.

The first one is Family and Children's Services. The first part is both child protection services and family services. If we go to child protection services, they have identified the number of families with identified protection concerns. There has been quite an increase from 2013-14 when 498 was the actual number and the estimate for 2015-16 is 720. There was an explanation — a footnote to it that said this is due to the public's familiarity and understanding of the *Child and Family Services Act*. It is a substantial increase of over 200 families and, in the communities, an additional 35. When we look above at Family Services, which is the counselling, prevention and support measures, we see an increase from 2013-14, which was 109, to 130 in the 2015-16 estimate — a doubling for the regions. On the one hand, we have a really large increase under child protection, but it doesn't seem to be the same increase under Family Services, or those who are getting the supports and counselling needed. I am looking for an explanation on that.

Also, with regard to the footnote — the increase in the public's familiarity — I am wondering if the minister can give a reason for that. Was there a public awareness campaign? Was there something that went out to the communities that instructed people on their duty to report? Again, an increase from 498 to an estimate of 720 is quite large. One: why did they think the public was more aware? Two: we don't see the corresponding increase in supports to Family Services, and is there a reason for that?

**Hon. Mr. Nixon:** The numbers from Family and Children's Services — one potential reason for increases is because of the good work of the department in building awareness and education within our communities on what perhaps needs to be reported and when. I certainly commend the department and the staff who work with the communities and families in this area. I certainly had some experience as the former Minister of Justice in the number of areas within Victim Services seeing some of the good work that had been done through that department. I have a better appreciation of the work that Family and Children's Services does in the area of child protection. Certainly an increase in those numbers could potentially be just an increase in general awareness across the territory.

I'm getting a little bit confused because the member in her first comments was asking about auxiliary-on-call positions in Corporate Services and in Corporate Services there are zero auxiliary-on-call positions on the books; however, through the FTE permanent funding, if an AOC is required for a short-term period, that funding can be used to use an AOC to fill a permanent position until that position is hired. I think the number the member opposite is looking for is the number of AOCs in Health and Social Services as a whole. As I understand it, that number — and again it's going to fluctuate depending on use — could range anywhere from 70 to 80 AOCs if those programs need that level of support.

**Ms. Stick:** That's what I was looking for, Mr. Deputy Chair, and I thought I was clear the first time when I asked

about communications and staff across the department, but I was also looking for that total number for the whole department. I apologize if I did not make myself clear on that.

I'm just going to go back to this one question and it was about the corresponding increase in supports to individual families, both in Whitehorse and in the regions. We see an anticipated and huge increase over the last year for families that are identified with protection concerns, so I'm wondering why there wouldn't be a corresponding increase for the number of families receiving that counselling and preventive and support measures that's provided by the Family Services Unit.

**Hon. Mr. Nixon:** I would like to just recognize some of the programs that are really provided through the department. The members opposite may be aware of the Little Blue Early Child Care and Learning Centre in Dawson City. Certainly we support the Child Development Centre here in Whitehorse, but there is also the SNAP program — Stop Now and Plan. It is through programs such as these that the general awareness of child protection issues, for lack of a better term, would perhaps be more recognizable.

We have had an increase in reports to the department. We certainly try to keep a longer involvement with the children and with those families that are involved through that program. We have over time, as I mentioned, certainly raised an awareness of child protection issues in the territory. In my earlier remarks I spoke to my experience as the Minister of Justice from 2011 to just a few months ago and some of the programs that are provided to victims — child victims. One that comes to mind is the Lynx project and certainly that program — we wish there wasn't a need for it, but there is a need.

There is increased awareness within the territory and the numbers that are provided are really merely an estimate of the numbers that are reported to the department. Certainly there is good work being done by department officials in this area, working with those families on a daily basis.

We also know that there is mandatory reporting under the act. The reporting is certainly different from the service that is provided. Family supports are to families receiving child protection services and my hat is off to those families — to those individuals — who do identify that there are issues and do report those issues to the department, so that the proper individuals can provide the proper level of service to those individuals who need it. Again, we can look through the department — a number of the departments and the Department of Health and Social Services. I know the Department of Education has programs for children in need and certainly the Department of Justice, specifically with the Lynx program.

I thank the men and women who do that work on a daily basis. I thank those individuals for reporting what they believe could potentially be problematic areas for a child or for a family. With those reports, the department can follow up and certainly identify if there are other supports that those individuals need.



**Ms. Stick:** It was interesting that the minister mentioned the SNAP program, but it is my understanding that that program has actually ended. From the briefings that we had, I understood that the monies for that have ceased, but I also understood that the program — I could have been mistaken.

I am going to move on to Child Placement Services and adoption services. The numbers remained fairly steady; some increased. The questions I have, though, have to do with children and adoption. What I am looking for is the actual number of children who were adopted. That would include in the territory, but I am also wondering if any Yukon children are adopted out of the territory and do we have numbers for international adoptions — children who are coming to the Yukon from a country outside of Canada? The number of children adopted in the last year — are they all in-territory? Are any children adopted out of the territory — and the number of international adoptions coming to the Yukon?

**Hon. Mr. Nixon:** Before I dive into the question from the member opposite, I would like at this point in time to congratulate my colleague, the Minister of Energy, Mines and Resources and the Minister of Highways and Public Works on the recent adoption of his son. I can certainly appreciate the change in the life of the minister at home and certainly having a little one around the house, in my experience as a parent, is always a real pleasure.

I think it's important to also take a look at — with adoption often comes foster parenting. Certainly something that I recognize, as the Minister of Health and Social Services, is being able to provide that level of support to those foster parents and looking for opportunities to express our gratitude and recognize them for the good work that they do and the gaps that they fill within our community. This is something that I'm going to be paying particular attention to in the coming months — looking at those opportunities, looking at being able to sit down with foster parents and finding out what the challenges are, where we as a department can perhaps even do better at providing that level of support to foster parents. That's something that I, as the Minister of Health and Social Services, am looking forward to — sitting down and discussing with foster parents as I have over the last number of years. I know quite a few foster parents and I recognize that it's a difficult job that they have, but there is also a level of fulfillment to that work.

We certainly, as a government, acknowledge the excellent work of our foster parents and the work that they do for children and youth who are placed in their care at sometimes an uncomfortable moment in that child's life. The needs of children who require foster care are increasingly complex, and I believe that to be true, not only in the territory, but also across Canada. Canada-wide trends currently indicate challenges for all jurisdictions in recruiting and maintaining a skilled and knowledgeable foster care network. That is certainly something that I am eager to address in our territory. The recruitment and retention piece of foster families is important, and recognizing their work and supporting them along the way are equally as important.

There's a need for foster parents for all child and youth age groups in the territory, as I'm sure there is across Canada. There is an acute need for homes willing to and able to foster sibling groups as well. I know, from my experience working and managing group homes over the year, that sometimes we will get children placed in care with two, three or sometimes four siblings because of child protection issues. It is important to find those foster parents who are able to fill that moment in time of that child's life to provide the best support possible.

Health and Social Services indeed has 53 foster homes currently in Whitehorse and 18 across the territory. The department works closely with Yukon First Nations to help find solutions. Yukon's remuneration for foster parents is among the highest in Canada right now, ranging between \$1,030 to \$1,890 per month per child.

Health and Social Services will seek foster parent input in the development of a new recruitment and retention campaign for new foster parents. That campaign will kick off in the coming weeks, something I'm very much looking forward to.

The member opposite asked about children in care and adoption. Right now, 11 youth aged 19 have left the care of the director, all with transitional plans in place. Nineteen youth will leave the director's care this year, as well as having transitional plans in place. In fact, those transitional plans, going from youth or child into adulthood, are something the department has worked on, from my experience, over the years, and I believe it's something that we do a good job at. I think there are other opportunities where we could perhaps even do a better job at providing that level of transition for kids in care from youth to adulthood. That's something else that is always in the back of our minds and in conversations that I've had with the department, as well as with the former Minister of Health and Social Services.

