



Yukon Legislative Assembly

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HANSARD

Tuesday, April 26, 2016 — 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

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Hon. Elaine Taylor	Whitehorse West	Deputy Premier Minister responsible for Tourism and Culture; Women's Directorate; French Language Services Directorate
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**Yukon Legislative Assembly
Whitehorse, Yukon
Tuesday, April 26, 2016 — 1:00 p.m.**

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

Prayers

DAILY ROUTINE

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

TRIBUTES

In recognition of Yukon Robotics Challenge

Hon. Mr. Graham: Mr. Speaker, I rise in the House today to pay tribute to the students, educators and volunteers who are participating today in the third annual Yukon Robotics Challenge. Under the guidance of enthusiastic teachers, students in grades 6 and 7 have been learning to program robots to complete a variety of tasks. Approximately 130 students on 33 teams from Whitehorse, Destruction Bay and Teslin are participating in today's event.

The theme of the challenge today is "Alternate Energies". Tasks for the robots incorporate wind, solar, geothermal, hydro transmission, biomass and biofuel energies. All the teams start with the same basic kit.

I see the Member for Takhini-Kopper King smiling. Yes, it is an interesting challenge.

It is up to the students to decide how to arrange the sensors, wheels and robot features, and then, Mr. Speaker, the real fun begins. Working in groups of four or five, the teams program robots to place and rotate objects, to throw switches and to detect and follow paths. While they are having fun in a hands-on activity, students are also learning the basics of design, engineering and computer programming through project-based learning. They also hone their public speaking skills and build confidence by presenting their work and fielding questions from the judges. Lessons learned from this challenge will serve students well in the global knowledge economy.

The robotics challenge fosters creativity, collaboration, communication and critical-thinking skills. The development of these four competencies is crucial for the long-term success of every learner.

I extend my thanks to the Yukon Robotics Challenge organizers for making this experiential learning opportunity available to all students in the territory: Superintendent Penny Prynsuk and long-time educator Glenna Howard for championing the competition and initiating this now-annual Yukon Education Week event; Engineers Yukon for providing volunteer judges; Porter Creek Secondary School for providing the venue; the teachers from Jack Hulland Elementary School, Elijah Smith Elementary School, Takhini Elementary School, Holy Family School, Whitehorse Elementary School, Kluane Lake School and Teslin School,

who brought robotics into their classrooms and got their students excited about computer programming.

I would like to give special mention to teachers David Michayluk and Jill Potter, who have been involved with this event since the very start. Both have done an absolutely wonderful job and have grown this challenge, encouraging other teachers to bring their students into the fold. Most of all, I want to congratulate and thank the students on the robot designs, teamwork and their spirit of friendly cooperation. It can only serve them better in years to come.

In recognition of Gwaandak Theatre

Ms. Hanson: Mr. Speaker, I am pleased to rise on behalf of the Official Opposition and the Third Party as we wrap up and reflect on a busy writers' week to pay tribute to Gwaandak Theatre, a group that transforms the written word to the spoken word and who earlier this month celebrated the 15th anniversary of their founding. When I asked the Gwaandak group if I could raise this tribute, I think they were a little taken back, which is really a reflection of the grassroots nature of who they are. Despite the fact that others have come to recognize their contributions, they themselves maintain their humility, which is in itself reason to honour them today.

Gwaandak Theatre is Yukon's only indigenous theatre company. It was founded in Whitehorse in 1999 by theatre artists Leonard Linklater and Patti Flather. Over the past 15 years, Gwaandak Theatre has grown from the inspired, but modest beginnings set in motion by Patti and Leonard, to become a real force in Canadian theatre, all the while staying true to their roots in Yukon.

As I understand it, Mr. Speaker, "gwaandak" in the Gwich'in language, means "storyteller", and Gwaandak Theatre's vision really is to shine a light and focus on indigenous and northern stories from around the world.

Anyone who has attended one of Gwaandak Theatre's plays or play readings knows that their stories touch the audience on many levels. They cause us to question, to honour and to celebrate. They explore themes of decolonization, cultural identity, social justice, under-represented voices and human rights.

In carrying out their vision, Gwaandak Theatre has committed to making their productions accessible to people wherever they live. They tour to both tiny communities and major centres in Yukon and across Canada. In addition, they provide comprehensive study guides on the subject matter covered in their productions for secondary schools and colleges.

In addition to developing, producing and touring plays aimed at both youth and adults, Gwaandak Theatre offers new play workshops, readings and training for new artists.

I have had the privilege of seeing Gwaandak Theatre productions in communities as diverse as Old Crow, Teslin, and Whitehorse. A couple of years ago during the international Biennial Gwich'in Gathering in Old Crow, the group performed at the Old Crow community hall, sharing excerpts from the plays *Justice* by Leonard Linklater and *Sixty Below* by Patti Flather and Leonard. In addition, there was a

fascinating reading of *Lear Khehkwaii* — maybe the Member for Vuntut Gwitchin can tell me — a Gwitchin adaptation of Shakespeare's *King Lear* by Allan Hayton from the Fairbanks Shakespeare Theatre.

Mr. Speaker, it was neat to see community members and delegates from the Gwitchin Gathering participate in these readings. This idea of engaging community members as participants in the play readings really helps to break down the barriers around what theatre is, and it's a really amazingly good bridge for the arts. Gwaandak Theatre has also taken theatre to the Whitehorse Correctional Centre, delivering five one-and-a-half day, indigenous-centred theatre storytelling workshops at the Whitehorse Correctional Healing Room. Readings of the play *Sixty Below*, which is the story of a Gwich'in man leaving jail, and *Trickster Visits the Old Folks Home* by Sharon Shorty, about an elder moving to a seniors home, offer both an exploration of Yukon aboriginal storytelling traditions as well as creating a safe space for inmates to tell their own stories.

One of the more emotionally challenging plays that Gwaandak has staged was *The Hours That Remain* by Métis playwright Keith Barker. Local actors Christine Genier and Melaina Sheldon shone in the lead roles in this moving exploration of the issue of missing and murdered aboriginal women. It was an intensely personal and moving event for everybody who saw that, wherever they saw it.

Yukon's cultural fabric is richer as a result of the dedication and commitment of all the people, current and past, who are Gwaandak Theatre. I ask the members of the Legislative Assembly to join me in welcoming to the Assembly today: Marjolene Gauthier; the general manager, Patti Flather; and managing artistic director, Melaina Sheldon, who, in addition to being president of Gwaandak Theatre since 2012, is also a talented actress, as I've mentioned. Melaina was presented with a Tourism Industry award on Friday in recognition of the Inland Tlingit gathering that she's been involved with from Teslin for some time, and with Melaina is Austin Roe so I welcome them to the House today.

Applause

Hon. Ms. Taylor: Mr. Speaker, I too am very honoured and humbled and pleased to be able to pay tribute on behalf of the Government of Yukon to Gwaandak Theatre's 15th anniversary. As I said at the very onset of the celebratory event that was held on April 9th at the Old Fire Hall — my, how far we've come in 15 years.

This is a tremendous achievement and I want to congratulate Gwaandak's founders, northern playwrights Patti Flather and Leonard Linklater, as well as all those who were just referenced by the Leader of the Official Opposition and many others to be sure who have really contributed to the development of this innovative company over the past 15 years.

For the last decade and a half, Gwaandak Theatre has been diligently working on fulfilling their mission, which is to develop, produce and tour professional plays to empower indigenous and northern voices. Gwaandak has made a

tremendously profound impact to our community and to our territory by providing that unique platform for theatre audiences to hear these many varied voices and stories. Gwaandak holds an important place within our arts community, producing thoughtful and provocative theatre productions and play readings that tell compelling stories and deeply resonate with diverse audiences.

Throughout these past 15 years, Patti Flather, Leonard Linklater and their teams have earned this place through their hard work, innovation, teamwork, collaboration and vision — as well as their award-winning writing. From its very beginnings as Gwaandak Theatre adventures to the company we know today, Gwaandak stands as Yukon's primary indigenous theatre company. It has become an established and respected theatre company that operates on local, national as well as international stages. It's an organization that operates territory-wide and they have taken theatre to communities across the Yukon and they have partnered with organizations and First Nations from rural communities on a multitude of projects.

I want to really thank Gwaandak Theatre for the performances and the learning opportunities that they have and they continue to contribute to our communities; specifically, the outreach that they do within our schools — to really continue within our schools, our theatres and each of our communities to tell the many diverse stories here in the territory in the north and bring them to life.

They offer practical and hands-on learning, development and mentoring in all areas of theatre, including direction and production, playwriting and acting, providing opportunities for local actors to explore challenging and meaningful roles and further their artistic development. As well, they offer Yukon talent the chance to practise their theatrical skills with national and international performers and companies. In fact, I think it's really worthy to note that just later on this summer in June, Magnetic North will be coming here for the first time ever. Of course, Magnetic North, otherwise known as Canada's Theatre Festival, will be taking stage here in our territory — the first time ever north of 60 to be held. Gwaandak Theatre will be playing a very pivotal and lead role on the national stage, so to speak, among many other theatre companies — national and international — and this does speak — is testament — to the work that they have done.

Most importantly, as has already been noted, they bring the stories of indigenous people from across Canada to Yukon, uniting voices and revealing truths that Yukoners might otherwise not have the opportunity to hear.

All that they do is achieved through the valuable relationships that this theatre company has forged with partners, not only here in the Yukon, but across this country and across the globe.

Furthermore, I would like to congratulate Gwaandak Theatre for their successes in touring their productions beyond our borders, showcasing Yukon's indigenous and northern playwriting and theatre production talent. Gwaandak Theatre is unflinching and courageous in staging productions that consistently encourage meaningful discussion and greater

awareness of many contemporary, northern social issues. *The Hours That Remain* is but one of the many productions that they have produced over the years and one that has resonated deeply with me. I wish to say congratulations on this anniversary year, and I want to thank you for all that you have offered over the last 15 years. Congratulations.

Applause

Speaker: Are there any visitors to be introduced?

INTRODUCTION OF VISITORS

Hon. Mr. Dixon: Mr. Speaker, I would like to ask members to join me in welcoming my wife, Brittany Dixon, and her colleague, Lindsay Schneider. For reasons beyond me, they have chosen the Yukon Legislative Assembly for some lunch-hour entertainment. Please join me in welcoming them.

Applause

Speaker: Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Ms. Taylor: Thank you, Mr. Speaker, for your due patience. I have for tabling the *Yukon Tourism Indicators Year-End Report for 2015*. Yesterday I incorrectly referenced that the report had been posted online when in fact it had not been — my apologies for that. I received a copy of the year-end report earlier today and that is what I am tabling. The report will be posted online as well.

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

NOTICES OF MOTIONS

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

THAT this House urges the Government of Yukon to examine establishing a partnership with the Pacific Autism Family Centre that would provide for a local office, resources for research, information, assessment, treatment and support, and capacity building in order to address the lifespan needs of individuals with autism spectrum disorders and their families.

Ms. Moorcroft: I rise to give notice of the following motion for the production of papers:

THAT this House do order the return of the operation and maintenance costs of the Whistle Bend continuing care facility as they were detailed in the Management Board submission.

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

QUESTION PERIOD

Question re: Internet connectivity

Ms. Hanson: Mr. Speaker, for many years this government has said that they support a secondary fibre optic link for Yukon.

The Official Opposition, innovation and technology sectors, Yukon businesses and citizens all agree on the need to provide the needed redundancy to improve service reliability. To date, the government has provided few details. However, we do know that the government appears to have decided on the Dempster route as the preferred option. The Dempster route, we also know, presents engineering and construction challenges such as discontinuous permafrost.

Mr. Speaker, knowing the construction challenges and knowing this government's poor track record with project management, what assurances can this government provide to Yukoners that the costs of the Dempster link will not escalate out of control and that this is in fact the best fibre optic link option for Yukon?

Hon. Mr. Hassard: Of course, this government understands the importance of such a link as the Dempster fibre link that the member opposite has mentioned, and we have \$500,000 in this year's budget to continue with detailed engineering because we don't want to be saddled with problems that are unforeseen. We want to be able to do the planning and do the work necessary so that we can move forward with this project in the proper manner.

Ms. Hanson: I thank the minister for raising the matter of the money. The Minister of Economic Development has previously indicated that — and I quote: "... we have gone to the federal government looking for funding options, and I hope that we hear back very soon with some very positive results on those talks." At least he had a vague sense of where the money could be coming from. Yesterday, the minister responsible for Community Services said — and I quote: "In a case of the fibre optic project, that is one that has not been formally applied for... Once that fund becomes available, we will obviously seek to apply to it." The government's story seems to change day by day, depending on which minister is speaking.

So Mr. Speaker, knowing there is currently no funding source in place, can this minister explain how the fibre optic link can proceed?

Hon. Mr. Hassard: Of course we know that projects such as these are not cheap and not easy to do. We continue to work with our partners. We work with the federal government in this case. We know that they have \$500 million set aside for this type of project, so we continue to work with the members in Ottawa who we need to work with to try to get this money nailed down so we can move forward with this project.

Ms. Hanson: The minister told this House that they decided not to apply for funding through the Building Canada fund; the government would instead hope — and I quote: "... that those individual projects would help shape potential funding pots that were going to become available in the federal budget." So we don't have a source and we're not sure

when, but it's also clear that cost-sharing and connectivity rates to the Mackenzie Valley fibre optic link still have to be resolved. We have already spent over \$700,000 on studies. The minister is indicating that we are spending another \$500,000 on a more detailed study.

Mr. Speaker, does this government still believe it is possible to complete this project, as the Premier has said, by 2017?

Hon. Mr. Hassard: It's important to note that this project wouldn't actually be eligible under the Building Canada fund, so that is why we have chosen to work with the federal government — with the other funding options that they are making available.

Mr. Speaker, the member opposite also spoke about the money that we have spent engineering and studying. I think that's an important note because we want to make sure that the projects that we do move forward in a positive manner and with as few challenges as possible, so that's why it's important that we do spend the money and we do spend the time to engineer these projects and do the due diligence to ensure that we've planned things out properly and we're not just going off all willy-nilly and trying to do things that don't make sense.

Question re: FASD study and correctional system

Ms. Moorcroft: Last week the Department of Justice released the preliminary findings of its study into the prevalence of FASD in Yukon's correctional system. The release states that of the 80 participants, 14 or 17.5 percent were diagnosed with FASD. However, the release withheld some key findings that were presented to the National Biennial Conference on Adolescents and Adults with Fetal Alcohol Spectrum Disorder held three weeks ago. There the team indicated that if cognitive impairments, addictions and mental health difficulties were added to the number of FASD cases in Yukon corrections, we get a number over 90 percent.

Mr. Speaker, will the minister confirm that over 90 percent of study participants were assessed to have FASD, cognitive impairments, addictions issues or mental health difficulties?

Hon. Mr. Cathers: First of all, I have to correct the member. I find it interesting that she characterized the press release as withholding details of the preliminary report that has been made available.

The report itself I should note, in addition to it being presented, we don't yet have the final report. Once we do have the final report, we will have a full understanding of all the details. But the member, in listing off different conditions and issues, was blurring together FASD with addictions and mental health issues, and they are in fact not identical conditions.