There are almost 30 adoption homes that are available for adoption placements. Six adoptions were finalized in the territory, five adoption placements are pending finalization, and there are no adoptions for Yukon children leaving the territory. There was one international adoption into Yukon last year. Our role is as a central authority under the Hague Convention. In international adoptions, we play a facilitator role and make recommendations. We provide reports, and that process certainly would vary from country to country.

The member opposite caught my remarks about the SNAP program, and that program was federally funded. That funding did come to an end and we are looking at ways to fill the gaps, such as the SNAP program. When I was making my comments earlier, it was important that I recognize the good work that had been done on that SNAP program, as has been done on programs like Lynx and other programs that have been run through the Department of Justice, the Department of Education and the Department of Health and Social Services. We all have the best intentions and the child's best interest at heart when providing those programs.

I thank the member for recognizing that the SNAP program has been completed, but the department certainly looks at providing other opportunities and ensuring that youth and children are taken care of, and providing an alternative

program to fill the gaps, if not filling those gaps with currently run programs. I thank the member opposite for the question.

**Ms. Stick:** I thank the minister for those answers on adoption. He has moved ahead to foster homes and group homes, so I will move on to those areas too, because I still have a number of questions. When we look at children in care, the numbers remain fairly steady, but I do have a number of questions. I will ask a few of them here and give the minister an opportunity to answer.

We know that there are a number of children's group homes in the Yukon, including the receiving home. What I am looking for is the number of children now in group homes, both in Whitehorse and in other jurisdictions. Are there children now who are placed outside of the Yukon — and by children, I mean 19 and under — who are receiving services? The receiving home saw a remodeling and a new building. What is the average length of stay for a child in the receiving home?

**Hon. Mr. Nixon:** The member opposite touched on a number of points, and it's certainly triggering my thoughts into a number of the programs through the Department of Health and Social Services. One that comes to my mind is the healthy families program, which is now available in Watson Lake and will soon be available in Carmacks and Pelly Crossing. This expansion will include the establishment of family resource offices in Watson Lake and Carmacks. The offices will provide resources to support parenting and promote healthy child development, something that is really crucial in all of our communities in the territory. The department certainly recognizes the importance of our community partners, and it really continues to work closely with a range of programs providing services to children and to their families.

The Yukon healthy families program, as you will know, is affiliated with Healthy Families America, and it has been accredited since 2004. In 2014, over 130 families participated in this curriculum-based program that aims at building positive parent-child relationships and promoting healthy childhood development. Healthy families staff have been collaborating with Yukon Education staff at the local and territorial levels to explore opportunities for joint offerings for community groups. I would like to take this opportunity to thank the Minister of Education for his partnership on these programs.

Madam Chair, you will certainly recall that we issued a news release last November of 2014 with respect to the healthy families program and how it is expanding to help rural parents. Again, thanks to the department officials and the former minister for rolling that program out.

Within Family and Children's Services — certainly I have some personal experience and knowledge about that division of the Department of Health and Social Services. The *Child and Family Services Act*, however, permits a director to enter into an agreement with extended family to support out-of-home care when a child is in need of protective intervention. The program has been expanded to provide supports to extended family until the child reaches the age of

19, when it is determined whether a permanent long-term placement is required or the child perhaps can live independently. This funding ranges from \$625 to \$775 a month. There is certainly higher funding available for communities outside of Whitehorse, but in those instances support may include a range of services, such as financial or counselling, perhaps respite and other support programs.

Currently, as I understand it, we have 24 extended family care agreements in Whitehorse, and there are 15 of those agreements in regional Yukon. To support longer term care, the extended family program has been broadened in its scope.

Under the *Child and Family Services Act*, or CFSA, and First Nations, the CFSA requires that Family and Children's Services work with First Nations on behalf of all children and families in Yukon.

The act sets out requirements and processes for First Nations, families and communities to participate in planning and decision-making that affect children who are in need of protection and support. Health and Social Services funds family support positions with seven First Nations. Those would be Kwanlin Dun First Nation, the Ta'an Kwäch'än Council, Ross River Dena Council, Liard First Nation, Vuntut Gwitchin First Nation, Selkirk First Nation and the Tr'ondëk Hwëch'in First Nation.

Within the residential youth treatment services programs, we currently have a number of different homes providing different levels of support — and often that would be the case — around the territory. There is the children's receiving home, and that's a boys receiving home. There are six beds, one suite — this is a Yukon government-owned facility in the downtown core. It would fall under the acronym of RYTS, which is residential youth treatment services.

The children's receiving home, which is a girls receiving home — there are six beds. Again, it is Yukon government-owned. Both of those are on Fifth Avenue. There is the Annex, which is for older youth. There are four beds. It's a Yukon government-owned facility and it is also on Fifth Avenue. There is the Fireweed group home, which used to be out in Mary Lake but has been moved to Wilson Drive, and it's for younger boys in that facility. There are three bedrooms. That house is a rental. We do not own that property. 16 Klondike is in Riverdale and that facility is for older girls. There are four beds and one specialized bed. It is a Yukon government-owned facility on Klondike Road in Riverdale.

There is the Wilson group home, which is for girls. There are three beds. It is also a rental unit and it's located on Pelly Road in Riverdale. There is 52 Liard, which is for young boys. There are four beds for two sibling groups, and that is a Yukon government-owned home. There is Mountain Ridge group home, which is contracted. There are older boys with cognitive challenges. That is a four-bedroom unit home and, although the building itself is owned by Yukon government, the services are contracted out through — I believe it's a non-profit organization through Gibbs.

The numbers of children placed outside the territory — as I understand it, two children are in a specialized resource

facility in Saskatchewan, and there is one youth in a specialized resource facility in British Columbia.

I thank the member opposite for her question and I look forward to additional questions.

**Ms. Stick:** I was wondering if the minister could go over again the number of foster homes that he spoke to — two questions previously — because I was looking at the number of approved homes. The supplementary information suggests that there are 80 in Whitehorse and 25 in the regions.

The other question I had along with that is — whatever the number of foster homes, what is the actual number of children who are in foster care? I understand that some of the foster families may take on siblings, so they may have more than one foster child. What I'm looking for is the number of foster children in foster homes, and if there is any possibility of breaking that out between Whitehorse and the regions.

Along with that, my other question would be: Is it often that children are brought in from the regions, away from their communities, to foster families in Whitehorse if nothing is available or if they don't have foster programs in their particular home community?

**Hon. Mr. Nixon:** The issue of foster parenting is certainly one of great interest to me. In the 17 — almost 18 — years that I have lived in the territory, from experiences through having worked in and running group homes to Big Brothers Big Sisters to Frazer's Family Fun Centre when I owned it in Riverdale, I certainly had many opportunities to discuss foster parenting with both the foster parents themselves, as well as the foster care support workers and social workers providing that level of support to those individuals.

This is an area of great interest to me. I certainly recognize that being a foster parent is not easy and it shouldn't be taken lightly. It is not an easy decision to decide to become a foster parent or a foster family. I think that is where we can do some very good work in that retention and recruitment piece, providing the level of support to the current foster families and certainly looking for opportunities for other foster families around the territory.

As I had indicated previously — and these numbers can certainly fluctuate from time to time — through Health and Social Services, we have 53 foster homes in Whitehorse and 18 in the region. I cannot express how difficult that work is when they agree to take on for those children in need. Also, at the same time, I recognize that work would be very fulfilling — taking a child or siblings into your home in a time of need and providing them that level of affection, love and caring. The foster families should certainly be commended on providing that level of care, especially when there are children coming into foster care who have complex issues. Certainly we see that in Yukon and we see that across Canada — that the children coming into foster care have more complex needs.

The number of foster placements is certainly a number that would be taken, as I indicated, at a point in time. That number can change depending on whether it's a long-term placement or a short-term placement. Both short-term and

long-term placements are equally important. We would certainly rather see opportunities where children can stay in their home communities in a foster placement or with a family. That is not always necessarily the case and those opportunities don't always exist. There are instances where children placed in foster care or in government care need to come to Whitehorse, out of their communities. I have certainly seen that first-hand in my experiences over the years. At the end of the day, it is about providing that level of love and care for that child at a point in time where they need it, whether it is for a long period or a short period of time.

Having a little bit of experience and knowledge with the children's receiving home, I understand that, over a number of years, the average stay has been fairly consistent. I believe the average stay decreased when we had more agreements with First Nations to keep children in their home communities or with family members outside of those communities but, as I understand it now, the average stay for children in care still remains in the six months to a year mark. Sometimes those children are able to return to the family; sometimes they're able to return to family members. In a few instances — as I indicated, there are three individuals who are outside the territory for a little bit more specialized treatment. Sometimes those children can be placed in other group home-type settings as deemed appropriate throughout the Whitehorse area.

I think that answers the member opposite's question. I would like to recognize the hard-working men and women in the RYTS program itself — residential youth treatment services — within the group homes here in Whitehorse. Having first-hand experience, I know that it's not an easy job. I know that it's a 24/7 operation, 365 days a year, but those staff provide some incredible opportunities to those youth in care. Especially when the youth are willing to participate in those activities, it creates some very unique opportunities they may not have had otherwise.

So thanks from me as minister to the individuals, including the auxiliaries on calls, who are working in the RYTS program. I appreciate the work they do on a daily basis. Shift work and 24/7 — it's not easy on family life, but their hearts are in the right place and they do a tremendous job at providing unique opportunities and treatment to those children in care.

**Ms. Stick:** I thank the minister for giving me those current numbers of 53 and 18 for the foster homes. I'm wondering if he could explain then a discrepancy between — what it shows here as the estimate for 2014-15 is 81 and 25 between Whitehorse and the regions. The difference between 81 and 53 and even 25 and 18 for the regions is quite large, I think. I know it's an estimate — I get that — but even if we looked at 2013-14, we had 70 Whitehorse foster homes and 18 in the regions.

I agree that foster homes are very important and they have an important job to do, and I too would thank foster families, but I also hear from foster families sometimes and some of the concerns they have. I know that, over the last while, certainly one of the big problems in the regions was timely payment to foster parents in terms of receiving the

monies that they need to help clothe and feed and care for the individuals in their care. In some cases, there was quite a delay in them receiving those payments.

What I am interested in is — it's quite a difference between 53 and 80, and 18 and 25. I am looking for an explanation for that. I guess the other question that I think is important when talking about foster homes is the number of First Nation children and youth who are in care in these foster homes. Is there a breakout of those numbers?

**Hon. Mr. Nixon:** I certainly appreciate the members opposite's keen interest in the foster care program. I could presume that the member opposite has talked to many of the same individuals I have talked to over the years. We certainly recognize that there are areas where we have done an excellent job but, as with any program, there are always areas and room for improvement. I think, at this point in time, that identifying those areas and room for improvement, while at the same time providing that recognition and support to the current families providing the services, is very important.

The simple question is that, at any given point in time, numbers are going to fluctuate with respite, with foster care, with families taking in children who have had some involvement through child protective services. Whether the number is 53 or 80, we see parents and families coming on-line to provide the foster support, although we have seen those numbers perhaps declining in the last number of years. We certainly wish there was no need for those numbers to be increased, but we recognize that there will always be a need for a child to be placed in a foster-type placement. There are opportunities for respite that could be captured under a foster-type placement. At the same time, I know a number of people who have been doing it for years and years and years and have had consistent foster family members living with them, as well as opportunities where there were short-term placements. I extend my thanks to the people I know and those I still hope to meet.

We have seen instances in the department where we have had some issues with late payments to foster families. We certainly appreciate the burden that that can place on a family providing that level of care to those children who need it. That is an area that we are working very diligently on to prevent that from occurring in the future, but I can't say that it won't ever happen again. There is always the potential when we are paying people for services that the payment doesn't always come in when it is expected. It is certainly an area that we will be paying attention to.

Recruitment — I have spoken about recruitment and foster families. We will be providing opportunities in the coming weeks to — I don't want to say "advertise", but to reach out to Yukoners who may have, at one point in time, thought about providing foster placement for a child or children. I would certainly like to sit down and talk to those individuals who are interested, who would like to sign up, and who would like to get some more information. That's certainly an important first step at providing really a therapeutic environment for a child who perhaps has had some bad experiences.

I certainly am also looking forward to talking to the foster families that have been fostering for a year, five years, 10 years or 20 years in some cases, to find out more about the history of fostering in the territory and where we've come from, where we've been. I certainly appreciate that fostering has been an important component to our community for many, many years. Certainly we've seen some challenges and some obstacles along the way but, at the same time, there has been a lot of good work.

As far as numbers go, I know that, depending on the date of the document, there could potentially be a different number of foster placements, of foster parents, in the territory even over the course of a year. That could vary depending even on — like we see numbers of children in care varying on a monthly, daily basis. Those numbers are going to go up and down. Certainly I would like to see the number of foster homes and people providing that service increase, even if it is a foster parent who doesn't have a foster child in their home currently — when those emergency situations come where a child needs to be placed in the middle of the night that we have those opportunities available to us. I know that an important component of any social worker is having a list of emergency homes for that child to go to. They don't always need to go to the children's receiving home. They can be provided support by the caring Yukoners who are willing to take those children into their homes.

As I indicated earlier on the payment issues, we're certainly committed to improving that system. We know that some long-time foster parents are also looking at retiring from providing that level of care. I appreciate the level of stress but also the level of joy that providing that service brings to those families.

Currently we don't have a specific breakdown on First Nation youth in foster care. Certainly we're always looking at those statistics but, as I indicated with other numbers, those numbers can change on a daily basis.

Earlier I talked about the *Child and Family Services Act* and First Nations. I indicated on the floor of this Legislature that the CFSA requires that Family and Children's Services work with First Nations on behalf of all children and families in the territory. The act sets out requirements and processes for First Nation families, for communities to participate in planning and decision-making that affects children who are in need of protection and are in need of that level and type of support.

Health and Social Services funds family support positions with seven First Nations. I don't need to rename those First Nations, but the members opposite can certainly go back and look at those in Hansard. Best practice states that including First Nation family and extended family, and others who are significant to the child's well-being, is crucial in planning for children and families. Family support positions have been shown to be an effective means of ensuring that First Nations are involved to carry out the commitments for inclusion that are made in the CFSA.

Health and Social Services and Kwanlin Dun signed an MOA in 2012, as you'll recall Madam Chair, which provides

guidance for working together on child welfare matters. An MOA is under development with the Tr'ondëk Hwëch'in as well.

Some interesting statistics — it is believed that approximately 64 percent of all children in care are of First Nation descent, but that might not apply to foster care. Overall foster care numbers in 2013-14 was 88; on March 31 of this year, that number was 78. We always see a fluctuation in those numbers, really depending on the point in time that those numbers are collected.

**Ms. Stick:** I heard two numbers there, Madam Chair, and just to clarify — one was 78 and one was 88. The 88 one was as of March 31? What I'm wondering — is that the total for the year or is that just the number of children who were in foster care at that date? What I would really like to know is how many children were in foster care for 2014-15. That would include the emergency ones, the ones who have been there for a long time, or short term. The actual number — how many children in total were in foster care? It doesn't mean they had to have been in for the whole year, but how many? How many foster kids were there?

**Hon. Mr. Nixon:** We could go on at great length about the importance of fostering in the territory. As I've already indicated on the floor of this Legislature, the numbers we get are at a point in time, so the number could change from 53 to 88 to 78, depending upon when that number was collected.

Another component to this would be the possibility for a child to enter into a foster placement in January, leave that foster placement because of reconciliation with the family in March, and then for that child to enter back into a foster-type situation in September. You could see that there are a number of situations that would cause those numbers to change.