We do recognize that within the prison population there is certainly a higher incidence than in the general public of issues including problems with addictions, cognitive disabilities and so on and so forth. Mr. Speaker, I should note that's exactly why we've done this study; it's to help build on the work that has already been done through the correctional

reform process and improving programming at WCC and other initiatives like the Community Wellness Court that have all been part of how this territory and this government have taken steps to modernize our correctional system and to better meet the programming needs of offenders to reduce the likelihood of reoffending.

Ms. Moorcroft: Numbers were provided at the FASD conference that indicated that over 90 percent of the inmates assessed either demonstrated or were diagnosed with FASD, addictions issues, cognitive impairment or mental health difficulties. This government-funded study is showing that almost all individuals in Yukon's corrections system have some form of mental health or cognitive impairment. Many Yukoners have suspected it, but the numbers are staggering. There is a crisis going on in our correctional system. What decisive actions will the minister take to meet the needs that were identified by the FASD study in Yukon corrections?

Hon. Mr. Cathers: Again, what I should note is that in terms of the study, the timeline of the study covered a couple years because of challenges with getting enough people to participate in it. It is valuable data that will help us and the final research report will be completed in the fall of 2016, and comprehensive results will be made available at that time. In fact, I should note that this rate of 17.5 percent diagnosed with FASD is higher than the rate observed in a Correctional Service of Canada study conducted in 2007, which indicated a 9.9-percent rate of FASD in their 91-person sample.

Again, what I would like to encourage the member to do is look at the entire report and recognize that it is all about helping us improve the programming that has been made available there. I would remind the member, as I have on several occasions, that in fact we have taken significant steps since her time as Justice minister in improving the correctional programming offered at Whitehorse Correctional Centre and we are continuing to build upon that work, but the good work done by the Department of Justice, along with other departments and NGO service providers also includes great models like the Community Wellness Court which is being looked to by other Canadian jurisdictions and even internationally for its success in improving how courts handle persons with FASD and other cognitive disorders —

Speaker: Order, please.

Ms. Moorcroft: Mr. Speaker, this Minister of Justice and Yukon Party government have stood in this House and refused to be accountable for how they manage the corrections system and the people incarcerated at Whitehorse Correctional Centre. For years, this government has failed to take action. Instead, the minister pointed to studies that were underway — studies that now show that almost all individuals in the system have some form of cognitive impairment or mental health difficulties. This government has failed these Yukoners and their families.

As the Auditor General concluded, they have failed to implement programming to help. They have not adequately trained corrections officers to provide the services needed and they have refused to amend the *Corrections Act* to make the

system more responsive to people living with FASD. The minister can no longer say he doesn't have the numbers.

Mr. Speaker, will the minister commit to immediate action to address the ongoing crisis in the Yukon correctional system?

Hon. Mr. Cathers: Mr. Speaker, the content of the member's question is inaccurate. The member should be aware that in fact, we did amend the *Corrections Act* through the correctional reform process. I'm amazed that the member would not be aware of that. We have taken significant steps, including partnership with groups like Fetal Alcohol Syndrome Society Yukon and Options for Independence. We have supported the committees and the actions that they're taking, and other great work as well done with support of the Yukon government through the Child Development Centre in identifying children with FASD and targeting supports to them. There have been significant steps taken, not only through the improvements in programming that have already been made at Whitehorse Correctional Centre, but through very successful initiatives like the Community Wellness Court, which is aimed at having the courts better address and recognize issues, including alcoholism, cognitive disorders and fetal alcohol spectrum disorder. We are continuing to work in this area.

The member should be aware that the Yukon in fact is one of the leaders in dealing with fetal alcohol spectrum disorder within the world and has been recognized, including in the coverage of the fetal alcohol spectrum disorder prevalence study just completed — comments came out of the States that this is the first study of this type.

Again, Mr. Speaker, we do recognize that more work needs to be done, but staff of the Department of Justice, the Department of Health and Social Services and NGO service providers should be congratulated for the excellent work they've done to date.

Question re: Deputy minister staffing

Mr. Silver: I have a question for the Premier. In the last 18 months, there have been an unprecedented number of deputy ministers leaving this government for a variety of reasons. Two more were added to the list just weeks before this Sitting began. That brings the total number to at least 10 who have left since 2014. Some have quit, some have been fired and some have retired. This turnover comes with a cost to the taxpayer.

How much money has been paid out to cover severance packages for the 10 deputy ministers who have left this government since July 2014?

Hon. Mr. Dixon: When it comes to matters of human resource and those types of issues we don't usually comment and provide the information that members are talking about. When it comes to severance packages and the amount that employees get upon leaving employment with the Yukon government, that's not typically disclosed and we don't comment on human resource matters as such.

Mr. Silver: They don't comment, but they should. When the Premier hires deputy ministers and then fires them,

there's a cost to the taxpayer — hundreds of thousands of dollars each time that this happens. It is very unfortunate that this government keeps having to do this and it is even worse when it refuses to tell the public what this major turnover at the highest level of public service is costing the taxpayers.

In April of last year, the Premier shuffled deputy ministers and announced, "These appointments are an opportunity to fine-tune the senior management team to help us fulfill the mandate of the government over the next 18 months." He says that we're all done moving people around and that should provide some stability moving forward. Unfortunately, this has not been the case and the revolving door continues to spin. It doesn't inspire much confidence in the leader of the government when there's turnover at a senior level of staff.

Why has this government been unable to keep senior staff in place and why is it so eager to fire its deputy ministers?

Hon. Mr. Dixon: As all of those in the public service know, deputy ministers serve at the privilege of the Premier and from time to time they come and go as needed. That's a part of the position and it's well-understood by deputy ministers.

With regard to the compensation or the severance packages that any public servant receives upon leaving employ with the Yukoner Government, it's not a matter we disclose and that's something we decided and been consistent with over the years. That's the same practice as was taken by the previous Liberal government. The same practices were taken by the previous NDP governments and is consistent around the country. We don't comment on human resource issues as such.

Mr. Silver: I respectfully disagree with the last statement. It's not necessarily the number one practice across the country. There have been at least 10 deputies depart in the last 18 months; most others have remained and changed departments. In January of last year, the Premier was forced to shuffle his Cabinet to address problems there and had to fire his chief of staff as well. Since then the deputy chief of staff has also quit. There has been a tremendous amount of turnover that has cost hundreds of thousands of dollars — if not millions of dollars — in severance packages. It all adds up to a lack of leadership. Last spring, the Premier said the fine-tuning was completed, but there have been two major shuffles since then.

Can the Premier tell Yukoners how many of the last 10 deputies who left the government in the last 18 months have at least received a severance package? Can we at least get that information?

Hon. Mr. Dixon: Mr. Speaker, when it comes to human resources issues in the Yukon government, we don't comment on those types of matters. That is consistent with any branch or any department of government — whether it's deputy ministers, ADMs or any other employee of government. We don't disclose those types of information. That has been the policy we have had over the last 14 or so years and of course that is consistent with the previous policies of both Liberal and NDP governments. That is the

way it has been for a number of years, Mr. Speaker, and that's the way it is today. We won't be commenting on those types of issues in the Legislature or outside of the Legislature, and that's just the way it is.

Question re: Whistle Bend continuing care facility

Ms. Stick: Two weeks ago, I asked the Minister of Health and Social Services for the operation and maintenance costs of the new Whistle Bend care facility. He was not able to provide those numbers at that time. Last week in the House, this minister gave us an estimate of \$28 million per year for O&M. This number was based on a \$500-per-bed-per-day calculation. Yesterday the minister flip-flopped and said that the department did not have an approved budget yet for the O&M costs for running the Whistle Bend continuing care facility — and I quote: “That’s a couple of years out.”

Mr. Speaker, does the Minister for Health and Social Services have the operation and maintenance costs and budget for this facility or not?

Hon. Mr. Nixon: In addressing the member opposite, she will certainly be aware that when she first brought this question up on the floor of the Legislature, I didn't have the budget book with me, but I followed through the very next day and provided the estimate numbers for O&M for the Whistle Bend continuing care facility. The member opposite is correct — at approximately \$500 per day per person who is staying there. That's forecasted in the 2018-19 budget at \$28 million.

This \$28 million is forecasted and budgeted for, and we certainly recognize that it is very expensive to provide this level of care to seniors at a point in time in their life when they need it, but this Yukon Party government is committed to doing that.

Ms. Stick: I thank the minister for that answer.

The \$28-million estimate provided for the Whistle Bend continuing care facility is, by this Minister of Health and Social Services' own admission, based on the operating cost of the Copper Ridge facility. According to the minister, these costs will be very similar. But we also know that Whistle Bend will be offering a wider range of care options not available now. These include beds or a house for palliative care, mental health care, and high-acuity care for those who require a high level of medical care on an urgent but temporary basis.

Mr. Speaker, how does the minister believe the costs of operating Whistle Bend will be the same when the proposed range of services will be so different?

Hon. Mr. Nixon: In addressing the member opposite — because we see the trend for more Yukoners to want to remain here in the territory, this government has been very planful and forward-looking. The facility is ready-made to double in size with many of the supports required for an expanded facility already built in. If there is a need to expand this facility in the future, we expect the costs per bed to actually decline.

On one hand, the opposition wants to build a facility in every single community — one that we believe will bankrupt

the territory — but they don't seem to understand the costs of doing that business.

I ask, Mr. Speaker: If the opposition is critical of these costs and feels it is too expensive, at what point in time do they draw that line and not provide this level of care to seniors? This Yukon Party government is committed to providing this level of care and will continue on with these investments.

Ms. Stick: Mr. Speaker, the current total operation and maintenance costs of continuing care is \$41 million. Even if one accepts the minister's low estimate of \$28 million per year for the Whistle Bend continuing care, this is a 70-percent increase in the operation and maintenance costs of continuing care.

How will we be paying for these additional operational costs at Whistle Bend? Will we see cuts to other continuing care services, or are we committing to a budget that we cannot afford?

Hon. Mr. Pasloski: Mr. Speaker, what we do know, and what Yukoners are comforted by, is that this has been a government that has been focused throughout its mandate on being responsible with Yukoners' money.

We know that families and small businesses have to live within their means, and Yukoners expect this Yukon Party government to do the same. We continue to not raise taxes. In fact, we have lowered taxes for small businesses; we have lowered taxes for all Yukon taxpayers. We continue to run through this mandate with modest surpluses and we are now the only jurisdiction left in this country with money in the bank. We can talk about the Ontario Liberals who this year will spend \$11.4 billion just to service their debt or the fact that the Alberta NDP is now borrowing money to pay wages. Yukoners are comforted to know that we continue to focus on the economy, on jobs, on Yukoners' health care and on education and ensure that we do it while we live within our means.

Question re: Financial administration practices

Ms. Moorcroft: Mr. Speaker, can the Minister of Highways and Public Works confirm that his department is required by section 2.4.5.3 of the *Financial Administration Manual* to produce budget submissions that include the operation and maintenance costs for any capital project?

Hon. Mr. Pasloski: Mr. Speaker, I am truly astounded that the opposition would go to this level — basically implying that all of the people involved in this process — all of the individuals who worked through this process to get this project to where it is — are doing so in violation of the law. I am very disappointed that again we hear the opposition blaming and accusing government employees of doing something improper or, in this case, illegal.

Ms. Moorcroft: Mr. Speaker, the minister responsible for Highways and Public Works has refused to stand up in this House and answer my questions on the procurement of the Whistle Bend continuing care facility. Now the Premier has.

The Auditor General of Canada has criticized this government for designing and building hospitals “... without

knowing the incremental costs — costs that should have been available to decision makers before approval...” It seems that same criticism is going to be applied to the continuing care facility. The *Financial Administration Manual* requires — and I quote: “... total estimated capital cost of the project... including the resulting O&M impact of the project.”

This government needs to be open and accountable. Why is the Minister of Highways and Public Works refusing to provide the estimates from the Partnerships BC study? Did he simply fail to get them for the Management Board submission?

Hon. Mr. Pasloski: Mr. Speaker, it sounds like a little bit of grandstanding by the member opposite in the direction of our potential candidate in the riding of Copperbelt South. The Auditor General has, year-in and year-out, provided an unqualified opinion that clearly states that this government has net financial resources, that we have money in the bank.

We have shown that we have budgeted capital to build the Whistle Bend facility. If you look in the outbound years, you will see that we have budgeted the operation and maintenance money within our budget to be able to operate this facility. All the while, Mr. Speaker, we continue to show modest surpluses and money in the bank. That is something that Yukoners count on us and we are very proud that we continue to operate in this jurisdiction in a manner that is different from all of the other jurisdictions in this country that are borrowing money today to pay for services today and asking their grandkids to pay for it later.

Ms. Moorcroft: Mr. Speaker, when conducting an analysis, Partnerships BC states — and I quote: “In addition to the capital costs, operating costs, rehabilitation costs, bid development and financing costs and owner’s costs must also be included”.

Mr. Speaker, will the Minister of Highways and Public Works stand up and tell the Yukon public whether Partnerships BC’s \$875,000 procurement study produced the O&M costs to operate Whistle Bend with its full suite of services and not a rough estimate based on Copper Ridge?

Hon. Mr. Nixon: Certainly, Partnerships BC was a valuable participant in the Whistle Bend continuing care procurement. They have built many projects of this scale and we certainly relied on their expertise to assist us with this project. Partnerships BC ensured that Yukoners received value for money during the procurement and tendering of the capital construction of this particular project. Health and Social Services was responsible for the development of O&M costs of this project. This project has met all policy and legislative obligations that were required as it moved forward and I would certainly like to extend my thanks to the officials who were involved to ensure that this project was contained in our long-term forecast.

As the Premier alluded, we remain the last jurisdiction in Canada with money in the bank and this Yukon Party government is extremely proud of the investment we’ve made in Yukon seniors.

Question re: Keno area mining activities, health impact assessment re

Mr. Tredger: Mr. Speaker, there seems to be no money in this year’s budget to provide a long-term solution for Keno’s water well replacement. Keno residents wonder if this means their water will continue to be trucked from Mayo. The Yukon Party government has made promise after promise to the people of Keno that this issue would be dealt with promptly. In 2012, the government committed to quarterly water tests, which they failed to properly carry out. Last year, the community well was shut down. Now residents of Keno have heard that the water quality tests may once again be stopped at the community well.

Mr. Speaker, can the minister confirm that regular tests will continue on the Keno community water well and that the results will be made public in a timely manner?

Hon. Mr. Dixon: Mr. Speaker, over the last year, we have had a lot of discussion about this particular project. As a result of some work we did to the Keno well last year, the well was disturbed and there was some sloughing inside the well that caused us to have to discontinue its use, and we have been trucking water from Mayo to the residents of Keno ever since. We’re exploring opportunities and investigating opportunities to fix the well or to get it working again properly. Whether or not or the frequency of the testing of the well that’s not currently in use — this is something I don’t have with me today.

It’s something I would be happy to get back to the member opposite about later on. Again, until we find a long-term solution for Keno, we will continue to truck water from Mayo and that is the way that we will continue to provide safe, clean drinking water to those residents.

Mr. Tredger: Mr. Speaker, Keno is becoming a top Yukon tourist destination and many Keno residents rely on tourism to build their businesses, yet Keno business owners are concerned about the impact having trucked water will have on their tourism industry. Keno residents have already noticed that the shower house and public water taps are often running out of water and the tourism season hasn’t even started. They are concerned that the inconsistencies in delivery and volume will have an impact on businesses in the community.