Whether the numbers, as I indicated earlier, are 50 or 80 or 70 at the point in time, the important component to this is that we appreciate the foster parenting that is provided in the territory and that we look forward to running a campaign that not only supports current foster families, but also encourages other families in the territory to look at becoming foster parents and provide that crucial service to the children who really do need it.

**Chair:** Before we go on, would members like to take a brief recess?

**All Hon. Members:** Agreed.

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

*Recess*

**Chair:** Committee of the Whole will now come to order. We are resuming general debate on Vote 15, Department of Health and Social Services.

**Ms. Stick:** Just to wrap up this bit on foster care, I will ask if the minister can undertake to report to this House — or in a letter to me — the total number of children in foster care for the 2014-15 fiscal year, including a breakdown of First Nation children.

I have one last question with regard to foster care, and that has to do with the Auditor General's report, which found that the numbers were very low when they looked at the case reviews or foster family reviews that were to be done on an annual basis, and I would just like to hear — have these numbers improved since the Auditor General's report?

**Hon. Mr. Nixon:** To answer the member opposite's first question, I will certainly be looking into the foster numbers throughout the territory in the coming months, especially as we look at coming out with the campaign on recruitment and retention. Certainly a campaign of that calibre or significance would have an impact on foster placement numbers in the territory. I will be looking for that information as the minister.

With respect to the member opposite's second question on the Auditor General of Canada's review of family and children's services, which came out in February of last year — the Auditor General of Canada conducted an audit of selected requirements of the *Child and Family Services Act* and related policies and procedures. The audit report was tabled in the Legislative Assembly in February, 2014. That audit was conducted on a sample of child welfare client files that were active from April 2010 to March 2012. That was the two-year period following the proclamation of the act that occurred on April 30, 2010, as you will recall, Madam Chair.

The report highlighted positive findings as well as areas where there was not full compliance to legislated requirements and related policies. The Department of Health and Social Services agreed with the Auditor General's recommendations and committed to ensuring that there was compliance in the identified areas. To support and ensure this compliance, the department developed and implemented a manual tracking system. Based on results from this tracking system, regular reports on compliance are provided within the department. We're very pleased to report that, over the past year, there has been significant improvement in complying with all identified legislated and policy requirements.

I sincerely appreciate the efforts of the departmental staff that improve and maintain compliance to the requirements under the *Child and Family Services Act*. Their commitment to providing high-quality services to children and families certainly does not go unnoticed.

However, despite this dedication and ongoing effort, when there are staff vacancies there are challenges in meeting all of the requirements for documentation. Social workers and supervisors always need to balance the critical assessment and investigation of risked children and supports to families with the requirements of that documentation. This is particularly the issue in rural communities where there are ongoing challenges in the recruitment and retention of qualified social workers.

Although this challenge is not unique to Yukon, it's time to take a closer look at the model that is presently in place for delivery of social services in rural Yukon. Therefore I've asked the department to undertake a review of the present service delivery model and propose options that would address the ongoing challenges of delivering a broad range of

social services in rural communities. I certainly look forward to the good work that will be done in that regard.

**Ms. Stick:** I am not sure what that was in response to, but I will move on. In Child and Adolescent Therapeutic Services, we have seen an increase from \$347,000, which was the 2013-14 actual, to an estimate this year of \$480,000. Part of the explanation, as I understand it, is that it is going out to more communities. The one thing I was looking for an explanation of was the — it says that the figures have been progressively increasing due to capacity and the implementation of a shared service model for the provision of services to regions. Could I get an explanation of what a “shared service model” is? It talks about “increasing due to capacity” — are there more staff now providing these services?

**Hon. Mr. Nixon:** I am not really certain where the member opposite is going and what she is referring to when she talks about the shared services, but as far as the staff, there was an increase as prior staff vacancies have been filled. Therefore, the caseload capacity estimated is estimated to increase.

Maybe on the shared services the member opposite could be a little bit more specific and describe exactly what she’s looking at. Is she looking at contracts within the department providing services to individuals? Is she looking at multi-departments providing services to one individual or family? I’m not too sure what exactly she’s asking.

**Ms. Stick:** I’m looking at page 13-13, Child Placement Services, Child and Adolescent Therapeutic Services. On the bottom, there is a footnote that reads: “Figures have been progressively increasing due to capacity and the implementation of a shared service model for the provision of services to Regions.”

That was my question. I don’t know whether it’s contracts; I don’t know whether it’s other departments. That’s why I’m asking the question. It’s in the footnote to explain why the numbers are going up. All I’m asking is: What is the shared service model?

**Hon. Mr. Nixon:** I thank the member opposite for being a little bit more descriptive in her questioning. The shared service model would reflect, as I indicated in my previous response, relationships between a number of divisions within the Health and Social Services department working together.

It would also involve other service providers really working collaboratively — I guess that is the best way to describe it — in providing services to families or to children who are in need.

**Ms. Stick:** Thank you for that answer. That is what I was looking for.

My other question was: Have we seen an increase in staff? Do we have more staff going to the communities and to the regions and providing this service?

On that same page, we see there is a breakdown from 2013-14 of services in communities and services in Whitehorse. Then we have a substantial leap to 480, which is the estimate for this year. Are there increased staff numbers

that are providing this service, and is there any breakout of the number between Whitehorse and the regions?

**Hon. Mr. Nixon:** In this program in the past, there has certainly been a large number of vacancies. I can report to the House that almost all of those vacancies have been filled, and that would be reflective in increased numbers and increased caseloads. I trust that answers the question from the member opposite.

**Ms. Stick:** It does.

Moving on, looking at early childhood and preventive services and then, under the childcare services program, we see that, looking at childcare subsidy — and interesting statistics again — the number of children — our population zero to 11 — has increased since the 2013-14 actuals, but what we see is that the number of subsidies has actually gone down. In 2013-14, the actual was 317 for Whitehorse for childcare subsidies and it looks like we are looking at this year at 280. The same can be said for the regions, where the numbers are going down.

I am asking the minister — do they understand why these numbers are going down when, in fact, more families would be eligible, based on population, for childcare subsidies?

**Hon. Mr. Nixon:** I thank the member opposite for the question. The decrease that the member opposite is speaking about is, really, reflective of the decrease in the demand for those subsidies. There is really no other reason for it, other than the decrease in demand for those subsidies. I believe that is a simple answer to a simple question.

**Ms. Stick:** I just thought it was interesting because I had thought at one time that the department was looking at ways to make this funding more accessible to families, and I certainly know that daycare costs haven’t gone down. I am aware of families, when they have more than one or two children, paying a lot for their daycare costs and not being able to get part of that subsidy. I’m just wondering if this is a program that is well-advertised throughout daycares, both in the regions and Whitehorse, and through family day homes.

**Hon. Mr. Nixon:** I do believe that this is a well-known program throughout the territory. I would certainly expect that the majority of daycare providers and day home providers would understand that this program would be available to families. Certainly we’ve seen a decrease in the number of families reaching out to participate in this program. For any other reason other than that, I wouldn’t know why there would be a decrease, but certainly those opportunities are available and it would be really based on how many families apply and qualify for that program. I thank the member opposite for her question.

**Ms. Stick:** I thank him for those answers.

Moving on, the minister has spoken a bit about the healthy families program and the fact that we have seen an increase in staff into it and that’s great. It’s a good program. It’s good to see it in the communities, but then what I notice — and this goes back to one of the very first questions I talked about when we looked at the number of families that were identified to be at risk and the large number of families that had come to the attention of the department with regard to

child protection and family services. So when we look at the statistics now for the healthy families program, we're actually seeing the numbers dropping. On the one hand, you have families needing more services or that have come to the attention of the department in terms of protection and in terms of support needs. We have a healthy families program that is available in the communities and in Whitehorse, but in fact we see the number of children and the number of families being served as dropping. I'm just wondering if the minister has a comment or a suggestion as to what is happening here. My other question would be if there is a breakdown of the total families and total children served between Whitehorse and the region.

**Hon. Mr. Nixon:** The healthy families Yukon voluntary program caseload will show fluctuations certainly over time depending on the number of families who are eligible for the program in any given year and on the length of time a family chooses to continue receiving those services. I think I spoke to that already.

In 2014, several staff left the program to pursue other opportunities; however, most staffing needs have currently been stabilized and I've already spoken to that.

The expansion of the healthy families program into Watson Lake, Carmacks and Pelly will provide opportunities for families in rural Yukon to access services and we anticipate this will contribute to increased program caseload numbers.

Until those programs are rolled out into those communities and we have a certain amount of time to collect that data, I can't stand on the floor of the Legislature and estimate how many families are going to subscribe to this program. We will be paying close attention and we look forward to providing those opportunities to those families.

The healthy families program is designed to assist families of newborns — prenatally or at birth — in partnership with public health nurses. Healthy families support workers provide in-home assistance and education through regular home visits to support families to be the best parents possible for their infants, so the infants receive the care and stimulation so crucial to their long-term well-being and to their healthy development. Healthy families support workers can remain involved in a family's life until a child reaches school age. In other cases, only short-term involvement is required.

With family supports for children with disabilities — otherwise known as FSCD — they provide coordinated access to supports and early intervention to increase the child's lifelong potential and promote inclusion of children with disabilities in the community. I could speak at great length to this program because it came on-line at a time where my son required a high level of care. The staff at FSCD certainly worked very diligently with our family and with many other Yukon families to provide that type of support that they need. FSCD works with family members to identify and access supports for their children with disabilities. Families who qualify can access funding for inclusion workers, for respite,

for in-home childcare, for homemaking and various proven therapies.

I know that Jack, my son — when he was diagnosed with severe autism early on, we noted that applied behavioural analysis — or ABA — was a therapy that we believed would be of great value to him. I have said on the floor of this Legislature before that I believe that because of these opportunities, Jack went from a child who probably would never have communicated — other than through non-verbal behaviour like tantrums, crying or screaming — to a child who is 14 years old now and communicates with iPad. He spells better than most of his peers, I would argue. His verbal communication is still often difficult to understand, but this is a perfect example of where staff at FSCD in the Department of Health and Social Services provided opportunities to work on his strengths and the strengths of other children in his situation.

The applied behavioural analysis that was provided to him at an early age and continued on as he went through school has created unique opportunities for him as an individual — like I said, somebody who probably would have never been expected to speak or communicate can now communicate his wants and needs; what he wants to eat and where he wants to drive and all those things. Just having those tools at his fingertips made the difference in him from before he could communicate — having a tantrum for five hours, and you would have no idea why he was having a tantrum. Now he's able to say that he wants, just for an example, to go to Braeburn to get a cinnamon bun, and you know that's what he has in his mind and it's probably a good idea to go to Braeburn and get him a cinnamon bun.

I thank the member opposite for her question. I certainly appreciate the work that the staff at FSCD have done in the community and throughout the territory. It has had a huge impact on many families' lives, mine included.

**Ms. Stick:** I didn't hear a breakdown there, going back to healthy families, between Whitehorse and the communities, but perhaps the minister can provide that to me at another time.

Family supports for children with disabilities — I'm wondering if children and families waiting for mental health services are included in this number or does that come later in the budget under Mental Health Services? Also, could we have a breakdown of those between Whitehorse and the communities?

**Hon. Mr. Nixon:** As I understand it, the services provided through CATS, which stands for Child Abuse Treatment Services — if my memory serves me correctly — is a different line item from providing mental health supports for youth. Those are two separate programs. As minister, I'm going to pay some attention to the numbers in both of those programs, but I can commit to the member opposite that I will look into seeing if I can obtain that information.

**Ms. Stick:** To go back to the minister's answer, then, children with mental health needs do not come under the family supports for children with disabilities? It comes under the CATS program?

I'm sorry if I misunderstood, but that's what I heard — the minister referred to Child Abuse Treatment Services when my question was: Do families with children with mental health needs come under the family supports for children with disabilities, and does that include the families who are waiting for services?

**Hon. Mr. Nixon:** I would say that children or youth who require only services with mental health issues would fall under the line item of mental health, but looking at, just for an example, using my son and children with autism, or people with autism — or other disabilities, really — often those individuals with disabilities can also experience mental health issues.

Certainly we would look at opportunities, if the child was — whether they were staying in RYTS or whether they were being provided services through FSCD, if there were mental health issues, they could work on all their issues together. However, if it was a stand-alone mental health issue, then they might look at other opportunities through mental health.

When I gave the example of CATS, there is the potential that a child would incur a mental health issue as a result of abuse or the situation that they were coming out of. Certainly those would be issues very specific to cases and could be captured in many different components or divisions of Health and Social Services.

**Ms. Stick:** I am going to move on.

Under Youth Justice, the numbers are staying fairly consistent and are actually anticipated to go down this year. That is great to see. We did see the loss of \$430,000 for the SNAP program — Stop Now and Plan — which was a program for young women and girls. I am just wondering, because that program ended because of its funding source, was there a final report or a measurement of the outcomes of this program, so that if we're looking at providing something similar or carrying on with that program, we have an idea of what worked, what didn't and what was successful about that program?

**Hon. Mr. Nixon:** I thank the member opposite for her question. The member opposite, as most members of this Legislative Assembly will know already, the SNAP program was a time-limited program. It was provided through funding from the federal government, but there was no requirement within that program with funding from the federal government to do any sort of final report.

**Ms. Stick:** It is interesting — it is just about half a million dollars. There may not have been a requirement, but if you were anticipating carrying on the program or looking at if it was successful, to me, you need those measurements to be able to manage programs and to know where you are moving on to. I am surprised that there was not any kind of final report that says: "This program worked well; these are the reasons why; these were the difficulties; this is the number that successfully completed it."

I will move on to Adult Services and I have a number of questions. I think one of the first ones under O&M, when looking at the budget numbers, was an anticipated decrease for Alcohol and Drug Services. We see that the forecast is for

\$5.434 million for this past fiscal year and the estimate for this year is \$5.388. I am just curious as to why we would be seeing a decrease in the O&M for Alcohol and Drug Services.

**Hon. Mr. Nixon:** The numbers that I'm looking at aren't a decrease. The actuals from 2013-14 are \$5,313,000 and the estimates from 2015-16 are \$5,388,000. I don't know what numbers the member opposite is looking at to indicate a decrease.

**Ms. Stick:** I was looking at the numbers in-between those two, which would have been for the 2014-15 budget. We had an estimate of \$5.433 million and now it looks like the forecast is actually \$5.434 million so \$5.388 million is lower than the estimate and the forecast for the last fiscal year. That was my question.

**Hon. Mr. Nixon:** The 2014-15 number is \$5,434,000 and the estimate for 2015-16 is \$5,388,000. That would be a result of just a change in caseloads and a change in the average cost per case.

**Ms. Stick:** I'm not sure that makes sense in terms of our caseloads going down with ADS, which would raise a number of other questions when we hear that's not the case if we look at the clinical service plan or what we hear from the communities — but I will move on.

With regard to ADS and the Sarah Steele Building — I heard from a lot of contractors when this was going out. I think one of their biggest frustrations with the whole tendering process for this was the 10 addendums that were added to the contracting process as it went along — some of these addendums being larger than the original contract. I just wonder if the minister can comment on that, because I know that contractors found it difficult to be able to try to put together a package when there were changes being added, including even at one point adding on to an extension of the date. My question would be why there was such confusion with the whole contracting process.

**Hon. Mr. Nixon:** The current Sarah Steele Building, as most members will be aware — we are looking at eventually replacing it with the new Sarah Steele Building. The old one really can't be used to provide the full range of services that we would like to see in the territory. That old building has been upgraded several times for accessibility, for mechanical and for electrical issues. If we were going to continue to use that building, those issues would continue to haunt us.