Mr. Speaker, what assurances can the minister give to the residents and business owners of Keno that there will be an uninterrupted supply of clean, potable water throughout the tourist season?

Hon. Mr. Dixon: Mr. Speaker, obviously having the well not in service is not an ideal situation and it’s one we’re trying our best to solve. In the meantime, we are going to continue to truck water from Mayo. We will do our very best to ensure that they have an uninterrupted supply. If there are instances where that isn’t the case, then I do apologize. We are doing our best to ensure that residents of Keno, whether they are local or businesses, have access to clean, safe drinking water. Of course there are other opportunities — individuals can drill their own wells if they would like. But in terms of providing that safe, clean drinking water, we will

continue to truck water from Mayo and do our best to find a long-term solution for the community well in Keno.

Mr. Tredger: Mr. Speaker, businesses need certainty and reliability in their water supply. The residents of Keno are fed up with the seemingly never-ending problem. They feel like the Yukon Party government is not taking their issue seriously. The local community club has come up with a plan to advocate for information and action when it comes to Keno. One of their main concerns is the simple lack of information provided to residents of Keno. They would like to meet with government officials to find a way to get consistent and reliable updates.

Mr. Speaker, when will the minister hold a public meeting in Keno to update residents on the progress of their water problems?

Hon. Mr. Dixon: Mr. Speaker, Department of Community Services staff have provided information publicly in Keno previously. If members of that community aren't satisfied with the information they have got, they are welcome to contact me or anyone in the department to provide that information. I think for the member opposite to raise it in Question Period is indicative of his desire to make this a political issue. Obviously, this is an unfortunate situation where we have had a development with the community well and we have had to take the unusual step —

Some Hon. Member: (Inaudible)

Hon. Mr. Dixon: — of providing trucked water from Mayo. The member can shout off-mic all he wants, Mr. Speaker. That is not going to get any solutions.

What we are trying to do is find a long-term solution for that well. In the meantime, we will continue to provide clean, safe drinking water, trucked in from Mayo at considerable cost to the public taxpayer of course, but that's important that we provide that service and we will continue to do so.

Speaker: The time for Question Period has elapsed.

Notice of government private members' business

Mr. Elias: Pursuant to Standing Order 14.2(7), I would like to identify the item standing in the name of government private members to be called on Wednesday, April 27, 2016. It is Motion No. 1136, standing in the name of the Member for Watson Lake.

Speaker: We will now proceed to Orders of the Day.

ORDERS OF THE DAY

Mr. Elias: 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 continuing general debate on Vote 15, Department of Health and Social Services, in Bill No. 23, *First Appropriation Act, 2016-17*.

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. 23: *First Appropriation Act, 2016-17* — continued

Chair: The matter before the Committee is continuing general debate on Vote 15, Department of Health and Social Services, in Bill No. 23, *First Appropriation Act, 2016-17*.

Department of Health and Social Services — continued

Hon. Mr. Nixon: Again, I would like to just extend my thanks to my family, my friends and the constituents of Porter Creek South for their continued support. I would like to thank the officials for joining me today and also the many officials and staff back at the Department of Health and Social Services who have worked so tirelessly on preparation for this budget cycle.

As I said yesterday, on the social side of the ledger, I am particularly proud of the investments that we have made for those Yukoners living with many different abilities.

My Yukon Party caucus colleagues and Yukoners know that, without a functioning, stable economy to support it, a social safety net simply won't help anyone.

As I indicated yesterday in my remarks on this budget, we are requesting \$348.363 million in O&M and \$112.148 million in capital for a total appropriation of \$460,511,000. This funding represents a projected increase of \$20.8 million, or approximately six percent of O&M funding over the 2015-16 main estimates, and an increase of \$17.34 million in capital. As I indicated in my remarks yesterday, we have certainly seen that the largest increase in the department's projected O&M mainly stems from the \$11.6-million increase in Health Services.

Under Adult Services, we will be increasing O&M funding by \$4.7 million, primarily to support the operational costs of the three new facilities. We are very eagerly anticipating the opening of the Sarah Steele Building as well as the Salvation Army Centre of Hope in Whitehorse. I was also very pleased just last week to open the new St. Elias home for those with a varying degree of abilities.

With respect to the Sarah Steele Building facility that we will see opening later this year, the new facility will increase access to intensive treatment for all Yukoners by its new

continuous intake model in providing simultaneous programs for both men and women. Another large expansion is the introduction, as I indicated yesterday, of the youth addiction and mental health services, which will include a 365-day continuous, four-bed residential treatment program as well as a withdrawal service program. The Yukon Party government is certainly very much anticipating the opening of this program and the extension of the programs for Yukon youth who may need this service.

We have also seen an increase of \$1.9 million to meet the program demands of social services. We will also be providing an increase of \$150,000 for programming for persons with disabilities transitioning from Family and Children's Services to Adult Services. That is something that my Yukon Party caucus colleagues support, and we look forward to providing a greater level of service for those individuals transitioning from Family and Children's Services to Adult Services.

Our clear vision for moving forward together and our solid leadership from the Premier maintain our path to support our commitments to all Yukoners.

Yesterday I touched on the 10-year mental wellness strategy and we will be moving forward quickly on the release of that strategy. We have also invested \$1 million to support mental wellness, community capacity-building. This overall strategy and implementation plan provides clarity on how we are taking action to address mental wellness in Yukon and how we plan to move forward with all of our partners, stakeholders and agencies.

The overall strategy and implementation plan certainly provides clarity on how we're taking action to address mental wellness in Yukon and, as I indicated, how we plan on moving forward.

Yesterday I also had indicated one of our largest capital projects — the Whistle Bend continuing care facility — with a budgeted amount of \$67 million this year. We'll see the construction of the continuing care facility start in just a few weeks. We expect it to be completed in 2018.

The first phase of the construction, as we have talked about, includes the 150-bed facility and all of the support space that is necessary to expand to a 300-bed facility — so things such as the kitchen, laundry and a centre village for the whole facility. There is a buzz in the community and people are very excited about this project moving forward. It enables us to work on the wait-list, which, at any given time, can fluctuate between 60 and 90 people. We recognize that, over the next 10 years, the seniors population in the territory will likely double.

In speaking about the Whistle Bend continuing care facility, we know that this will be critical infrastructure in helping us to meet the current and future needs of seniors and other Yukoners needing those types of continuing care services, and sometimes around the definitions of that care there is some confusion.

The Whistle Bend continuing care facility will not be for everybody. It will be for those individuals who cannot be supported in order to stay in their homes or their communities

any longer — where the type of support that they require is so high that they require moving to the continuing care facility. As I indicated, we're anxious and very much anticipating the opening of that facility in 2018.

The Department of Health and Social Services, as I have indicated, has forecasted \$28 million for O&M for the Whistle Bend continuing care facility. This estimate supports the operational costs that are in line with other facilities operated in Yukon — at approximately \$500 per day per individual. That number is all-inclusive and takes into consideration some of the additional services around mental health, dementia and palliative care that we've spoken about on this floor a number of times.

The Yukon Party certainly has done a very good job at using a budget to make considerate and strategic investments.

Yesterday the member opposite had asked some questions pertaining to some staffing numbers, and I have brought in some information today that I didn't have at my fingertips yesterday.

Health and Social Services certainly has a strong presence in rural Yukon communities. We have an admin-support community. There are six part-time and three full-time staff, and there are no vacancies there. There are supervisors in Regional Services — allocated are three FTEs, so there are three full-time positions. There are social workers, including two mobile positions at 16 FTEs.

At this time, three of those are vacant. There is a business manager, a research assistant and a manager of Regional Services. There is an increase to Regional Services in this budget of 3.3 FTEs.

In Child and Adolescent Therapeutic Services, we have one FTE clinical supervisor, one intake worker, one FTE family therapist, five FTE outreach counsellors, one FTE camp counsellor — broken up into four casual positions for summer camp programming. In healthy families, there is one regional supervisor for the communities and they cover Watson Lake, Carmacks and Pelly. There are two regional family support workers and in Community Nursing, there are still three community vacancies and we are still fielding lots of inquiries. There are three positions out of the 24 rural positions vacant at this time.

On behalf of the department, and on behalf of this government, I would like to extend my thanks and appreciation to all of those who are taking on these roles in the communities outside of Whitehorse and look forward to the questions from the member opposite at this time.

Ms. Stick: Thanks for the repeat of much of the same information as we heard yesterday. I really would like to move on with questions on the department specifically and looking at — I'm going to move on from where I left yesterday in Family and Children's Services.

Under adoption services, I had a couple of questions. We have heard about the extended family care arrangements and I'm wondering if, when considering children being adopted, whether immediate family members are given that first opportunity or are included in those decisions that are being made about the adoption of a child. I've heard of concerns in

the past where a family member might have wanted to adopt a family member and instead the child was adopted by non-related family. I'm interested in how many children we have waiting for adoption at this time. Is the policy of this department to look at immediate family members when considering placing a child for adoption and whether those family members are considered first before non-related individuals?

Hon. Mr. Nixon: I thank the member opposite for her question and certainly appreciate the fact that she appreciates some highlights being brought forward back to the floor of the Legislature today from my remarks yesterday. Certainly the investments that this Yukon Party government has made in Health and Social Services, particularly, are very important and I thank her for being patient and allowing me the opportunity to highlight those once again.

The *Child and Family Services Act* permits a director to enter into an agreement with the extended family to support out-of-home care when a child is in need of protective intervention. The first choice for a child in need of out-of-home care is with the extended family, rather than have the child come into care or custody of the director and be placed in a foster or residential placement.

The extended family care program has been expanded to provide supports to extended family until the family reaches the age of 19 years, if a long-term placement is required. Funding certainly ranges from \$625 to \$775 per month for basic needs.

We currently have 24 extended family care agreements in Whitehorse and we have nine in rural Yukon. As for the number of children on a wait-list for adoption, I do not have those numbers at my fingertips, but I can look into accessing them if they're available to me at this time.

Ms. Stick: Just to repeat the one question that I did ask: Is it the policy of this department to look at immediate family members when considering placement of a child for adoption; not just placement with the family until the age of majority, as in a foster care situation, but specifically around adoption?

Hon. Mr. Nixon: Perhaps the member was working on something else when I answered her question in my first response. The first choice for a child in need of out-of-home care is with extended family rather than have the child come into the care or custody of the director and be placed in foster or residential care. I do believe I answered the member opposite's question.

Ms. Stick: Madam Chair, I thank the minister for that answer. When we look at child placement services, children in care and fostering services, I wonder if I could have a comment please. It's just recently that the department has once again started advertising — looking for foster care families specifically for children. Has this been successful? Has the department seen a rise in those interested in actually providing foster care in Whitehorse and in the communities?

Hon. Mr. Nixon: Ultimately our goal is to work with families to ensure that children can remain in their own home; however, for instances where that's not possible, we explore other options where the caregivers are known to the child and

those are the extended family situations that we spoke about in response to the member's last question.

Where First Nation children are involved, we work with their First Nation to help identify placement options when out-of-home care is required and, when other family arrangements are unavailable or unsuitable, we turn to foster parents. Foster parents play an important role in promoting the health and well-being of Yukon children and families by opening their homes and using their skills to provide for the physical and emotional needs of children in their care. I've had the great honour of meeting with just about every foster family in Yukon. I've heard their remarks, their struggles and the gains that they've made with their families and specifically with the children who are coming into care. I've had many opportunities to express my appreciation for them stepping up to the plate when many others perhaps would not want to take on that role.

To all the foster families in the territory that may be listening in this afternoon or reading Hansard: thank you; your work and your care is appreciated. We do know that at the current time there are approximately 64 active foster families.

On top of that, I understand that there might be some respite foster care as well. I know that this is a conversation I had about two weeks ago — that, at that point in time, they believed that the campaigning we did do to recruit foster families was fairly successful. I believe the number at that time that they were looking at was an increase — nine new families going through the process of being a new foster home to provide that level of care for the children who need it.

At the same time, there were over 2,000 hits on the website when we did the campaign reaching out to potential foster parents to try to grow our numbers of foster families.

The goal of our foster care action plan, based on discussions and input from foster families, is to enhance the program and address some areas of challenge. There were six key goals that had been identified in the plan. Those were: to improve communication; collaboration and partnership; a policy to support consistent practice; effective kinship services; recruitment of foster care givers; and recognition of support. When I continue to meet with the foster parents, those are certainly areas that continue to arise, but they are certainly grateful for the support and recognition that they have received over the last number of years. We also know that there is more work to do, and the department continues to work collaboratively with the new and upcoming association but, more importantly, with the foster parents who are providing that care to those children at a point in time in their life when they need it.

Ms. Stick: Looking at the estimates for Child Placement Services, we are looking at, for 2015-16, about 138 children in care — whether it is temporary or continuous, whether it is in Whitehorse or the regions. I have a couple of questions out of that. They would be: What is the breakdown between First Nation and non-First Nation children in care? Another one would be: How many children are actually placed outside of the Yukon — perhaps in treatment programs or in residential day programs outside of the Yukon Territory?

What is the number — we know the number of approved homes or foster homes — of children currently in foster care?

Hon. Mr. Nixon: I thank the member opposite for her question. With respect to the children in care and the ratio of First Nation to non-First Nation, those are point-in-time numbers, so they can fluctuate on a daily basis. It is the same with the children who are being placed Outside for whatever reason. Again, those are point-in-time numbers, which I don't have at my fingertips right now.

The current number of children in foster care — again, those are point-in-time numbers. Thinking back a couple of months ago when I was working a little bit more closely on this file, at that point in time I think there were around 126 in care. But what I can commit to doing is at least looking at the numbers — but the member opposite needs to be aware that those numbers change and they can change on a daily basis.

Ms. Stick: With regard to the children who are being placed Outside, it seems pretty consistent when looking at contracts that there are a number of programs outside of the Yukon that we have consistently contracted with to offer day and residential services. I'm sure the minister should be able to come up with a number of those who are being placed Outside. It would seem to me that some of them are long term.

The other question that I had under Child Placement Services is: In these numbers, are we including group homes in Whitehorse — and the receiving home for boys and the receiving home for girls also in those numbers?

Hon. Mr. Nixon: The numbers that I have are all kids in care, so that could be the receiving home, that could be any of the residential youth treatment service homes and that could be any of the other group homes run by non-profit organizations.

In temporary care there are 35 — again, this number can change. In continuous care — at the point in time when the numbers came to me, there were 70 in continuous care. From other jurisdictions there were two.

As I understand right now, children in Outside placements as of this point in time — there are three. For the region — those last numbers are for Whitehorse. For the region — temporary care, 10 kids or youth; continuous care, 25; from other jurisdictions, one. On top of that are the fostering numbers that I have already provided to the member opposite.

Ms. Stick: I don't think those fostering numbers are on top of those numbers but are included in those numbers actually — it would seem to me.

Again, I was just asking: What are the numbers of individual children in group homes and in the receiving home?

Hon. Mr. Nixon: Sorry — I was working on something, so I didn't actually hear the member opposite if she was asking a question. The initial numbers that I gave for Whitehorse and region are separate from the fostering numbers, so the foster numbers in Whitehorse are 62 and within the region are 25.

Ms. Stick: That seems confusing to me, Madam Chair. What we're talking about are children in care. Children in care

include those in foster homes, in group homes and in receiving homes. The question I was asking is: How many are in the group homes and how many are in the receiving homes, understanding that we have the two programs?