In spite of those upgrades, a technical assessment was performed in 2009. It indicated pervasive deficiencies in architectural, structural, mechanical and electrical systems that represent a number of critical violations to code. The final design and construction documents have been completed, and tender for construction will be posted in February. We are expecting construction to begin in the following months.

Members will recall that we issued a press release in March of 2015 talking about the construction of the new complex that would replace the Sarah Steele alcohol and drug services building and that would be beginning this spring. In fact, that was one of the first few announcements that I made as the Health and Social Services minister. We are very much looking forward to that replacement. With any capital project



of that size and magnitude, I would expect to see an evolution of plan, changes and change orders, and so on and so forth.

The replacement of the Sarah Steel Building facility enables the delivery of an enhanced continuum of alcohol and drug services. The new building will be purpose-built to include medically supported detox. It will include a separate youth detox unit. It will include a youth stabilization area and assessment programs. It will have continuous intake for residential treatment and expanded treatment capacity.

When we talk about continuous intake — many people have asked what that means. Right now, with the current facility, there is a program period from 24 to 28 days. Because of the size and the limited use of the current building, the intake right now can only provide opportunities for a men's program to run one month — or for 24 to 28 days. Then they need time after that program to get ready for the next program, so that could take one to two weeks for staff to get ready for programs, the staff have to take holidays, and so on and so forth, before they can provide the next program that might be a program suited for women. They would run that program for 24 to 28 days, and then determine the next program and the length of time in between those programs. In a 12-month period, we might only see seven or eight programs being provided at the current facility.

The continuous intake means that, in the new building, we will have areas for men and separate areas for women, and those programs can run concurrently. They can run at the same time and we will have an increased level of professional staff providing those programs.

That's certainly something that we look forward to, and I've spoken to people who were waiting for programs. They really didn't know when their program was going to start. They might have to wait two or three months to get into a program, because we don't currently have the continuous intake for residential treatment, so that will be a positive step forward.

The expanded space also allows for better integration and collaboration with other service providers, such as First Nation health programs, land-based healing, Mental Health Services and Many Rivers Counselling and Support Services. We certainly look forward to ongoing dialogue with those organizations and divisions. There's great work being done in the territory. I think jurisdictions from across Canada raise an eyebrow at the programs we are offering and at the programs that we are looking at providing once the new Sarah Steele Building has been completed.

There was another point I wanted to make about the new Sarah Steele Building. The point that I would like to make is any questions the members opposite may have with respect to the construction or the contracting, I would defer those questions to the Minister of Highways and Public Works and that department for those questions to be answered by that minister.

To back up about the decrease that the member opposite was referring to earlier, ADS saw a decrease of \$45,000 due to minor adjustments in personnel and reallocations overall. Overall, the Adult Services numbers would be up.

**Ms. Stick:** It sounds like there's less staffing if the numbers have gone down for ADS. That's what I understood — but I'm going to move on. I want to ask a few questions about the St. Elias replacement project.

I understand it will be doubling the size, it will be a new building, and that this is done in conjunction with the construction firm that is associated with the Kwanlin Dun. My questions have more to do with who the individuals will be who will be staying at St. Elias. I'm not asking for names; I'm not that foolish. I'm asking: What will the needs of those individuals be? Will this be a wheelchair-accessible unit?

I know a number of the individuals who live at St. Elias now. I've known some of them for years. Will this be considered, for some individuals, a permanent placement? Will this be their home for the long term? Is it just individual rooms? Are there any independent suites where there is still staff support available? When do we anticipate that the new St. Elias will be open? What is the increase in staff and O&M anticipated with this new facility and the doubling of numbers for it?

**Hon. Mr. Nixon:** Often the members opposite criticize this government for not having good relationships with First Nations and I'll be the first one to disagree with them. In fact, this is an opportunity that speaks to the positive relationships that this government does have with First Nations.

I'll read a news release from February 16, 2015. The headline is, "Construction contract highlights partnership between Kwanlin Dun and Yukon governments". The Premier — I won't name his name — "and Kwanlin Dun First Nation Chief Doris Bill are pleased to announce the award of a \$3.2 million contract to Canyon City Construction for the design and building services to replace the St. Elias Residence in Whitehorse.

"This initiative highlights the partnership between the Kwanlin Dün First Nation... and Yukon government through the signing of a Yukon Asset Construction Agreement... under the Kwanlin Dün First Nation Final Agreement."

This is a quote from the Premier: "Moving forward on this initiative and working collaboratively with KDFN makes good economic sense for Yukon and highlights the success of YACA agreements for our governments. Together we will provide a safe and supportive adult residence for Yukoners who suffer from cognitive disabilities but benefit from a measure of independence and self-reliance."

It goes on to say, "Two recently announced Yukon capital projects provided opportunities for YACA agreements with KFDN — Yukon Housing's 48-unit seniors' residence and the new St. Elias Residence. Canyon City Construction provided a price for construction of the St. Elias Residence that was within the Yukon government's budget parameters, so a sole-source opportunity was provided to the KDFN-owned company."

Chief Bill went on — to quote: "An agreement such as this not only provides job opportunities for KDFN citizens, it also promotes economic growth and improves deliverable programs and services for our community. KDFN is pleased to be a part of this important initiative."

Yukon asset construction agreements — and I'm going on to read the press release here, "Yukon Asset Construction Agreements are negotiated under Section 22 of some self-government agreements and are designed to provide opportunities for training, employment, new business or investment for the qualifying First Nation. A YACA opportunity is triggered when the Yukon government intends to construct an asset within the Traditional Territory of the qualifying First Nation.

"The new St. Elias Residence will be located on Hoge Street and is scheduled for completion this fall."

Just as some background information — the Department of Health and Social Services is responsible for providing a range of services and supports to adults with cognitive and developmental disabilities including residential supports, and I certainly see my son Jack one day fitting into this category where he would need to be provided that level of support.

Health and Social Services currently houses five individuals at the St. Elias group home. An additional 17 are housed in combination of private or non-government-organization-run homes, eight of which are outside the territory.

The government decided to replace the home in 2014 as a result of extensive mould in the building and an unsafe building layout and the associated risk to staff and to the individuals living there. Given the current growth demands, it was decided to expand the existing footprint to provide additional capacity. The current building has capacity for five individuals, but the new building will have capacity for 10 individuals, including four individual suites, which will allow those people to live as independently as possible with supports, as they require them.

The individuals receiving care outside the territory have extremely complex care needs or behavioural issues that we just don't have the capacity to manage within the territory.

The government has committed to rebuild the St. Elias group home and has set aside \$4.2 million for its design and construction. The new facility will continue to provide a safe and supportive group home for Yukoners who suffer from cognitive disabilities. The current capacity for residents will, as I indicated, increase to 10 spaces. It will have an improved building layout for individual safety and security. It will have dedicated programming areas. It will have increased bed capacity, and it will have a measure of independence to better meet the needs of the people who are receiving the services there.

As I have indicated, that contract has been sole sourced to the construction company through Kwanlin Dun and we are expected to have that project completed late fall, early winter. The people who are living there — and not naming names, and I thought that was where the member opposite was going — would be individuals who would have fairly significant cognitive disabilities. It will be a barrier-free facility. For mobility issues, it will be wheelchair accessible. There will be a combination of longer, more permanent and shorter term stays depending on the needs of the individual who will be residing there. We fully expect that the individuals who are living in

the current facility will move into the new facility, provided that they are still requiring that longer term level of care.

We know that with the new facility, the operation and maintenance budget will increase, as we fully expect that the number of residents who will receive services from the new building and staffing will also increase. This will have an impact on the overall budget, but this government certainly prides itself on the level of care that it provides and the opportunities that it provides to people with disabilities.