I understand that there are 64 active families providing foster care and there was a number given for the number of children in foster care, but I would assume that those would be included in the children in care — the 35, the 70, the two, the 10, the 25, the one. I would assume those numbers were included in that. Otherwise I would wonder: If there are two separate numbers, then where are all these 35, 72 — like, where are they if those are considered children in care?

Hon. Mr. Nixon: Certainly I can look at getting back to the member opposite with the breakdown specifically to residential youth treatment services as the member is asking for. The number that I have provided to her of children in care — there are 35 in Whitehorse, there are 35 children in temporary care, there are 70 children or youth in continuous care, and there are two from other jurisdictions. Within the region of the territory, there are 10 in temporary care, 25 in continuous care and one from another jurisdiction.

There are approximately 30 youth in the RYTS — residential youth treatment services program — at any given time, but these are numbers that can fluctuate on perhaps even a daily basis. On the fostering side, there are 62 children in care in Whitehorse and 25 in care in the region outside of Whitehorse.

Ms. Stick: When I look at that sheet, it says: number of approved homes — 62 in Whitehorse, 25 in the regions. That is not the same as the number of children in those homes because some homes would have more than one child. They might have two or three siblings together or more than one child. Again, that is the number I'm looking for. The other piece that he did mention were the 30 who are in the residential treatment program — so, again, looking for clarification.

Hon. Mr. Nixon: That is my error. The first set of numbers I gave were children in care in Whitehorse and region, and then, under the fostering services, the number of approved homes as 62 and 25 — and at any given point in time, the number of children in foster care can fluctuate but, as I understand it, the last numbers I had were in the neighbourhood of about 120 or 125 throughout the territory.

Ms. Stick: Looking at Child Care Services, early childhood and prevention services, with regard to childcare subsidies, we're seeing these numbers go down, which I find surprising when it was supposed to become more accessible for families to be able to apply for the childcare subsidy, and there was some work done on what the eligibility amount or income was for a family to apply. I've heard from different families saying that they are having to make that decision where they have more than one child in childcare. They're trying to work and it has come to the point, because they're not eligible for a subsidy, of whether it is just better for them to quit their job and stay home because childcare is costing them so much — they are not eligible for the subsidy — or to

continue working and see their whole paycheque disappear into childcare costs.

I'm surprised to see these numbers from the 2014-15 actual of \$282,000 are dropping, even though our population of children is growing. I'm just wondering if the minister has any comment on that.

Hon. Mr. Nixon: I thank the member opposite for her question. Certainly we have seen a decrease in demand for subsidies, as not all children in childcare are eligible for those subsidies because the program is income-driven.

Recognizing the importance of quality childcare and early development, this Yukon Party government has committed an additional \$4 million to address wages, training, subsidies and operational expenses of childcare programs over the last six years. The department has conducted a review of recent investments that have been made in childcare by our government. This report was completed in 2013. Based on the review, our government will be increasing funding to childcare subsidy programs to assist families with the cost of childcare if and when needed.

I think that addresses the member opposite's question — numbers that we have at this point in time for programs.

Number of programs in the communities — there are three with 105 licensed spaces. There are eight First Nation programs with 223 spaces, and there is one family day home with six spaces.

In Whitehorse there are 14 private programs with 479 licensed spaces; nine non-profit programs with 361 spaces; one First Nation program with 54 spaces and 23 family day homes with 184 spaces.

Ms. Stick: I have just one more quick question on this. When families are applying based on income for the childcare subsidy, is there any method of appeal if they are not in agreement with the answer that they get? Is there an opportunity for them to appeal that decision?

Hon. Mr. Nixon: I certainly thank the member opposite for the question. That is something I can look into and commit to getting back to the member about shortly.

Ms. Stick: Moving on to early childhood prevention services and some extra information that was provided — I have some questions with regard to the healthy families program.

In which communities in particular is the healthy families program being offered? Is it only by referral that families can become involved in this program? Or is this a program that could be open to all — rather than singling out specific families — and be available for all families to receive some of that assistance, some of that parenting and support that first-time families often need, regardless of their situation. So where is it being offered and to whom? Is it only by referral? I'll leave it at that point first.

Hon. Mr. Nixon: The Healthy Families Yukon program is a voluntary, early intervention, home visitation program designed to help overburdened parents of newborns until the child reaches five years of age. Overburdened parents are identified through a range of factors, including a parent's childhood experience, lifestyle behaviours and mental health,

parenting experience, coping skills and support systems, stresses, anger management skills, expectations of an infant's development, plans for discipline, perception of new infant bonding and of attachment.

The healthy families program in the communities will work closely with a range of programs and services such as: the Child Development Centre, learning together programs through Education and First Nations; the Canadian Prenatal Nutrition program as well as a number of other services. Healthy Families Yukon expansion supports an integrated approach to establishing a family resource office, and it demonstrates concrete actions to support parents in rural Yukon. Healthy families has been jointly delivered in Whitehorse in partnership with the Whitehorse Health Centre. This structure changed in April 2015; however, Healthy Families Yukon and Community Nursing continue to collaborate on program delivery. The program is now available in Watson Lake and plans are underway to have the program offered in Carmacks and Pelly Crossing. This expansion certainly includes the establishment of family resource offices in Watson and Carmacks. In 2014, more than 130 families participated in the curriculum-based program that aims at building positive parent and child relationships and promoting healthy childhood development. Certainly this government is very supportive of the healthy families program, an investment that we are particularly proud of.

Ms. Stick: That leaves a lot of communities without the program, and I am wondering if there is a plan in place that is going to roll out to other communities across the Yukon?

Hon. Mr. Nixon: I have just shared with the member opposite some of the shorter term goals of this program at this point in time. At least I am not aware of any future commitments, but certainly those are always things that we are looking at and certainly the people who are running the program provide us with that information on a request basis.

Ms. Stick: Moving on to Youth Justice, we just heard of a report that was presented at a national or international conference on fetal alcohol syndrome and the justice system. I am wondering what we are doing when we are looking at individuals within the youth justice system in terms of assessment of fetal alcohol spectrum disorder. Are we taking the same view in looking at those individuals who come into the youth justice system — not only for assessment and recognition that some of these individuals might have fetal alcohol spectrum disorder or other disorders? What are we doing when those individuals leave youth justice to ensure that they are not coming back in and re-entering the youth justice system or going into the adult justice system? What services are we looking at — or are we — to provide these individuals the assistance and support to keep them out of the justice system?

Hon. Mr. Nixon: Health and Social Services continues to fund and/or provide a comprehensive range of initiatives, services and programs related to FASD in partnership with others. For example, Health and Social Services has developed a local adult diagnostic clinic for fetal alcohol spectrum disorder and 12 assessments are in progress.

The department partnered with the Yukon Housing Corporation and Options for Independence to support the development of a new housing complex for persons with FASD. As the member opposite is well aware, this facility provides expanded capacity for supported housing with 14 units.

In April 2015, the departments of Health and Social Services and Justice signed a protocol agreement on collaboration for common clients with complex needs, including those affected with fetal alcohol spectrum disorder. The departments of Health and Social Services, Justice, Education, the Yukon Housing Corporation and the Yukon Liquor Corporation have initiated an interdepartmental committee on FASD to identify opportunities for increased collaboration between departments and programs.

Madam Chair, it's estimated that nine babies in every 1,000 born in Canada are affected by FASD and the estimated lifetime costs for each person with FASD is approximately \$1.8 million, not including the loss of productivity and caregiver burden.

Actions related to FASD can be grouped into a number of categories, such as prevention, assessment and diagnosis, supports to those with FASD, training, research and collaboration. Alcohol and Drug Services develops and delivers FASD prevention initiatives to increase awareness and healthy behaviours. Alcohol and Drug Services' 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.

In 2013-14, Health and Social Services contracted Charis Management Consulting Inc. to conduct a literature review and gaps analysis related to FASD prevention programming here in our territory. Four reports were produced at a cost of \$78,000, which were paid for through the former FASSY fund. In response to the report, Health and Social Services is taking action on a number of fronts to: increase intersectoral and collaborative action to build knowledge and local capacity on FASD; to develop awareness campaigns and provide resources for schools; and to improve prevention services — just to name a few.

We also have an integration worker who works at the Young Offenders Facility to help set up services and supports for youth who are coming into custody as well as youth who are leaving custody. We provide assessments of needs on a case-by-case basis, working with a management approach and extending our work within the education system. Again, I thank the member opposite for her question.

Ms. Stick: A lot of the programs that he discussed had to do with prevention, support to pregnant women and those types of things.

What I was really trying to get at is we have — it says here — 80 young offenders in Whitehorse and in the communities. It forecast 90, actually, for this year and 80 for next. We've done the study and we should, I would think, extrapolate or be able to look at young offenders and, if they

have been in the education system, we should know the numbers of those who are a part of the youth justice.

The critical part is that when they leave — whether they're in the Young Offenders Facility or trying to fulfill other requirements of a youth probation order — that they have the supports they require to maintain themselves, to stay within those orders and not to be coming back into the justice system, whether it's youth justice or adult justice. But mostly I was focused on the youth justice. What are we doing to look at those numbers and to provide enough supports so that they're not becoming regular offenders or moving on into the adult justice system?

Hon. Mr. Nixon: I thank the member opposite for her question. Madam Chair, in my first response, I spoke a little bit about the integration worker position that is at the Young Offenders Facility; but we also see the Youth Achievement Centre and the programming that they provide to our young people who go to that location for schooling. We have our social workers who work with a number of families and extend professional services, working with the Department of Education and a number of the staff. I'm sure the Minister of Education would be more than happy to share more details about some of the things that they're doing within the school system itself.

We continue to work with families on providing families and extended families — or foster care workers, or perhaps even adoptive parents — on providing that level of support to the children who need it.

Ms. Stick: Before we leave Family and Children's Services, I just have one more question. I'm always surprised — I forget that it's under Family and Children's Services. This is women's shelters and transitional homes. In looking through the federal budget, \$90 million was promised over the next two years for renovations or for new beds for women's shelters and transitional housing centres, and \$60 million was promised for the first year. In talking to one or two other people across the country, I know that the information has gone out to other jurisdictions as to what can be expected in terms of funding. I'm wondering what this government is expecting from the federal government in regard to those dollars for either renovations or new beds for women's shelters and transitional homes.

Hon. Mr. Nixon: As the member opposite has already indicated, in the federal 2016 budget, there was \$89.9 million over two years for the construction and renovation of shelters and transitional houses for victims of domestic violence that had been committed. Specifically, \$60 million is earmarked for spending in the 2016-17 fiscal year, while the remaining \$29.9 million will be spent in the 2017-18 funding year. Funding will be provided under the investment in the affordable housing initiative. Provinces and territories will not be required to cost match these investments.

Additionally there is \$10.4 million over three years that is proposed for the construction and renovation of shelters for victims of domestic violence in First Nation communities. The shelters in First Nation communities will also receive up to

\$33.6 million over five years and up to \$8.3 million ongoing in operational funding.

There is currently no information on the Government of Canada website as to when and how the money would be allocated among the provinces and territories. Media articles suggest that it is not yet known how the money will be distributed across our country. Here in the territory, the Yukon Housing Corporation is the lead, and I would urge the member opposite to direct her question to the minister responsible for Yukon Housing Corporation during his time on his feet.

Ms. Stick: I thank the minister for that answer and I will be sure to pass that on to the critic to ask those same questions for the Yukon Housing Corporation minister when that opportunity arises.

Moving on, Alcohol and Drug Services, Adult Services — we have heard a lot about the new Sarah Steele Building, the expanded services. I just want to come back to some questions. The minister mentioned that there was a literature study done on FASD; money was spent. Is there a clear prevention program strategy that is headed by Alcohol and Drug Services, and is it done in collaboration with other organizations and groups in the Yukon?

I know that at one time it was a critical piece of FASSY. They did a lot of in-school programming; they introduced the pregnancy test dispenser in washrooms in a few of the local bars and up at the college. Another question along the same line — there are two beds designated at Sarah Steele for women who are pregnant, and I'm curious about what the uptake on that is. Is it consistently full? Do those beds remain empty? Are there other things we could be doing to encourage women and their families and their community, when they are pregnant?

I'll leave that as a start.

Hon. Mr. Nixon: I thank the member opposite for her question. She made some remarks around the literature study that had been undertaken. As I indicated in my previous response, through the departments of Health and Social Services, Justice and Education, the Yukon Housing Corporation and the Yukon Liquor Corporation, there's a group that has been established in looking on how we move forward in the territory. I look forward to hearing more about their work as it becomes available.

With respect to the two beds at the Sarah Steele Building that are given as priority for pregnant women, I do not have any statistics on the usage of those beds. What I understand is that priority is given for those individuals coming in who are pregnant.

The replacement of the Sarah Steele facility will enable the delivery of an enhanced continuum of alcohol and drug and mental health services, and it is on schedule to open later this year. The new building is purpose-built to include medically supported youth and adult withdrawal management facilities, youth treatment services and adult intensive inpatient treatment based on a continuous intake process, counselling services and expanded programming capacity.

I know this government is very much in anticipation of that facility opening up and being able to provide that

expanded programming to those Yukoners who need and want that service.

The expanded space also allows for better integration and collaboration with other service providers, such as First Nation health programs, KDFN land-based healing, Mental Health Services and Many Rivers Counselling and Support Services. Services to Yukon communities have been enhanced through the implementation of the community addiction program, or CAP. The CAP program has community-based staff in Dawson City, Haines Junction and Watson Lake, which provide support to surrounding communities and the other communities that are supported by an itinerant worker from Whitehorse. The community addiction program works in concert with First Nation health programs, Community Nursing, Regional Services, Mental Health Services and Many Rivers Counselling.

I believe I have addressed the questions from the member opposite, but we also appreciate our working relationship with FASSY here in Whitehorse and continue to collaborate and work closely with them.

Ms. Stick: Earlier the minister had mentioned a number of children who are born — the average across Canada with FASD out of 100. It just struck me as a very high number and one that we should be very concerned about and be doing whatever we can in terms of preventing something that's 100-percent preventable. It's not like other disabilities that might be genetic or those types of things — DNA. I just see that as critical.

Looking at some of the stats for Alcohol and Drug Services, it's noted that 69 individuals completed the inpatient, 28-day treatment program. I asked this last year and I will ask again: Does the minister have the number of those who entered the program, understanding that not everyone completes the program. Some individuals come back more than once; it's quite common. That's not to say it's good or bad; it's just what it is. So 69 completed the 28-day program — successfully completed the inpatient treatment program. How many actually entered that program?

Hon. Mr. Nixon: Madam Chair, I'll start by just correcting the record. The member opposite — and I think it was just an error and I don't think it was done purposely — had indicated that it was one in 100 children who were born across Canada with FASD. The number is actually one in 1,000. That is the number I read into the record.

Certainly the department is very much focused on outcomes when it comes to providing those types of services for people who are entering into a treatment program for drug or alcohol treatment. We see similar statistics when those individuals are trying to quit smoking, just for an example. They try and try and try again until they're — and hopefully at the end of the day — successful. Within the department we're certainly focused on those outcomes and not so much focused on the individuals who keep coming back and trying and trying and trying — although we give them full credit for doing that in the hope that one day they will be successful and become drug or alcohol free. We have stopped counting the individuals who don't complete the program because we are

optimistic that they will continue to return until they have successfully completed and become drug or alcohol free.

Ms. Stick: Madam Chair, I asked this question last year and received much the same answer. To me, they are just simple numbers. You know exactly how many people enter a program. You open files on those individuals. There's a count on the first day and there's a count on the last day. I'm not trying to suggest that it's a failure; I'm just asking what those numbers are. It's like me saying that I lost 25 pounds but fail to mention that I gained 50.

Yes, 69 is a success and that's a great thing and I'm not questioning that. What I'm questioning is how many individuals go into the program.

I know that even by them predicting 86 will complete in the next year, they already know how many to expect that are going to enter the program. It's a simple question; there are files. Those numbers are kept track of, so to suggest that we don't isn't quite accurate because we do. The minister knows how many people enter a program at the beginning — possibly even partway through they might come into the program. I'm not trying to do a "gotcha" or look at how many entered and there are only this many — I understand the difficulty of addictions and treatment. I just would — looking for that number. Thank you, I'm waiting for an answer of what that number is.

Hon. Mr. Nixon: For the member opposite that number is not published. As I indicated in my earlier response, the department is very focused on outcomes. We recognize the fact that some individuals have to try and try again to become successful at therapy and treatment and so those numbers are not published.

Ms. Stick: I don't call that very accountable or very open. Yes, we want to measure outcomes, positive and otherwise, and if we don't measure those, we can't manage them. I don't understand this and I will move on.

We've heard something — we know the difficulties with other kinds of addictions besides alcohol or narcotics. We have certainly heard of the rise in opioid addictions across Canada. Not even talking about deaths, I am wondering if the minister has a number of individuals who are sent out to other treatment programs outside the territory. Do we keep track of those numbers of individuals we send out for treatment?

Hon. Mr. Nixon: Those are numbers that I am going to have to look into obtaining.

Ms. Stick: I have a question with regard to outpatients. It was raised by someone speaking to me about their own experience. If I could have an answer from the minister with regard to how long an individual can receive outpatient counselling? Is it limited? What is the current wait time for individuals hoping to get in to get some regular counselling at Alcohol and Drug Services?

Hon. Mr. Nixon: In regard to wait-lists for counselling — they go up to, it looks like, one year, but they have a triage for more urgent cases, so for example pregnant women are higher need. Currently individuals can access unlimited amounts of services moving to specific numbers of sessions

and adding sessions and intake to better treatment to match the treatment that they are looking for.

We will be running groups for those wanting support who are on a wait-list and moving into a transitional phase, but certainly as we move into the new Sarah Steele Building this fall, a lot of those issues will be mitigated.

Ms. Stick: There are a couple of questions coming out of that. One year seems like a long time for a wait time. It was actually longer than I expected. When he mentioned that it was limited to a certain number of sessions, I am wondering what those sessions are? As part of that, for those individuals leaving a residential program and going back to their community or staying in Whitehorse, are they still eligible for ongoing individual counselling through ADS? There was one question that did not get answered: How many individuals have we sent out in the last fiscal year for alcohol addiction or opioid addiction or other forms of addiction?

Hon. Mr. Nixon: Just to correct the record, wait times for counselling services can range from nine to 12 months, but certainly there are opportunities or instances where we can triage those counselling services. As I indicated in my earlier response, one example of that would be women who are pregnant.

As I have indicated on the floor of this House before, we certainly recognize and very much look forward to the new Sarah Steele facility opening its door later this year. The programming that will be offered, the expansion for continuous services for men and women and opening the doors for services for youth will mitigate many of these issues. We will see a number of new staff come on board. Certainly the existing staff are very much looking forward to transitioning over to the new facility — one that this government has committed to and one that we are very proud of investing in. Certainly we offer a range of services to support youth and families to prevent and/or reduce the harm associated with substance abuse and improve their health and well-being.

Ms. Stick: I will ask the questions again: How many sessions? The minister mentioned a number that a person would be limited to — how many are those? Is ongoing counselling available to those individuals leaving the residential program? How many individuals did we send Outside for alcohol or opioid or other addictions?

Hon. Mr. Nixon: I believe I answered the member's question two questions ago when I indicated that currently clients can access unlimited amounts of services, moving to specific numbers of sessions and adding sessions during intake and after-care for better treatment to match their service or treatment requirements.

Ms. Stick: I am going to ask this one last time: How many individuals has this government provided with support to go outside of the Yukon Territory for addictions treatment, whether it was alcohol or opioids or other addictions?

Hon. Mr. Nixon: That was a commitment that I made to the member opposite three or four questions ago — that I was looking into those numbers right now, and as soon as I

have them I will be happy to share them with the member opposite.

Ms. Stick: I thank the minister for that answer and look forward to that information.

I'm going to move into Adult Services Unit's income support numbers. The minister should be prepared for this, since I ask for it every time. I note that there are 710 monthly caseloads. I realize those numbers fluctuate so this would be the average. What I'm looking for in a breakdown of those numbers is how many are single, how many are seniors, how many are persons with disabilities, how many are family units — one-parent families or two-parent families — and the total number of children that fall under the 710 monthly caseloads?

Hon. Mr. Nixon: Over the past few years, our government has worked hard to improve social assistance policies and processes in order to increase social inclusion and enhance quality of life. This includes providing more individualized, integrated case management supports and streamlining application procedures to make it easier for individuals to access the benefits that they might find themselves eligible for. Yukon social assistance benefit rates are currently among the highest in the country, but we continue to look for ways to better support individuals with financial needs. The member opposite is asking for a breakdown of the 710 and that's not something that I have at my fingertips at this present time.

Ms. Stick: We perhaps have among the highest social assistance rates across the country, but it has been a long time since we have seen those numbers increase. We know that they are regularly indexed — annually — but we actually haven't seen a real increase in the social assistance rates. I'm curious as to whether there's any kind of review for this. The reason I ask is because numbers continue to increase at the Whitehorse Food Bank. The number of families and the number of children relying on the food bank increases — whether those are individuals who are working — and also the numbers who are on social assistance are coming to rely more on the food bank toward the end of the month, which indicates to me that the SA rates are not meeting the needs of families. That's especially concerning when we are talking about children or when we are talking about seniors, where healthy, nutritional food and food security is a priority.

If we want healthy children to grow into healthy adults, they need to have healthy food and be able to have that opportunity to grow and be healthy individuals later in life.

Are we looking at the review of those social assistance rates in light of knowing that families, including individuals, seniors and, most importantly, children, are having to rely more and more on the Whitehorse Food Bank?

Hon. Mr. Nixon: In addressing the member opposite, there was a review done on the system approximately five years ago and we have made a number of enhancements to that program. In this budget, I believe, we have budgeted an additional \$1.9 million for the social service program specifically and I extend my thanks to the management and staff who work in social services who make these reviews on

a very regular basis to identify needs and program options in the Department of Health and Social Services.

Ms. Stick: I'm not sure which enhancements the minister is speaking about with regard to the social assistance program because certainly the regulations have not changed. Schedule 1 or A or B — I can't remember if it's a number or a letter — has not changed that much in terms of what a person is eligible for when they first come in to social assistance, or after they have been on social assistance for six months. I would be curious to know what these enhancements are, besides the regular indexing.

This winter, we saw individuals in a housing situation who had to leave without notice because of the condition of the housing units that they were living in. Most, if not all, of those individuals were on social assistance and had to find accommodation rather quickly and, with the help of the department, were moved into various hotels for the first month.

I am just wondering if the minister can comment on these types of emergency housing and what happened to these individuals. They have certainly not been able to move back into their original homes, so what has happened to them since?

Along that same line is that we know many social assistance clients are housed in hotels over the winter — certainly in Whitehorse. I'm not as clear about the communities and what happens there. We are entering the tourism season and this is the time that they are removed or have to go and find other housing options for themselves. For some, it will be the campground. Some will be placed there and living in tents along the river. Others will be couch surfing or whatever.

I'm curious about the individuals who were facing eviction and have not been able to go back to their original housing. What are we expecting to pay, or what have we paid this season, for individuals being housed in hotels in Whitehorse?

I guess the other piece of that is: Is this also consistent in other communities? Do we also house individuals in Dawson, Watson Lake, Carmacks or Haines Junction in the hotels there?

Hon. Mr. Nixon: The rates of social assistance are set in regulation and we continue to monitor them. In order to provide vulnerable Yukoners with the stability, the Income Support Unit is enhancing outreach support services and collaborating with other government departments and agencies on housing stock issues. We also continue to provide guidance to landlords who may need assistance to support tenants with complex needs and to liaise with other government agencies.

In February of this year, approximately 58 individuals — ISU clients — were living in hotels for a cost of just over \$54,000. Housing and social assistance — we work very closely with our individuals. We have a new three-member housing outreach team that is working with those to find suitable housing. But, as I indicated, we work closely with landlords and other agencies in assisting those individuals

who have complex needs, to determine which agencies are best suited for them.

For the most recent fiscal year — 2014-15 — there was a total of \$574,155 paid to motels and hotels on behalf of individuals who were recipients of Yukon government social assistance. This is a monthly average of 54 clients per month, for a monthly average of just over \$47,000.

It's estimated that a range of other clients are living in other types of housing accommodation, and some of those are unable to secure stable housing. We continue to rely on our important relationships with government agencies, First Nations, Yukon Housing Corporation and Whitehorse Housing on providing those different supports for individuals who find it difficult to find housing.

I believe it was just last year that we opened up the home on Fourth Avenue for individuals who are experiencing mental health issues; they also find it difficult to find housing. We've found that this program has been fairly successful, so we look forward to continuing to provide services to those individuals who need that.

We're also looking forward to the opening of the new Salvation Army Centre of Hope downtown, which will provide a number of short-term housing units for those people who require them.

Ms. Stick: I do believe that the recent PIT count, which was looking at homeless and which took place a week or so ago — it will be interesting to see those numbers, when it comes to the homeless in Whitehorse only, because that was the only area that they covered. It will be interesting to see those numbers.

I was shocked when I met an individual at the Salvation Army who was in his 70s and had been living — you can't call it living. He had been sleeping at the Salvation Army for over two years, without a home. This was an individual who was not faced necessarily with addiction problems but who was unable to secure housing. He in his 70s and sleeping every night at the Salvation Army, getting his meals there and not having anyone, until recently, who was able to start following up on his health care needs, which were more substantial than any other difficulties this individual faced.

I'm looking forward to hearing on the homeless numbers — 54 individuals, \$1,000 per month. Over half a million dollars a year is a lot of money for not-secure housing because those individuals, in most cases, do not live there year-round. It's part of the year and then they're out. It's very unstable and unsecure housing. Yes, there will be some options for individuals in the short term with the new Salvation Army. I don't believe it will cover 54 individuals, including those numbers that we don't know yet about the homeless.

I'm going to move on.

Services to persons with disabilities — and I think I will start off with my favourite question in this area and that has to do with Takhini Haven at the Whitehorse Correctional Centre.

It's still there — the fence is still there. Individuals with mental disabilities who are not criminals, who are not involved in the justice system, are living in a group home at the jail. It has the lovely title of Takhini Haven, but if you ask

these individuals where they live, they're living at the jail. It's not a community, it's not a neighbourhood, it's not friendly, and it's not appropriate. What are the plans for these individuals to move into a neighbourhood or a community within Whitehorse that is not the Whitehorse Correctional Centre?

Hon. Mr. Nixon: I certainly extend my thanks to the member opposite for asking this question about services to people with disabilities. As I have indicated a number of times on the floor of this Legislature, I don't believe the Yukon Party government gives itself enough credit for the significant investments over the last 14 years that they have made for people with disabilities.

I know many, many families that provide or have support provided to them, and I certainly would like to extend my appreciation to all former Health and Social Services ministers. Over the past 14 years we have seen significant investments in this particular area.

Key disability issues in Yukon include an increasing number of individuals with complex needs, a demand for transitional supports for youth with disabilities, and demand for supported housing for adults with disabilities. To better align services and support transition planning between FSCD — family supports for children with disabilities — and SPD, the social supports branch was recently reorganized so that both disability programs report to the same manager — just streamlining. Further discussions and planning will be initiated on transition supports. FSCD individuals will continue to receive their supports from the existing office location.

For clients with complex needs, Yukon is a member of a provincial/territorial complex needs working group that is preparing for an interjurisdictional workshop in May of 2016. The workshop will focus on the development of a framework of how complex cases are managed to provide more consistency in services and supports to individuals. In May of 2015, a new adult assessment and FASD diagnostic clinic was established and it has begun accepting referrals — pardon me, that was May 2015.

In April 2015, the departments of Health and Social Services and Justice signed a protocol agreement on collaboration for adults with complex needs. We have certainly seen the St. Elias group home just open last week and the department has partnered with other organizations and government departments, such as the Yukon Housing Corporation and Options for Independence, to support the development of a new housing complex for persons with FASD, which opened in February of 2014. That facility, as I indicated earlier, has 14 units.

When some individuals and some individuals with disabilities commit crimes and they are not found criminally responsible or are unfit to stand trial for a crime due to a mental disorder or cognitive disability, they are transferred from the court system to the Yukon Review Board. Annually, these individuals are ordered by the Yukon Review Board into the care of Health and Social Services and cared for by Mental Health Services or sometimes Continuing Care. Some

disposition orders last a lifetime. Over the last 20 years, the number of Yukon Review Board clients has tripled with a high of 22 people in 2013. In 2014-15, there were 17 persons in the Yukon Review Board system. Clients' needs change over time, resulting sometimes in discharge and other times movement into more intensive care arrangements, which are typically forensic hospital or specialized group home care settings such as Takhini Haven. The costs for care are significant and, with a growing caseload, we are constantly exploring options on how to manage these costs and service pressures while maintaining appropriate care.

I believe that the level of care provided at Takhini Haven — they do certainly work hard and I commend them for stepping up to the plate and offering to provide that service for us. That home has operated since 2012 and is a supported living residence run by Challenge Community Vocational Alternatives for individuals with cognitive disabilities — some of those on the Review Board. The facility was formerly the women's annex to the old Correctional Centre that has since been torn down. It was initially constructed to accommodate low-risk female inmates and is located on the Correctional Centre grounds facing the Yukon College road. Health and Social Services took possession of the building when the new Correctional Centre opened in 2012 as per their agreement with the Department of Justice. We certainly continue to work with the Department of Justice on the usage of that building and thank Challenge for providing the service to those individuals with complex care needs that are living at that residence.

Chair: 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 continuing general debate on Vote 15, Department of Health and Social Services.

Ms. Stick: I want to go back to Takhini Haven and just clarify a few things. Takhini Haven has been there since the new Whitehorse Correctional Centre opened. It is for individuals with mental disabilities, some who come under the Yukon Review Board and others who do not, but are there simply because they have a disability and require specialized supports.

We have group homes throughout Whitehorse in neighbourhoods that have a variety of individuals with disabilities. Some are more complex; some are not. My whole point in talking about Takhini Haven and raising it every time is that it is not appropriate to have a group home on the Whitehorse Correctional Centre land. It has nothing to do with the service they receive or the support they receive from the individuals who work there. I know some of the staff; I have been long-time friends with them and they do a great job, Madam Chair. It is good programming that's provided. Challenge does a fine job.