I am speaking in general terms. I mean, we could talk about people with fairly mild degrees of disabilities who require support to be Yukon government employees. We could go down the list right to individuals like my son, who requires 24-hour supervision. He requires one-on-one interactions. He is required to be in the line of sight of any of his care workers because of flight risks. I certainly recall him years ago as a young fellow — I will use "escaping", for lack of a better word — getting out of his mom's house without her or anyone knowing and having RCMP search for him in Riverdale North. We found him — luckily — in a park having a great time on the swings.

I have looked at the services that are provided through Yukon government to people with a wide range of disabilities, and I think we are very lucky to live in Yukon. Those with disabilities really do receive a high level of support from the department and from the NGO community — which is a whole different discussion. I certainly extend my thanks to all those involved in providing supports to people with disabilities, whether it is through Yukon government, NGOs or other means.

**Ms. Stick:** I have other questions around the Salvation Army, but I will get to those later. I would like to move on to Adult Services and Alcohol and Drug Services. We see detox admissions, outpatient and in-patient treatment program statistics. One of the things that I have noticed that is missing that we used to be able to see in the budget are the statistics provided around outreach and prevention, including the number of community visits and training that was provided. That used to be one of the bits of information that was included. I am wondering if there is a reason why this was left out. Can we get those statistics for the last year?

**Hon. Mr. Nixon:** Mental health and addictions services for adults and youth are a collaborative process within the department and work is always ongoing to ensure that there is effective integration of supports for those individuals.

ADS — Alcohol and Drug Services — offers a range of services to support adults, youth and families to prevent or reduce the harm associated with substance use and improve well-being. The member opposite talked about the outreach program through ADS, and that program goes back several years. Currently, we are not collecting data on that program for the simple fact that we really didn't see — I guess we had to compare the data with providing the service, and we felt that providing a good service for those who are in need was perhaps somewhat more important than collecting the data on those individuals who were receiving the support.

The data collection was stopped a few years ago. As I said, there was no value to the numbers that we do for after-care now through Alcohol and Drug Services, but we certainly appreciate the work that is conducted by outreach, as much as we appreciate the work that is done through Alcohol and Drug Services for families, for children and for adults. We're now incorporating more programs to outreach than we did before, so really, the numbers, whether we kept stats in the past and matched them to stats today, at the end of the day, we wouldn't be comparing apples to apples. The numbers just wouldn't compare.

**Ms. Stick:** I'm a bit confused by that answer, Madam Chair. We saw the statistics in last year's budget. It was 228 outreach community visits, training. To me, you want to know the numbers. You want to be able to manage your programs. To know what you're achieving and whether things are getting better or not, you need to measure. It would seem to me that, just knowing how many community visits ADS staff made to the communities, how many training opportunities they provided in the communities, in schools — those are important numbers. It reflects back to the public what's going on, what's happening within the department.

I see those numbers as being important. It's important we provide programs — yes, I agree, but it's also important to measure what we're providing in order to manage it.

I'm going to ask a couple more questions around statistics. One of them was the in-patient 28-day treatment program. There's a footnote here that says — the estimate for this year is 69, and the footnote says, "The number of clients that have successfully completed the In-Patient Treatment program." That tells part of the story, so my question would be around the in-patient treatment program — not just the number who successfully completed it? I'll start there.

**Hon. Mr. Nixon:** The work that the department does, as well as other agencies within the territory, around alcohol and drug services is very important work. Probably each and every one of us in this Legislature knows someone who struggles with an addiction, whether it is drugs or alcohol. Perhaps we know someone who has gone through programming, whether it be in-territory or out of territory. I know I certainly do.

A number of years ago we stopped collecting data on the number of people who entered into the program. We felt that there was more value in collecting data on the people who were exiting the program successfully. We certainly don't want to put an emphasis — because some people, as many of us will know, enter into that program several times before it is effective for them. We certainly want to keep those doors open for those individuals and not have them get caught up in statistics of failure, so we are focusing on statistics of success. As the member opposite can see, there was an estimate of 69 individuals forecasted for 2015-16. The actual numbers for 2013-14 was 62, so the department believes that collecting data on people who entered into the program is not reflecting success. The success will be reflected when they leave the

program, regardless of how many times those individuals will need to enter into that program.

As I indicated earlier, addictions treatment often takes several attempts and, with the couple of individuals I know who have experienced that, I can agree with those comments. The one individual who comes to mind — probably five or six times trying different programs around the country, some here in the territory and some in other provinces.

I think that answers the member opposite's question. Really what it comes down to is that the department is measuring outcomes not outputs. We certainly congratulate those individuals who do try and try and try again to work on their addictions issues and we're happy to collect the data when they are successful at graduating that program, and I commend their efforts.

**Ms. Stick:** I can't disagree with the minister about people attempting a program more than once. I understand that and recognize that. But for me I would think it would be important to know what the numbers are of people who are coming into a program, just as it would be important to know the reasons why they did not succeed and how we can help them to do better the next time. How can we keep that door open?

It's not about failure; it's just about the numbers and knowing what our program is providing and what can be done differently. I'll move on from that.

I'm wondering if the minister could explain — we see the numbers going down for detox admissions and again a footnote that says, "Decrease in total number of admissions is due to the implementation of Medically Supported Detox and longer stays in Detox per client."

The number in 2013-14 was 892. We are looking at an estimate of 735 for 2015-16. Can the minister give an explanation on the footnote and the explanation for that decrease?

**Hon. Mr. Nixon:** I thank the member opposite for her question. Earlier we were talking about the number of in-patient, 28-day treatment program graduates being estimated at 69 for this year as was forecasted last year.

Earlier, I talked about that program and how we are limited in spots available over the course of the year. We can't run concurrent programs for men and women at the same time. Often what we have to do is run a 24- to 28-day program for men, take a break, get ready for the next program and then run that program. Over the course of the year, typically we would have 90 spots available — over the calendar year. The member opposite could look at those spots — perhaps they are not all filled, but I suspect that many of them are — and out of those 90 spots, 69 individuals have completed that program. Again, congratulations to them.

We have switched over to a medically supported detox — something that was not taken lightly, but providing that support for the staff to offer it at ADS was an important decision that we took. Usually the medically supported detox does take longer, and this program has reduced use of people going to the hospital for those same reasons. Their stays are longer because full withdrawal is easier, but it does take

longer under a medically supported detox. We certainly want people to stay and complete that type of programming. Another component of this is that our population is aging as well, and people who are older and entering into this type of detox situation would typically take longer to detox.

As the member opposite can fully appreciate, I am sure that people with addictions, whether it is drug or alcohol addictions — people who are requiring services are all going to require somewhat different services. Not everyone is going to fit under every model. There are going to be changes. We do look at the individual.

We provide a program, but the medical detox is going to vary from individual to individual. We do know that, within the new facility, it will increase the capacity from 10 to 18 beds. We look forward to the completion of the new Sarah Steele Building and providing those important services for people who are requiring that level of detox.

From what I understand, when we moved to the medical detox procedure, there was a 58-percent reduction in the individuals transferring to the Whitehorse General Hospital. When I talk to the people working in Emergency and people from the Hospital Corporation, they recognize that decrease. They appreciate Yukon government stepping up to the plate, once again, to provide those services to those individuals in need.

I commend the work that's being done at ADS, at the current Sarah Steele Building. From talking with a number of the staff, I know they're really looking forward to the new Sarah Steele Building. They're looking forward to seeing the old one being torn down and moving to a more appropriate environment to provide that level of care that people need when they have made that decision to make positive changes in their lives.

The transitional beds at the new facility will also help people move from detox and then, moving from detox into treatment — kind of the full scope of service. When an individual makes that decision to detox and then goes from detox into treatment — that's really one of the purposes of the new Sarah Steele Building — that we can provide that wraparound service and ongoing intake for people who are moving from that transition. Oftentimes, we would see people, as members know, detox and then have to wait 30 or 60 days to enter into a treatment program and, in that period of time, "fall off the wagon", as you will, and then require that detox again, perhaps even missing a treatment date.