The whole point of my raising this over and over is that the placement of individuals on the Justice land at the jail is not appropriate. We wouldn't put seniors there with complex care needs. That wouldn't be appropriate, so why do we think it's appropriate to put individuals with mental disabilities there? It's not.

Individuals who work in our community, who participate in recreation and leisure activities, who use our grocery stores, who work in coffee shops we might go to, or restaurants or any other day program deserve — more than deserve — need to live in the community like the rest of us — not at the jail. There are certainly other — it's a great building, yes it's new, yes it was used for this fine — fine, whatever, but it is not appropriate for individuals with mental disabilities to be housed at the jail. I have asked this over and over.

There are certainly housing and lots available in Whistle Bend, in Riverdale. There is nothing wrong with buying a house. How do we think other group homes came to be in our communities? Organizations bought them and they rented them from Yukon Housing Corporation. Teegatha'Oh Zheh — we have brought individuals back from Woodlands Institution in Vancouver, back in the 1990s because we recognize that those individuals deserve to live in a community with neighbours, with a front yard, a backyard, activities, and people around them. These individuals are isolated at that location. The college is nearby; there are baseball diamonds; but they are still at the jail.

It is not appropriate, Madam Chair, and I will continue to bring this forward because I object so strongly to it. It is not community living. It's not what organizations stand for when they talk about de-institutionalization, of bringing people into community, of them having the same rights to live and participate and play in the same neighbourhoods that we all live in. So there was no criticism of Challenge, no criticism of the staff or the programming — it doesn't matter.

All of those individuals are not Yukon Review Board and in fact, we have many individuals who live in group homes throughout our community who are on the Yukon Review Board. They are not all housed there. They are housed in group homes, other places — some of them live independently. Some have supports. So to somehow suggest that this is the best place for these individuals, to me, is just totally false and not sincere. We can do better and this government should do better for these individuals. Some of them are taxpayers. They are all voters. They deserve better than what they have.

I'm curious with regard to the residential numbers that we see. We see residential and supported living and day programming. We heard from the minister about transitioning from children and youth — Family and Children's Services into Adult Services Unit, but we haven't seen a real increase in actual residential spaces, even though we have children moving up — many still living with their families, but eventually we are going to see it. Not every family can maintain that level of support for their individual and it becomes more difficult for some families as they reach adulthood and become involved in other things in the

community. We see the number increasing by five and I would assume that is the St. Elias increase of five beds.

I'm curious — is there any more planning taking place looking at whether we're going to need more group homes or other forms of supported living? It doesn't have to be group homes. We have approved homes now like foster care that are set up for adults or individuals who are part of a family. Are we looking at supported independent living — the numbers haven't really changed there — where individuals live on their own but have an allotted number of hours a week where a support person comes and may help them with groceries, banking or ensuring that they get to work? We haven't really seen these numbers change except for the group home one, which I'm assuming is for the St. Elias home. Is the government looking at longer term planning for these children who are coming up in the system where families may not always be able to care for them?

On the other end of the spectrum, are we looking at individuals who are becoming seniors? Are those individuals included in planning in places like Copper Ridge or the Whistle Bend facility and how do we integrate them into those services?

Are we considering options of individuals possibly aging out in the group home where we might change the supports that we provide to those people where they can still live in the home but, instead of being focused on getting to work and those types of things, we might have to do more personal care or provide more of those supports that seniors might want?

Those are just a few of the question that I have. Again, I would go back to Takhini Haven. I will continue to ask this question. It is an important one and it reflects on all Yukoners as to how we care for people.

Hon. Mr. Nixon: I thank the member opposite for bringing this question forward. We are currently looking at all of our residential and support systems in Health and Social Services and how they align with the needs identified in the housing action plan — just for one example. We continue to work with our government homes that are providing support with supportive homes — those adults and children who are receiving support through a number of the non-profit organizations within our community.

We provide programming and support for not only seniors, but also some youth and younger adults at the Copper Ridge continuing care facility and will extend those services when the new Whistle Bend continuing care facility is complete in 2018. We are certainly proud of the support and services that are provided to those individuals who either cannot provide the level of support for themselves or are working on a supported independent living type of situation where their ultimate goals is — for some their ultimate goal is to live independently and require fewer supports.

We certainly see that with the program supported independent living workers who do work with a number of individuals transitioning from perhaps a 24-hour care type of situation and then into an independent living situation where the numbers would be reflective of not an increase in care.

The member opposite asked about the five new beds, and she is correct in assuming that those are the new beds at the St. Elias group home. I was very excited to fulfill a commitment and an investment from this government and express my appreciation to the former Minister of Health and Social Services for starting this project and many others that are coming into fruition over the next short while. Again, I thank the member opposite for her question and certainly thank all of those who are providing that level of care to those with disabilities in our territory.

Ms. Stick: I am going to ask a few questions around statistics — and that would be about those individuals who are in services to persons with disabilities. What is the number of those who are receiving social assistance? Has there been any more consideration given to indexing the Yukon supplementary allowance — which individuals with disabilities would receive along with their social assistance? That number has not changed and they are not receiving the indexing, so it stays the same.

Hon. Mr. Nixon: I don't have a breakdown of the number. There are 147 people currently receiving services through SPD. I do not have the breakdown on how many of those are receiving social assistance, but I can certainly look into that.

With respect to the indexing, I'm not aware of any intent at this point in time although perhaps it's something that we can look into the future of indexing those additional support dollars.

Ms. Stick: I heard the minister mention earlier that to date there have been 12 FASD assessments completed through the new program under Health and Social Services that at one time FASSY was providing. I'm wondering from those 12 assessments how the planning goes in terms of providing those supports to individuals.

We certainly have OFI — the Options for Independence, which is a residence for individuals with FASD, but I imagine with new individuals coming up through the system who are diagnosed as FASD, one of the critical pieces of the assessment is then having a plan in place to provide appropriate levels of service. So from those 12, are we looking at more service provisions, better supports or more residential programs?

Hon. Mr. Nixon: I don't know that it would be completely appropriate. Since there are only 12 individuals that have gone through the assessment, it would be easy to identify them perhaps in the community, so that I shouldn't stand on the floor of the Legislature and start talking about the particulars of their life, but certainly this government has been well-prepared and invested a significant amount of dollars over the last 14 years to services for persons with disabilities and we're proud of those investments. We will continue down that path on providing that level of support to those individuals who need it at a point in time in their life.

Ms. Stick: In no way was I asking the minister to give out details that might identify individuals; I know better than that.

The minister indicated that there have been 12, so it has been at least two years since FASSY stopped bringing in the team to do the FASD assessments. I'm wondering if the minister can clarify how many the new local team will be expected to complete per year. What is anticipated in terms of FASD assessments for adults?

Hon. Mr. Nixon: As the member opposite has indicated, Health and Social Services has developed an adult diagnostic clinic for fetal alcohol spectrum disorder. As she also indicated, 12 assessments are in progress. Adult diagnoses were previously completed by an Outside agency travelling to Yukon and we were able to complete about eight assessments per year. Training to support the local diagnostic team was provided throughout the first 10 assessments in 2015. The assessments will provide practical information that can then be used to assist each of those individuals on building upon their strengths.

Health and Social Services funds the Child Development Centre \$90,000 per year to coordinate diagnostic teams for preschool- and school-age children. The diagnostic team for preschool children draws on therapies from the Child Development Centre and the school-age team utilizes Education staff. The two teams have the capacity to diagnose up to 10 children per year.

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

Community and Program Support is regional services, as well as looking at Yukon seniors. We saw a change in the pioneer utility grant with new legislation that came in. It became income-tested so that it was no longer a universal program, but helped individuals in a sliding scale. I'm wondering if the minister can tell us what the uptake has been, since we've had a full year I believe now of the new pioneer utility grant. Along those lines, my questions would be: In the past, it was automatic through the financial workers, who would just go ahead and do that. Have the numbers stayed the same, gone up or gone down — and the amount we've spent; has it gone up or down?

Hon. Mr. Nixon: Changes to the pioneer utility grant were introduced in June of 2015. These changes included an earlier application date and the introduction of an income test and increases to rural grant recipients. A steering committee was formed to oversee all facets of implementation and continues to meet regularly to monitor the progress of the program.

A new computer system was developed to facilitate processing, and over 1,200 PUG applications have been paid out within 30 days of receipt of application. The transition has been successful and, as a result of income testing, staff are now also able to identify and offer support to seniors who may not be in receipt of their maximum pensions.

I've heard a number of seniors' stories about this, particularly that our staff have done such a great job; they have allocated other funds that were available to seniors that they did not know they were available, so in fact they are getting more money now. Singles with incomes below \$40,000 and couples with incomes below \$56,000 receive the

full grant, while singles with incomes above \$117,000 and couples above \$165,000 are no longer eligible.

In 2014, the value of the grant was \$1,030; the 2015 maximum amount for a rural applicant is \$1,132.92, and \$1,049 within the City of Whitehorse. The average grant paid is \$911, and fewer than 10 applicants have been deemed ineligible — the majority of those due to higher incomes.

As some background information, the PUG program was introduced in 1978, perhaps even as the former Health and Social Services minister was a Cabinet minister at that point in time. If he had anything to do with it, I would like to thank him for starting this. I thank the member opposite for her question.

Ms. Stick: Also under Community Support, I did hear the minister speak earlier about the social workers in the regions and supervisors and vacancies. He was giving a lot of information. My question has to do with the social workers in the regions. What I'm hearing back from some communities is that there are social workers available — not on a full-time basis in the communities — and, in many instances, the social workers live in Whitehorse and only travel to the communities. They don't live there as part of the community. Twenty, or even 15, years ago, we had social workers in most communities who lived there and were a part of the community, and that was the norm. It was the same for regional supervisors. They did not live in Whitehorse but they lived in the communities and had an ear to the ground about what was happening and they could react quicker when they were there.

I'm wondering if the minister can explain to us — the number of social workers who are regional social workers but live in Whitehorse, and also around regional supervisors. Do we have any who actually live in the communities or are they all living in Whitehorse?

Hon. Mr. Nixon: Social workers are professionals whose primary focus is on helping children, youth, families, seniors, groups and communities to increase their individual and collective wellness and well-being. Yukon social workers are employed in a variety of fields, including mental health, education, health, social services and justice, both within government services and professional community partners. They are counsellors, family group or youth justice conferencers, family support workers, family service workers, child-in-care workers, foster care workers, adoption workers, probation office workers, educators; they work for First Nation organizations and communities; they work for government, hospitals, care facilities, schools, custody centres, non-governmental organizations and other non-profit societies and in private practices.

In Yukon, regional social workers provide integrated service in communities working collaboratively with First Nation partners in areas of community development support, child welfare, recruitment and support of foster homes, probation and senior supports.

Social workers in Whitehorse provide a range of services and more specialized branches and units by working collaboratively with First Nation partners in areas of child

welfare, adoption, counselling via child and adolescent treatment services, probation, senior supports, and services to families with children with disabilities.

Social workers also work in the hospitals as members of a treatment team, and they provide a link between the team and the family and community resources — and in schools where they help students adjust to the school environment. They also work as probation officers and in custody centres.

With respect to Regional Services community offices, the Carmacks office is fully staffed; Pelly Crossing became vacant in December; Dawson and Old Crow are fully staffed; Mayo is currently vacant; in Ross River/Faro there is a short-term maternity leave; Haines Junction is vacant; Carcross has been vacant since December; Teslin is fully staffed; and Watson Lake is fully staffed.

Having said that — and I don't have to remind the members opposite that recruitment and retention issues and challenges are not subject to just social workers, but they are subject to professionals all across the territory. It is a great challenge to find and retain some of those positions in some of our communities.

Social work staffing in rural communities fluctuates and, up until recently, Regional Services was fully staffed, except for one vacancy due to a maternity leave in Ross River.

With a whole host of other agencies and professions that are providing social-type work in the communities — I know we just announced not long ago that we extended a contract with Many Rivers to provide additional support services in the community of Faro and Ross River and we are certainly very appreciative of the relationship that we built with Many Rivers over the years and their commitment to provide that level of service in that community.

Our goal is to identify social workers with specific interests in rural social work practice and a strong commitment to working with Yukon First Nations. In this regard we are working closely with Yukon College to support students by offering practicum opportunities in rural Yukon. We actively promote regional social work positions as rewarding career opportunities to Yukon's social work graduates and provide housing for practicum students in select communities.

I know, as we fill these positions — I talked about the recruitment and the retention earlier — sometimes when we hire staff and they have the understanding that they're going to a rural community, they're very excited and some thrive in those communities; others find it challenging and realize that it may not be specifically for them.

We'll continue with our recruitment and retention opportunities and work with a number of NGOs, government agencies and educators — not only in Yukon, but in other jurisdictions — trying to recruit new people.

Some of the numbers that I provided earlier to the member opposite — I can certainly go over them again if that would be helpful to her.

Health and Social Services has a strong presence in rural Yukon communities. Admin-support community — there are six FTEs; supervisors, Regional Services, there are three

FTEs; social workers, there are 16 FTEs; business manager research assistant and manager of Regional Services — each of those have one FTE, which is an increase to Regional Services in this fiscal year by 3.3 FTEs. In Child and Adolescent Therapeutic Services, there is one clinical supervisor, one intake worker, one family therapist, five outreach counsellors and one camp counsellor that is broken up into four casual positions over the summer for summer camp programming. In healthy families, there is one regional supervisor for the communities of Watson Lake, Carmacks and Pelly. There are two regional family support workers. The Watson Lake worker is, as I mentioned earlier, on maternity leave and recruitment is underway for Carmacks/Pelly. In Community Nursing, there are still three community nursing vacancies and, as I indicated, we get calls every day about people inquiring about opportunities for community nursing throughout the territory. There are three positions out of the 24 that are currently vacant.

I can report some changes even since I have been on my feet this afternoon with respect to Regional Services community offices — that the vacancy in Haines Junction has been filled and the vacancy in Carcross has been filled.

Again, I thank the member opposite for her question.

Ms. Stick: I was surprised actually at the number of vacancies, even with the change since the member got on his feet, of social workers in the communities. I was surprised that the number was so high because I had not heard that recently. On the same note, it's not surprising when you look at what the expectations are for those regional social workers. Some cover more than one community. They cover support to foster families, child protection, youth justice, adult probations.

They are given a very wide range of duties and services to provide to their community, and I'm sure they understand that going in. But when you're the only social worker in a community, or maybe more than one community, it can become an issue of too much, especially when you have to put travel on top of that. I am surprised at the number, but I'm not surprised that there are vacancies.

I'm wondering if — besides encouraging new students or new social workers just coming out of school or students doing their practicums in communities — there is a hiring plan. Certainly we see it with doctors. We encourage them to come and we pay them a bonus for staying and we give them a bonus for coming. We do it for physicians. It seems to me that, in a community, sometimes a social worker has just as important role to play around the health of the community.

Are there any plans like that to encourage social workers to come to our communities to provide those services but, at the same time, offering them the support that they get time away, that they're able to take their vacation or have weekends off — and not necessarily have to leave the community, but to have that weekend free and not being on call? Are there any of those kinds of incentives or plans in place to encourage social workers to settle in our communities to provide that service and work?

Hon. Mr. Nixon: Again, I cannot reiterate enough that there are certain challenges when it comes to recruitment and

retention, but we will continue with the work that is being done. We are providing opportunities, as I indicated earlier, for students to do practicums in some of the communities, but there are communities with complex needs. There is no question about that, and the cost of doing that type of business in the north is more expensive than doing it down in the south. We see that also in some of the northern parts of the provinces, but the challenges increase, it seems, as we move east through NWT and into Nunavut. Through the department, we have mobile social workers who leave from Whitehorse and go to the communities as needed, whether that need is a result of vacancies or social workers going on vacation. We will continue on with that practice as we see fit and as those needs arise. I thank the member opposite for her question.

Ms. Stick: I am going to move on. The last bit is around Seniors' Services/Adult Protection. I am curious about the number of individuals who are covered by adult guardianship, where parents or siblings or a friend may have applied for guardianship of an adult. The concern I have heard raised from a number of families and other individuals is the cost of applying for adult guardianship. In terms of getting a lawyer and having to go to court, it is not cheap. It is expensive for families to try to move in this direction and provide the type of support that they want to help with decision-making, but in particular around adult guardianship.

Hon. Mr. Nixon: I thank the member opposite for her question. The responsibility of adult guardianship lies within the Department of Justice, and the members opposite may want to raise that question when the minister is defending his budget on the floor of the Legislature this spring.

Ms. Stick: My apologies, Madam Chair. I should have realized that. I was looking at *Decision Making, Support and Protection to Adults Act*, and I just automatically folded in the adult guardianship.

I will move on into Health Services. The minister mentioned that there is an \$11-million increase in Health Services, I believe. The first question I want to ask about Health Services is around nurse practitioners. We certainly have the legislation in place and the regulations. We have encouraged clinics and doctors to take on nurse practitioners in their practices. We spent a lot of time in the last four years talking about collaborative care, especially around health care, and yet it seems to me that we really haven't taken the extra steps to ensure that this is happening.

I know that there are nurse practitioners in the Referred Care Clinic, in the Yukon Sexual Health Clinic and at the older women's clinic and that there are positions in there as well as one in continuing care, but we haven't seen any move into regular clinics within Whitehorse or in the communities and we haven't seen any hospital privileges or nurse practitioners being incorporated into that.

When we talked about collaborative care we talked about something that was more sustainable than the current system where individuals looking for a prescription, blood pressure testing or counselling around chronic disease management — that this was a way where nurse practitioners could practice in their scope of practice to be able to offer that and reduce the

time that individuals have to see their family physician when it's not necessary. We still have people going to the Emergency department to get their prescriptions refilled. If I want my prescription refilled, I have to make an appointment ahead of time to see my doctor regardless of the fact that I've been on a prescription for 20 years and nothing has changed — I need it and it's what I do. Do I need to take up a doctor's valuable time when I'm not sick; when I don't need interventions of any kind; when I simply need a prescription renewed?

There are a lot of reasons why we introduced nurse practitioners into the Yukon health care system and it was to make our system more sustainable, more affordable and more collaborative, and yet I don't see the uptake on that. I'm wondering what the department is doing in looking at that and how are they going to encourage more nurse practitioners to practice in Whitehorse and in the communities?

Hon. Mr. Nixon: This Yukon Party government has shown its commitment to introducing nurse practitioners, or NPs, into Yukon's health care system. To date we have three nurse practitioners working in private and public clinics, one works in our continuing care facilities, one in the Referred Care Clinic and one is shared between two Whitehorse physician clinics as a result of the collaborative care initiative fund, but we also have one additional NP who has been contracted to provide vacation or sick relief as needed and I believe that those processes are still in place.

As part of implementation, we'll continue to explore options to expand access to health care for Yukoners. Nurse practitioner regulations came into effect November 23, 2012 and I extend my appreciation to the former Minister of Health and Social Services for working very hard on ensuring that those processes came into effect. Nurse practitioners are being recruited into the private health care system as a result of the collaborative care initiative fund negotiated with the Yukon Medical Association as part of their MOU with Yukon government, which will expend \$1.6 million over five years. That agreement ends on March 31, 2017, but I look forward to continuing to work with nurse practitioners.

I just met with one last week and was discussing some of the great work that's being done in the territory, and perhaps there is room for improvement; we are aware that we could potentially utilize nurse practitioners in other areas.

So those are the things that we as a government and the department are looking at on a move-forward basis, and I extend my thanks to the member opposite for recognizing the important work that nurse practitioners have done and do in our amazing territory.

Ms. Stick: I agree. There's money; it's sitting there; it's running out in another year. It seems to me we should be far ahead of where we are now. Nurse practitioners are integrated into health care systems across other jurisdictions in Canada in a much more progressive way than what we see here.

I'm going to move on. The minister touched on the collaborative care initiative. We have the Referred Care Clinic now, which is a great place. It's where individuals who are frequenting the Emergency department on a regular or more

than regular basis with complex needs — some of which are mental health issues — can be referred by the emergency room doctors to the Referred Care Clinic.

To me this is a model of a clinic that we want where we have physicians, where we have nurse practitioners, and where we have outreach workers who understand that some people need to be picked up, need to be reminded that they have a doctor's appointment and need to get a ride. To me, it's a model that has done well in terms of providing collaborative care that we continue to talk about but don't often see. The other great example would be the one at Kwanlin Dün, where we have outreach workers, nurses and home care people who go out and meet with seniors and elders. To me, it's an exemplary example of what collaborative care can look like. We just seem to be struggling and not getting there.

I would like to hear from the minister what he sees happening with the collaborative care initiative. Are we looking at different options? Are we looking at setting up a clinic where perhaps doctors would be on salary, where nurse practitioners would be part of that team and where there are outreach workers? It's a good model. We have demonstration of it here in Whitehorse where it works very well.

I think individuals are looking for something different from what we have now. This way it would be sustainable; it would be collaborative; and it would be meeting individuals' needs. More importantly, it's sustainable. We just can't continue to pay physicians more and more and more without looking at ways of reducing those costs and of being more collaborative and meeting the needs of the individuals in Whitehorse and in our communities.

Hon. Mr. Nixon: The Referred Care Clinic provides medical services with extensive addictions and mental health knowledge and clinical expertise, with a strong social support component. The social support component may include outreach services such as assisting patients with access to essential services, linking with community resources and developing rapport with patients to assist in establishing their relationship with the clinic.

The Referred Care Clinic was initially established on a temporary, part-time basis to provide access to physician services for people with complex mental health and addictions issues. This additional funding has enabled the clinic to expand their scope of practice, point of referral and hire additional health care professionals.

There will be an evaluation on this. The focus of the evaluation for the Referred Care Clinic will be to determine if the program is achieving its goals of reaching the target clientele, reduction in non-urgent Emergency department visits, improving health outcomes, improving health outcomes and the effectiveness of collaborative care models in our territory. That evaluation will contribute certainly to future programming and funding decisions.

In January 2013, the Department of Health and Social Services committed to this evaluation — a time-limited project — as part of the funding request for that clinic. In 2014-15, the Referred Care Clinic supported 115 individuals with complex care needs who are without services of a family

physician and who may also present with compounding addictions, pain management or mental health care needs, for a total of 1,115 visits. We have certainly seen a great deal of work being accomplished with the Referred Care Clinic and I have not seen any outcomes as far as the evaluation goes, but certainly look forward to seeing those.

Ms. Stick: It is good to hear that the program is being evaluated. When does the minister expect to have the final report on the evaluation and, in the meantime, have we committed to a contract with the Referred Care Clinic for six months or a year to ensure that it carries on until the report comes out and decisions are made?

Hon. Mr. Nixon: Madam Chair, we do currently have a contract in place to provide the Referred Care Clinic operations. I am not certain exactly when that contract is due for renewal, but it would be my hope that we would certainly take a look at the evaluation prior to extending any contract on a long-term basis, just to ensure that due diligence is taking place and that we're receiving the best service for taxpayers' dollars.

Ms. Stick: Moving on to Health Services and Insured Health. It's interesting — one of the things that was hoped to be accomplished and I imagine to some degree has been is the referral of people away from the emergency room and to the Referred Care Clinic, instead of them showing up at the emergency room. Unfortunately, what we see though is that our numbers are projected to continue to rise for emergency room visits — outpatient visits.

My question is — at one time under the Canadian Institute for Health Information, it was reported that for the Yukon the largest proportion of individuals showing up at the Emergency department were non-urgent. I'm wondering if the minister can fill us in — if we're still keeping those statistics on emergency room visits and if the non-urgent numbers are continuing to rise.

Hon. Mr. Nixon: Certainly the Yukon Hospital Corporation would have those statistics. I can commit to reaching out to them to see if those are readily available and when they would be available for me to present to the member opposite — or perhaps the next time the Hospital Corporation is in the Yukon Legislative Assembly as witnesses, that could be a question that could be asked of them.

Individuals are being referred to the Referred Care Clinic — many of whom would come from the hospital itself. As I indicated earlier, I am looking forward to that evaluation coming forward hopefully this year. Like I said, that will determine the investments that we make into this programming and future funding decisions.

Ms. Stick: In this section of Insured Health and Hearing Services, one of the sets of information that was not available was around hearing services. Over the last number of years it has been an issue in terms of wait times, especially for just a person, non-emergency, looking for hearing tests and there were exceptions made for children, but at one time the wait-list was quite extensive. For seniors who were losing their hearing, it was quite frustrating — and probably for their

partners and family members when they have to keep repeating themselves.

None of this information was included in this budget book. There is a lot of information to be gleaned from this, and to me it's important. I'm just wondering if the minister can give us any statistics at all on hearing services. What is being provided? What are the wait times or wait lists currently?

There are the universal neonatal screenings and re-screenings that happen. I think that's very important to be able to identify infants with hearing problems. This is a good way to catch them very early on. Industrial screenings are important when we're looking at workplace loss of hearing, and it certainly impacts people lifelong. I'm just wondering if there is an explanation, especially since hearing services was one of the ones that seemed to go out across the communities also in terms of providing service or testing.

Hon. Mr. Nixon: I thank the member opposite for this question. I can report that, as of April 19, 2016, there were approximately 231 adults on the wait-list and four children — 41 adults and children are awaiting recall.

Since January 2016, there have been 154 new referrals — individuals who have never been seen before by Hearing Services. Hearing Services currently has one resident, full-scope audiologist. The department is working diligently to recruit a second full-scope audiologist to meet the hearing needs of Yukon, including outreach to rural communities and home visits to extended care facilities. In the area of audiologists, we continue to see shortages right across Canada. This is not something that is unique to Yukon. Even as I speak — I gave you the number of four children on the wait-list. There are actually three on the wait-list as of now. We have significantly reduced our wait-lists.

As I was saying, we see shortages of audiologists across Canada, which makes it very challenging to even recruit them, let alone retain them once they have come into the territory. We will continue down that path and continue with attempts to recruit a new audiologist to the territory.

As the member is aware — as I have said on the floor of this Legislature before — when it comes to the wait-lists, children are given a priority because we believe that their hearing, their learning and the early learning component of their lives are very important. Although there are wait-lists, I am pleased with the work that is being done in the territory and pleased that the department continues with the recruitment efforts to retain an additional audiologist to bring those wait-lists down.

Ms. Stick: I am curious whether the government is still — at one time they were contracting for itinerant audiologists to come to the Yukon on a regular basis to supplement the one that we have here now. Is that continuing — where people from Outside come up on contract to provide hearing testing or those services?

Hon. Mr. Nixon: I can also report that we are training a new staff member to provide the industrial screening component of audiologist services, and we are about to interview for a second audiologist so that we can do outreach

and extended care — and, potentially, other rural communities. With respect to contract audiologists doing itinerant services, I am not aware that we have a contractual agreement in place at this point in time. I can certainly look into that, but I don't believe we have that in place right now.

Ms. Stick: My last question on this area would be about the universal neonatal screenings and re-screenings. Are those currently still happening with the audiologist we have now?

Hon. Mr. Nixon: With respect to the neonatal screening, it is my understanding that it would fit into the wait-list of the three children, but I'm going to have to commit to the member opposite to look into that in greater detail.

Ms. Stick: I'll look forward to that information. It seems to me that it's pretty critical to know as soon as possible in terms of any hearing difficulties with young babies or young children. I look forward to those.

Moving on to the information around health benefits — our numbers continue to rise in terms of our pharmacare costs and extended benefits. But some of the statistics I was confused by — especially when we're looking at the children's drug and optical program subscribers. It had to do with the rise in prescription costs from the last estimates. It seemed like the numbers were going down. I forgot to bring my other budget book in, because I had them both laid out and was looking at the number of children on the children's drug and optical program from last year and from this year. I was comparing the numbers.

What surprised me was the increase in prescription costs around children. I wonder if there's an explanation for that.

Hon. Mr. Nixon: Before I move into that question, I just want to back up to the neonatal screening. Yukon is part of the pan-Canadian newborn screening working group that examines opportunities for a common approach to newborn screening. Following action from other Canadian jurisdictions, Yukon continues to review whether to screen newborns for SCID, a rare genetic disorder that compromises immune systems and is only detectable at birth with screening. At this time, Ontario is the only jurisdiction screening newborns for that.

As Yukon currently sends all newborn screening tests to British Columbia, we continue to follow the lead of the province's laboratory procedures and disease screening for all newborn testing. We have a full-scope audiologist with direct experience in developing the BC program. We do screen at the hospital. I think that answers the member opposite's question.

With respect to higher costs — the rise in prescription costs — for drug and optical, I'm waiting for more information on that. Just for clarification about the drug and optical numbers that the member opposite is asking: Is she referring to the dollar amount or the subscriber amount? There's an estimate of 180 individuals under the children's drug and optical program, which is an increase from a forecasted number of 175 for the previous year.

Ms. Stick: I found my yellow sticky that I was looking for earlier. What I was referring to is — if you look at that same line that you just referred to, for 2014-15 the number

was 201 children under the children's drug and optical program. The forecast for this year is 175, so that's a drop. The estimate for the next year is up by five to 180. When I was looking at the prescription costs — you go down further — it's not the forecast, the estimate, the actual. It says total prescription costs including the fill fee — and if you look under CDOP, it's for 123 individuals submitting claims and you see a total of \$11,542.

We saw huge increases in prescription claims around chronic disease and, I believe, under the children's drug and optical program, even though the numbers have come down. I'm looking for explanations as to why there are these jumps in prescription fees. There was mention made in the budget briefing about high-cost drugs for children. I think that was one of the answers but I'm looking for further explanation.

Hon. Mr. Nixon: I'm sure we can attribute some of the increases that the member opposite is talking about to the higher cost of drugs and recognize the work that our Premier has done with the Council of the Federation in addressing the high cost of drugs across the country — not just around children but throughout our population.

I'm unclear about what the question is from the member opposite. Once the member has a little bit more clarity about the question — or perhaps she wants to write me a letter or send me a note, and I can address the question at that point in time.

Ms. Stick: I'll come back to this particular page just because I did have questions and I just need to go back and refresh myself and look at last year's budget also, so that I can do the comparison and ask the questions and hopefully we'll have time to come back to that.

I'm going to move on. Medical travel — I did have one question actually back to hearing services and also midwifery has become an option for families in the Yukon. Are they somehow sought out or included when looking at neonatal screening? If their children are not born in the hospital, do they have access or is an attempt made to get in touch with those families and offer that service to them also?

Hon. Mr. Nixon: Yes, if there was a family that chose to go down the path of having a midwife, it is not my understanding that the midwife would provide that type of screening. That type of screening would still occur at the hospital.