We believe that moving forward, having the medical detox at the new Sarah Steele Building with the continuous intake, will provide some really unique opportunities for Yukoners facing addictions and wanting to make some positive changes in their lives.

**Ms. Stick:** I thank the minister for those answers. Youth addictions — it's good to hear that, with the new Sarah Steele Building, there will be more programming options, not only for youth, but for their families, in seeking addictions treatment. I'm also aware that there's often a long wait period with the current set-up for youth looking for a treatment program. I'm wondering if the minister can tell us how many

youth have been sent Outside to programs for addictions treatment and support.

**Hon. Mr. Nixon:** In the area of youth addictions, it is my understanding that, with youth who are accessing services through ADS — through the Sarah Steele Building — there have not been any youth who have gone outside of the territory for support specifically for alcohol and drug services or addictions. That is not without saying that if an individual was, I guess, leaving the territory to receive services for mental health issues, the addictions component of the mental health piece wouldn't concurrently be provided when that individual is out of the territory. So that is a possibility, but I don't have those statistics at my fingertips. There are other opportunities. If a family had third party insurance or was willing to pay for a private clinic outside the territory, our data wouldn't capture — I don't believe — those individuals. Those are opportunities that would be available to people.

**Ms. Stick:** Moving on — I am curious about FASD prevention and a program or a strategy for that and wondering if they minister could speak to that and where that comes under ADS in terms of the prevention of something that is such a lifelong disability.

**Hon. Mr. Nixon:** Over the last number of years — in fact, since I was appointed a Cabinet minister back in 2011 — FASD has certainly been a topic of great importance, not only to me and my Cabinet and caucus colleagues on this side of the Legislature, but also when I was involved with the federal, provincial and territorial justice ministers and now with discussions with the federal, provincial and territorial health ministers. It is a topic that is of great importance to most jurisdictions if not all jurisdictions across Canada, and one where a lot of jurisdictions pay very close attention to what we are doing up here in the territory.

When I think back to the Justice file — just for an example, with the Community Wellness Court — this was an opportunity for us to present at a federal-provincial-territorial table some groundbreaking work that was happening right here in our very own territory.

I know jurisdictions, especially Northwest Territories and Nunavut, were particularly interested in the Community Wellness Court and the community wellness centre — in fact, I hosted the Justice minister from Northwest Territories to Yukon, as well as Judge Ruddy — and speaking with officials, where Northwest Territories created their own community wellness court, which certainly isn't provided specifically for people with FASD, but a number of individuals who participate in that court would fall under the diagnosis of FASD.

I am pleased to see that the new Justice minister is continuing on that good work with the Department of Justice. I believe that the two departments work very closely together when looking at issues surrounding the Community Wellness Court and the community wellness centre. I have talked to staff at the community wellness centre, and they certainly appreciate the progress that they have made in working with individuals who — more commonly than not — would be seen fairly frequently through the justice system. They believe

that there has been a reduction in re-contact, and that people have a greater understanding of the crimes that they have committed and an appreciation for the victims they have left behind, following those crimes.

Within Health and Social Services, specifically with the FASD diagnosis, we are accepting referrals for the newly established local FASD assessment and diagnostic clinic. The local assessment clinic for adults has been developed with input from key stakeholders, including FASSY, CYFN, First Nations and the Child Development Centre. In fact, the Child Development Centre coordinates the FASD diagnostic teams for children.

Prior to the development of a local diagnostic team for adults, the department provided \$80,000 a year to FASSY to bring a team from Alberta to Yukon once a year to perform those assessments. From 2004 to 2013, an average of six adults were assessed per year. The last clinic held by the Alberta team assessed nine individuals in January of 2013. Since then, Health and Social Services has been developing local capacity to assess adults.

Health and Social Services received funding from the Public Health Agency of Canada to research best practices and develop a diagnostic model. Local physicians and psychologists were provided with 35 hours of training in 2014 and early 2015. I certainly thank them for their ongoing work.

Training is continuing with the local psychologists who were chosen through a tendering process to perform the psychological assessments for the clinic. Madam Chair, as you know, FASD is a complex diagnosis, and local professionals required additional training and mentoring in order to develop the necessary competencies to perform high-quality assessments. The local clinic will assess approximately 10 adults per year. The clinic coordinator is located at Adult Services branch here in Whitehorse.

We know that there are travel subsidies for clients from outside of Whitehorse that will be available, but it's important to note that a diagnosis of FASD is not a requirement to access support services such as income support, supported housing or employment supports. FASD is a complex diagnosis that requires a team of specialists to make. This government supports diagnostic clinics and has developed both a children's and youth's diagnostic team. We're happy to support the development of a local adult diagnostic team, which will have the ability to be more responsive than a visiting team from outside the territory.

I think it's important to note that, not only has there been a lot of good work done, but some of the background information is also fairly important. The core team for the Yukon-based diagnostic team consists of a physician, a psychologist and the assessment coordinator. The emphasis is on functional assessments that identify the adult's strengths and needs so that strategies to support the individual can be tailored. The adult assessment clinic is available free of charge to Yukon residents aged 19 and above who have functional issues that are suspected to be the result of prenatal alcohol exposure.

Adults suspected of having FASD can contact the clinic directly or be referred by a health or social service professional or agency. If prenatal alcohol exposure cannot be confirmed after diligent investigation — so looking at birth records and so on — a functional assessment may proceed. The PAE is often difficult to obtain for adults for a variety of reasons really. Clients will still be eligible for a full assessment of their functioning, which doesn't typically occur in other clinics across Canada.

A support person will be identified for each client being assessed. This person will help the client through the whole assessment process and with follow-up. The client will leave the assessment with a document that summarizes assessment results and recommendations for follow-up that can help his or her support person as well as their family or case manager to better understand the individual's needs and really to guide them toward appropriate services.

Follow-up supports will be offered by the coordinator to help the individual understand their diagnosis and to connect them with services and to help educate their friends, family and other care providers about really what that diagnosis means. The client and support person experiences will be evaluated by the coordinator at one and three months to help improve service provision and track outcomes as a result of the assessment. The adult assessment coordinator started on November 3 and is an employee of Social Services. The physician and psychologist, as the member opposite would know, work under contracts.

Alcohol and Drug Services detox, treatment and prevention units provide targeted FASD prevention focused on individuals currently experiencing addiction-related issues and harms. Detox reserves two beds for women and provides priority admission to pregnant women. Outpatient and inpatient treatment programs also provide priority access to their programs to pregnant women.

We often, on the floor of the Legislature, talk about FASSY and the important work that they do within our community. I thank them for working side by side with the Department of Health and Social Services, as well as other departments — the Department of Education and the Department of Justice. We have proven that collaborative work is beneficial to the individuals who are seeking out our assistance.

We share specific prevention with FASSY, which we fund. Alcohol and Drug Services' community outreach will include prevention promotion. Community nursing and other Health and Social Services providers include FASD prevention. So do physicians and others doing the prenatal care, which is so very important.

The department has also recently looked at needs and gaps in working with stakeholders to design options to address those gaps. There is a lot of good work being done in the territory.

I thank the number of other Cabinet ministers who work with us on the file of fetal alcohol spectrum disorder. I thank the previous Minister of Health and Social Services for

leading the path and for his years of work at creating opportunities for Yukoners in need.

Madam Chair, seeing the time, I move that you report progress.

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

*Motion agreed to*

**Mr. Elias:** I move that the Speaker do now resume the Chair.

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

*Motion agreed to*

*Speaker resumes the Chair*

**Speaker:** I will now call the House to order.

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

### **Chair's report**

**Ms. McLeod:** Mr. Speaker, Committee of the Whole has considered Bill No. 18, entitled *First Appropriation Act, 2015-16*, 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.

**Mr. Elias:** 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 5:26 p.m.*