Ms. Stick: I'm going to move on. I'm going to move into Mental Health Services. We have had a lot of discussion about a strategy and responsibility of that strategy, hopefully coming in the next couple of weeks, so I want to move away from that and just talk about services that are currently available. Right now I'm hearing from individuals about wait times, including for youth at Mental Health Services and for adults who are looking for help; that they still have a long wait to be able to get into those services for assessment or for intake. I think the most concerning is the number of families with children who are looking for a referral to Mental Health Services and are having long wait times. I wonder if the minister could fill us in on what those wait times are now for individuals not just in Whitehorse, but in communities as well.

Hon. Mr. Nixon: The Department of Health and Social Services currently provides a range of services and supports to individuals with mental illnesses, mental health challenges, concurrent disorders and addictions, and as well to their families. Yukon is placing a greater focus on child and youth needs through its policies, structures and youth mental health services and Yukon has access to a child psychiatrist. We're certainly challenged by a large geographical area and an inability to provide all services to all people in all areas, but we certainly do a terrific job in my opinion.

A mental health nurse and a support worker travel to Ross River from Dawson City together once a month. The support worker makes another trip two weeks later. Many Rivers Counselling will now be in Ross River every two weeks, first to deliver the mental health program, Flourishing, in the school and also to see any community residents, youth or adults, who require mental health counselling or supports. This service is also available in Faro.

In Ross River there is an inter-agency group comprised of all visiting agencies that provide services and all resident agencies, for example, home care, social services, CATS — Child and Adolescent Therapeutic Services, Child Development Centre, hospice, health centre staff, education staff, RCMP, First Nations — and so on — all have a role at the table.

Mental Health Services has two rural offices staffed by mental health nurses in Dawson and in Haines Junction. These nurses travel to other communities and provide assessment and treatment services to those with serious mental illnesses and consultation and education services to professionals as well as to the public.

Mental Health Services is currently recruiting for a mental health position in Watson Lake. Mental Health Services provides itinerant counselling services in Faro, Ross River and Old Crow and Many Rivers Counselling and Support Services — their counsellors, therapists and nurses from Mental Health Services and Many Rivers travel to the communities outside of Whitehorse on a regular basis to provide counselling services to those Yukoners.

THIF has worked with CYFN and community partners to develop a community front-line knowledge exchange workshop. We've also targeted training and response to community program area needs, building capacity within the communities by identifying Health and Social Services and First Nation staff who would be available. We're piloting a new video link telemental health system and looking forward to the evolution of that program in supporting that type of support and service throughout our communities.

THIF will also be piloting the use of e-mental health apps. It is another tool in the toolbox in providing supports and services for people with mental health issues. I should certainly recognize that right now today, the absence of a mental wellness strategy doesn't mean that there hasn't been a lot of good work that has been done throughout the territory and would also always recognize those professionals who are providing that front-line type of support to Yukoners who need it.

Yukon also currently has two resident psychiatrists. As well, we have itinerant psychiatrists for children, youth and seniors who provide services for our residents.

On wait times, we categorize or triage so there would be urgent individuals who are seen within two days. These people are significantly potentially suicidal and have deteriorated so significantly they are virtually not functioning and have minimal or no supports. There are semi-urgent supports — individuals are seen within two weeks. These people have a higher risk of self-harm, but are able to again agree to keep themselves safe and have significant decompensation, but may be still going to work and have some other supports that they can access. Then of course there is our regular waiting list of individuals who are determined, after an intake screening, to require comprehensive mental health assessment, and then they might be on the wait-list up to eight months.

Some of these individuals access a skills course like Changeways or anxiety management while they are waiting, but not everyone does that. Certainly it would be voluntary, and perhaps for others it might be appropriate for them to attend such a class. There are group services, so many individuals after an intake screen are referred directly to a skills course. Depending on when a referral comes in, they may go nearly immediately into a course or have to wait until a course is offered next. If they have to wait, the wait-list could potentially be up to three months, although longer if the referral comes in in the spring when the courses are finishing. They would then have to wait until the fall courses are offered.

For children, there is an autism wait-list. We can do about four to six autism assessments per year. Depending on how many referrals there are, a child may be assessed in the year it comes in or be on the wait-list for over a year. I can tell you that, since the time that my son was diagnosed with autism about 13 years ago, services and supports in this territory have grown exponentially. Other children and youth — basically the same criteria: urgent, semi-urgent, regular apply as above in terms of how we view clinical presentations. However, the child or youth regular wait-list can be up to a year long. It should be noted that we are constantly triaging urgent and semi-urgent individuals to the top of the list, which is the reason why the wait-list continues to grow.

With respect to individuals who could be observed to be psychotic — in early psychosis, referred individuals — presuming that they are willing to engage — are first seen, and the assessment starts within 72 hours of an intake screening. Older individuals with serious mental illness — the same standards of urgency apply but, even on the regular wait-list, the wait-list is probably not longer than one month and is only that long if the person is relatively stable.

For other instances, intake screens are completed within two weeks of being referred unless there is something unusual — for example, if we can't get hold of the person or they are away. We are very appreciative of the work that the people are doing across our territory in the area of mental health. We certainly appreciate our many partners, including: First

Nations, communities, organizations such as Bell through the Bell Let's Talk program, Northwestel through their significant investments in the north, and many others. I certainly look forward to Mental Health Week next week and a number of events and tributes that we can very much look forward to. I certainly extend my thanks to the Mental Health Association of Yukon for their continued work and volunteer efforts in many Yukon communities in providing the services and supports that they do. I look forward to continuing to support that organization and thank them for the work that they do across the territory.

Ms. Stick: I'm going to go back to the beginning. The minister spoke of mental health nurses in the communities and that we're looking for one for Watson Lake. It seems to me we were talking about this a year ago — that there was going to be a third mental health nurse for the communities. Did Watson Lake in fact get a nurse, are we looking for another, or have we not been able to fill the position?

The reason I ask is because, for two mental health nurses to cover all the communities including Old Crow, it is a lot of work and would explain why often nurses only get to a community for one day or for two days, which makes it very difficult. We've heard from individuals that, when you need a mental health nurse or mental health support, it's not on a schedule, usually. Often it's left to community members to try to cope.

The wait-list concerns me, especially when I hear that a person who might be suicidal can wait up to 72 hours for help. You can ask them to have a safe plan, to be kept safe or to keep themselves safe, but that seems like a long time for a person who's contemplating or planning to kill themselves.

On that — I was trying to find the number in the Yukon of suicides, because we all hear about them; we all know, in our communities, that suicides happen. They're tragic when they do, and they just don't impact family — they impact communities. They impact workplaces and schools, and it's a concern.

I can think back in the last year of just the number of situations I am aware of, but I cannot find anywhere what the number would have been, either for the last fiscal year or in 2015 — the number of suicides. I did do some asking around and tried to find that number, and I was given the range — that it's nine in 1,000 for the Yukon, so this averaging. What I was looking for was the actual number. If the minister is able to find that for me — I don't expect him to have it on him right now. That's fine, but I would like to find out what that number is, because it does seem to be of concern to all communities. When I hear that there could be a 72-hour wait, that is even more serious.

In terms of people presenting as suicidal, some show up at the hospital. I'm wondering if the government and the Hospital Corporation have been able to come up with a solution for the lack of psychiatric care at Whitehorse General Hospital. It would seem to me this would come under Mental Health Services under the department, as well as with the Yukon Hospital Corporation. For individuals to show up in the Emergency department, suicidal or with some real mental

health concerns, we know often that the Emergency staff and physicians are not able to cope with that kind of level. If we could find that, I would appreciate that.

It has been going on for some time without that psychiatric support. What we see end up happening is that individuals are discharged or they come into the Emergency department, they leave, they're having a mental health crisis, they do something foolish, they do something uncharacteristic, but a part of their illness — they end up being picked up by the RCMP and they are sent to the jail. There is a whole trigger of events that happen and that never get around to addressing the mental illness or the mental health crisis that this individual might be having, and we start criminalizing it. We all know of situations like that. We know of individuals who have, for lack of a better place, ended up at Whitehorse Correctional Centre under that hospital designation, which is not appropriate. I can think of instances in the last year or two with different individuals — very minor incidents — but that is where they ended up, until eventually they were sent Outside.

If I could just hear a bit more about the mental health nurses in the communities, do we have backup for these individuals — the one in Dawson City and the one in Haines Junction — so that they are not on call all the time? What happens when they're ready to take a month of holiday? The psychiatrist care at the hospital — what's happening around that and around suicide rates?

Hon. Mr. Nixon: I thank the member opposite for her questions. I'll start with the mental health nurse position in Watson Lake. We had recruited and retained a position that was supposed to start this spring and that individual has since withdrawn their job offer, so we will continue with the recruitment of that position. We are also working with the Yukon Hospital Corporation in Whitehorse to allocate a mental health nurse in the emergency room and we look forward to that ongoing work coming to fruition. I don't have any timelines for either of those positions at this point in time.

We've been working for many years on establishing solid strategies to treating mental illness and increasing the mental wellness of our Yukon citizens. The Yukon mental wellness strategy, as I've indicated, is nearing completion and is expected to be released in the next several weeks, but just because the strategy is not out, as I indicated earlier, doesn't mean that we've not been working on mental wellness here in our territory. There's no quick, easy solution; we know this is a struggle all across the country. One only needs to read or listen to the news to be reminded of that. Mental wellness and addictions are something to be tackled by working together with other communities, with other groups, with NGO's, with First Nation partners and with all government departments.

A few examples of initiatives that we have been working on include continuing support of the important work at Jackson Lake healing camp, signing a multi-year funding agreement with Kwanlin Dün First Nation, partnering with Bell Let's Talk and Northwestel to form the FRIENDS program to provide mental health prevention and treatment for youth, continuing to fund Many Rivers Counselling to

maintain offices in some rural communities and travel to others, including the recent addition of more funding to Faro and Ross River that I spoke about earlier.

We have the new Sarah Steele facility opening soon, a new community addictions program providing enhanced alcohol and drug services supports to rural Yukon. Our government also focuses continually on providing economic, recreational and social opportunities for all Yukoners, which is another way to create strong, healthy communities. Yukon currently has two resident psychiatrists and an itinerant psychiatrist for children, youth and seniors who provide services for our Yukon residents. Mental Health Services delivers a host of programs to our residents and Many Rivers — our partner NGO — also provides a variety of services to our residents to help ensure their mental well-being. We're working together with resident psychiatrists, management from the Hospital Corporation and members of the Yukon Medical Association to address gaps in service that have been identified, and work is underway to address these gaps with short-, medium- and long-term plans for change.

I was very pleased on April 7 to announce that our Yukon Party has invested \$1 million in this fiscal budget in community-based mental health initiatives, and we certainly look forward to more details coming out around that announcement and how we can continue to partner with our stakeholders and partners in the territory.

The Yukon mental wellness strategy engagement process has now been completed. We had well over 100 people participate in the process and were given opportunities for input, including both internal and external contributors. Engagement sessions were held in a number of Yukon communities. Participants were also given the opportunity to provide written comments directly to the department. Staff are currently reviewing the strategy and making adjustments, based on feedback received throughout the engagement process.

I certainly extend my appreciation to all of those who were involved in the process and I very much look forward to tabling the mental wellness strategy here in the Legislature in the coming weeks.

The Second Opinion Society, or SOS, launched the Yukon distress and support line on November 24, 2014. Effective March 1, 2015, Many Rivers Counselling assumed responsibility for the distress and support line. This decision was supported and endorsed by the Second Opinion Society, which is now focusing on its core service delivery.

There are three FTE nurses in rural Yukon communities, as I have already indicated, and then positions travel to Yukon communities as vacancies are filled with nurses who may have recently retired or other positions that have come available.

Madam Chair, I can also report to the Legislature, to all members, that, as of this morning, I received a call from the chair of the Hospital Corporation, and they were very pleased that they had just signed a contract with the local psychiatrist to provide additional supports and services at the hospital — certainly a gap that we have spoken about in this Legislature,

so I'm very pleased with the department's work, with the Hospital Corporation's work and with the proponent that has been contracted to provide those services. We very much look forward to being able to ensure that those services are readily available to Yukoners who are staying in the hospital or going on an emergent basis and requiring those types of services.

As I indicated, I'm happy to advise that the mental wellness strategy will be released in the next number of weeks. We have been criticized that it has been a long time coming, but we certainly recognize that we have one chance to do this the right way and so we, and our partners in the process, have taken the time that we need to ensure that happens. As I indicated, right now our stakeholders, both in Whitehorse and in rural Yukon communities, are reviewing the strategy with a team from the department and making changes and alterations as they see fit.

Madam Chair, it's important to me as the minister responsible for mental health and to the government as a whole, that we have these very frank discussions up front to ensure that the context for the strategy is understood by everyone.

I can tell you that this will be a strategy for 10 years that will feature best practices from Canada, from international jurisdictions, and it certainly builds on past and current work done by many professionals throughout the territory. The government is already doing a lot in the area of mental health services for citizens and a lot of it is work that you will never particularly see until there comes a point in time in your life when you require those services.

This strategy comes with a \$1 million innovation fund that communities can access for capacity building. We have been able to increase services to Ross River and to Faro through an innovative partnership with Many Rivers and the Department of Education, doubling the availability of counselling within those communities.

There have been a number of programs that have been implemented throughout the territory — the territorial health investment fund with the community knowledge exchange workshop on mental health and addictions. We have certainly seen — and I was a part of the announcement with Bell and Northwestel on the FRIENDS program that is being implemented throughout the territory. We know that, through the Department of Health and Social Services, the mental health first aid training has been taken by a number of individuals, some of whom I have talked to who have taken the training and they have found it extremely helpful to have those tools at their disposal, particularly for managers who are providing management and directive to their employees within government.

We've seen the Living Life to the Full course offered through the Mental Health Association of Yukon. I know, in speaking with Ray Wells, the chair, and with a number of other members of the Mental Health Association of Yukon, they're very excited to be able to provide that training in a number of jurisdictions in Whitehorse. I think they were branching out into a couple of other jurisdictions within the territory.

I want to say my thanks to Ray Wells, but unfortunately Ray, right now, has flown south and is riding his motorcycle around in warm weather, so I can only offer so many thanks to Ray, as it makes me a little bit jealous.

We also provide the trauma-informed practice training through government and other initiatives that I've indicated through Bell Let's Talk and Kwanlin Dün First Nation. Their national knowledge exchange gathering that was just held a number of weeks ago — in speaking with Chief Doris Bill and other members of Kwanlin Dün, and certainly members of the audience who were participating in that knowledge exchange gathering, they felt that it was extremely helpful and extremely important in providing that type of gathering within our community. But, in speaking with members from Kwanlin Dün First Nation, they felt that it was a very good building block upon the mental wellness strategy that is now a work in progress.

With the mental wellness strategy, I've indicated that it is a 10-year document. It will be a living document, not something that we will table and shelve. It will have a review process and a number of partners who are very eager and willing to commit their time and resources in partnerships with Yukon government and other stakeholders with respect to the outcomes of that strategy.

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. 23, entitled *First Appropriation Act, 2016-17*, 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: Mr. Speaker, I move that the House do now adjourn.

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

Motion agreed to

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

The House adjourned at 5:25 p.m.

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Yukon Tourism Indicators Year-End Report (April 26, 2016) (Taylor)